

HAVE YOU OR A  
LOVED ONE  
EXPERIENCED ANY OF  
THE FOLLOWING?

- Joint Replacement
- Stroke
- Amputations
- Hip Fracture
- Parkinsons
- Multiple Sclerosis
- ALS
- Cardiac-related issues
- Wound Care
- IV Therapy

If so, you may benefit from one of  
these rehabilitation specialties.

QUESTIONS?  
PLEASE CONTACT US!



**COMPREHENSIVE  
REHABILITATION**

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# REHABILITATION CARE OPTIONS:

WHAT'S BEST FOR  
YOUR LOVED ONE?





COMPREHENSIVE  
REHABILITATION  
UNIT (CRU)



JEFFERSON COUNTY  
HOSPITAL  
MEDICALLY COMPLEX  
SKILLED NURSING (SWING)

## COMMUNITY-BASED SKILLED NURSING

### DEFINITION

Patient receives high level, intensive rehabilitation with three hours of physical therapy, occupational therapy, and speech therapy delivered five days a week. This patient does not require IV therapy.

The only Comprehensive Rehabilitation Unit located in Stephens and Jefferson County.

Patient with medically complex issues receives comprehensive care to include therapy services, IV treatments, wound management, pulmonary clearance to include Bipap support, enteral feeding, and many other services that are reviewed on a case by case basis.

Patients identified by their current needs. May consist of long term care or skilled nursing care. Patients are not medically stable and are not ready to return to their prior living arrangements at this time, but do not need medically complex care. Services vary by facility and are on a case by case basis although many do have PT/OT/ST, Dietary, Nursing Staff, and some even offer IV antibiotics and wound care.

### GOALS

The goal for each patient should be a safe return to the home or community-based environment. Patients currently in a skilled facility can be transferred to CRU for the aggressive rehabilitation regime, then be able to go back to their regular living arrangements and not a nursing home or long term arrangement.

The goal for each patient is to return to prior level of function and living arrangements, if possible. If these goals are unattainable then transition services will be offered to allow for ease of transition to accommodate new living arrangements and/or level of function.

Patients will have goals set to reflect the patients current status and needs. Patients are often able to transition back to their prior living arrangements and those who are unable may chose a long term or permanent option.

### STAFFING

The patient is assigned to an interdisciplinary team which consists of:

- Dedicated Physician
- RN (available 24/7)
- LPN
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Dietary Services
- Respiratory Therapist (available if needed)
- Social worker/case manager

The patient is assigned to an interdisciplinary team which consists of:

- Physician available onsite 24/7
- RN onsite 24/7
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Certified Wound Nurse
- Case Management
- Dietary Services

Staffing will vary from facility to facility and is based on facility resources. Typically there may be access to PT/OT/ST, dietary, CNA, CMA, LPN and RN with varying hours. Physicians may see patients weekly or daily depending on the facility.

### STAY

A patient stay is an average of 7 to 10 days.

A patient's length of stay varies. The level of care may change due to a change in their medical condition.

Patient stays can be anywhere from 14-100 days depending on medical necessity and insurance approval for skilled services. Long term care can be for any agreed upon time frame with patient and facility.

### PAY

- No need for 3-midnight stays for admission
- Medicare Part A and Co-pay after 60 days

- Must have 3 midnight inpatient stay
- Insurance covered stays are possible for initial 20 days when applicable and when Medicare Part A patients have full skilled nursing benefits (eligibility determined prior to admission and communicated to patient and family)
- Medicare Part A only patients may incur a Copay after day 21, on average of \$160 per day.
- Insurances that are not Medicare will be evaluated on a case by case basis and will require prior authorization.

Must have a 3 midnight inpatient hospital stay for skilled nursing patients. Long term care patients may be eligible upon agreement with facility and possibly at anytime. Those with Medicare Part A may not have a co-payment for their first 20 days and the co-pay thereafter is approx \$167.50. Skilled nursing centers may take other insurances but are case by case and must always have insurance approval. Private insurance approved lengths of stay and costs incurred vary also.