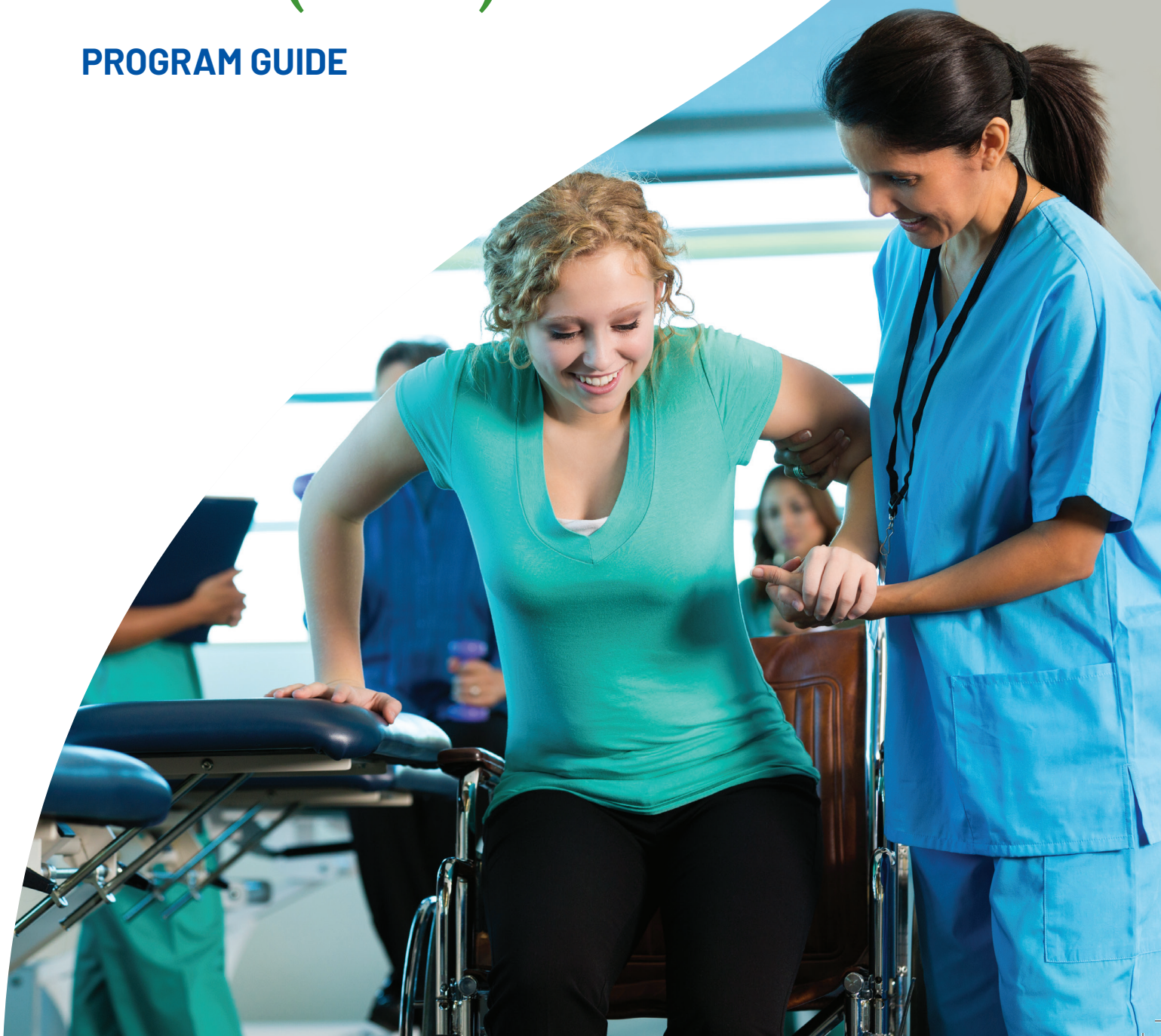


# Acute Rehabilitation Unit (ARU)

**PROGRAM GUIDE**



Restoring hope and helping patients return to  
functional independence by providing:

**COMPREHENSIVE INPATIENT  
REHAB PROGRAM**

**STROKE SPECIALTY  
INPATIENT PROGRAM**

**BRAIN INJURY SPECIALTY  
INPATIENT REHAB PROGRAM**

**CANCER SPECIALTY  
INPATIENT REHAB PROGRAM**



## PROVIDENCE MISSION HOSPITAL ACUTE REHABILITATION UNIT (ARU) PROGRAM

The JCAHO/CARF accredited Acute Rehabilitation Unit at Providence Mission Hospital, Mission Viejo is a patient and family-focused, acute hospital-based, comprehensive physical and cognitive rehabilitation program dedicated exclusively to treating individuals who have experienced a disabling injury or illness.

Rehabilitation services are provided for patients who have suffered functional loss due to any of the following:

- Stroke (CVA)
- Medically Complex
- Cancer
- Major Trauma
- Brain Injury
- Amputation
- Orthopedic Disorders
- Spinal Cord Injury
- Cardiac/Pulmonary Dysfunction

Degenerative Neurological Disorders including:

- Multiple Sclerosis
- Polyneuropathy
- Muscular Dystrophy
- Parkinson's Disease
- Guillain Barre
- Other neurological impairments

### PROGRAM GOAL

Our goal is to ensure an optimum level of recovery while providing cost-effective outcomes for each patient. To reach our goal, the physiatrist (a physician specializing in physical medicine and rehabilitation) directs and coordinates the efforts of a team of rehabilitation professionals focusing on improving the function of each patient to his or her fullest capacity.

### COMMON FUNCTIONAL PROBLEMS BENEFITING FROM ACUTE REHABILITATION

- Balance and coordination impairments
- Inability to swallow
- Inability to move in bed, transfer to a wheelchair or come to a standing position without help
- Inability to perform activities of daily living such as eating, grooming, dressing, bathing and homemaking
- Cognitive/perceptual deficits or speech/language problems, in conjunction with physical limitations
- Inability to work or function in the community due to physical impairment
- Weakness or limited motion in extremities or trunk



## TREATMENT TEAM

The team members may include the following:

- Physiatrist (Rehabilitation Physician)
- Family Physician
- Social Worker/Case Manager
- Occupational Therapists (OT)
- Recreation Therapist
- Rehabilitation Nursing Staff
- Physical Therapists (PT)
- Neuro-Psychologist
- Orthotist/Prosthetist Specialists
- Speech Language Pathologists

Family members are an integral part of our team and are encouraged to participate from the initial assessment through the daily treatment regimen, team conference, discharge planning, and post acute phases of care.

## REFERRAL/ADMISSIONS

The Center for Medicare and Medicaid Services (CMS) requires all Inpatient Rehab Facilities (IRF) to adhere to a specific set of admission requirements: The patient must require and be sufficiently stable to participate in and benefit from at least 3-hours of therapy/day from at least two different therapies, one of which must be PT or OT. The patient must require supervision by a rehabilitation physician leading an interdisciplinary process that allows the patient to make measurable improvement in functional status providing for the likelihood of a community discharge. The Acute Rehabilitation Unit at Mission Hospital accepts referrals from physicians, social workers, rehabilitation nurses, case managers, discharge planners, insurance companies, public and private agencies, patients, and their families. Candidates for admission will receive an assessment to determine their appropriateness for the program. Reimbursement is accepted from private insurance and Medicare.



## PROGRAM SERVICES

Patients may get one or more of the following services depending on their specific needs:

### INDIVIDUAL TREATMENT SESSIONS

The patient will be scheduled to work with a Physical therapist, Occupational Therapist, and possibly a Speech Language Pathologist (therapist) if ordered. A Recreational Therapist may also set up individualized leisure activities or entertainment for clients to participate in as is deemed appropriate.

### DYSPHAGIA PROGRAM

This program is for patients who have swallowing problems. The program is monitored by the speech therapist. Rehab staff with special training will assist these patients to maintain safety while eating and drinking and to help the patient regain some eating and swallowing skills.

### DRESSING PROGRAM

Most people in the Rehabilitation center will dress in regular street clothes each day as part of their rehabilitation process. With the help of staff, the patient will be learning ways to dress themselves.



### BATHING PROGRAM

All of the patients on ARU are provided the opportunity to bathe on a regular basis. Depending on the treatment plan, the patient will be learning ways to bathe him or herself. Special adaptive equipment may be included to help the patient to bathe with as much independence as possible.

### FAMILY/CAREGIVER TRAINING

Sometimes the patient will still need some help with parts of their daily care after they go home. Family members are trained on how to help care for the patient once they are home.

# PROGRAM ORIENTATION

## ACUTE REHABILITATION MISSION STATEMENT

*To empower persons with disabling conditions to achieve their goals  
and to pursue life with meaning and purpose.*

**Acute Rehabilitation Program admission is a marked change in hospitalization status with the goal of progressing toward normal living. Our clients will experience differences during their stay.**

In order to achieve the above Mission Statement for each of our patients we all need to follow the Rehabilitation Philosophy that:

### ENCOURAGES PATIENT INDEPENDENCE

- We encourage our patients to become as independent as possible, but we are always available to assist when needed. It is important that our clients learn to be self-sufficient when able.
- Often it is difficult for family members and friends to watch loved ones struggle with various tasks. We ask that family and friends avoid helping the patient with tasks where help may not be necessary.
- The entire rehabilitation team will be available to instruct family members on the type of help that is most beneficial for the patient's recovery.

### FOSTERS FAMILY PARTICIPATION

- Family members are strongly encouraged to participate in the patient's rehabilitation process.
- Participation in therapies and meetings held during the hospitalization is vital to developing the patient's treatment program and planning for discharge.

## VISITING HOURS

- Please follow all hospital visitation policies which are located at the entrance of the hospital. Visiting hours on the ARU may vary according to the needs of the family and patient.
- Keep in mind when planning visits that the rehabilitation patient will be busy with therapy care, health related activities, or resting, from 7 a.m - 5 p.m., Monday through Saturday. Limiting the number of visitors to two at a time is a guideline for the ARU patients based on their needs.

## PARKING

- **Visitor Parking:** Is located in the area between the hospital and the Medical Office Buildings (MOBs). Free parking is available for the first 15 minutes. A pay station is available at the exit lanes of the hospital parking lot. Visitors must enter through the Tower 1 entrance per the hospital visitor policy. Maps are available at kiosks located throughout the hospital campus and upon request.
- **Long Term Parking:** Discount passes may be obtained at the PARKING BOOTH located at the main entrance to the hospital parking (directly off Medical Center Road)

## ATTIRE

- All patients are to get dressed in street clothes that are easy to put on and take off.
- Please send sweat suits, T-shirts, elastic waist pants, undergarments, socks and non-skid shoes such as sneakers.

### THREE HOUR RULE

- One of the conditions to qualify for ARU is that one **MUST** participate in three hours of therapy each day.
- If an ARU client is not feeling well enough to participate, the Medical Director must evaluate and approve the non-participation for this day.
- If an ARU client is consistently unable to participate in three hours of daily therapy, an immediate transfer to a rehabilitation center that provides a less intensive program may be recommended.
- Visitors are encouraged to come after therapy is completed for the day (4 p.m.) or on Sundays when there is a lighter therapy program.

### MEAL TIME

- All patients, as appropriate for the individual, are expected to get dressed and eat all three meals in the dining room.
- This is a time to return to normal routines, socialize and allow staff to supervise patients who may need assistance with feeding, opening containers and swallowing.

### THERAPY SCHEDULE

- The client's schedule will include Physical Therapy, Occupational Therapy and possibly Speech Therapy.
- We also have Recreational Therapy for those clients who can benefit from assistance with managing leisure time. This is dependent on the needs and endurance of the client.
- A written schedule may be provided upon request each morning but is subject to change throughout the day due to the coordination of patient needs.
- The master therapy scheduling board is outside of the Rehab Gym in the hallway near the dining room.
- The tentative schedule for the day is reflected on this master therapy scheduling board until 2:30 p.m. The next day schedule is posted each morning after breakfast.
- Any sudden scheduling changes will be reflected on the master board. Please check this board throughout the day.



## CLOTHING/TOILETRIES

*Do not buy clothes special for the rehab program. Bring in what is available planning for 4 days.*

- Comfortable street shoes, tennis shoes or loafers.
- Loose fitting pants, sweats or shorts
- Shirts or blouses
- Light jacket or sweater
- Undergarments
- Pajamas or gown
- Robe
- Socks
- Dentures and care items/hearing aides/glasses/other adaptive devices
- Toothbrush and paste
- Battery operated or electric shaver
- Comb or hairbrush
- Deodorant
- Shampoo and conditioner

## SMOKING POLICY

Providence Mission Hospital is a non-smoking facility.

## VALUABLES

Whenever possible, please leave all items of value (IE: jewelry, expensive watches, large amount of money) at home. Providence Mission Hospital is not responsible for the theft, loss, or damage of personal property.

## SAFETY

- Safety guidelines, Emergency Instructions and Evacuation Routes are posted near the nursing station and in the ARU hallways.

# THE REHABILITATION TEAM

**The Rehabilitation Team is the team of people, including yourself and your family, who will help you during your stay on the ARU. The following information explains the roles of each team member.**

## PERSON SERVED

You, the patient, are the main member of the interdisciplinary team. You will take part in deciding on the goals for your treatment plan. The team will help you make safe and sound decisions about your care. You are always encouraged to say what you think about your care and treatment plan.

## FAMILY MEMBER/SIGNIFICANT OTHER

As a member of the team, you may be involved by acting as the representative of the Person Served when they are unable to do so. You may be helping your loved-one by guiding their decisions, encouraging them to participate, and in some cases, helping them with some skills. The change in your loved-one's health status affects the family as well. One of the team's goals is to look at the educational, emotional, financial, and adjustment issues that impact the entire family. Meeting these needs will help to ensure a better rehabilitation program.

## PHYSIATRIST

Is trained in Physical Medicine and Rehabilitation and acts as the attending physician for the patients on the ARU. The physiatrist will be in charge of the patient's rehabilitation program and talking with other physicians involved in the case as needed to ensure program cohesion.

## REHABILITATION NURSE

Is either a Registered Nurse (RN) or Licensed Vocational Nurse (LVN) who has specialized training in meeting the special needs of the rehabilitation patient. Nursing care may include bladder retraining, bowel retraining, pain management and prevention and treatment of skin problems.

## NURSING ASSISTANT (PATIENT CARE TECH, PCT)

Works under the direct supervision of an RN and has training in the specialized needs of the rehabilitation patient including transferring to the wheelchair, toilet & bed, and daily hygiene needs.

## OCCUPATIONAL THERAPIST

Works on skills needed in self-care activities such as bathing, grooming, feeding, and dressing. They may also work on other daily tasks such as cooking, cleaning, and laundry. Additional treatments include working on fine motor coordination, visual/perceptual impairments, and memory.

## PHYSICAL THERAPIST

Works on activities that utilize large muscle groups. These activities may include bed mobility, transfers to various surfaces and ambulation with or without devices. The PT may also work on certain treatments for pain such as hot packs, cold packs or electrical stimulation, and safety training.

## SPEECH THERAPIST *(also referred to as Speech Language Pathologist)*

Works with speech (speech production and understanding what is said, thinking (cognition, memory, problem solving) skills and swallowing problems.

## NEUROPSYCHOLOGIST

Is a psychologist who has special training in how the brain works after it is injured. The Neuropsychologist will help the patient and their family to understand the changes that have taken place due to illness or injury as needed. The Neuropsychologist will also help the rehabilitation staff to understand the emotional and psychological needs of the patient and families.

## REHAB AIDE

Is a staff member who has training to help a Physical, Occupational, or Speech Therapist in the therapy treatment plan for a patient. They may assist the therapist with routine tasks such as walking or exercising a patient.

## RECREATIONAL THERAPIST

Works to find what leisure or recreational activities are of interest to the patient and help them participate as endurance allows. The patient's illness or injury may change the type of activities they are able to do.

## DIETITIAN

Evaluates all patients to ensure the patient is eating a well-balanced diet. The dietitian also provides education as needed to patients and families on diet modifications. They can monitor closely patients who are not eating well, on tube feeding, or TPN (nutrition provided by an IV).

## SOCIAL WORKER/CARE COORDINATOR

Works with the patient and family to make sure they get the information on the treatment plan and talk about lifestyle changes that are a result of the illness or injury. The Social Worker, along with other Rehabilitation Team members, makes sure that your needs are met at discharge. This may include ordering the right equipment or giving information on resources outside the hospital. The social worker or care coordinator may also be in contact with your insurance company as necessary to ensure that authorization (agreement to pay) is received prior to any services being rendered or equipment ordered once recommended by the ARU staff.

## CASE COORDINATOR

Works with the Rehab Medical director in evaluating the needs of the residents who are referred to the Rehab Center directly from Mission Hospital, and sets up appropriate admissions. When an ARU referral request is made for a patient not currently at Mission Hospital, an in depth assessment is performed in coordination with the physiatrist to determine the appropriateness of an ARU admission directly from the external facility. All parameters of the admission are then organized by the case coordinator. They also work with the insurance carriers prior to your admission to ensure that the care that you need is a benefit offered by your insurance carrier and authorized (agreement to pay). Your insurance company may also assign a Case Manager to follow the care provided to you while you are in the Rehabilitation Center.

## CHAPLAIN

Works with the patient and family to meet their spiritual and emotional needs that they face as a result of this illness and/or injury. The Chaplain may also help to communicate the emotional/spiritual needs of the patient and family to the rest of the Rehabilitation Team. There are also pastoral volunteers available to provide visits and support. At the time of discharge, the Chaplain can provide resources for ongoing support.



## PATIENT CARE CONFERENCES

- The Rehabilitation Team meets every week to discuss the progress of each client.
- The scheduling of this conference typically occurs the day prior to the conference. Notifications/invitations to participate will be given to the client and any designated family upon request or as previously determined, the day prior to the conference. Conference calling is an option if previously set up for those who are unable to be present at the designated meeting time.
- Members of the Rehabilitation Team will be present including the Rehabilitation Physician, the Neuropsychologist, the Social worker, and a Rehabilitation Nurse.
- During these patient care conferences, the team will be:
  - Asking if there are any questions and concerns.
  - Discussing the clients current functional levels in each of the therapies.
  - Setting discharge functional goals and a realistic target date for these milestones to potentially be completed.
  - Discussing the discharge plan including where additional therapy will be provided after discharge from the Mission ARU and any equipment needs that have been identified by team members.  
The coordination of obtaining the therapy and equipment will also be discussed including insurance coverage and vendor choices.
  - Initiating planning for family training. A discussion can occur regarding the potential:
    - need for home evaluations and the possibility for community outings and/or day passess later in the rehabilitation stay

Patient Care Conferences are an important component during any rehabilitation program and en-sure that the client and family are prepared for homecoming. We ask that family members designated to be the client spokesperson please make an effort to attend.

## FREQUENTLY ASKED QUESTIONS

### Q: HOW DO I PAY FOR REHABILITATION SERVICES?

**A:** Inpatient rehabilitation is typically covered by most health plans. For more information, you should check with your insurance company or contact us.

### Q: HOW LONG DOES REHABILITATION TAKE?

**A:** Treatment is designed to meet the specific needs of each patient and varies from a few days to weeks, according to the type of injury or condition.

### Q: WILL I BE SEEING A PHYSICIAN EVERY DAY?

**A:** Yes. The physiatrist sees each ARU client on a daily basis 5-6 days per week. Other physicians who have sent their clients to ARU come less often once admitted to the ARU program. These previously involved physicians are directly consulted or called on behalf of clients as necessary. Clients are referred back to their previously involved physicians after discharge from the ARU program as requested when it is medically necessary.

### Q: CAN I RECEIVE MAIL WHILE I AM HERE?

**A:** Yes. The address for receiving mail is:

Mission Hospital  
27700 Medical Center Road  
Mission Viejo, CA 92691  
Attn: (your name)  
Acute Rehabilitation Unit, Room # \_\_\_\_\_

### Q: CAN I MAKE & RECEIVE PHONE CALLS WHILE I AM HERE?

**A:** Yes. The telephone next to each bed has an extension number that is listed on the white patient information board at the foot of each bed. To make a phone call:

Dial 9

If family members need to talk to someone right away, please have them call the ARU Nurse's Station at 949-365-2166.

1. Listen for dial tone
2. Dial the local number



**Q: WHAT TIME ARE MEALS SERVED?**

<b>A: Breakfast</b>	7:30 a.m.
<b>Lunch</b>	11:30 a.m.
<b>Dinner</b>	5:30 p.m.

Meals are served according to the diet ordered by the doctor. Some patients may have restrictions due to medical or swallowing problems.

Clients are assisted in filling out menus by dietary aides between 10 a.m. and 2 p.m. daily. The assistants help to ensure that menu choices for dinner (the same day) and breakfast and lunch trays (for the following day) are complete and follow any specific dietary requirements.

All patients are expected to eat in the ARU dining room (unless the medical condition requires other accommodations). The skills used in eating are an important part of the ARU program. Staff members will give any help needed at mealtime. Family members can also learn to help and are encouraged to be here at mealtimes whenever possible.

**Q: CAN I BRING MEDICATIONS FROM HOME?**

**A:** Yes. To keep things safe, all medications will be given to you by the nurse, as prescribed by your doctor. Any medications from home **MUST** be approved and ordered by your doctor, and kept at the nurse's station with your other medication. It is best to keep any medication at home that the doctor has not ordered for you during your stay. Your doctor may write an order for you to take some of your medications on your own.

**Q: HOW DO I GET MY PERSONAL CLOTHES WASHED?**

**A:** Personal clothing must be taken by the family and washed outside the facility. There is no hospital laundry service. The washer and dryer in the Acute Rehabilitation kitchen area are for training purposes only.

**Q: HOW WILL I BE PREPARED TO GO HOME?**

- A:**
- You will be asked about the layout of your home (IE: if you have stairs and where your bathrooms are, etc.). If a home evaluation is needed, one will be set up where you and a Rehabilitation Team member will go to your home to determine if any modifications are needed. They will also assess how well you will be able to manage in this environment.
  - You and your family are invited to the Patient Care Conferences held weekly by your Rehabilitation Team. During these conferences your progress in therapies, your discharge goals, and your discharge plan will be discussed.
  - The Rehabilitation Team may decide that a community outing would benefit you in order to determine how well you can manage outside the hospital environment.
  - Your rehabilitation will continue after discharge with services provided either by a Home Health agency (where therapists and/or nurses come to your home) or in an Outpatient Rehabilitation Center (where you go to an outpatient setting for your therapies).

**Q: CAN I LEAVE THE ARU DURING MY HOSPITAL STAY?**

- A:** Yes, but If you are leaving the unit with anyone other than the staff, you need to let your nurse know. Depending on where you are going, you may need to have staff with you, or sign out. There are outdoor patios on the ARU that you may use. Again, make sure the staff knows if you plan to go out to the patio.

**Q: CAN MY PET COME TO THE HOSPITAL TO VISIT?**

- A:** Yes. For the safety of all patients, the state of California does not allow any animals from entering the hospital unless they are a guide dog (for the blind) or part of an approved activity program. At times, given specific parameters, we can set up a supervised visit with your pet utilizing very specific locations outside of the hospital buildings. Please contact the social worker or recreational therapist to request this.



## DIRECTIONS

### MISSION HOSPITAL

#### ACUTE REHABILITATION UNIT (ARU)

27700 Medical Center Road  
Mission Viejo, CA 92691  
949-365-2166

**From the Southbound I-5 Fwy:** Take exit 86 to Crown Valley Parkway and turn left. Proceed to Medical Center Road (.6 miles) and turn right. Proceed to the Main Hospital Entrance (.1 mile) and turn left (past the emergency entrance).

**From the Northbound I-5 Fwy:** Take exit 86 to Crown Valley Pkwy. and turn right. Proceed to Medical Center Road (.6 miles) and turn right. Proceed to the Main Hospital Entrance (.1 mile) and turn left (past the emergency entrance).

**\*ARU is located in the Pavilion Building with access through the Tower 1 entrance**

*See campus map for details*

Please take a ticket and proceed to the main parking. There is a shuttle service that can provide transportation to the Tower 1 entrance if needed. A receptionist at the front desk will provide a temporary identification badge and directions to our unit. If a patient is being transported to our unit by a family member, please proceed to the "Patient Drop-off" in front of Tower 1. Inform the Tower 1 receptionist to call the ARU nursing station for assistance with wheelchair transportation to the unit.

The direct ARU nursing station contact number is 949-365-2166 (internal call x2166).



### LAGUNA BEACH

31872 Coast Highway  
Laguna Beach, CA 92651  
949-499-1311

### MISSION VIEJO

27700 Medical Center Rd.  
Mission Viejo, CA 92691  
949-364-1400



[providence.org/Mission](http://providence.org/Mission)