HEBREW HOSPITAL HOME, INC.
801 Co-op City Blvd, Bronx, New York 10475

NAME: **DOB:**

MC: **MA:**

OTHER INSURANCE:

PHYSICIAN:

DATE OF ADMISSION:

CLINICAL GUIDELINES FOR SHORT-TERM SUBACUTE ADMISSIONS

Orthopedics: Joint replacement: specify _____ Fracture: specify Location/type _____
Neurological: CVA TIA Other: _____
Vascular: Amputation S/P vascular surgery: specify: _____
Wound management: specify: _____
IV antibiotics: specify source of infection: _____

Preadmission data required for the following:

- PRI
- Preadmission assessment form
- Preadmission addendum (for Medicare patients only)
- Hospital data: ECG, laboratory, CXR
- Discharge summary
- Rehabilitation summary
- Rx for treatment
- Financial clearance: Medicare, Medicaid, or managed care authorization

CHECKLIST FOR INITIAL ASSESSMENT OF SUBACUTE PATIENTS

The initial assessment for each subacute patient should include each of the following items:

- ☐ Present functional capacity
- ☐ Preexisting functional level
- ☐ Allergies
- ☐ Decision-making capacity
- ☐ Personal or behavioral profile before admission
- ☐ Use or abuse of drugs or alcohol
- ☐ Personal preferences related to food, clothing schedules, bathing, and sleeping
- ☐ Education, occupation, and habits
- ☐ Strong likes and dislikes
- ☐ Cultural influences and language
- ☐ Names of significant others
- ☐ Educational needs, including those of the family
- ☐ Motivation for treatment and recovery
- ☐ Past activities that may be useful to continue in the facility
- ☐ Types and uses of assistive devices
- ☐ Equipment needs

Days 1 and 2

Orientation to short-term unit
Introduction to interdisciplinary team
Initial assessment, development, and implementation of treatment plan by physician
Initial assessment and development of plan of care by team members

- RN
- Rehabilitation department: PT/OT/ST
- Nutrition
- Recreation therapy
- Medical social work

Initiation of Minimum Data Set (MDS) for Medicare patients only

Within 5 Days

Clinical care plan meeting with patient, significant other, and team members
Initiation of rehabilitation program
Educational needs identified
If patient is managed care, complete and submit 72-hour report of all clinical evaluations, goals, and treatment plans
Meet with case manager for overview and discussion of goals of care and discharge options
Identification of any potential impediments to the implementation of the care plan

Weeks 1 and 2

Patient receiving services as per treatment plan
Initiation of diagnosis-specific teaching plans

- Specific instruction in use of assistive devices and DME
- Specific medication and dietary instruction
- Specific instruction for home safety

For managed care patients, submission of the weekly progress reports to MCO
For Medicare patients, lock-in of MDS
Initiation of discharge planning process

Weeks 2 through 4

For managed care patients, submission of reports and coordination of services with managed care case manager
Continuation of teaching and treatment plan

- Specific instruction in use of assistive devices and DME
- Specific medication and dietary instruction
- Specific instruction for home safety

Clarification of discharge plan
Identification of any needed home services (i.e., skilled nursing or therapy)
Identification of needed DME and supplies

Discharge Indications:

Patient meets the following criteria:

- Verbalizes understanding of physical limitations imposed by illness
- Independent in ambulation and transfers with or without assistive device
- Able to verbalize appropriate medical follow-up postdischarge
- Independent in self-care management
- Understands options for home care
- Written discharge instructions to be provided