## What to Expect

**Acute-Care** Hospital vs. **Sub-Acute** Rehabilitation

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<tr>
<th><strong>ACUTE-CARE</strong></th>
<th><strong>SUB-ACUTE</strong></th>
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| **Physician Involvement** | • A member of the medical team (physician, nurse practitioner or physician assistant) will see the patient within 24-72 hours of arrival.  
• Frequency of medical team visits depends on each patient's medical need; a patient may only see a member of the medical team twice during a stay (at admission and near discharge). |
| • Patient is seen every day by the attending physician.  
• Patients may be seen by multiple providers (physicians, medical students, residents, specialists, physician assistants and nurse practitioners). | |
| **Bathing/Showering** | • Bathing/showering is based on patient preference, mobility and other therapeutic activities. |
| • Patient is bathed every day during hospitalization.  
• Baths are completed at the sink or bedside, though showers are available in each patient room. | |
| **Side Rails** | • Side rails are considered restraints and are routinely avoided to allow the least restrictive movement.  
• Enabler bars are offered to assist with positioning, based on therapy recommendations. |
| • Routine practice is to have three side rails up at all times.  
• Having all four side rails up is considered a restraint and is not routinely permitted. | |
| **Available Therapy** | • Physical, speech and occupational therapy services are available and provided based on the patient’s needs. |
| • Physical, speech and occupational therapy services provided based on the patient’s needs. | |
**Patient Safety**

- Some hospital rooms are equipped with video monitoring.
- Patient sitters can be used when there is concern of harm to the patient or others.
- Families may be asked to stay with the patient.
- Bed and chair alarms are frequently used.
- Restraints are rarely used.

- Sitters and bed alarms are not used in sub-acute rehabilitation.
- The patient is individually assessed and safety is addressed based on the patient’s needs.

**Recreational Therapy**

- Focus remains on basic medical needs.
- Little to no leisure involvement.

- Focus on quality of life and optimal health through meaningful activities.
- Therapy goals, interests, abilities, needs and barriers are addressed using familiar, enjoyable leisure pursuits.

**Payer Source**

- Most services are provided/covered through Medicare.
- Case managers and financial counselors are available to discuss concerns.

- Most services are provided/covered through Medicare if the patient had at least a three-day hospital stay.