

Guide to Inpatient Stays

This guide has been developed to answer common questions that patients, families and referral sources have when choosing a rehabilitation facility.

How is a referral made?

Most of our patients come to us from a hospital setting (acute care). Referrals are usually made by a discharge planner or social worker at the referring facility. Referrals can also come from a home health agency, a family member, or patients themselves.

What happens after a referral is made?

As soon as a referral is received by our Social Work Staff (Admission and Discharge Planners), the evaluation process begins. The referral packet is reviewed by the interdisciplinary team to ensure that Grace Cottage Hospital can provide the appropriate care.

How quickly is a decision made?

A decision is usually made within an hour or two, depending on when the request is received, and how medically ready the patient is for transfer. If the patient is not ready, we will continue to monitor for medical clearance.

What happens after a decision is made?

Grace Cottage will notify the referring facility of the decision and timing of bed availability. Insurance verification is done prior to transfer to Grace Cottage. Transportation is arranged by the referring facility, based on the medical needs of the patient. If the patient is coming from home, the family usually arranges transportation.

What kinds of patients are admitted to a rehabilitation facility?

Most of the patients Grace Cottage treats are recovering from strokes, orthopedic injuries or surgery, neurological disorders, amputation, multi-trauma, spinal cord injury, brain injury, cardiac events, illnesses, or infectious diseases. Patients who are medically stable and need Physical and/or Occupational Rehabilitation may be considered for admission to Grace Cottage's skilled inpatient rehabilitation (also called "Swing Bed Care"). Patients need to be capable of participating in therapy on a daily basis. Grace Cottage also admits patients who need extensive intravenous (IV) antibiotics, wound care, or artificial nutrition.

What does insurance cover?

Currently, traditional Medicare covers inpatient skilled care if the patient has had a qualifying stay. A "qualifying stay" means that the patient has stayed for three overnights in a hospital at an acute level of care, and their rehabilitation needs would be best served as a "swing bed" inpatient.

How long does a patient usually stay?

The length of stay depends on several factors. The initial evaluation by Grace Cottage therapists is completed within 24 hours of admission. The discharge date is planned during the first interdisciplinary treatment team meeting (held on Tuesdays and Fridays). This discharge date is tentative, and may be lengthened or shortened depending on the patient's progress. Patients who

are returning to home are discharged as soon as they are independent and can safely manage with the assistance available to them. Our Social Workers can arrange home services and medical equipment, if needed.

What happens if a patient becomes acutely ill?

Grace Cottage Hospital has a 24-hour Emergency Department, CT Scan, X-ray, and Lab services onsite, available at any time. Grace Cottage provides emergency, acute, and swing bed care onsite.

How can I get more information?

For additional information or to arrange a tour, call Jessica Emerson, Director of Social Services, Admissions and Discharge Planning, at 802-365-3614, or e-mail jemerson@gracecottage.org.