

FREQUENTLY ASKED QUESTIONS

Inpatient Rehabilitation Program



REHABILITATION CENTER

Q: What should I expect when being admitted to the TGH Inpatient Rehabilitation Program?

A: You will be greeted by the rehabilitation nursing team. Other members of the rehabilitation team will typically meet with you on the day after admission and perform an evaluation. The team may also ask your family member(s) about their expected goals for your rehabilitation. After the evaluations are complete, an individualized rehabilitation program will be developed to specifically address your needs.

Q: How long will I stay in the Inpatient Rehabilitation Program?

A: Length of stay (LOS) is determined by a variety of factors, including diagnosis, progress toward rehabilitation goals, discharge plan and individual insurance coverage. For those with Medicare, a LOS will be determined by Medicare based on the initial assessment. Your care coordinator will stay in contact with the insurance provider to supply information about your progress and goals.

Q: What type of rehabilitation services will I receive?

A: Rehabilitation services may include physical, occupational, speech-language, and/or recreational therapies as well as psychological services. The rehabilitation team will determine the type of therapy you need. Integrative medicine and biofeedback are also available.

Q: How much therapy will I receive each day? Is there therapy on weekends?

A: Based on many physical, cognitive and behavioral reasons, you will participate in up to three hours of physical, occupational and/or speech therapies five days a week. In addition, recreational therapy, psychological services, or other services may be utilized depending on your needs. The therapy provided may be one-to-one or in a group session, and may be scheduled in the morning or afternoon.

On the weekends you will receive limited therapy sessions. A leave of absence (LOA) with family may take place on weekends if cleared by the rehabilitation team and if family training has been completed.

Q: What is a typical day like in the rehabilitation program?

A: Each day may vary slightly, but typically your schedule will be as follows: The nursing staff will wake you at 7:00 a.m., and breakfast is served between 7:30 a.m. and 8:00 a.m. Therapy hours are 7:30 a.m. to 4:30 p.m., Monday through Friday. Lunch usually arrives at noon and therapy resumes, after lunch, at 1:00 p.m. Therapy hours begin at 8:00 a.m. on the weekends.

Q: How do I know when my therapy times are scheduled?

A: The patient orientation board on the wall in your room will display your therapy schedule, therapists' names, and information about your care, abilities and precautions that need to be followed. This board is one of the ways that the rehabilitation team communicates with you, your family and each other. It is very important that you and your family review this board daily for any new information or changes.

Q: How will my family be involved in my rehabilitation program?

A: Your family is an important part of the rehabilitation team. Family members should understand how to care for you or how to provide you with assistance when needed. If needed, we will arrange times for your family to come in and participate in therapies. In addition, while your family is visiting, they will learn how to provide the care the nurses are providing while you are in rehabilitation.

Q: How will my caregivers and I be informed about my progress?

A: Members of the team discuss progress on an ongoing basis and have a weekly team meeting to discuss progress toward goals and anticipated barriers to discharge. The physiatrist and/or care coordinator will talk with you and your caregiver about functional progress and estimated length of stay. If necessary, the rehabilitation team may arrange a special meeting between the interdisciplinary team, the patient and family member(s)/caregiver(s).

Q: Should I bring my walking cane, wheelchair or other home equipment to the rehab center?

A: Yes, please bring your wheelchair, walker, cane and/or foot/leg braces from home, clearly marked with your name so your therapist can evaluate and observe you using your equipment. Do not buy any new equipment before coming to the Rehabilitation Center. The therapists will discuss all equipment related matters with you and your family.

Q: Can I have visitors while in rehab?

A: We encourage you to have your family visit. Family members who will participate in your care after discharge will be asked to attend therapy sessions for training purposes. However, please ask friends to visit after therapy sessions, which are usually finished by 4:00 p.m.

Q: Can my family member stay overnight with me?

A: Family members are allowed to stay overnight if recommended by the rehabilitation team and approved by the inpatient rehabilitation nurse manager.

Q: What kind of clothes and personal items will I need during my stay in the Inpatient Rehabilitation Program?

A: Patients need a one-week supply of loose-fitting clothing, sturdy rubber-soled shoes such as sneakers, a light sweater or jacket, underclothing, personal hygiene items and a hairbrush and/or comb. Family members may launder your clothing as needed at the Rehabilitation Center. Please mark all clothes and personal items with your name.

Q: May I bring a small appliance with me?

A: You may bring small personal electronic items at your own risk. Please make sure all personal items are labeled with your name. The hospital is not responsible for the loss or theft of any of your personal items. Please make sure all appliances are safe and in good working condition.

Q: Will my family member and I be able to make phone calls from the Rehabilitation Center?

A: Local calls can be made from the telephone in your room by dialing "29" and the phone number. All long distance calls must be made collect, or with a credit card or phone card. Friends and family can call the patient room directly. The phone number is posted in the patient room. Providing a quiet time for sleep is important, so the main switchboard blocks all incoming calls from 10:00 p.m. to 7:00 a.m., however, you can always dial outgoing calls from your room. Telecommunication devices for the deaf (TDD) and machines for the hearing impaired are available upon request. Phone adaptations can be made for individuals who may have trouble holding the receiver.

Q: Where should my visitors park at the hospital?

A: There are several options for parking.

- Parking is available in the parking garage located on campus. A \$3 fee is due upon exiting the garage. The first hour of parking is free. Parking spaces for disabled permit holders are clearly marked. Complimentary shuttle service is available from designated locations in the garage to destinations on the TGH campus.
- Valet parking is available for \$5, cash only.
- Free off-site parking is available in the 200 block of South Hyde Park Ave. Shuttle buses run every 15 minutes between off-site parking and TGH, Monday – Friday, 5:30 a.m. – 9:00 p.m. After hours transportation to the off-site lot can be arranged through Security at ext. 7363.

Q: Where can my friends and family find a restaurant or place to stay?

A: The Cafeteria/Food Court at Tampa General has many meal options and is located on the first floor of the West Pavilion. McDonald's and Starbucks are located on the first floor of the East Pavilion. Staff members will be happy to provide directions to other restaurants in the area. If family members need a place to stay, the nursing staff or social worker can provide a list of area hotels.

Discharge Related Questions

Q: What should I expect when I am ready to be discharged?

A: Once your discharge date is determined, the social worker/case manager will order any equipment needed, arrange outpatient or home health therapies and provide you with all necessary contact information. In addition, the team will arrange family education and training sessions for you and your family. If needed, a discharge conference may be arranged the week of discharge to discuss any complicated details.

On the day of your discharge, you should:

1. Plan to leave between 11:00 a.m. and 3:00 p.m., unless otherwise instructed.
2. Check that you have all your belongings. We recommend that you pack your things the night before discharge.
3. If applicable, ask the nurse to call Security to retrieve any items you may have placed in the hospital's safe.
4. If scheduled, attend morning therapy/last minute reminders and discharge teaching on the day of your discharge.
5. Wait in your room for final information from your team about discharge instructions. These include doctors' follow-up appointments that you will need to make, prescriptions and information about any medication you will continue after discharge. You will sign and receive a copy of the discharge summary sheet from your nurse.

Q: Can I start lifting weights/going to the gym/swimming when I get home?

A: You will need to get clearance from your physician prior to initiating/resuming such activities.

Q: How will I get home?

A: The recommended means of transportation home will be discussed with you and your family during discharge planning. Therapy does train patients and families to transfer to the vehicle that will be used at time of discharge.

Q: When can I drive?

A: You must get clearance from your physician for driving. This usually occurs at the follow-up appointment after discharge.

Q: How can I get a handicapped parking permit?

A: The physician will sign appropriate paper-work which must be sent to the DMV for approval.

Q: Do I need to follow-up with a doctor after I leave the TGH Rehabilitation Center?

A: Yes. Information related to follow-up will be provided by your social worker/case manager/nurse at time of discharge.

Q: Do I set up my own outpatient therapy schedule and/or home health services?

A: No, the social worker/case manager will set these up for you prior to discharge.

Q: If I must return to TGH for outpatient therapy, how many days a week will my therapy be?

A: Therapy frequency is determined by your physician's prescription. It is usually two to three times per week, Monday through Friday. Days and times will vary.

Q: Will I have the same therapist for outpatient therapy as I had for inpatient therapy?

A: Your outpatient therapist will not be the same therapist you had for inpatient rehabilitation. To ensure that you have a smooth transition from our inpatient to outpatient therapy program, your inpatient therapist will communicate your goals and functional status to the outpatient therapists.

Q: What is the phone number of the TGH Outpatient Therapy Program?

A: (813) 844-7719 is the scheduling line.

Q: Will I have a follow-up appointment with a rehabilitation doctor?

A: Follow-up appointments are not scheduled for every patient. If a follow-up appointment is needed, the doctor will let you know.

Q: Will my equipment be delivered to TGH or to my home? When? How?

A: It is preferred that equipment be delivered to TGH so that the therapy team can confirm the correct fit and that the correct equipment is delivered. The equipment is usually delivered close to the discharge date by the vendors that are chosen by your insurance.

Q: Will all these tubes/wires/IVs be removed prior to going home?

A: That will be determined just before discharge. Sometimes patients go home with their peg tubes for feeding, IV sites for IV antibiotics, Foley catheters, or other needs.

Q: Will I have to wear a splint/brace/TED hose/helmet after I go home?

A: Therapeutic devices are ordered to address certain medical and physical needs and are adjusted as required by changes in a person's condition. Each person is different. You will be required to wear your device(s) on a schedule that is determined based on your individual needs. Your doctor and treatment team will address this.

Q: If I need a ramp/grab bars installed in my home, who will do it?

A: Ramps and grab bars are installed by outside vendors. The social worker/case manager can provide information about the vendors. Insurance does not pay for grab bars or ramps.

Q: How can I get bladder catheterization supplies?

A: Upon discharge you will be given several days of catheterization supplies to use until you receive your home supplies from the vendor. Home supplies are ordered before discharge by the social worker from the company that you and your social worker agree upon, or whichever company is covered by your insurance.

Q: Who do I call about broken equipment?

A: Broken equipment should be addressed by the vendor that supplied the equipment. Upon discharge you will be given paperwork to sign which will include vendor names and their contact information. It is important to keep this paperwork in case you need it after discharge.

Q: Will my medications be given to me or do I need to get prescriptions filled prior to leaving rehabilitation?

A: All patients are given prescriptions. Most patients will have their medications filled at their regular pharmacy of choice. You may choose to have your prescriptions filled at the TGH Outpatient Pharmacy before you leave TGH. We can fax the prescriptions to the TGH Outpatient Pharmacy so they are ready for pick-up the day of discharge.

Q: Do I still need to use Thick-It® when I go home?

A: That will depend on how much progress you've made with swallowing. Some patients are able to leave rehab on a regular diet with thin liquids. However, many times patients leave rehab on a modified diet and/or liquids. Examples of these are: mechanical soft, puree, nectar thick liquids and honey thick liquids. If you are required to be on a modified diet, your speech-language pathologist will discuss various options for purchasing thickened liquids and provide resources about preparing food for your diet. Remember, at discharge you will be prescribed the safest diet for you.

Q: What if I am not able to be discharged home?

A: When you are admitted to rehabilitation you will be interviewed by a social worker who will discuss your individual living situation. Prior to discharge, your care coordinator will review your progress and options with you and your family. This will be assessed on an individual basis. It is important that your primary support person express any safety concerns to your treatment team as soon as possible so adjustments can be made to the treatment plan if necessary. If you are not cleared to be discharged home, the rehabilitation team will discuss alternative solutions to ensure your safety needs and future rehabilitation needs are addressed.

Q: Who do I call if I have more questions after I get home?

A: You will receive a follow-up telephone call from our facility shortly after your discharge. Depending on your question, you can call your physician's office, social work/case management office, or the nursing station.

Q: Where can I get financial help?

A: Depending on your individual situation, your social worker/case manager may refer you to outlying community services so you can apply for benefits and determine if you qualify.