



What to Expect Acute-Care Hospital vs. **Sub-Acute** Rehabilitation

ACUTE-CARE

SUB-ACUTE

Physician Involvement

- 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).

- 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).

Bathing/Showering

- Patient is bathed every day during hospitalization.
- Baths are completed at the sink or bedside, though showers are available in each patient room.

- Bathing/showering is based on patient preference, mobility and other therapeutic activities.

Side Rails

- 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.

- 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.

Available Therapy

- Physical, speech and occupational therapy services provided based on the patient's needs.

- Physical, speech and occupational therapy services are available and 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.

