



**Rhode Island Hospital**  
*A Lifespan Partner*

## **Rhode Island Hospital Inpatient Rehab Unit (IRU)**



**We are located on the 7<sup>th</sup> floor of the Main Building.**

**The unit phone number is (401) 444-2217**

**Within this packet, you will find answers to some commonly asked questions, and find out some more information about our services here.**

**If you have any questions, please do not hesitate to contact us.**

**Rocco Chiappini, MD**  
*Medical Director*

**Melissa J. Fournier, PT, MS**  
*Manager*

**Melissa Weidman, MS, OTR/L**  
*Rehab Clinical Coordinator*

**Ryan Parker, RN**  
*Nursing Clinical Manager*

**Joanne Pora, RN**  
*Rehab Clinical Liaison*  
401-261-9623

**Susan Lisi, RN**  
*Rehab Clinical Liaison*  
401-641-2019



## **What is inpatient acute rehab?**

Patients that are admitted to the IRU must qualify for an intensive, multidisciplinary rehab program. To qualify for acute rehab, a patient must need and be able to tolerate at least three hours of therapy per day, at least 5 days per week. A patient must have the need for skilled nursing, as well as at least two therapy disciplines. Also, a patient should have a “community discharge plan” – there needs to be a plan in place for where a patient will go after their completion of the acute rehab program. For some patients, this means that they will be able to return to their previous living arrangements independently and for others, it means an alternative living situation, possibly with family members or caregivers providing supervision and/or assistance.

## **How long will I be at acute rehab?**

Because each patient is unique and their rehabilitation is individualized, there is a lot of variation amongst our patients. How long someone stays at rehab is dependent upon many things – their progress with therapy, their ability to tolerate the acute rehab program, their discharge plan, their diagnosis, and their insurance. Nationally, the average length of stay for all patients at acute rehab facilities is about 14 days.

## **What do I need to bring to rehab?**

Because we aim to help a person regain their prior skills, it’s important to work on real life skills. Clothing from home (rather than hospital Johnnies and pants) is most useful. Family or a patient’s support system is responsible for laundering clothing. That being said, here is a list of things that would be helpful to aid in a person’s recovery:

- 3-4 pairs of loose, comfortable pants/shorts (sweatpants, yoga pants, gym shorts, etc)
- 3-4 shirts/tops that the patient would typically wear at home (t-shirts, button up shirts, sweatshirts)
- Closed-toe shoes with good treads on the bottom (sneakers preferably)
- 4-5 pairs underwear (underpants, bra)
- 2-3 pairs of pajamas
- Electric razor, if used at home
- Hairbrush

- Personal effects, such as a cell phone, charger, laptop, books, magazines, etc. may be brought in. RIH IRU is not responsible for any lost or stolen items.

## **Who is involved with my care on the IRU?**

Your care will be overseen by our Physiatrist (a doctor specializing in Rehab) as well as the Medical Team (Physicians and Nurse Practitioners). A Registered Nurse and a certified nursing assistant will be providing 24hr care on the floor. You will receive therapy by our therapists. A Care Manager will be assisting with discharge planning and post-rehab services.

There are a variety of other health care professionals that may be involved in your care, including, but not limited to:

- Social Worker
- Neuropsychologist
- Clinical Dietician
- Pet Therapy



## **What type of therapy will I receive at Rehab?**

Each patient will begin therapy within 24 hours of admission to the unit. The Admitting Physician will make a determination, initially, as to which therapy will evaluate the patient (a Plan of Care). To be in an acute rehab, a patient must require at least two disciplines (PT, OT and SLP). As the patient progresses, the Plan of Care may change – if a patient needs less of one therapy and more of another, those changes will be made as indicated.

**Physical Therapy (PT)** is a skilled service that focuses on regaining mobility (walking, getting in and out of bed, up and down stairs, etc.), strength, balance, endurance and lower extremity (leg) function. They also work on safety with any sort of assistive device to be used with mobility (wheelchair, walker, cane, etc.)



**Occupational Therapy (OT)** is a skilled service that works on “activities of daily living” – or all the basic things a person needs to do throughout the day, as well as the mobility,

strength and cognition associated with those things. This includes bathing, dressing, using the bathroom, getting on and off of a toilet, in and out of a shower/tub, making a small meal, managing medication, etc. OT also addresses the coordination, strength and overall function of the hand and arm. OT also works on cognition (problem solving, memory and higher level thinking skills) as it relates to ADLs.



**Speech Language Pathology (SLP)** is a skilled service that addresses swallowing as well as speech and language functions. They work to develop swallowing strategies and implement strengthening activities to improve the coordination and strength necessary to safely swallow. SLP also treats communication deficits – trouble understanding speech, trouble speaking, as well as cognitive impairments (problem solving, memory and higher level thinking skills).

**Therapeutic Recreation (TR)** may be provided on the IRU as an adjunct to our other therapies. The focus of TR is to provide recreation resources and opportunities to improve health and well-being. The TR works with the other disciplines to help carry over the strategies learned in PT, OT or SLP.

### **How is my family or support system involved?**

Visiting hours begin at 4pm, however we encourage family members or those in the patient’s support system to observe and participate in therapy, if the plan is for them to be assisting the patient at discharge. For those extended family members or friends wanting to visit for a “social visit”, we kindly ask that those visits occur during visiting hours. There may be times when we ask a family member or visitor to relocate to the waiting area temporarily while we provide care. Please understand that this is done for the benefit of the patient.

As it gets closer to discharge, the Care Manager and/or therapists will be in touch with the primary contact to offer and setup a Family Observation and/or Caregiver Training. The purpose of this is to educate and train those that will help the patient after discharge in proper techniques, to offer recommendations for equipment and review general recommendations. Depending on the needs of the patient and the family, Family Observation and/or Caregiver Training may take place over the course of one or several days.

If you have specific questions or concerns regarding any aspect of the patient's rehab stay, a Family Meeting can be set up with our Team. To do this, please notify your Case Manager or another member of the Team.

### **What about discharge planning?**

Our goal on the IRU is to help our patients achieve the highest level of independence during their acute rehab course. It is important to remember that acute rehab is just one part of a patient's recovery. Most patients leave rehab still requiring therapy services, but at a less intense level. Options for discharge can be dependent on several factors, including a patient's functional level and insurance coverage. Some options at discharge are:

- Home
- Home with home care services provided in the home (may include nursing, home health aide, PT, OT and/or SLP. To be eligible for homecare, a patient must be homebound.
  - A discharge home may or may not come with the recommendation for supervision and/or assist, including intermittent or constant care. 24 hour supervision/care is not usually covered by insurance and usually involved involvement of family or a support system
- Home with outpatient services (may include PT, OT and/or Speech) provided at an outpatient office
- Skilled nursing facility for continued nursing and/or therapy care

### **What about parking at Rehab?**

Discounted parking is available for families of patients admitted to the IRU. Beginning on Day 6 (including any days spent as a patient in Rhode Island Hospital, prior to coming to Rehab), parking is discounted by \$2/day. If your stay is over 10 days (including your acute hospitalization), a value card may be purchased for \$5, which is good for 1 month of parking.