This booklet is designed to answer many of the questions you might have. It will provide you with information about the Rehabilitation Program including what to expect in the program and what is expected of you. It will introduce you to your team members and their roles in your treatment plan. We hope you find this information helpful. We are eager to work side by side with you in developing and achieving your rehabilitation goals. Thank you for entrusting your care to us.

Welcome to Inpatient Rehabilitation at Saint Alphonsus Regional Medical Center (SARMC). We are located within SARMC’s South Tower on the hospital’s 3-East, 3-West and 4-West floors.

Our Address is:
1055 North Curtis Road, Boise, ID 83706

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OUR COMMITMENT TO QUALITY

The Saint Alphonsus Rehabilitation Unit was established in 1986 and has been helping people rebuild their lives since that time. Our high patient volume and diverse population means our team of experts is experienced in treating all types of rehabilitation impairments, including the most complex cases.

At Saint Alphonsus Rehabilitation, we are serious about providing quality care and finding ways to continually improve our services. This is exemplified by our staff who have achieved specialty training and certifications, our ongoing commitment to the accreditation process, and excellent clinical outcomes.

Professional Training and Education — Persons served by the Rehabilitation Unit benefit from personnel who possess a high level of clinical experience and expertise. Our physicians are board-certified and many of our RN’s have achieved the Certified Rehabilitation Registered Nurse (CRRN) designation.

Accreditations — Saint Alphonsus voluntarily undergoes a challenging comprehensive evaluation by The Joint Commission (TJC) every three years. Saint Alphonsus consistently receives TJC’s “stamp of approval” meeting a long list of rigorous performance standards ensuring the safety and quality of care provided. Accreditation is just one more sign of our excellence and commitment to providing quality patient care.

Quality Outcomes — Our ongoing data shows that patients make good functional change from admission to discharge. Additionally, patients who have completed the programs at the rehabilitation unit at Saint Alphonsus Rehabilitation Unit have a higher rate of return to home and community than the average national statistics.

OUR CONTINUUM OF CARE

Saint Alphonsus provides the only full scope continuum of care in the Intermountain region. These levels of service include:

- Life Flight/Emergency Transport
- The Region’s Only Trauma Center
- Critical Care Unit
- Acute Hospitalization/Neuro-Science Unit
- Comprehensive Integrated Inpatient Rehabilitation
- Outpatient Medical Rehabilitation (STARS)
- Home Health Services

This broad continuum of care allows us to manage your care from the point of injury or illness until you are discharged back into your community of choice. This means that we are with you every step of the way!

OUR MISSION

OUR PROGRAM ADHERES TO THE MISSION, VISION AND CORE VALUES OF SAINT ALPHONSSUS REGIONAL MEDICAL CENTER:

“We serve together at Saint Alphonsus Regional Medical Center in Trinity Health, in the Spirit of the Gospel, to heal body, mind, and spirit, to improve the health of our communities, and to steward the resources entrusted to us.”

OUR VISION

We are a recognized leader in excellent care and service. We are a trusted partner in all relationships. We advocate for those in need.
**OUR CORE VALUES**

The rehabilitation unit adheres to the core values of SARMC and its owner, the Trinity Health System. They are as follows:

- **Respect** commits us to respect every human being because each is created, loved, and called by God to life everlasting
- **Compassion** commits us to give of ourselves in order to respond appropriately to the needs of others
- **Social Justice** commits us, through the use of individual and organizational action and influence, to enable all to participate in society in seeking the common good
- **Care of the poor and under served** commits us to actively seek ways to provide services to the less fortunate in our community
- **Excellence** commits us to the highest standard in all that we do.

**YOUR REHABILITATION EXPERIENCE**

Your care will be provided by a team of rehabilitation specialists educated and trained to meet your needs. Both you and your family are important members of the team and will help to identify goals for your individual care plan. Each person’s rehab program is different and will be designed based on your specific needs. Our treatment teams work together in a collaborative manner to meet the needs of each patient and family. They are here to help you through this next phase in your recovery — to help you become as independent as possible!

We should warn you that your experience on the rehab unit will differ somewhat from what you experienced in the acute care hospital. On the rehab unit, you will be expected to do as much as you can for yourself. This will help you to regain as much function as possible so that you may lead a more independent lifestyle. We are confident you will quickly see the benefits to this approach. Trust that your treatment team will only recommend what is best for you!

Our Inpatient Rehabilitation Unit boasts highly experienced, skilled teams of therapists specializing in assisting people to recover or compensate for deficits resulting from:

- Brain injury/Surgery
- Spinal Cord Injury
- Stroke
- Neurological Disease
- Amputation
- Multiple Trauma
- Orthopedic Injury/ Surgery
- Other General Medical Conditions as appropriate (Cardiac, Pulmonary, Deconditioning, etc.)

**OUR PROGRAMS**

The rehabilitation unit at SARMC has five well-defined, physician-led rehabilitation programs:

**General Rehabilitation Program** — The General Rehabilitation Program is for individuals with injury or disease process affecting their ability to manage daily activities. If an injury or illness is challenging your ability to live effectively day-to-day, it is important to intervene early for a more positive outcome. The sooner you start rehabilitation, the greater your opportunity to regain function.
**Brain Injury Program** — The Brain Injury Program is for individuals who have experienced the life-changing effects of a brain injury. If you have experienced a brain injury, you may experience problems with thinking skills (i.e., attention, memory, problem-solving, organizing, decision-making, and reasoning) and/or communication skills (i.e., expressing yourself, understanding what others are saying to you, reading, and/or writing). You may have difficulties with chewing or swallowing food. Some may have difficulties with impulse control and tend to speak or act before they think. Tolerating noise and activity, managing anger, or coping with emotions can also be difficult for some following a brain injury.

You might have difficulty initially completing typical activities of daily living such as toileting, bathing, grooming or toileting. Physically, you may have problems moving one side of your body, have increased muscle tightness, or difficulties with balancing, walking, or with other types of movement. Fatigue is common after a brain injury so you may struggle with endurance and stamina. Your vision or how your brain makes sense of visual images may be affected as well. The Brain Injury Program at Saint Alphonsus tailors their program to meet your individual needs.

**Stroke Program** — The Stroke Program is for individuals who have suffered the life-changing effects of stroke. After you have experienced a stroke, you may be faced with many of the challenges outlined above — challenges in your mobility, your ability to complete activities or daily living or difficulties with communication, swallowing, or cognition (thinking and remembering).

Early intervention is critical for individuals who have experienced a stroke. The first days and weeks following a stroke provide the greatest opportunity to regain function. Immediate rehabilitation greatly increases the chances of a more positive outcome. When you are recovering from stroke, you rebuild your life. We will help you learn the process of adjustment and growth that includes your family and friends. We will assess your abilities and determine how to best improve your functioning, help you regain mobility, communication skills and the ability to perform daily activities. Our stroke program can help you return to your life as soon, and as fully as possible.

**Spinal Cord Injury Program** — The Spinal Cord Injury System of Care consists of two collaborative components: the inpatient component provided here at Saint Alphonsus and the outpatient component provided through Saint Alphonsus Rehabilitation Services (STARS). The inpatient Spinal Cord Injury Program is for individuals who have suffered a catastrophic spinal cord injury or for individuals who struggle with Guillain-Barre or Multiple Sclerosis.

A spinal cord injury can dramatically alter one’s life. Many active, vigorous individuals suddenly face extreme challenges in their abilities due to this type of injury. The location of the injury on the spinal cord determines the nature and level of associated complications. We believe that while your injury may limit your mobility, it does not have to limit your potential. Our professionals will help you tap into your resources to rebuild a productive and satisfying life.

Our Spinal Cord Injury team combines a careful assessment of your capabilities and an individually prescribed course of therapies. This includes helping you learn the skills you need to become more independent, and practicing mobility skills in a secure, safe environment. The team will help you through the process of adjustment and growth that involves your family and friends. We will connect you to community resources for vocational planning as well as educational and recreational opportunities. Our motivational support is firmly grounded in a “can do” attitude, demonstrating our belief that your potential is greater than your disability. The treatment team is committed to helping each individual with a spinal cord injury to regain his or her greatest potential.
Orthopedic Program — The Orthopedic Program is for individuals who have sustained a hip fracture, joint replacement, amputation, or arthritic condition resulting in challenges to mobility and independent living. A complex array of functional capabilities are affected when an orthopedic problem occurs. This can include difficulties with mobility, performing activities of daily living, participating in recreational activities, functioning at work, and enjoying social relationships. If you begin your rehabilitation soon after your orthopedic surgery or illness, you increase your chance for a more positive recovery.

Our orthopedic team is led by a physiatrist, a doctor trained in physical medicine and rehabilitation. The physiatrist will identify and work with your abilities with consideration given to any other medical conditions or complications. He/she will follow your progress from acute care through outpatient rehabilitation.

Recovering from an orthopedic intervention means rebuilding your strength and muscles. We will assess your abilities and work with you to improve your function. We will help you regain mobility and meet the challenges of daily living.

OUR SCOPE OF SERVICES

Purpose
The purpose behind each of the rehabilitation programs is to provide top quality medical and rehabilitation care to persons served with through highly-trained, highly qualified personnel, with the person served and family being the focus.

Goals
The goals of the program are to:

- Address impairments
- Minimize activity limitations
- Decrease participation restrictions
- Maximize functional independence
- Help persons served achieve successful home, family, community, work, and school re-integration through a transdisciplinary rehabilitation team approach
- Discharge patients to the least restrictive setting

Focus
The focus of each rehabilitation program is to identify each participant’s home and community participation needs and simulate or integrate these activities into therapy sessions. SARMC strives to facilitate discharge to an environment that allows the highest level of independent functioning possible (for example, home and community); however, it may occasionally be necessary to refer to other discharge settings that provide more appropriate levels of cuing and supervision (for example, assisted living or extended care living options). These decisions are based on the current or projected needs of each individual at discharge.

Rehabilitation Management
Rehabilitation physician and nursing services are provided 24 hours per day, seven days per week. Skilled therapies are provided by a transdisciplinary team to all persons served Monday through Friday and on Saturdays and Sundays, as needed. Therapy schedules run from 8:00 a.m.-4:30 p.m. All persons served are scheduled to receive a minimum of three hours of therapy, five to six days per week.

The teams are directed by physiatrists who are physicians specializing in rehabilitation medicine. The Rehab Medical Director, Director of Rehabilitation and Rehabilitation Nurse Manager at SARMC collectively share oversight for the
programs and the overall operations of the Inpatient served Rehabilitation unit.

The Nurse Manager manages the nursing staff for both Rehabilitation Units. The Nurse and Therapy Supervisors are responsible for daily operations, staffing, and transdisciplinary coordination and collaboration. Each program is run by a Program Advisory Council that is led by the Medical Director and Manager of Quality & Compliance. This Program Advisory Council is responsible for review, analysis and action planning to program specific outcomes information, review and writing of necessary policies and procedures, performance improvement, program development, etc.

Problems Addressed in Rehabilitation
Persons served in our rehabilitation programs most often demonstrate limitations in mobility and activities of daily living; however, some patients may have additional difficulties with bowel/bladder continence, communication, cognition or swallowing. Persons served may have participation restrictions making it difficult for them to return to their previous family, community, or social roles. Examples of participation restrictions addressed by the program include, but are not limited to, difficulty becoming employed or maintaining employment, difficulty participating in community activities, difficulty driving, or difficulty parenting/caregiving. Additionally, persons served may have unique emotional or behavioral needs that need to be addressed during the rehabilitation stay.

Available Services
The following services are provided directly by the rehabilitation programs at SARMC:

- Physiatry
- Neuropsychology
- Rehabilitation Nursing
- Social Work
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Therapeutic Recreation Services

Additional services are directly available and will be arranged for as needed, including:

- Dietary
- Respiratory Therapy
- Chaplaincy
- Aquatics Therapy
- Community Reentry

- Vocational Reentry
- School Reentry
- Balance and Vestibular Therapy
- Behavioral Management
- Peer Support
- Other services, as needed and available

Persons served at the rehabilitation unit at SARMC may receive care from other physician specialists including hospitalists, referring physicians/surgeons, and consultants in other areas. Referrals for other services not directly provided, will be arranged as needed and may include:

- Orthotics/Prosthetics
- Ophthalmology/Neuro-ophthalmology
- Audiology
- Chemical Use/ Abuse/Dependency Counseling
- Psychiatry
- Urology
- Oncology
- Cardiology
- Obstetrics/Gynecology
- Other specialty services, as needed

SARMC has the full scope of medical, diagnostic, laboratory and pharmacy services available on site. A comprehensive listing of these services is available at www.saintalphonsus.org.

EQUIPMENT/ASSISTIVE DEVICES

Sometimes, individuals require special equipment or assistive devices. SARMC provides opportunities for persons served to discuss and try different in-house equipment and devices and/or will make arrangements with a local vendor to experience additional options. Assistance is provided to secure equipment as needed.

AGING WITH A DISABILITY

The rehabilitation programs addresses aging with a disability as it could potentially affect the impairments, activity limitations, and participa-
tion restrictions of each person served. Team members focus on prevention of potential risks and complications due to utilization, time, aging and any other variables (e.g. teaching cardiovascular health, transfer economy, weight control, diabetes prevention, skin care, etc.). Ongoing instruction and discharge recommendations are geared towards maintaining and improving functional status (physical and cognitive) as well as ensuring the safety of each person served in the environments in which they participate.

PROMOTION OF HEALTH AND WELLNESS

The programs addresses other life-long needs including maintenance and promotion of overall health and wellness. Consideration is given to wellness as it relates to emotional, psychological, spiritual, social, physical, and cognitive(thinking) needs. The treatment team will work together with you and your family to identify what you did prior to your illness and injury so they can help you resume, improve on, or learn new means to maintaining your overall health and well-being for the long term. This might include setting you up on individualized home programs, encouraging your involvement in community fitness centers, facilitating engagement in church, community or social groups and activities, etc. Such activities will be based on your interests and preferences.

EDUCATION AND TRAINING

All clinicians provide education and training as their patient’s needs dictate. Education is provided specific to each individual’s diagnosis, related impairments and how these might affect one’s ability to perform certain activities or participate in previous life roles. Patients are taught about the rehabilitation process and through therapy, how to improve or compensate for these residual deficits. Persons served are taught how to prevent additional complications (i.e., skin breakdowns, blood clots, etc.) as needed and how to be safe (e.g. prevent falls, etc.). This training extends to family members/support systems, siblings, and peers, as appropriate.

PREPARING FOR DISCHARGE

The social workers lead the treatment team in the discharge planning process. This includes making important decisions about where you will be discharged to, what amount of assistance you will need, and what services you might need after discharge. Decisions will be made with input from you, your family/support system, and others, as appropriate (e.g., payers, referral sources, other providers who will care for you after discharge, etc.).

Referral to outpatient services and/or vocational services is made on an as-needed basis. For persons served who are students, the program engages with the school district in which the student was enrolled, to facilitate a smooth reintegration into the academic environment. The program interacts with the school, obtains school records and arranges for tutoring services, as appropriate. The team submits recommendations to the school to inform the Individualized Education Plan (IEP) or 504 as appropriate. The programs serves as a resource to school personnel regarding the unique physical and/or learning needs of the school-aged person served and educates school personnel on the challenges faced by individuals.

REHABILITATION TEAM

The rehabilitation teams of each program consist of the following:

- **The Physiatrist** is a medical doctor (MD) who specializes in rehabilitation medicine. The Physiatrist evaluates and addresses medical and rehabilitation needs. This individual provides or arranges for and coordinates the medical care of each person served and directs the rehabilitation team. At SARMC, the physiatrist works with a physician assistant who also works also
provides care to the inpatient served rehabilitation person served. A physiatrist is available 24 hours per day, 7 days per week.

- **The Clinical Neuropsychologist** evaluates and addresses cognitive, psychological, emotional, and behavioral functioning. This individual also works with the physiatrist to monitor person served response to medication protocols. Psychologists address questions and concerns related to sexual adjustment deferring physical concerns to the physiatrist or other specialist as appropriate. Additionally, the psychologist works closely with the treatment team to assist with recommendations related to behavioral management (including behavioral plans and environmental management systems), independence, return to work, etc.

- **Rehabilitation Nursing** is provided on a 24/7 basis. The rehabilitation nurse implements the nursing plan of care which relates to medical and functional provisions, ensuring the safety of the person served through implementation of ordered safety precautions and integration of therapeutic goals into the care process for the purpose of carry over.

- **Social Workers** coordinate care by guiding persons served through the various services, specialties, and resources involved in rehabilitation care. Social Workers are responsible for communicating with internal and external referral sources, payers, and others who either are or will be involved in the care of the person served. They manage resources considering the long-term needs of the individual served, provide information and education about the hiring and management of personal care assistants (with other team members), when needed, and coordinate discharge/transition and follow up.

Social Workers assess and address psychosocial needs, needs for counseling (chemical dependency, family/support system, etc.) provides support to persons served and families relative to coping with new challenges; provide advocacy and support resources as well as resources for independent living and community integration. Counseling and support services to the person served/family support system is available by our Social Workers or Neuropsychologists on an as needed basis. Social Workers meet with families, provide tours, and provide information about the program and services available in the rehabilitation programs at SARMC. The Social Workers also address any cultural, financial, psychosocial or other needs/issues, etc.

- **Physical therapists** evaluate and address physical impairments and activity limitations due to mobility. Physical therapists work on improving strength, balance, endurance, and flexibility. Physical Therapists also make appropriate durable medical equipment recommendations, environmental modifications, seating systems, orthotics/prosthetics, etc. to facilitate improved independence with mobility.

- **Occupational therapists** evaluate and address impairments in the areas of upper extremity or fine motor performance and any activity limitations caused by these impairments. Occupational therapists assess each person served’s ability to complete basic Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), visual-motor functioning and cognitive functioning and address any adverse
interference with participation in family roles, community involvement, return to work, driving, etc. Occupational therapists may make recommendations about vocational reentry or need for vocational rehabilitation services as well as recommendations regarding driving, assistive devices, environmental modifications, environmental controls, etc.

• **Speech/Language Pathologists** evaluate and treat impairments/disorders of swallow function, motor speech ability, communication (reading, writing, comprehension, and expression), and cognition (orientation, attention, memory, problem-solving, judgment, reasoning, etc.).

• **A Certified Recreational Therapist** works to restore one’s ability to participate in prior recreational and leisure pursuits and/or introduce to new activities; conducts community integration activities; addresses emergency preparedness, and generalizes therapeutic skills to recreational activities.

• **Patient/Family** — SARMC believes that the person served is the most important member of any treatment team. From preadmission, to admission, to scheduling, to goal setting, to therapy involvement to discharge planning, the person served's individual preferences and goals are considered.

• **Others** — In addition to providing comprehensive medical rehabilitative support, we believe that success is best achieved through networking and involving the person served’s support systems including family members, care givers, employers, academic institutions, service organizations, payers, external case managers and other community agencies. We encourage these individuals to participate as part of our team and welcome them to attend weekly team conferences, either in person or via teleconference, as appropriate and as approved by the person served.

**SERVICES AVAILABLE TO THE FAMILY/SUPPORT SYSTEMS**

The rehabilitation programs at SARMC offers the following services the family/support system of each person served, as needed or appropriate.

• Supportive counseling for coping and adjustment to the disabilities of a family member is available with the social worker and/or neuropsychologist. Referrals are made as needed.

• Family/support system conferences are held as requested by the family/caregiver and or staff as needed.

• Family/Support system training is completed by nurses and therapists during 1:1 sessions.

• The team serves as a resource to family for any educational, informational or training needs as they relate to the rehabilitation needs of their family members.

• Resources for local lodging and transportation options are provided.

• Information regarding local and regional resources for civil rights is available on the SARMC website and upon request from the Social Worker.

**THERAPIES**

Therapies are scheduled five days per week, Monday through Friday. On weekends, therapies are provided on an as needed basis. Depending on your unique needs, you may receive some combination of physical, occupational, speech/language, and recreational therapy. All therapies will be provided in an inpatient setting. Community outings will be arranged as appropriate. A day pass with your family may be arranged prior to your discharge; however, family will be asked to observe and demonstrate safe care practices prior to doing so.
• Peer Support is available so that persons served and family members can interact with others who have shared similar experiences.

• The program seeks to keep persons served, families and significant others informed of local and regional support groups, advocacy agencies, and community resources. Assistance is provided to access these resources as needed.

Educational opportunities are available to persons served and their families throughout the rehabilitation stay. Families and caregivers are encouraged to participate in therapies and in the daily cares of the person served, as appropriate.

GENERAL ADMISSION CRITERIA:

In order to be admitted to the inpatient rehabilitation unit, the following general admission criteria must be met for all persons served. Every candidate for rehab must:

• Be medically stable
• Have a willingness to participate in the treatment program
• Be able to participate in an intensive therapy program (e.g., minimum of 3 hours of therapy per day, 5-6 days per week)
• Require services that are medically reasonable and necessary
• Have potential to benefit from rehabilitation
• Demonstrate potential for significant functional improvement within a reasonable period of time
• Require close supervision by a physician with training or experience in rehabilitation
• Require a coordinated interdisciplinary team approach to rehabilitation

• Require at least two of the following therapies
  • Physical Therapy
  • Occupational Therapy
  • Speech Therapy

• Have impairments in at least two of the following areas:
  • Mobility
  • Activities of daily living (e.g., bathing, grooming, dressing, feeding and toileting)
  • Incontinence of bowel or bladder
  • Inability to swallow safely
  • Communication (e.g., aphasia, motor speech difficulties)
  • Cognition (thinking skills)
  • Perceptual impairment affecting safe or reasonable function

• Require skilled rehab nursing care on a 24-hour basis.
• Be 12 years of age or older. Patients 5-12 years of age may be accepted with the approval of the medical director/team.

PROGRAM-SPECIFIC ADMISSION CRITERIA

Spinal Cord System of Care (SCSC)
In order for an individual to be admitted to the inpatient spinal cord system of care, the following conditions must be met:

• The General Admission Criteria (outlined above) must be met.

• The in-patient component of the SCSC serves patients with SCI of any etiology except for individuals with terminal conditions including SCI or as specified by the admitting physiatrist. Commonly the program serves persons with a spinal cord injury resulting from violence, vehicular collisions, sports injuries, falls or other traumatic origins and with non-traumatic spinal cord injury or spinal cord dysfunction from diseases such as cancer, Guillain-Barre, multiple sclerosis, or transverse myelitis. The out-patient component serves individuals with SCI of any origin.

• The SCSC serves individuals with any completeness or neurological level of injury, providing that they are not ventilator dependent as in-patients. The program classifies
completeness of injury using the ASIA Impairment Scale (AIS):

° A = Complete: no motor or sensory function is preserved in the sacral segments S4-S5.

° B = Incomplete: sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5.

° C = Incomplete: motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3.

° D = Incomplete: motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade of 3 or more.

° E = Normal: motor and sensory functions are normal.

• The SCSC at SARMC will not accept patients who are anticipated to be at high risk of injury-related pulmonary complications or self-harm, or whose psychosocial status precludes successful participation in and completion of program, regardless of their AIS classification.

**Stroke Specialty Program (SSP)**
In order for an individual to be admitted to the Stroke Specialty Program (SSP), the following conditions must be met:

• The General Admission Criteria must be met.

• We accept all types of strokes including thrombotic, embolic, hemorrhagic, and subarachnoid hemorrhage.

• Craniotomy patients require consideration of head protection prior to admission.

**Brain Injury Program**
In order for an individual to be admitted to the Brain Injury Program, the following conditions must be met:

• The General Admission Criteria must be met.

• The Brain Injury Specialty Program admits patients who have either Traumatic or Non-Traumatic Brain Injuries. Commonly the program serves persons with acquired brain injury resulting from violence, vehicular collisions, sports injuries, falls, electrical shock, near drowning, or other traumatic origins and with non-traumatic injury from anoxia/hypoxia, diseases such as brain tumors, infectious diseases, Multiple Sclerosis, Parkinson’s Disease, metabolic disorders, and other non-traumatic causes.

• The patient must be at a Rancho Level of equal to or greater than Level 4.

• Craniotomy patients require consideration of head protection prior to admission.

**CONTINUED STAY CRITERIA**
Each of the following conditions must be met in order to justify continued services on the rehabilitation unit.

• The patient requires frequent physician assessment or intervention due to a significant risk of rapid change in physical or medical status OR the patient’s condition is such that the physician monitoring/assessment and, if necessary, intervention be available 24/7 to assure both the highest practicable quality of care and attainment of treatment goals.

• The patient’s condition continues to require the availability of 24/7 rehabilitation nursing care.

• The patient has ongoing need for at least two skilled therapy services in any combination of:
  ° Physical Therapy
  ° Occupational Therapy
  ° Speech Therapy

• Continuous progress has been demonstrated and documented in the clinical notes.
• The patient continues to demonstrate the potential to make functional change that would allow him/her to be discharged to a less restrictive environment or to require less care or supervision.

• Individual team conferences are held weekly to ensure that the treatment plan is being reviewed every week by the interdisciplinary team, and if necessary, revised accordingly. The information provided indicates a reasonable discharge plan and LOS based on diagnosis, progress, and family support.

• The patient is able to tolerate a minimum of 3 hours of skilled therapy daily OR the patient is not able to tolerate or participate in three hours of therapy, five out of seven days, but:

  ° Documentation of explanation exists AND The patient is expected to be able to within a reasonable time frame AND/OR Therapy cannot be provided in a less intensive setting due to:

  i. The need for 24 hour access to an RN with specialized rehabilitation training OR

  ii. The need for frequent (>3x/wk) physician assessment or intervention due to a significant risk of rapid change in physical or medical status OR

  iii. The need for specialized equipment at such a frequency and duration as to make it impractical for the patient to use the equipment at an outpatient facility.

• There is evidence of complications that have impacted the rehabilitation program and delayed progress.

**DISCHARGE/TRANSITION CRITERIA:**

To be discharged from the rehabilitation unit, one or more of the following must be true:

• Goals have been achieved

• Inpatient therapy with two or more disciplines is no longer needed

• Maximum functional gain has been achieved

• Patient is not meeting established short term goals

• Patient is not meeting three hours of therapy per day in a 72 hour period

If patients have medical complications, they may be transferred to an acute care setting. The patient’s condition will be assessed by a physician prior to transfer. Below are some reasons why someone might be transitioned from rehabilitation to a hospital setting.

• Neurological emergencies indicating neurological instability, including:
  ° Advancing or extending stroke
  ° Brain stem compression/compromise
  ° Herniation
  ° Intercerebral bleeding
  ° Coma
  ° Uncontrolled seizures
  ° Hypertension
  ° Bradycardia

• Angina and heart disease, including:
  ° New angina
  ° Unstable angina
  ° Crescendo angina
  ° True myocardial infarction
  ° Abnormal EKG with acute changes
  ° New atrial fibrillation
  ° New ventricular ectopy
  ° Chronic heart failure that is not easily relieved by diuresis and oxygen
  ° Cardiac arrest
• Pulmonary emergencies, including:
  ° Pulmonary embolism
  ° Respiratory failure

• Hypertension crisis causing CHF, angina, retinal hemorrhage, and/or neurological crisis.

• Shock with unstable blood pressure and sympathetic response caused by:
  ° Acute hemorrhage requiring emergency transfusion and volume replenishment.
  ° True septic shock.
  ° Cardiogenic shock

• Acute abdomen of any cause with associated ileus, pain, loss of bowel sounds, guarding, and rebound tenderness.

• Acute renal failure necessitating dialysis.

• Major surgeries where close medical and nursing management are needed.

• Unable to meet Admission Criteria within a 72 hour time period.

YOUR RIGHTS AS A PATIENT:

Your rights as a patient in the Inpatient Rehabilitation Program at SARMC are to:

• Receive kind and considerate care in a safe setting

• Be treated with respect for your personal values and beliefs
• Receive complete information about your condition
• Participate in the development and implementation of your care plan
• Have access to information contained in your clinical records
• Request or refuse treatment
• Know the names and roles of clinic staff
• Be informed about clinic rules that apply to your conduct
• Be free from restraints or seclusion unless necessary for your well-being
• Receive care that protects your privacy
• Have your clinical records kept confidential
• Review your medical records and receive answers to your questions
• Have an interpreter or communication aids as needed
• Receive an explanation if the need to transfer to another provider is warranted
• Know if the clinic has relationships with outside organizations that may affect your care or treatment
• Ask questions and receive information about your bill for treatment
• Say yes or no if asked to take part in research
• Share concerns with the clinical manager about your environment or the care you receive
• File a grievance regarding your quality of care
• Be given choices when you no longer need to be in the hospital
• Have someone represent you legally if you are unable to make care decisions for yourself
• Be an organ donor if you are over 18 years old
• Have relief from pain
• Be free from all forms of abuse and harassment
• Have your health information protected

YOUR CIVIL RIGHTS

One of the many beautiful things about being an American is that EVERYONE is guaranteed certain unalienable rights. These enforceable privileges are referred to as “civil rights.” Whenever these rights are denied due to one’s belonging to a particular group or class, it is defined as discrimination. Laws and statutes are in place
to prevent discrimination based on a person’s race, color, sex, religion, age, disability, and national origin.

Saint Alphonsus Rehabilitation Unit supports your civil rights:

• The hospital has a grievance process in place for patients who feel they are being discriminated against or who feel that their rights are being violated while patient in our rehabilitation program.

If at any time during your rehabilitation stay, you feel that your rights have been violated, please do not hesitate to inform your social worker or the rehabilitation director. They will assist you in completing a grievance report and inform you of your rights and additional resources to assist you in the event that the situation is not resolved to your satisfaction.

• If you are 18 years of age and older, your social worker can assist you in securing, completing, and transmitting voter registration forms so that you too can voice your opinion in who should hold a government office and how our nation should be led. Please let us know if you or your loved one needs this assistance while a patient on our rehabilitation unit.

• Any patients who are below the age of 21 AND are currently receiving school-based services have the right to a free and appropriate education. If this free and appropriate education requires modifications, accommodations, or an Individualized Education Plan (IEP), your social worker will provide you with resources you need to advocate for your loved one and ensure due process.

• If you qualify for disability benefits or vocational rehabilitation services, your rehabilitation team will be available to assist you in securing these benefits as well.

Visit our website for more information about other civil rights pertaining to individuals with disabilities. We have included on our website helpful local and regional resources for people with disabilities. If you do not have access to a computer or are uncomfortable finding this information online, your program social worker can provide this information for you.

WHAT DO WE EXPECT OF YOU?

As a patient in this program you have many rights and privileges. As the most important member of your treatment team, you also have many responsibilities. This is what we ask of you:

• Do your best:
  ◦ Participate in therapy! Work hard and put forth your best effort!
  ◦ In order to remain on the rehabilitation unit, you must actively participate in a minimum of three hours of therapy each of at least five days per week.
  ◦ If you are given a day planner or memory book to use, keep it with you at all times. Take it with you to each therapy.

• Follow instructions:
  ◦ Follow all of your doctor’s recommendations.
  ◦ Perform activities exactly as described or demonstrated by your therapists.
  ◦ Do any home programs and homework assignments given to you.

• Be considerate of others:
  ◦ Always be kind, considerate, and respectful of other patients and staff.
  ◦ Respect the privacy of other people’s treatment sessions.
  ◦ Help us to keep the volume down by keeping the TV low and speaking softly.

• Talk to us:
  ◦ Let your doctors, nurses, or therapists know if you have any concerns about your medical condition.
Speech Therapy. In addition to this you may participate in Recreational Therapy activities as well.

**How will I know what my schedule is?**
Your schedule is posted on a scheduling board across from the nurse’s station. A copy of your schedule will be provided via the white board in your room.

**How long will I be in the Program?**
The length of time you will remain in the Program depends on your condition. It also depends on the goals that were set by you and your team. Your progress towards these goals will be reviewed by the team on a weekly basis. Your Social Worker will keep you informed of your discharge date and will discuss this with you.

**What is a “Staffing”?**
Your team will meet every week or two to discuss your progress. We call these meetings “staffings” or “team conferences”. In these meetings, we share information and work together to make sure you have the best recovery possible. Your therapist or Social Worker will discuss this information with you on a weekly or bi-weekly basis.

**Does the treatment team meet with me or my family?**
Family conferences can be scheduled as needed. These meetings may be requested by you or your family. Your family members and other important people in your life are welcome to attend.

**Will I need to bring any money with me?**
Bring a small amount of spending money for purchase of snacks or for recreational or community outings. (Please note that we are not responsible for lost or stolen cash or other valuables).

**What should I do with my valuables?**
We encourage you to leave your valuables at home or with relatives. You will be responsible for any valuables you bring with you. If you wish, security can gather your belongings and hold them in a safe.

**How shall I dress?**
Dress casually and comfortably. Wear loose-fitting clothing for physical therapy. Stretchy materials most often work best (e.g., sweat pants, stretch pants, etc.). Wear comfortable soft-soled shoes or non-slip footwear. You will need to dress appropriately for any community outings.
Can my family bring food in for me?
Check with your nurse before having family bring in foods. Oftentimes, swallowing problems occur as a result of a stroke or a brain injury. It will be important for you to adhere to the diet recommended by your speech pathologist and physician. This will help you to avoid choking or aspiration pneumonia (caused by food or liquid entering the lungs). Your family should check with your physician and/or the speech pathologist before bringing any food or liquids into your room.

Who do I talk to if I have concerns or complaints?
You have certain rights as a patient of a health care facility. These are outlined in the Patient Rights brochure given to you at admission. If you or a family member believes these rights may have been violated, you or your representative may submit a written or verbal complaint. This can be done with the charge nurse, nurse manager, social worker or your physician.

If you or a family member have concerns or complaints, no matter how small, let us know. They will be heard and we will do our best to respond in a timely manner. If you have a concern:

- **First**: Let your nurse, your social worker, or another caregiver know about your concern. If you have an idea as to how a situation can be improved, please let them know this as well.

- **Second**: If you do not feel comfortable approaching your nurse or if you already have and you do not feel that it has been effective, please ask for the charge nurse. The charge nurse can also facilitate a visit from the Rehab Nurse Manager.

- **Third**: If you still haven’t resolved the issue, please contact the Director of Rehab at 367-3472. If the Director is not in, you may leave a message on the answering machine and you will be contacted directly.

- **Fourth**: If you still feel that you have not been able to resolve the issue, you may contact the hospital administration. You may reach the Concern Hotline at 367-6226.

- **Additionally**: Feel free at any time during your rehabilitation stay to refer questions or concerns to your primary rehab physician and he or she will respond to you directly. There are community support services if you feel that you need to talk to someone outside the hospital. These are posted in each room. You may also contact our accrediting body, The Joint Commission, without fear of retribution or retaliation by sending a letter to Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, by e-mail to: complaint@jointcommission.org, or by phone at (800) 994-6610.

What should I do if there is a fire drill?
Fire drills are conducted regularly at SARMC. You may hear an alarm. Stay calm and await instructions from the staff. These drill procedures and other precautions are taken so that we can ensure your safety and the safety of others in the event of a real fire.

What is your smoking policy?
Smoking is not allowed anywhere on the hospital campus. Thank you for not smoking! Please discuss other alternatives to smoking cessation with your nurse.

What is your policy on alcohol and substance use?
The use of alcohol, marijuana, and other non-prescribed drugs or illicit substances is prohibited. Consult with your physician prior to taking any alcohol, over-the-counter medications, or other non-prescribed drugs or medications after discharge.

What services are available to non-English speaking patients and family members?
SARMC offers a unique language interpretation and translation service. Available around the clock, this service provides over-the-phone interpretation in 150 languages. This service compliments those members of our staff who speak other languages. Spanish speaking assessment materials are available. Our staff makes every effort to be sensitive to the needs and preferences of other cultures. Related to this, cultural preferences related to nutritional choices are honored.
What services are available after discharge?
It is possible that you may need Outpatient Rehabilitation Services after discharge. It is your choice where you wish to receive these services. We hope you will stay with us at SARMC. SARMC hosts the outpatient portion of the continuum as well as Saint Alphonsus Rehabilitation Services (STARS). STARS has thirteen different locations throughout Boise, Eagle, Meridian, Nampa, Caldwell, Fruitland, and Ontario, OR. If you have questions about our outpatient programs and services, please contact the STARS Operations Manager at 367-6863.

Another option after discharge might be Home Health Services. This is sometimes recommended for people who are homebound following rehabilitation. Home Health offers information about your condition. They will teach you the skills you need to take care of yourself. Your condition will be regularly assessed. Reports will be provided to your physician or other health care providers. Home Health is covered by Medicare, Medicaid, and many private insurance companies.

PREVENTION TIPS

Because we care about you and your family, we will include the following tips from the Centers for Disease Control and Prevention (CDC). We want to help you prevent from getting hurt or getting hurt again. We also want to help you protect your friends and family members from ever having a serious injury.

- **When driving or riding in an automobile:**
  - Wear your seat belts. Remember, it's the law!
  - Always buckle your child into a child safety seat, booster seat, or seat belt (according to the child's height, weight, and age)
  - Never drive while under the influence of alcohol or drugs

- **Wear a helmet and encourage your children to wear helmets when:**
  - Riding a bike, motorcycle, horse, snowmobile, all-terrain vehicle, etc.
  - Playing a contact sport, such as football, ice hockey, or boxing
  - Using in-line skates or riding a skateboard
  - Batting and running bases in baseball or softball
  - Skiing or snowboarding

- **Avoid falls in the home by:**
  - Using a step stool with a grab bar to reach objects on high shelves
  - Installing handrails on stairways
  - Installing window guards to keep young children from falling out of open windows
  - Using safety gates at the top and bottom of stairs when young children are around
  - Removing tripping hazards such as small area rugs and loose electrical cords
  - Using non-slip mats in the bathtub and on shower floors
  - Putting grab bars next to the toilet and in the tub or shower
  - Maintaining a regular exercise program to improve strength, balance, and coordination
  - Seeing an eye doctor regularly for a vision check to help lower the risk of falling
  - Ensuring that snow and ice is removed from walkways and that a non-slip substance is added to improve traction
  - Wearing safe shoes on slippery surfaces
• Additional Safety Tips
  ° Make sure the surface on your child’s playground is made of shock-absorbing material, such as grass, mulch, or sand
  ° Keep firearms stored unloaded in a locked cabinet or safe. Store bullets in a separate locked location
  ° Avoid drugs and alcohol as they impair judgment and coordination which can lead to injury or re-injury.

OUR BEST TO YOU

Good luck on your journey to independence. We wish the best possible recovery for you and are committed to helping you and your family every step of the way. Let us know if there is anything else we can do to make your stay more pleasant. Let your social worker know if there is any additional education or information you want or need relative to your specific injury, illness, or related impairments. Our best to you and your family as you recover!

FUNDING SOURCES

SARMC accepts various funding sources, including but not limited to, Private Insurance, Worker’s Compensation, Self-Pay, HMO/PPO, Medicare, In-state Medicaid, Out-of-State Medicaid, and Tri-Care. SARMC also accepts persons served with no funding but will assist with application for uncompensated care as available for individuals who are uninsured and cannot afford to pay. Upon admission, the person served will be given an individualized disclosure statement providing information about co-pays and maximum out-of-pocket fees.

NON-DISCRIMINATION POLICY

The Rehabilitation Programs at SARMC do not discriminate on individuals of varying race/ethnicity, religion, gender, or sexual preference and strive to understand and be sensitive to these characteristics and to individual preferences.

A NOTE TO OUR STAKEHOLDERS:

In order to maintain a high quality of service to you, we would welcome any feedback or suggestions from you that might make our process smoother. Likewise, if there is any information we can provide to better meet your needs, please let us know.

We want to thank you for choosing the Inpatient Rehabilitation Program at Saint Alphonsus Regional Medical Center. We understand that this is a competitive market and that you have a choice. Thank you for choosing us!
ADVOCACY AND CIVIL RIGHTS RESOURCES

Disability Rights Idaho
Website: disabilityrightsidaho.org/
Email: info@disabilityrightsidaho.org
Address: Disability Rights Idaho, 4477 Emerald Street, Suite B-100, Boise, ID 83706-2066
Phone: (208) 336-5353, Fax: (208) 336-5396
Toll Free: (866) 262-3462

Official Website of the State of Idaho: Disability
Website: www.idaho.gov/health_safety/disability.html
Address: Idaho.gov, 999 Main St, Suite 910
Boise, ID 83702
Phone: (208) 332-0102, Fax: (208) 332-0106
Toll Free: (877) 4ID-EGOV

Idaho Commission on Human Rights
Website: humanrights.idaho.gov/discrimination/disability.html
Email: inquiry@ihrc.idaho.gov
Address: Idaho Commission on Human Rights, 317 West Main Street, Second Floor
Boise, ID 83735-0660
Phone: (208) 334-2873, Fax: (208) 334-2664
Toll Free: (888) 249-7025

Idaho State Department of Education
Website: www.sde.idaho.gov/site/cnp/civilRights/
Address: Idaho Department of Education
650 West State Street, PO Box 83720
Boise, ID 83720-0027
Phone: (208) 332-6800, Fax: (208) 334-2228
Toll Free: (800) 432-4601

Idaho State University
Website: www.isu.edu/ada4isu/
Email: disabilitieservices@isu.edu
Address: Rendezvous Complex, Room 125, 921 South 8th Avenue, Stop 8121
Pocatello, ID 83209-8121 AND
Bennion Student Union, Room 223
1784 Science Center Drive, Idaho Falls, ID 83402
Phone: (208) 282-3599, Fax: (208) 282-4617

Idaho.211 Care Line
Website: www.idahocareline.org/
Address: 211 Idaho Care Line, PO Box 83720
Boise, ID 83720-0026
Phone: Dial 2-1-1, Fax: (208) 334-5531
Toll Free: (800) 926-2588

Idaho Protection and Advocacy Center
Website: www.icdri.org/legal/IDAHOPOADD.htm
Address: Co-Ad, 4477 Emerald, Suite B-100
Boise, ID 83706
Phone: (208) 336-5353, Fax: (208) 336-5396
Toll Free: (800) 632-5125

Idaho Department of Labor
Website: labor.idaho.gov
Link: labor.idaho.gov/dnn/wia/WorkforceProfessionals/DisabilityServices.aspx
Address: Idaho Department of Labor
317 West Main Street, Boise, ID 83735
Phone: (208) 332-3570, Fax: (208) 334-6300

Idaho Department of Transportation
Website: www.itd.idaho.gov/civil/
Address: Idaho Department of Transportation
3311 West State Street, P.O. Box 7129
Boise, ID 83707-1129

U.S. Equal Employment Opportunity
Website: www.eeoc.gov/
Email: info@eeoc.gov
Toll Free: (800) 669-4000, TTY: (800) 669-6820

United States Department of Justice: Information and Technical Assistance on the Americans with Disabilities Act (ADA)
Website: www.ada.gov/
Address: U.S. Department of Justice, 950 Pennsylvania Avenue, NW Civil Rights Division, Disability Rights Section - NYA, Washington, D.C. 20530
Toll Free: (800) 514-0301, Fax: (202) 307-1197
TTY: (800) 514-0383