

**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** \_\_\_\_\_