



# A Patient's Guide

**StLukes**

Acute Rehabilitation Center





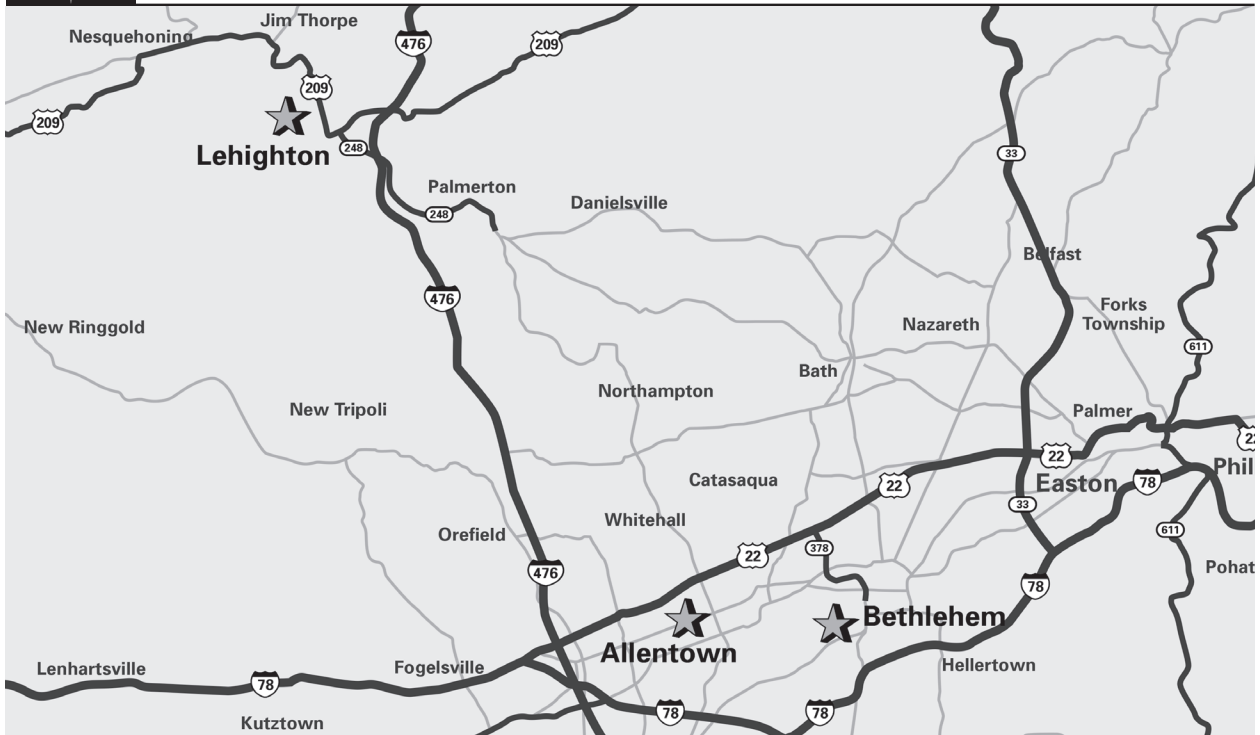
Thank you for considering St. Luke's Hospital Acute Rehabilitation Center to facilitate your recovery following your injury or illness. Our goal is to assist you in returning to an active lifestyle. We are conveniently located inside St. Luke's Hospitals at the Bethlehem, Lehighton and Sacred Heart Campuses, thus providing inpatient acute rehabilitation services as well as allowing access to our specialized medical physicians within our network. Our program is accredited through the Joint Commission on the Accreditation of Healthcare Organizations and through the Commission on Accreditation of Rehabilitation Facilities (CARF) for Inpatient Rehabilitation Programs including Stroke Specialty Program and Amputation Specialty Program.

Enclosed is some introductory information about our rehabilitation program. Please be aware that your stay on the St. Luke's Hospital Acute Rehabilitation Center is different from routine hospital stays. Our patients are encouraged and supported to do as much for themselves as possible in a safe manner. We hope each person will benefit from our program and we will do our best to ensure each patient's maximal recovery.

We hope that you allow us the opportunity to meet your rehabilitation needs. Our best wishes to you for a successful recovery.

Sincerely,

Michelle Cardinale, PT, MPT  
Director, Acute Rehabilitation Center  
St. Luke's University Health Network



# St Luke's

Acute Rehabilitation Center

## Locations

**St. Luke's Hospital – Bethlehem Campus**  
801 Ostrum Street  
Bethlehem, PA 18015  
Phone: 484-526-4242

**St. Luke's Hospital – Lehighton Campus**  
211 North 12th Street  
Lehighton, PA 18235  
Phone: 610-377-7140

**St. Luke's Hospital – Sacred Heart Campus**  
421 Chew Street  
Allentown, PA 18102  
Phone: 610-776-4920



## Current Accreditations

Commission on Accreditation of  
Rehabilitation Facilities (CARF)



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## **Comprehensive Medical Rehabilitation Program, Stroke Specialty and Amputation Specialty Programs**

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### **Mission Statement**

The mission of St. Luke's Hospital Acute Rehabilitation Center is to provide comprehensive inpatient rehabilitation services to individuals who have experienced a disabling injury or illness. St. Luke's Hospital Acute Rehabilitation Center will continuously strive to provide these services with the highest level of quality, efficiency, effectiveness, and professional responsibility. We will help each patient attain their personal goals, increase their self-esteem, improve their quality of life and restore their hope for the future and reach their fullest potential.

### **Department Goals**

To meet this mission, Acute Rehabilitation Center identifies the following goals:

- To provide the highest quality patient care services that are measured by outcomes and by conformance with national and state standards governing the rehabilitation and health care industry.
- To be ethical and honest in all of our business activities and relationships.
- To maintain a strong customer focus, building successful, long-term relationships.
- To provide a profitable service for our customers and achieve long-term return for our shareholders.
- To be the healthcare employer of choice by providing a work environment that promotes employee retention through open communication, encouragement of creative thinking and provision of opportunities for professional development.
- To gather input from our customers, inclusive of our clients, our patients and our employees, as a means to improve our programs and service and to assess their needs.
- To identify new opportunities that expand our services to the full continuum of healthcare and post-acute care in each market we serve.



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## Our Commitment to You

It is the policy of St. Luke's Hospital Acute Rehabilitation Center that all team members will act in a manner consistent with the mission, philosophy and operating policies of the program. In accordance with these principles and policies, team members will:

- Show respect for the dignity of the individual, whether patient, family member, co-worker, client, or any other person.
- Provide the highest quality clinical and customer-related services.
- Demonstrate fairness and honesty in all interactions with the public.
- Adhere to their professional codes and practice guidelines.
- Provide an accurate portrayal of the services and outcomes of the program.
- Be ethical in all marketing and public relations activities.

## Patient Satisfaction

We are committed to patient and family satisfaction. All families/patients are given an opportunity to complete a satisfaction survey upon leaving our program. The survey questions are rated based on the top box, such as "Always" or "9 – 10". Our results are shared publicly on our website as well as the enclosed outcomes flyer.

## Let Us Know...

- At the Acute Rehabilitation Center at St. Luke's, our goal is to help every individual work toward their greatest potential through compassionate care from skilled medical professionals providing specialized rehabilitation services to each person served. For more information or to schedule a tour, please call the Admissions Office at 484-526-1970 (Bethlehem), 610-377- 7090 (Lehighton) or 610-776-4922 (Sacred Heart).
- Please share with us how we can make your stay as meaningful and rewarding as possible throughout your stay.
- If you are not satisfied with your care or environment at any time during your stay, we would like to know about it as soon as possible. Any concerns should be directed to the Therapy Program Manager or Nurse Manager on the unit. If further assistance is needed, please contact the Program Director or Medical Director at the facility. We take feedback seriously and appreciate hearing about the positives and concerns.

If you have concerns that cannot be resolved, we can provide you a copy of our Grievance policy and assist you with the complaint or grievance process.



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## Scope of Services

Comprehensive inpatient rehabilitation services are provided to adult and adult geriatric patients with neurological and other medical condition of recent onset or regression and who have experienced a loss of function in activities of daily living, mobility, cognition or communication. This program serves persons 18 years and older and accepts patients served of varying cultural backgrounds and of all payer sources. All patients must be medically stable but have sufficient medical acuity to warrant an ongoing hospital stay.

Persons served will receive 24 hour rehabilitation nursing and a minimum of three hours a day of therapy, no less than five of seven days in the week. The therapies will be a combination of services with physical, occupational and speech therapy provided based on the individual needs of the patient. Other services, such as orthotics, prosthetics or nutritional services, are ordered as necessary and as appropriate. Your therapy program, including the frequency and intensity of the program, will be designed according to your needs after you have been fully evaluated. In addition, as you progress through the program these hours may change to meet your individual needs. The team will work with you and your family to help determine the best discharge environment for you based on your needs at the time of discharge. If you are unable to return home, the team will help you and your family to make other arrangements.

## Stroke Specialty Program (Bethlehem, Lehighton, Sacred Heart)

The Stroke Specialty Program at St. Luke's Acute Rehabilitation Center focuses on the delivery of services to the individual person who has sustained a stroke and their family. The patient will receive comprehensive inpatient rehabilitation services with a focus on the diagnosis of stroke.

### The goals of the program are:

- To maximize function and participation in activities of daily living.
- To decrease environmental barriers for the patient served.
- To provide education on wellness, lifestyle modification to reduce risk factors for recurrent stroke.
- To provide community support and integration activities to assist with coping and adaptation skills for both the patient and the family.
- To deliver care through the application of best practice available through clinical research and to offer opportunities for the patient to participate in research activities.

### Predominant Diagnoses Admitted or Served by the Program

Left Side Brain, Right Side Brain, Bilateral Strokes, Cerebellar Stroke, Ischemic or Hemorrhagic Etiology.



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## **Amputation Specialty Program (Bethlehem, Sacred Heart)**

The Amputation Specialty Program at St. Luke's Acute Rehabilitation Center focuses on the delivery of services to the individual person who has sustained an amputation and their family. The patient will receive comprehensive inpatient rehabilitation services with a focus on the diagnosis of limb amputation.

### **The goals of the program are:**

- To maximize function and participation in activities of daily living during the pre-prosthetic and post-prosthetic phases of recovery.
- To decrease environmental barriers for the patient served.
- To provide education on wellness, lifestyle modification to reduce risk factors for further amputation.
- To provide community support and integration activities to assist with coping and adaptation skills for both the patient and the family.
- To deliver care through the application of best practice available through clinical research and to offer opportunities for the patient to participate in research activities.

### **Predominant Diagnoses Admitted or Served by the Program**

Trans-femoral (Above Knee) amputation, Trans-tibial (Below Knee) amputation, Upper extremity amputation.

## **Patients Served**

The rehabilitation program serves patients with a variety of medical, physical, and functional needs. Some of the conditions treated in the program are as follows:

- Stroke (CVA)
- Brain Injury
- Neuropathy and Myopathy
- Spinal Cord Injury
- Multiple Trauma
- Hip Fracture
- Major Joint Replacement
- Amputation
- Polyarthritis
- Degenerative or Progressive Neurological Disorders
- Guillain Barre
- Multiple Sclerosis (MS)
- Parkinson's Disease



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## Services Provided

### Directly or by referral at St. Luke's Acute Rehabilitation Center

- Rehabilitation Medicine
- Medical Consults (if necessary)
- Rehabilitation Nursing
- Physical Therapy
- Occupational Therapy
- Recreational Activities
- Speech and Language Pathology
- Social Work/Case Management
- Psychology
- Orthotic and Prosthetic
- Consultation
- Respiratory Services
- Dietary Services
- Renal Dialysis
- Wound Care
- Chaplaincy

Medical, diagnostic, laboratory, and pharmacy services are located within St. Luke's Hospital. The response time is specific to each of these services. It is the expectation of this unit, however, that the vast majority of orders or consultations will receive some level of response within 24 hours of a department/medical consultative body receiving the order or consultation. That initial response will then be conveyed to the appropriate clinician(s) as soon as possible.

## Staffing Roles / Functions / Availability

The supportive involvement of family or other support networks is recognized as a key component in the success in the individuals' return to the most independent and appropriate discharge environment. The team will assess the family's ability and willingness to support and participate in the plan of care. Education, physical training, advocacy training and supportive counseling will be provided to prepare them for the needs of the patient moving forward.

A minimum staff complement includes a Medical Director or Attending physician (who visits patients a minimum of three times per week), rehabilitation nurses, and occupational therapy, physical therapy and speech therapy. Social work and neuropsychology services are also available from Monday through Friday. Staffing patterns are based upon census, diagnosis, severity of illness and intensity of services required by each patient admitted, as well as by state practice guidelines for each discipline. Contract staff is available for coverage. Staff competencies include growth and development for adult and adult geriatric patient, functional measure scoring, cardiopulmonary resuscitation and discipline-specific skills.

## Methods Used to Assess and Meet Patient Needs

We receive referrals from the geographic region of Lehigh, Northampton, Bucks, Monroe and Carbon counties as well as further regional areas based on patient needs. Referral sources from local acute hospitals, long term acute hospitals, skilled nursing facilities as well as outpatient centers and home health agencies will provide a formal referral to the program via ECIN, fax or phone call.





Pre-admission screening is provided prior to admission, during which current functional status is evaluated and discharge goals are delineated. A comprehensive assessment of each patient's medical, physical and cognitive condition and psychosocial and cultural restrictions is a prerequisite for the formation of a course of rehabilitation. A patient's psychological status is also considered when determining whether he/she could benefit from admission. The medical director or rehab physician on our unit will review the preadmission assessment in order to make a decision to approve or deny the referral prior to admission and the decision will be communicated to the referral source, patient and family support system as appropriate. If a referral is determined to be ineligible, recommendations will be made for alternative services.

If patient is not recommended for admission to IRF at this time, indicate recommended level of care:

- |  |   |
|--|---|
| <input type="checkbox"/> Skilled Nursing Facility      | <input type="checkbox"/> Assisted Living Facility |
| <input type="checkbox"/> Subacute Rehabilitation       | <input type="checkbox"/> Home                     |
| <input type="checkbox"/> Long Term Acute Care Hospital | <input type="checkbox"/> Other: _____             |

If patient is not accepted for admission to IRF at this time, indicate the reason:

- No medical necessity or functional level too high (no need for IRF)
- Too medically complex, functional level too low, unlikely to return to community (Not suitable for IRF)
- Inadequate discharge plan
- Refusal by patient or family (chose another facility or post-acute venue)
- Not approved by insurance carrier
- Rehab bed not available
- Other: \_\_\_\_\_

## Admission and Continued Stay Criteria

- Patient must be medically stable.
- Patient must be able to tolerate an intensive rehabilitation therapy program consisting of three hours of therapy per day at least five days per week or consist of at least 15 hours of intensive rehabilitation therapy within a seven consecutive day period, beginning with the date of admission.
- Nursing care must be required 24 hours a day.



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- Patient must require two or more therapies, one of which will be physical or occupational therapy, as well as a coordinated interdisciplinary approach to his or her rehabilitation.
  - Patient must have experienced a functional decline.
  - Patient must have potential for improvement.
  - Patient must be cooperative and motivated.
  - Patient must require supervision by a rehabilitation physician to assess the patient both medically and functionally and to change the course of treatment if necessary.
  - Patient must have a pay source or an arrangement with our financial department prior to admission.

## **Restrictions of our Program**

This program does not currently serve persons who require ventilator support or patients requiring respiratory isolation, such as TB infections, have severe burns, those who have unstable labs, patients who are non-responsive or unable to follow commands, those who have severe dementia, patients who wander excessively, are combative or have behavioral dysfunctions and have a traumatic brain injury at Rancho Los Amigos Cognitive Scale Level IV or below. We cannot serve patients with spinal cord injuries at C5 or higher, but can treat those injuries below that level, whether complete or incomplete, traumatic or non-traumatic. Persons served must be 18 years of age or older and not enrolled in high school. We also consider pregnant females on a case by case basis depending on the needs of the mother and baby.

## **Scope, Complexity and Extent to Which Patient Care Needs are Met**

As a result of the condition and impairments leading to the admission on the rehab unit, the patients must make a series of life adjustments. Such adjustments can best be facilitated by the combined efforts of the patient, family and interdisciplinary professional rehabilitation staff.

Coordination of the efforts of this interdisciplinary rehabilitation team leads to the highest possible rehabilitation outcomes attainable by each patient and requires a highly individualized and holistic approach.

The Team Admission Assessment, including objective and subjective data, is completed within:

- Eight hours of admission by nursing
- Within 24 hours by physical therapy, occupational therapy and speech language pathology
- Two working days by social work/discharge planning as ordered by the physician



A wide range of services is needed to address the multitude of treatment goals identified in the assessment. The goal of each service is to minimize the individual's potential in the restoration of function or adjustment by integrating with other services. Every effort is made to discharge persons served back into the community.

The treatment team will meet weekly with the Medical Director or physician designee to review each patient's progress, goals to be addressed over the next week and discuss plans for discharge. After the meeting, the social worker will meet with the patient and/or family to review and discuss the results and recommendations of the team meeting.

## **Alternative Resources**

Your discharge from rehabilitation will be facilitated by a social worker/case manager; he/she will help identify and arrange for any individualized services that may be required upon discharge. These may include but not limited to:

- Durable medical equipment (DME) prosthetics and orthotics
- Skilled nursing facilities where therapy at a less intense level is offered with 24-hour nursing care.
- Home health services
- Outpatient therapies

## **Discharge and Transition Criteria**

Our team works with you, the patient, and your family to ensure the most appropriate placement following discharge from the Acute Rehabilitation Unit. When the patient's medical condition allows, the patient and family will be notified after the first team meeting, the plan for discharge with a tentative date by the social worker/case manager, Physician, Nurse or designee. Discharge from the program shall be considered when one or more of the following criteria occur:

- A patient has reached his/her rehabilitation potential and no longer warrants the intensity of therapy services.
- A patient has plateaued in the rehabilitation process and no progress is noted by any discipline for over a period of one week.
- A patient is medically unstable requiring more intensive medical intervention.
- A patient is behaviorally unable to cooperate with the demands of the program and/or is jeopardizing his/her own safety or that of other patients and or staff.
- A patient refuses to participate in the program for 72 hours, despite being medically stable, and there is no evidence of progress.



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## **Non-Voluntary Discharge**

If you are unable to complete the intensity of service, minimum of three hours of combined therapy at least five days per week, our social worker or case manager will assist in finding placement in a less intensive setting to continue services.

## **Discharge Against Medical Advice (AMA)**

Competent patients, and those with legal guardians or active durable power of attorney for health care, have the right to leave the hospital against medical advice. In that event, the physician will provide the patient medical advice and will inform the patient of the potential risks and document in the medical record the conversation including possible detrimental results. It will be explained to the patient that they may then be responsible for the full cost of their stay on the rehabilitation unit. The patient, guardian or durable power of attorney for healthcare will then sign a release of liability for leaving against medical advice.

## **Patient Rights**

The persons served, families, friends, caregivers and community have the right to respectful, considerate care from all rehabilitation members they interact with at all times and under all circumstances. All individuals served will have freedom from abuse, financial exploitation, retaliation, humiliation, and neglect. We do not discriminate based on race, ethnicity, national origin (including language), spiritual beliefs, gender, age, current mental or physical disability, sexual orientation, or socioeconomic status.

## **Rights with Regard to Advanced Directives**

St. Luke's University Health Network believes that its patients in its hospitals deserve the ability to make their own healthcare decisions and if they are unable to do so, appoint a health care proxy decision maker to make those decisions in their place.



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## Patient and Family Information

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### Your Team – We are here to help you!

#### **PHYSICIANS**

There are several physicians on the Acute Rehab Center who will be managing your rehabilitative care. The physicians will coordinate your care with the treatment team while you are on the unit. The physicians will see you several times per week during your stay on the unit. If you have any concerns regarding your rehabilitative or medical care, please ask the nursing staff to discuss this information with our physician team.

#### **REHAB NURSING**

Rehabilitation nurses will give you around-the-clock personal care and support, and will teach you and your family about your abilities and treatments.

#### **PHYSICAL THERAPY**

Physical therapists will teach you exercises that may help improve your strength and mobility. If necessary, they will also instruct you on the safe and correct use of mobility devices such as walkers and canes, braces and artificial limbs.

#### **OCCUPATIONAL THERAPY**

Occupational therapists focus on improving your living skills, including bathing, dressing and eating. They also may give you training on equipment that will help you better perform these activities.

#### **SPEECH THERAPY**

Speech therapists will assess and treat your ability to communicate, problem solve and reason. They also may address problems with swallowing.

#### **CASE MANAGER**

The case manager will explain the details of your stay, explore with you the many changes in your life and coordinate your discharge.

Other individuals on your rehabilitation team may include a neuropsychologist, dietician, pharmacist, vocational counselor, orthotist (designs and fits braces) or a prosthetist (creates and fits artificial limbs).



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## **INTERPRETERS**

For non-English speaking and hearing impaired patients and/or families, we will provide interpreters or assistive devices to assist in communication. For non-English speaking individuals, we have access to several foreign language interpreters as well as the Cyacom Language Line. For hearing impaired individuals, we have access to several volunteer signers as well as to a TDD line. Please notify any staff member of your need to access any of these services.

## **What You Can Expect From Us**

During the initial phase of your treatment, you may be asked to participate in a series of evaluations. It is critical that we perform a complete assessment because your treatment program will be based on the needs that are identified. Most patients spend a minimum of three hours in therapy each day, at least five-days-a-week. Therapy may take place in both individual and group treatment settings, and sessions will be scheduled for various times throughout the day.

We will want you to be as active as possible. Because of this increased level of activity, you naturally will be somewhat tired. This should improve as you gradually regain your strength.

## **TEAM MEETING**

The treatment team will meet weekly with the Medical Director or physician designee to review each patient's progress, goals to be addressed over the next week and discuss plans for discharge. After the meeting, the social worker will meet with the patient and/or family to review and discuss the results and recommendations of the team meeting.

## **HOME EVALUATION**

Prior to discharge from the Acute Rehabilitation Center, patients and families may be encouraged to participate in a home evaluation as recommended by the treatment. The home evaluation will assess the patient's mobility and safety and medical equipment within the home environment.

## **THERAPEUTIC PASS**

During the patient's stay on the Acute Rehabilitation Center, a therapeutic pass for 4-6 hrs out of the facility with the family may be recommended as part of their treatment program. A therapeutic pass is considered an integral component of a person's adjustment to any physical disability and also provides the transition of re-entry to the home and community. The treatment team will evaluate each patient's need and readiness for a therapeutic pass and make the recommendation to the Medical Director or physician designee. Preparation for the passes will be arranged and scheduled with the family by the social worker. Prior to the actual pass, the Medical Director or physician designee will authorize the pass in writing.



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### **FAMILY TRAINING/ FAMILY MEETING**

Training by all applicable disciplines may be provided to the family throughout the patient's stay in order to prepare the patient and family for adapting to their return to home upon discharge from the Acute Rehabilitation Center. The unit's social worker or another member of the treatment team will contact the family to schedule training. Families are encouraged to be involved in all aspects of training.

Prior to a patient's discharge for the Acute Rehabilitation Center, a family meeting may be scheduled between the patient, family members and the treatment team. The purpose of this meeting would be to review the patient's status, discuss any concerns about discharge and review the treatment team's recommendations for discharge. The social worker or another member of the treatment team will contact the family to schedule the meeting.

### **COMMUNITY REINTEGRATION ACTIVITY**

During the patient's stay on the Acute Rehabilitation Center, an outing into a community setting may be recommended to allow the patient to practice skills that they have been taught in the rehabilitation program. The patient would be accompanied by a member of the treatment team and the family may be encouraged to participate. The treatment team will evaluate each patient's need and readiness for a community reintegration activity and make the recommendation to the Medical Director. The treatment team will identify appropriate goals for the outing using input from the patient and family. Goals will be identified in the area of mobility, activities of daily living, communications and cognition, and psychosocial adjustment. At the end of the outing, the team member accompanying the patient will determine whether goals were achieved and document these achievements.

### **FOLLOW-UP**

At the time of discharge, the patient will be asked to complete a satisfaction survey asking for an evaluation of their stay with us.

Within two to four days after discharge from the Acute Rehabilitation Center, a member of the staff will contact the patient/family by telephone to ensure that the patient's adaptation to home is going smoothly and that all ordered services and equipment are in place. The social worker will assist the patient in resolving any issues that may have developed.

Approximately three months after discharge from the Acute Rehabilitation Center, a member of the staff will contact the patient/family by telephone to inquire about the patient's progress.



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## Your Daily Routine

Patients will be awakened between 6 – 7 am to allow for dressing, toileting and medications prior to beginning their daily rehabilitation program. Throughout each day, the nursing staff will provide care and assistance to the patients. All patients receive both physical and occupational therapy for a minimum of three hours each day, Monday through Friday. Based on the needs of the patient, they may also receive speech therapy as well as visits from the social worker, psychologist and dietician throughout the day. Each patient's daily schedule is posted across from the nurse's station as well as provided to each individual patient. Occupational and Physical Therapy are also provided for full days on Saturdays and Sundays and patients are scheduled as appropriate. Nursing staff may assist the patients to shower in the evening or in the morning unless completed in the morning as part of the patient's therapy.

### MEALS

Meals are delivered to the floor at these scheduled times (times vary slightly):

**Breakfast: 7 am • Lunch: 11:30 am • Dinner: 4:30 pm**

Patients requiring assistance with eating or swallowing may have speech therapy during their mealtimes.

Please check with the nursing staff prior to bringing food in from home for a patient.

Food service is available to family members in the cafeteria of St. Luke's Hospital. Hours of operation for the cafeteria are available upon request.

### CLOTHING

Patients will dress each day in their everyday clothing while they are on the Acute Rehabilitation Center. They will need loose, comfortable clothing from home, including sleepwear. Pants or shorts are recommended for exercise and activities in therapy. At least three changes of clothing are recommended by the treatment team for walking. A coat or jacket, appropriate to the season, is also recommended for the patient to wear outside for therapy activities, for a home evaluation or for a community outing.

A washer and dryer are present on the unit (SLB and SLL) and can be used by patients to launder their own clothing or families may opt to launder the patient's clothing at home.

### PERSONAL ITEMS

Dentures and supplies, eyeglasses, hearing aids and batteries should be brought to the Acute Rehabilitation Center for the patient. Any medical equipment such as walkers or canes may be requested to be brought in prior to discharge. All personal items should be labeled with the patient's name. An inventory of the patient's belongings will be completed at admission, to ensure that all items are returned at discharge. If you bring something in for the patient after they are admitted, please advise the nursing staff.





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## **VISITORS**

The Acute Rehabilitation Center does not have specific visiting hours. However, it is encouraged that visitors schedule their visits prior to 8 pm. Please see the information desk attendant or kiosk for directions if needed.

## **For Your Safety**

### **SAFETY**

The Acute Rehabilitation Center requests that patients and their family members or caregivers recognize some basic safety issues:

- Medications from home are not permitted unless approved by a physician.
- Alcohol, illegal drugs or weapons are not permitted.
- Visitors should not attempt to help a patient in or out of bed, in or out of the bathroom until trained by a staff member.

### **SMOKING**

This is a smoke free facility. Smoking is not allowed in the patient rooms, on the rehabilitation unit or in the hospital. Smoking is permitted outside the building at off campus locations per physician order. Please check with a unit staff member before taking a patient outside to smoke.

## **For Your Comfort**

### **TELEVISION**

Televisions are available for each patient, in their rooms, at no charge to the patient. Controls are at each bedside. If you need additional information regarding station selections or operating instructions, please ask a staff member.

### **TELEPHONE SERVICE**

Telephones are made available to all patients. Special arrangement can be made for patients in semi-private rooms who wish to make a confidential phone call.

### **NEWSPAPERS**

A daily newspaper will be available at the nurse's station. Additional copies can be purchased in the gift shop on the ground floor.

### **GIFT SHOPS**

Gift shop is located in the lobby of the main entrances. Hours vary, please ask for available hours.

### **MAIL SERVICE**

Regular mail service is available to all patients on the Acute Rehabilitation Center.



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## Individualized Information and Disclosure

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Welcome to St. Luke's Acute Rehabilitation Center.

### Intensity of Services

Your program will include individualized frequency and intervention by the following disciplines; an approximate plan will include:

- PT: \_\_\_\_\_ minutes per day for strengthening and mobility
- OT: \_\_\_\_\_ minutes per day to work on self-care skills: bathing, dressing, grooming, & eating
- ST: \_\_\_\_\_ minutes per day to help with difficulties in thought processes, swallowing & speaking

A combination of these services will be provided at least 3 hours per day, usually in the morning and afternoon. Lunch and rest period are at mid-day. Based on your needs, you may receive additional therapy on the weekends. In addition, other therapeutic services may include: Social Work Visits, Dietary Support, Psychiatry Services, and Recreational Therapy and Educational classes.

You will be seen by a physician specializing in Rehabilitation Medicine. The hospital has 24-hour physician coverage and consulting specialists are available if needed. Rehabilitation Nursing will also be provided around the clock to provide care and assistance to all patients.

Each day, the patient's daily schedule is posted on a master scheduling board across from the nurses' station and at the bedside.

**Your ESTIMATED length of stay at St. Luke's ARC will be \_\_\_\_\_ days.**

Many factors will influence your length of stay, including severity of injury, previous health status, and medical complications. The rehabilitation team will discuss your length of stay with you after they have evaluated your condition. The team will work with you and your family to help determine the best discharge environment for you based on your needs at the time of discharge. If you are unable to return home, the team will assist you and your family in making other arrangements.

### Your hospitalization costs may be covered by:

#### Medicare Part A:

Pays for the cost of inpatient rehabilitation provided you meet criteria at admission and during your stay. Your out-of-pocket expenses include a deductible applicable to inpatient hospital stays and daily coinsurance for continuous inpatient stays lasting longer than (60) days, (61st through 150th day). For more specific coverage, visit Medicare's website at [www.CMS.hhs.gov](http://www.CMS.hhs.gov) or ask to speak with your Case Manager. Your rehabilitation stay at this facility will be covered under the



hospital level benefit. The Medical Director will make the decision whether you meet admission criteria, but it is always subject to review from Medicare.

Currently you have \_\_\_\_\_ Medicare days at 100%, \_\_\_\_\_ days at 80% and \_\_\_\_\_ lifetime days available.

**Medicaid:**

If approved, Medicaid will cover many medically necessary services. Since there may be different levels of coverage depending upon financial qualifications, you will need to contact the State Medicaid Office to determine if any coverage limitations apply to you.

**Private Insurance/ Indemnity/ Medicare Supplement/ HMO/PPO/Managed Medicaid/Worker's Compensation / etc.:**

As a courtesy to you, a representative will in most instances contact the applicable plan by telephone and try to determine whether the services you are seeking will be covered. Benefits will be verified prior to admission and a designated staff member will obtain pre-authorization if required. You will need to inquire about benefits for inpatient rehabilitation at a hospital level of care. Throughout your stay, as required, your case manager will work with your insurance to obtain continued authorization.

Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Verification has been obtained, and you have \_\_\_\_\_ authorized days.

Co-pay information is as follows: \_\_\_\_\_

This is not a guarantee of payment or of the coverage your plan will provide. We make every effort to obtain accurate information, but you should contact your provider representative to personally verify your coverage.

**Assistance with Financial Responsibility**

A financial counselor is available to assist you and your family in understanding your benefits, co-payments, and responsibilities before or after admission. Persons with no coverage are admitted only after approval by hospital administration.

If you are paying cash and need assistance or information, please contact inpatient billing services in the Business Office at 484-526-3379.

**The St. Luke's Acute Rehabilitation Center Disclosure document has been provided to you for general informational purposes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

