



Rehabilitation Services Management Course: Inpatient Rehab Units and Outpatient Therapy Centres



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Introduction:

Rehabilitation services management for inpatient rehab units and outpatient therapy centres is a 5-day course for rehabilitation unit, therapy department and outpatient centre managers that ends with a Rehabilitation Service Business and Operating Plan for a case rehab unit. Rehab services often admit patients who cannot yet tolerate intensive therapy, leave therapist diaries half used, lose income to refused payer authorisations and report activity instead of functional gain. Nominees already manage a rehab unit or therapy service and work through case studies on referral, diary, outcome and claims data. CoreConcept Training Center delivers this rehabilitation services management course.

Course Objectives:

- Position inpatient, day and community rehabilitation service models against referral demand and the WHO rehabilitation health system building blocks
- Apply written admission, continued-stay and discharge criteria that match patient tolerance and expected functional gain to the right rehab setting
- Plan therapist caseloads, session schedules and skill mix using productivity and diary utilisation measures
- Use Functional Independence Measure admission and discharge scores, FIM gain and FIM efficiency as management data for unit performance
- Organise therapy gym space, rehabilitation equipment, payer pre-authorisation and documentation so that sessions are delivered and paid
- Build a rehab-unit KPI set and assemble a Rehabilitation Service Business and Operating Plan for a case unit

Target Audience:

- Managers responsible for inpatient rehabilitation units and rehabilitation hospital wards
 - Heads of physiotherapy, occupational therapy and speech therapy departments accountable for therapist staffing and caseloads
 - Managers of outpatient therapy centres and day rehabilitation services responsible for bookings, income and patient throughput
 - Rehabilitation service coordinators responsible for referrals, admissions panels and discharge planning
 - Quality and business leads in rehabilitation providers who report outcomes, claims and unit performance
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Course Outline:

Day 1: Rehabilitation Service Landscape and Rehab Unit Baseline

- WHO Rehabilitation Definition and Functioning-Focused Service Scope
- Inpatient, Day Rehab and Community Therapy Service Model Comparison
- WHO Health System Building Blocks Applied to Rehab Services
- Referral Demand Profile by Condition Group and Source
- Rehab Unit Current-State Baseline Checklist and Gap Log

Day 2: Admission Criteria, Care Settings and Functional Outcome Measurement

- Rehab Admission Criteria Matrix for Therapy Tolerance and Potential
- Continued-Stay Review and Rehab Setting Step-Down Rules
- Functional Independence Measure Motor and Cognitive Item Structure
- FIM Gain and FIM Efficiency Calculation per Length of Stay
- Interdisciplinary Rehab Team Roles and Goal-Setting Meeting Cadence

Day 3: Therapist Productivity, Caseload Scheduling and Therapy Gym Operations

- Therapist Productivity Ratio and Direct Patient Time Measurement
- Caseload Weighting Tool for Physiotherapy and Occupational Therapy
- Session Diary Template, Group Classes and Did-Not-Attend Control
- Therapy Gym Layout and Rehabilitation Equipment Planning Schedule
- Skill Mix Model for Therapists, Assistants and Rehab Nurses

Day 4: Payer Authorisation, Documentation Risk and Rehab Unit KPIs

- Payer Pre-Authorisation Workflow and Medical Necessity Evidence Pack
- Therapy Documentation Audit for Claims Denial Prevention
- Rehab Service Costing per Session and per Episode
- Rehab Unit KPI Set With Outcome, Access and Utilisation Measures
- Delayed Discharge and Readmission Root Cause Review Method

Day 5: Case Study and the Rehabilitation Service Business and Operating Plan

- Case Rehab Unit Referral, Diary and Outcome Data Review
 - Case Admission Criteria and Service Model Redesign Options
 - Case Therapist Staffing, Gym Capacity and Equipment Plan
 - Case KPI Dashboard With Targets and Payer Mix Forecast
 - Rehabilitation Service Business and Operating Plan Completion and Defence
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Skills You Will Gain:

- Rehab Service Model Design
- Admission Criteria Governance
- Functional Outcome Analysis
- Therapist Caseload Planning
- Therapy Gym Capacity Planning
- Payer Authorisation Management
- Rehab Episode Costing
- Rehabilitation KPI Reporting

Why Attend This Course:

- Deliver a Rehabilitation Service Business and Operating Plan for a case rehab unit to the rehabilitation director and the hospital or centre executive team
- Decide which patients suit inpatient, day or community rehabilitation and how many therapists, sessions and gym places each setting needs
- Avoid refused authorisations, idle therapist diaries and delayed discharges that cut income and lengthen rehab stays
- Equip therapy leads and coordinators with the admission matrix, caseload weighting tool and FIM reporting format

Conclusion:

Back at work, the participant presents the Rehabilitation Service Business and Operating Plan to the rehabilitation director and the executive team of the hospital or therapy centre. Leadership uses it to approve admission criteria, the service model mix, therapist staffing, gym and equipment investment and the payer authorisation routine. Therapy heads use the caseload and diary rules to adjust schedules. After the first quarter under the plan, the unit should compare FIM gain, FIM efficiency, therapist productivity, authorisation refusals and length of stay with the baseline and revise the weaker parts.

Frequently Asked Questions FAQ:

What should participants know before a rehabilitation services management course for inpatient rehab units and outpatient therapy centres?

Participants should already manage, coordinate or lead a rehab unit, therapy department or outpatient therapy centre and understand how referrals, therapist diaries and claims work. Anonymised referral, diary or outcome data from their own service helps during the case study day.

How does rehabilitation services management differ from a clinical rehabilitation or general hospital management course?

It covers how a rehab service is run: service models, admission criteria, therapist productivity, gym planning, payer authorisation and rehab KPIs. Clinical rehabilitation courses teach treatment techniques for one condition, and hospital management courses cover beds, theatres and emergency flow.

Why do rehabilitation services management teams track FIM gain and FIM efficiency?

FIM gain shows how much functional independence patients recover between admission and discharge, and FIM efficiency divides that gain by length of stay. Together they let managers compare units, test admission criteria and show payers the value of rehab.

What do participants take back from the rehabilitation services management course?

Participants take back a Rehabilitation Service Business and Operating Plan for a case rehab unit, with an admission criteria matrix, a caseload weighting tool, a gym and equipment plan, an authorisation workflow and a KPI dashboard they can adapt to their own service.