

WHAT TO LOOK FOR IN A REHABILITATION FACILITY

Rehabilitation is a complex process with many factors that contribute to its success. These factors go beyond how close a facility is to your home or what the facility's décor may be. Choosing a rehab program that is most appropriate for your needs is the first step in reaching your goals. This questionnaire provides some guidelines for making a choice.

CRITERIA	New England Rehab	Provider #2	Provider #3
1. Is there a specific program for your diagnosis?			
• Stroke	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Brain Injury	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Spinal Cord	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Parkinson's Disease	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Multiple Sclerosis	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Amputee	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Orthopedic	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Burns	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Cardiac	YES	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the program demonstrated success in treating your condition?	YES	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the facility offer multidisciplinary services provided by full time staff?			
• Physicians: what specialty? Internal Medicine, Physiatry, Neurology	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Physical Therapy	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Occupational Therapy	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Rehabilitation Nursing	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Respiratory Therapy	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Speech/Language Pathology	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Case Management	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical Dietician	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Psychology/Neuropsychology/Psychiatry	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Pharmacy	YES	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the facility have Certified Rehabilitation Registered Nurses (CRRN)?	YES	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the facility provide 3-hours of therapy (physical, occupational, and speech (as need) 5-days per week plus weekend therapy?	YES	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the staff work as a team, coordinating medical, nursing, therapy and other services to ensure the patients receive the most benefit from the treatment plan?	YES	<input type="checkbox"/>	<input type="checkbox"/>

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7. Do family members and patients meet with physicians and the rehabilitation team to set goals and discuss progress and discharge?	YES	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the facility encourage families to observe and participate in therapy?	YES	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the physicians board-certified?	YES	<input type="checkbox"/>	<input type="checkbox"/>
10. Are the patients seen at least 2-3x per week by a physician?	YES	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the pharmacist interact regularly with the multidisciplinary team?	YES	<input type="checkbox"/>	<input type="checkbox"/>
12. Are therapies provided in a specialized rehabilitation gym?	YES	<input type="checkbox"/>	<input type="checkbox"/>
13. Are the treatment areas equipped with the latest, most advanced rehabilitation technology?			
• Body weight-supported treadmill training (AutoAmbulator)*	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Functional Electrical Stimulation (Bioness L300 H200)*	YES	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the facility provide swallowing evaluations and the treatment of swallowing disorders?	YES	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the facility offer onsite services, such as:			
• Radiology	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Telemetry*	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Laboratory	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Pharmacy	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Dialysis*	YES	<input type="checkbox"/>	<input type="checkbox"/>
• Orthotics and Prosthetics	YES	<input type="checkbox"/>	<input type="checkbox"/>
16. Are patients educated in the skills need to maximize their independence (ambulation, activities of daily living, communication, adjustment issues, skin care, bowel and bladder, pain management and sexuality)?	YES	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the facility offer patient and family education that is specific to the diagnosis, ongoing treatment and recovery?	YES	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the facility offer comprehensive discharge planning to assist with the transition home?	YES	<input type="checkbox"/>	<input type="checkbox"/>

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19. Does the facility provide a continuum of care, including inpatient and specialized outpatient services?	YES	<input type="checkbox"/>	<input type="checkbox"/>
20. Are support groups available for patients and families?	YES	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the general atmosphere clean, pleasant and cheerful?	YES	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the facility have a written description of patients' rights and responsibilities?	YES	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the facility accredited the the Joint Commission (JCAHO)?	YES	<input type="checkbox"/>	<input type="checkbox"/>
24. Is the program associated with a leading teaching institution?	YES	<input type="checkbox"/>	<input type="checkbox"/>

*Woburn only



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