



## **Choosing a rehabilitation facility can be a confusing undertaking.**

*When looking for a rehabilitation facility comparing the type or classification of facilities, programs and services can be a confusing. Below are answers to commonly asked questions which may help you arrive at the best decision.*

### **How do I choose a rehabilitation facility that will meet our needs?**

The case management department at your acute care hospital is very knowledgeable and skilled at matching a patient rehab needs, goals and abilities with the best type of rehabilitation facility.

Ultimately patients and families should always be offered a choice of rehabilitation facilities to select from. Three options is typically a good number to select from.

Regardless of the options presented by your case manager or physician, all patients and families have the right to request that they be referred for admission to the facility of their choice. No one can or should pressure you to select one facility over another.

For many people considering their rehabilitation facility options factors to consider include: distance from home, proximity to family and friends, facility appearance. Age and ability of the patient to participate in rehabilitation are also important factors. Other considerations include the following:

- The primary focus of the institution, is it rehabilitation, medical management or respite care?
- Intensity of the rehabilitation program offered
- The minimum amount of rehabilitation a patient will get each day
- The types of therapy services are provided each patient
- The composition of the medical staff and frequency they see patients
- The specialty of nurses who provide care

For a list questions or facility features to consider in your decision, please refer to [What to Look for in a Rehabilitation Facility.](#)

## **What types of rehabilitation facilities are available to choose from?**

There are 3 rehabilitation settings available:

1. Skilled Nursing Facilities (SNFs),
2. Inpatient Rehabilitation Facilities (IRF) otherwise known as Acute Rehabilitation Hospitals, and
3. Long-Term Acute Care Hospitals (LTACs).

The best setting is determined first by what the needs of the patient are.

Skilled Nursing Facilities (SNF) typically admits patients with simple medical conditions that require less intensive rehabilitation in a slower paced environment. Patients typically do not require daily physician availability.

Acute Rehabilitation Hospitals, like New England Rehabilitation Hospital, care for patients whose primary need is comprehensive rehabilitation, along with medical management by a physician due to the presence of one or more medical conditions.

Long-term Acute Care Hospitals (LTACs) care for patients whose primary need is medical management of complex medical conditions or system failures. Medical management, not rehabilitation, is their focus.

## **What are the differences between Acute Rehabilitation Hospitals, like New England Rehabilitation Hospital, Skilled Nursing Facilities (SNF) and Long Term Acute Rehabilitation Hospitals (LTAC)?**

### **New England Rehabilitation Hospital vs. a Skilled Nursing Facility (SNF)**

Simply stated New England Rehabilitation Hospital is an acute care hospital which specializes in comprehensive rehabilitation. Comparing the rehabilitation offered by New England Rehab Hospital to programs typically offered at SNF, the contrast is distinct.

#### **New England Rehabilitation Hospital (Acute Rehab Facility)**

- The patient's primary need is rehabilitation, along with medical management.
- Daily Internal Medicine and Psychiatry interventions, 5 days/week.
- We staff Rehab/Med-Surg Nurses 24 hours a day.
- Intensive rehabilitation, at least 3 hours/day, 5 days/week with Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy and/or Prosthetic Care. Patients can be gradually introduced to their Rehab Program over 7-10 days.
- Medicare mandates each patient receive 3 hours of therapy/day 5 days/week. Acute Rehab Facility must be able to demonstrate compliance for each patient.
- Rehabilitation Technology: Auto Ambulator, Bioness L-300 and H-200.
- Average Length of Stay is 15 days.
- 70% of discharged patients return home.

#### **Skilled Nursing Facilities (SNF)**

- The patient's primary need is less intensive rehabilitation along with management of non-complex issues.
- Weekly/monthly physician intervention by Physician extenders such as Practitioners and Psychiatry who if available, typically sees patients less than 5 days/week, more likely 1-2 times/week
- Nursing
- Low tolerance rehabilitation with Physical, Occupational Therapy and/or Speech Therapy. Patients are not able to tolerate or do not require the intensive therapy offered at an Acute Rehab Facility.
- No minimum therapy required by Medicare, but typically offers 1-2 hours of therapy per day.
- Not typically available since their emphasis is simple medical issues and patients with low tolerance to intensive rehabilitation.
- Ranges from 10 days for simple Ortho cases in otherwise health healthy individuals to over 45 days for Brain Injury cases.

## What is the difference between New England Rehabilitation Hospital and a Long Term Acute Care Hospital (LTAC)?

In certain ways New England Rehabilitation Hospital and LTAC hospitals are similar. Each offers:

- Admission without a 3 day stay at the acute care hospital
- Internal Medicine/Hospitalists, Medical Specialties
- Physical, Occupational and Speech Therapies
- Telemetry and dialysis
- On site lab, x-ray and pharmacy
- Nutritional Therapy, Respiratory Therapy
- Case management, discharge planning
- Orthotic and prosthetic services

The distinct difference between New England Rehabilitation Hospital and LTAC hospitals lies in the intensity of the rehabilitation program offered patients.

### **New England Rehabilitation Hospital (Acute Rehab Facility)**

- The patient's primary need is rehabilitation along with medical management.
- Daily Physiatry interventions 5 days/week
- 24-hour/day rehabilitation nursing and med-surge nursing.
- Intensive Rehabilitation, 3-hours/day 5 days/week with Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy and/or Prosthetic Care.

### **LTAC Hospital**

- The patient's primary need is management of complex medical issues. Rehabilitation is an adjunct of care.
- Physiatry is not typically involved or not at the same intensity as an acute rehab facility.
- 24-hour a day Critical Care Nursing
- Low tolerance rehabilitation with Physical, Occupational and/or Speech Therapy. Patients are typically not able to handle the intensive therapy offered at Acute Rehab Facility due to medical complexity.
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### **New England Rehabilitation Hospital (Acute Rehab Facility)**

- Medicare mandates each patient receive 3-hours of therapy/day. Acute Rehab Facility must be able to demonstrate compliance for each patient.
- Rehabilitation Technology: Auto Ambulator, Bioness L-300, and H-200
- Average length of stay is 15 days (not a Medicare requirement).
- 70% of discharged patients return home.

### **LTAC Hospital**

- No minimum therapy required by Medicare.
- Not typically available since their emphasis is medically complex patients with low tolerance to intensive therapy.
- Medicare requires LTAC's to maintain a 25 day average length of stay.

For patients whose primary need is rehabilitation, along with medical management, the intensive, multi-disciplinary rehabilitation directly correlates to the gains in function and the ability of the patient to return home.

### **Do LTAC Hospitals provide the same rehabilitation services offered at New England Rehabilitation Hospital?**

The distinct difference between New England Rehabilitation Hospital (Acute Rehab Hospital) and LTAC hospitals lies in the intensity of the rehabilitation provided patients.

Intensity of rehabilitation refers to the total amount of time a patient receives therapy per day as well as the number of disciplines or rehabilitation specialties (physical therapy, occupational therapy, speech therapy, respiratory therapy and/or prosthetic care) that are available to provide care. Intensity of rehabilitation is one of the keys to optimal functional improvements.

While Medicare requires acute rehabilitation hospitals to provide patients 3 hours of therapy per day, at least 5 days per week, there is no minimum therapy requirement for LTAC hospitals. The principle mission of LTAC hospitals is to care for patients whose primary need is medical management, not rehabilitation.

Some LTAC hospitals claim they provide intensive rehabilitation equal to New England Rehabilitation Hospital. This can be a confusing to health care providers, patients and families. In most cases provision of “intensive rehabilitation” at LTAC hospitals applies to commercially insurance patients, to include HMO plans. New England Rehabilitation Hospital is also contracted with many of these same commercial insurance companies and HMOs.

Here again the distinct difference between LTAC hospitals and New England Rehabilitation Hospital is the intensity of the rehabilitation program provided.

Some commercial insurance or HMO plans contract for up to 2 hours of therapy per day, 5 days/week. Some LTACs will state three hours of therapy per day can be provided when necessary under these contracts at their facility. The operative words are “can”.

At New England Rehabilitation Hospital all our patients, regardless of their insurance plan, receive the Medicare mandated 3 hours of therapy per day, at least 5 days per week, which all acute rehabilitation hospitals must provide as a minimum standard of care. At New England Rehab Hospital intensive multi-disciplinary rehabilitation is a Medicare required standard of care applied to all of our patients regardless of their insurance plan.

### **What is a multi-disciplinary team?**

A multi disciplinary team consists of medical professionals who work together to provide a coordinated treatment plan. At New England Rehabilitation Hospital our multi disciplinary team has a unique expertise in rehabilitation. Each patient has a plan of care created to address their unique rehabilitation, medical and discharge needs. It is the availability of a diverse group of rehabilitation and medical professionals which makes New England Rehabilitation Hospitals uniquely well suited to care for patients whose primary need is both rehabilitation, and medical management.

Our multi disciplinary team to include:

- Physiatrist (Physician specializing in Physical and Rehabilitative Medicine)
- Internist
- Psychiatrist,
- Medical Specialties to include:
  - Neurologist
  - Pulmonologist
  - Rheumatologist

- Podiatrist
- Infectious Disease Specialist
- Rehabilitation Nurses
- Physical Therapist
- Occupational Therapist
- Speech and Language Pathologist
- Case Manager
- Neuropsychologist
- Dietician
- Respiratory Therapist
- Pharmacist
- Benefits Specialist

**New England Rehabilitation Hospital has an extensive, hospital-based medical staff:**

- Our doctors assume total responsibility for patient care 24-hours a day, 7 days a week.
- Each patient is routinely evaluated by an Internal Medicine physician along with a Physiatrist (specialist in physical medicine and rehabilitation). Patients are generally seen at least five times per week by a member of our medical staff; therefore, potential medical complications are identified quickly and treatment provided.
- When needed, other specialized medical care is readily available to provide necessary care.

**Are the therapy services at New England Rehabilitation Hospital different than other types of rehabilitation facilities like SNF or LTAC hospitals?**

Acute rehabilitation hospitals provide a higher level of therapy services than other rehabilitation facilities. Although the intensity and duration of therapy sessions depend on the patient's individual needs and capabilities, New England Rehabilitation Hospital provides each patient three (3) hours of therapy a day at least five days a week. Other levels of care may state they provide up to three hours per day of therapy, but are not obligated to do so. Medicare guideline stipulate acute rehab hospitals, like New England Rehab Hospital, must provide Medicare recipients 3-hours of therapy 5 days per week. We apply this standard of rehabilitation intensity to all patients, regardless of their insurance coverage. It is this emphasis on rehabilitation in addition to the hospital level medical care that makes New England Rehab Hospital different from SNF and LTAC. It is the intensity and frequency of therapy provided at New England Rehab Hospital that contributes to a higher level of functional outcomes and discharges home.

## **What is Rehabilitation Nursing?**

As with medical and therapy services, New England Rehabilitation Hospital also provides a unique level of nursing care:

- Twenty-four hours a day team of licensed rehabilitation nurses and nursing assistants assess and attend to each patient's needs. They work in partnership under the primary nurse model, which assures continuity of care.
- Patients receive a minimum of six hours of nursing care per day which includes direct bedside care, patient family education, consultations with other members of the clinical team, and other activities that are directed at accomplishment of patient goals. Individualized plans for nursing care that have been developed in collaboration with the clinical team contribute to early recognition/prevention of medical complications, more out-of-bed hours with the patient, and increased opportunities for patient/family education.
- At least 60 % of nursing staff are licensed nurses. This increased intensity of RN's and LPN's ensures that medically complex patients are treated safely and efficiently.
- A number of our staff are Certified Registered Rehabilitation Nurses (CRRN) and therefore trained to meet the unique needs of individuals with disabling injuries or illnesses. These nursing specialists provide holistic patient care and patient/family education, facilitate carry-over from therapy and reinforce patient goals.

## **What Hospital Services are offered at New England Rehabilitation Hospital?**

- Pharmacy
- Laboratory
- Radiology
- Orthotics & Prosthetics
- Telemetry (Woburn only)
- Aquatic therapy (Therapeutic pool, 98°, Woburn only)
- Dialysis (Woburn only)
- EMG/NCS or Electromyography
- Tone and spasticity management
- Video-swallow Studies
- Wheelchair Seating Assessment
- Wound care

### **What is the 3-hour rule and how is it calculated?**

Medicare requires that each Medicare patient admitted to an acute rehabilitation hospital, like New England Rehabilitation Hospital, must receive at least 3 hours of therapy per day, 5 days per week. Acute rehab hospitals are unique in providing this intensity a rehab program. It distinguishes us from LTAC hospitals and skilled nursing facilities. When a patient's primary need is rehabilitation, along with medical management following an illness or injury, the intensity of rehabilitation services provided a patient is a very important facility selection criteria. Medicare stipulates the following services can contribute to a patient's 3 hours of therapy calculation: physical therapy, occupational therapy, speech therapy, respiratory therapy, neuropsychology, wound care and prosthetic services (when part of a patient's treatment plan).

At New England Rehabilitation Hospital all our patients, regardless of their insurance plan, receive the Medicare mandated 3 hours of therapy per day, at least 5 days per week, which all acute rehabilitation hospitals must provide as minimum standards of care. At New England Rehab Hospital intensive multi-disciplinary rehabilitation is a Medicare required standard of care applied to all of our patients regardless of their insurance plan.

### **What if a patient (or family) doesn't believe they can handle 3-hours of therapy per day right away?**

In cases where a patient (or family) is concerned they (the patient) are too de-conditioned to handle 3-hours of therapy upon admission, their program can be designed to gradually increase their daily therapy program to 3-hours/day over a 7 to 10 day period. Under these circumstances the patient's day would be scheduled with adequate rest sessions between therapy disciplines to allow the patient to re-energize.

### **Why should I choose New England Rehabilitation Hospital?**

Choosing a rehabilitation facility is a lot like choosing a doctor. Sometimes a general practitioner is just fine. Other times you need a specialist. When you need that specialist, you want someone with an excellent reputation and experience in their chosen field. You want someone who has access to the best technologies and facilities. Most importantly, you want someone who possesses the expertise in the care you require.

New England Rehabilitation Hospital specializes in rehabilitation. It has been our primary focus for over 40 years. We accept patients whose medical condition requires active physician management. Medically complex patients make greater functional gains than other regional acute rehabilitation hospitals.

Our expert staff dedicates all their skills and knowledge to one primary goal... to utilize every opportunity to improve each patient's functional abilities through intensive, individualized therapy and medical services. To help patients reach their goal, we provide the most current, effective rehabilitation technologies, equipment, and therapeutic approaches.

New England Rehabilitation Hospital is a teaching facility. We are a teaching affiliate of Tufts University School of Medicine as well as many nursing and therapy schools throughout the Greater Boston area.

In total we use the latest medical management, rehabilitation techniques, approaches and technologies to improve the quality of life of our patients and their families.

### **When I arrive at New England Rehab what can I expect when I am admitted?**

Upon completion of your admissions registration, you will be assigned to the inpatient unit which specializes in your condition, injury or post surgical rehab needs. Soon after settling in, you will begin to meet your core team of rehab professionals to include your case manager, physiatrist (physician who specializes in rehabilitation), internist, physical therapist, occupational therapist and speech therapist (if needed). Your treatment team will conduct a variety of evaluations so they can determine your treatment plan and estimate how long you may need to reach your goals.

Each day you will engage in a rehabilitation program specifically designed for you. The intensity and duration of your therapies will depend on your needs and capabilities. This program will be adjusted as you demonstrate progress towards you goals. Each week your treatment team will meet to discuss your progress, goals, and discharge plan. Your rehabilitation program will include a family conference at which you and your family can discuss your treatment plan with your rehabilitation team.

### **What kind of doctors will be treating me?**

At New England Rehabilitation Hospital, our medical staff is dedicated to making your rehabilitation as successful as possible. Our Physiatry and Internal Medicine physicians will assume responsibility for your care 24 hours a day, seven days per week. During your stay, every effort will be made to keep your own doctors involved in your care and aware of your progress.

When needed, consulting medical and surgical specialists from area hospitals, who have privileges at New England Rehab Hospital, will assist in your treatment. Our list of consulting specialty physicians includes: Pulmonology, Neurology, Rheumatology, Otolaryngology, Infectious Disease, and Podiatry. When you are ready to leave New England Rehab, a discharge summary will be sent to your primary care physician and necessary specialists for a smooth transition of your case to their care.

### **What role will my family take in my rehabilitation?**

At New England Rehab we feel that a patient's family are important contributors to their rehabilitation process. In fact, we consider them part of the patient's rehabilitation team and always encourage family participation in the rehabilitation process.

Our staff provides ongoing education to help you, and your family understand your diagnosis, promote your continued good health and prepare for your return to the community.

Family members are encouraged to observe and participate in therapy sessions.

Visitors are always welcome between 12:00 pm and 8:00 pm

### **What should I bring to the rehabilitation hospital?**

Along with the usual items you would need for any hospital stay, you should have several sets of comfortable "work out clothing" and soft/non-skid soled shoes or sneakers. With the exception of small personal items (i.e., electric razor) and a few dollars for reading materials, all other valuables should be given to family members for safekeeping. Please note that throughout your stay, your family is responsible for your laundry.

### **What are the hospital rooms like?**

New England Rehabilitation Hospital has five inpatient units: three onsite, one in Danvers (at the former Hunt Hospital) and one in Lowell (at the former St. Josephs Hospital). All rooms have individual patient bureaus, personal wardrobe closets, a bedside television, telephone, & private bathroom. Patients are given the opportunity to participate in their therapy in a large, sunny gym. For patients who prefer a less stimulating environment, there are smaller, individualized therapeutic gymnasiums on each patient unit. Each patient unit has a lounge area, where patients and their families may relax or visit with one another. Additional information about patient rooms and hospital grounds can be found under [Inpatient Accommodations](#).

### **Who will pay for my rehabilitation services?**

Rehabilitation is covered in full or in part by most health insurance plans, including Medicare and Mass Health. New England Rehabilitation Hospital has contracts with major insurance companies and is willing to negotiate with other companies as needed.

### **What to look for in a rehabilitation facility?**

As you look into your rehabilitation options, use the [what to look for checklist](#) to compare availability of services and personnel, approach to delivery of care and patient outcomes.