

**HEBREW HOSPITAL HOME, INC.
801 Co-op City Blvd., Bronx, NY 10475**

SUBACUTE DATA COLLECTION TOOL

Demographic Information

Name _____ Age _____ Unit _____

Date of admission _____ Date of discharge _____

Insurance: _____ Medicare _____ Medicaid _____ Managed care: _____

RUG category _____ PRI classification _____ Managed care skill level: _____

No. of days covered _____ No. of days denied _____ Appeal filed: _____ Yes _____ No

Appeal outcome: Pending Overturned Upheld

Baseline Data

Diagnosis: _____

Cardiac rehab Postsurgery Pulmonary Renal

TBI Ortho rehab Complex medical Neurological

IV antibiotics Diabetes mellitus Other: _____

Admission ADLs (PRI score): _____ Feeding _____ Transfers _____ Mobility _____ Toileting

Services Provided

Skilled nursing Physical therapy Occupational therapy

Speech/language pathology Audiology Respiratory therapy

Other: specify (i.e., special DME): _____

Summary of Care

(Include specific input from disciplines, weight-bearing status [if applicable], and progress or lack of progress in reaching rehabilitation goals, wound size, labs, and any other pertinent information.)

Was the clinical course interrupted by an unexpected hospitalization? _____ Yes _____ No (If yes, please describe):

Did the patient return to the facility? _____ Yes _____ No (If no, what was the final disposition?) _____

Patient Education

Were knowledge deficits identified? _____ Yes _____ No

Was an individualized teaching plan implemented? _____ Yes _____ No

Were expected outcomes identified and documented? _____ Yes _____ No

Were teaching goals met at the time of discharge? _____ Yes _____ No

Discharge Plan

Return to the community without services Return to the community with services
(describe): _____

Remain in the SNF as a custodial resident

Actual length of subacute stay: _____

Discharge ADLs (PRI score): _____ Feeding _____ Transfers _____ Mobility _____ Toileting

Completed by: _____ **Date** _____