



The Appropriate Inclusion Of Rehabilitation Nurses Wherever Rehabilitation Is Provided

An ARN Position Statement

In the current chaotic and rapidly changing health care delivery system in this country, people with disabilities and chronic illness are especially vulnerable. Their complex and special needs may be poorly addressed or overlooked completely. When immediate emergencies common to these individuals are not addressed or recognized quickly, outcomes are poor and costs rise dramatically. Rehabilitation nurses need to be included in rehabilitation care where ever it is provided, because they are most qualified to recognize and address these special needs.

The major goal of rehabilitation is to enable individuals to achieve and maintain a maximal level of function and independence. Attaining that goal depends on the participation of many members of the rehabilitation team, including the client, significant others, and various professionals. The nurse is essential to that team.

With the increased focus on costs in our health care system, there is a danger that long term benefits and savings will be ignored in the interest of attention to immediate profits. A 1993 study by the Medical Rehabilitation Education Foundation estimated savings in long-term disability costs of from \$\$1 billion to \$\$2 billion annually when rehabilitation is used to reduce acute and long term care costs, halt progression of primary and secondary disabilities, and return people to productive employment.

Why is the rehabilitation nurse essential to quality care?

- Nurses attend to the full range of human experiences and responses to health and illness.
- Nurses are experienced in dealing with families coping with lifelong issues.
- Nurses provide a wholistic approach to care.
- Nurses are skilled in team dynamics and integration.
- Nurses educate clients and their families to help them control and manage the wide range of challenges associated with chronic illness or disability.
- Nurses form partnerships with clients and other healthcare providers to provide the best possible outcomes.

Health care is being delivered in an increasing number of settings. To provide the best possible outcomes for persons with disabilities and chronic illness and to greatly reduce long term costs in our health care system, rehabilitation nurses must be included where ever care is delivered--in acute or post acute settings, outpatient clinics, case management companies, or the home.

Reference

ANA Social policy statement; MREF, ARN Standards and Scope, ARN Core Curriculum

The following document was developed by the Health Policy Committee of the Association of Rehabilitation Nurses. It identifies the issue and explains why rehabilitation nurses need to be included in the management of care wherever rehabilitation is provided.

Issue

Due to the effects of health care reform, hospital downsizing, managed care, and the diversification of health care settings (i.e., home care and outpatient clinics), the inclusion of the rehabilitation nurse in the health care for rehabilitation clients is often omitted.

As the trend "rehabilitation without walls" continues, rehabilitation clients need to become more educated and empowered about their health care needs and increase family involvement in their care. Team collaboration among health care providers should be a priority, so that timely, cost-effective, and future-oriented client outcomes can be accomplished. When immediate emergencies common to specific rehabilitation clients are not addressed or recognized quickly, cost-effective and quality care are not being provided. This results in medical complications, causing clients to be re-admitted to the health care setting, which could have been avoided by the appropriate inclusion of rehabilitation nurses to provide proper patient education.

Solution

The major goal of rehabilitation as described in *The Specialty Practice of Rehabilitation: A Core Curriculum*, 4th Ed. (Edwards, 2000) is improvement in quality of life. We believe that the rehabilitation nurse is best able to assist clients in meeting this goal.

We believe that the rehabilitation nurse offers:

- a holistic approach to care; looking at the whole client
- skills in team dynamics and integration
- specialty expertise, having an exceptional knowledge base of the unique needs and problems of the rehabilitation client
- experience in dealing with families coping with lifelong issues
- the vision of viewing the client through the continuum of illness to wellness

We believe that the rehabilitation nurse promotes the "well role" versus the "sick role" encouraging self care and independence by the client.

As such, any setting that is encouraging and promoting the independence and/or maximal function of the rehabilitation client requires the expertise of a rehabilitation nurse in the assessment, implementation, and evaluation of a rehabilitation program.

We believe that any agency which delivers rehabilitation services must utilize the expertise of a Certified Rehabilitation Registered Nurse (CRRN) for the orientation process and education of staff; thereas "to orient and teach the appropriate rehabilitation methods." At the minimum, we believe that rehabilitation nurses should be "on staff" as appropriate and/or available as "consultants" to meet the needs of the rehabilitation population being served.

We believe that the rehabilitation nurse, through specialty knowledge and expertise, promotes and maintains the client's level of functioning, thereas eliminating future hospital and other health care setting re-admissions. This reduces cost while maintaining quality of care and client outcome realization. We believe this is only possible if the rehabilitation nurse is included in the rehabilitation process in all health care settings.

Reference

Edwards, Patricia A. (Ed.) (2000). *The Specialty Practice of Rehabilitation Nursing: A Core Curriculum, 4th ed*. Glenview, IL: Association of Rehabilitation Nurses (page 3).

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