On behalf of the American Medical Rehabilitation Providers Association and the Association of Rehabilitation Nurses (ARN), we appreciate the opportunity to jointly provide our views on some of the drivers of health care workforce shortages, workforce safety concerns, and ideas on potential solutions. Our associations represent inpatient rehabilitation hospitals and units (commonly referred to as inpatient rehabilitation facilities or IRFs) as well as the rehabilitation nurses who provide critical and specialized services to our complex patient population.

Rehabilitation nurses take a holistic approach to meeting patients' nursing and medical, vocational, educational, environmental, social, spiritual, and safety needs. Nurses lead and coordinate rehabilitation, restorative care, and community reintegration for populations across all age groups and ethnicities across the care continuum, from ambulatory care to hospice. Rehabilitation nurses begin to provide care to individuals, their families, and caregivers soon after the onset of a disabling injury or chronic illness and continue to provide specialty care, patient and family education, and care transition planning that empowers these individuals to return home, work, and/or school. Rehabilitation nurses, in collaboration with interdisciplinary teams, provide comprehensive, population-specific care management to access health care services, adaptive technology and equipment, and community resources.

Inpatient rehabilitation hospitals and units serve some of the most vulnerable patients in the health care system that present with significant medical conditions coupled with functional deficits as a result of injury, illness, disability or chronic conditions. Typical inpatient rehabilitation hospital patients include those with stroke, spinal cord injury, brain injury, limb amputation, major multiple trauma, and a wide range of neurological, neuromuscular, and musculoskeletal conditions. Patients usually arrive to IRFs following an acute care hospital stay.

Workforce shortages, particularly among nurses, are an increasingly significant problem in our field, and we offer the Committee a number of recommendations to address these problems from both a workforce development and retention perspective. Specifically, we ask the Committee (on its own or in tandem with the Finance Committee, as applicable) to take timely action with respect to (1) supporting a rehabilitation nursing curriculum to drive more entry into the field and increase awareness of the field's needs; (2) removing unnecessary and time-intensive clinical reporting requirements to alleviate provider burnout and improve retention of specialized rehabilitation nurses and other skilled staff; and (3) taking further action to prevent workplace violence in our rehabilitation hospitals. We offer detail on each of these issues below.

Supporting a New Rehabilitation Nursing Curriculum

The lack of a rehabilitation nursing curriculum in educational programs has a backward and forward effect on the health system, which is especially true within the walls of the inpatient rehabilitation hospitals and units. The backward effect is due to the nursing shortage, where there is a longer length of stay within the inpatient hospital while patients wait for an IRF bed to open. Availability is based on both capacity ("heads in beds") but also due to staffing capacity (e.g. fewer nurses equates to fewer admissions to maintain safe care, which creates patient access concerns).

In the interim, there is a bottleneck in the hospital due to the elevated capacity, where nursing staff has not been trained in rehab nursing concepts and patients are not receiving rehabilitation care at the level of intensity that meets their needs. Patients are more likely to remain in bed or are at the very least more sedentary, which increases the potential opportunity for complications, including muscle disuse, decompensation, pressure injury occurrence, confusion, etc. This has a major impact on patient experience, quality, and financial outcomes.

To address these issues, we encourage the Committee to authorize funding for a new rehabilitation nursing-focused curriculum and/or training program. This would not only help improve nurse staffing issues at rehabilitation hospitals moving forward but could also improve the type of specific nursing services required by patients in need of medical rehabilitation while they are still in an acute care hospital awaiting transfer to an inpatient rehabilitation hospital. Such a curriculum could also introduce students to the skills needed to effectively communicate with and treat patients with significant disabilities to improve workforce safety.

Reducing Reporting Burdens & Alleviating Burnout

While legislative efforts and solutions should be focused on creating new entrants into the health care workforce and expanding the opportunities for education and recruitment, we ask the Committee to also focus on the issue of retention and the significant amount of turnover in the inpatient rehabilitation hospital workforce, especially as this relates to rehabilitation nursing.

As background, rehabilitation nursing is an integral part of the interdisciplinary approach to providing inpatient rehabilitation services. The availability of rehabilitation nursing 24 hours a day, 7 days a week provides ongoing hospital-level management of a patient's medical conditions as well as maximizes the potential for functional improvement as part of an intensive therapy plan. Rehabilitation nursing is highly involved in the plan of care and supports the patient's progress throughout the stay.

While rehabilitation nursing plays an extremely important and time-intensive role in providing direct care to the patient, the time available for patient care has been impeded by a significant increase in administrative burden that offers little to no benefit to the patient. Patient assessment requirements and associated data collection tools have nearly doubled in size in recent years, with rehabilitation nursing responsible for producing the majority of the documentation necessary to support the data that are provided to government entities and insurance providers for payment and quality reporting.

For inpatient rehabilitation facilities (IRFs) discharges beginning on or after October 1, 2022, Medicare added 189 new standardized patient assessment data elements (SPADEs) to the Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI). The new SPADEs include a series of social determinants of health as well as patient interview questions to determine the presence of any potential mental health issues or associated conditions which may impact the rehabilitative stay. With the 24/7 availability of rehabilitation nursing, the assessment and documentation of these new SPADEs require input from rehabilitation nursing as they are often the only clinicians providing rehabilitative care on evenings and weekends when the patient's care needs are heightened. Failure to assess patients and report the information on these new SPADEs to Medicare will put an IRF at risk for a 2% payment penalty for all Medicare discharges.

The ongoing documentation and reporting requirements are not only producing administrative burden, but rehabilitation nurses must also go through extensive education and training to ensure that the documentation and assessment are completed in a manner consistent with regulations. In preparation for the October 1, 2022 implementation of the new SPADEs, the videos and training sessions required 12-13 hours away from providing care to a patient. This education and training opportunity would then be necessary for all other rehabilitation nurses, increasing the ongoing administrative burden and reducing the amount of time provided for patient care.

As a direct result of the heightened focus on administrative tasks over patient care, a significant number of rehabilitation nurses have left the workforce or sought out opportunities in other settings or levels of care, such as labor and delivery, intensive care, emergency departments, or telehealth. This trend is bound to continue as nursing students learn of the extensive documentation burdens that accompany IRF care that do not confront nurses in other settings of care.

To retain rehabilitation nurses, we ask for legislative solutions that will reduce the administrative burden, remove payment penalties for providers who operate in good faith to report quality data in a timely manner, and provide additional payment to cover the costs of ongoing education and training needs. We specifically urge the Committee to direct the Centers for Medicare & Medicaid Services (CMS) to meaningfully review existing reporting requirements and remove any quality measures or forms that do not have a direct correlation to payment or quality of care.

Addressing Workplace Violence within Rehabilitation Hospitals

Workforce violence in the rehabilitation hospital setting is another, separate challenge affecting the retention of nurses. More specifically, rehabilitation nurses are exposed to many patient populations who can be "violent" either physically or verbally.

For example, patients and families who are coping with life changes (as they go through the stages of adapting to the functions and skills they have lost due to illness or injury) experience frustration that can often be taken out on the rehabilitation staff. Many times, nurses bear the brunt of their behavior. Patients with brain injuries, pre-existing mental health issues, and other conditions with significant cognitive side effects are often sexually inappropriate, use offensive

language, or are physically abusive. While typically unintentional, these behaviors can be injurious and very emotionally upsetting to staff, which in turn creates retention issues.

We urge the Committee to prioritize efforts to facilitate education within hospitals and staff teams about the dangers of workplace violence, how to keep oneself safe, the ways in which rehabilitation staff can best respond when they face such circumstances with patients or caregivers and supports available when staff is exposed to workplace violence.

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While ARN and AMRPA believe these shared issues may be most relevant to the Committee at this stage of their workforce efforts, they only reflect a small portion of the issues impacting labor costs, staff retention, and burnout. As the Committee continues its work, we urge your leaders to be mindful of the specific challenges facing the rehabilitation field and to work closely with our associations and allied groups to develop timely and effective solutions.

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