

CARE *that*
CHANGES LIVES.



GOLISANO RESTORATIVE NEUROLOGY & REHABILITATION CENTER

PATIENT AND FAMILY HANDBOOK

ROCHESTER
REGIONAL **HEALTH**

Neuroscience Institute

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Welcome to Rochester Regional Health

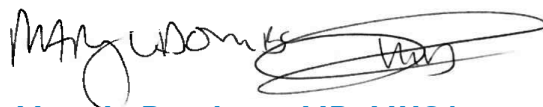
Golisano Restorative Neurology & Rehabilitation Center

We hope your experience at the Golisano Restorative Neurology & Rehabilitation Center will be comfortable, pleasant and productive. During your stay, you and your loved ones will be a part of a team of individuals focused on developing a rehabilitation plan that will address your individual needs. Team members include: physicians, nurses, therapists (occupational therapist, physical therapist and speech-language pathologist), a neuropsychologist, a case manager and a dietitian. Other individuals may also be involved with your rehabilitation if needed, such as educational tutors and pastoral care. This handbook has been developed as a resource for you and your family—it contains important information that will assist in answering questions throughout your stay and after your discharge from our program.

You are our focus during the rehabilitative process, and your commitment is critical. Family or significant others' involvement is highly encouraged for establishing goals, sharing information and participating in therapy. The goals that are developed will be reviewed on a weekly basis, and shared with you so that you may provide your input.

Please feel free to contact any members of your treatment team during and after your stay.

Sincerely,

A handwritten signature in blue ink that reads "Mary L. Dombovy". The signature is stylized and includes a large, sweeping flourish at the end.

Mary L. Dombovy, MD, MHSA

Vice President, Neuroscience Institute

Rochester Regional Health

Our Mission, Vision and Values

Our Mission

To enhance lives and preserve health by enabling access to a comprehensive, fully integrated network of the highest quality and most affordable care, delivered with kindness, integrity and respect.

Our Vision

To lead the evolution of healthcare to enable every member of the communities we serve to enjoy a better, healthier life.

Our Values

Quality

By setting and surpassing higher standards, we will continue to build a smarter, faster, more efficient organization that delivers excellent, appropriate care in the right place at the right time.

Compassion

Our culture of caring will be unmistakable in every personal interaction as we treat individuals, families and colleagues with empathy, honesty and openness.

Respect

We will treat each individual with caring consideration and value the diverse perspectives each one of them can bring.

Collaboration

By working together across disciplines and locations to share knowledge and skills, and through constant communication with those we serve and their families, we will create a unified, integrated approach to care.

Foresight

We will anticipate the challenges tomorrow may bring and develop new and innovative ways to inspire healthier communities.

People We Serve

The Golisano Restorative Neurology & Rehabilitation Center provides a healing environment where patients can achieve their maximum level of ability. Members of our treatment team have specialty training in rehabilitation. The team is led by physicians who are board-certified in Physical Medicine and Rehabilitation. These physicians, along with nurses, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, dietitians and case managers, work collaboratively to help patients reach their goals. The patient's rehabilitation experience is designed based on diagnosis, individual goals and abilities. Education is an integral part of the rehabilitation process and promotes self-advocacy in preparation for discharge. The intensity of our program helps maximize this important period of healing. Please see the "Our Team" section for more details about each team member's role.



Golisano Restorative Neurology & Rehabilitation is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF accreditation signals our commitment to excellence in the services we provide. Our program is the only program in Central and Western New York accredited by CARF for Comprehensive Integrated Inpatient Rehabilitation, brain injury and stroke for children, adolescents and adults.

We provide specialty services for the following:

Stroke

A stroke can be a life-changing event. The team helps survivors regain abilities and independence in areas of difficulty including: language, cognitive changes, swallowing, one-sided weakness and inattention, sensory changes, moving in bed, walking, balancing, dressing, bathing and other daily living skills. Therapists work with the patients to both restore function and teach new ways of doing things.

Brain Injury — *Nationally Recognized Brain Injury Rehabilitation*

Patients who have suffered a traumatic or acquired brain injury may experience difficulty with language, thinking skills, swallowing, movement, balance, getting in and out of bed, walking, dressing, bathing and other daily living skills. The difficulty a patient has after brain injury is directly related to the size and location of the injury in the brain. Treatment is geared to address the patient's difficulties as well as educate the patient and family and prepare for discharge.

Pediatric Rehabilitation — *The Only Pediatric Rehabilitation of its Kind in Central and Western New York*

Like any parent, you want the very best for your child. We share your concerns, as much as we share your joy and satisfaction when your child reaches each milestone on the journey to recovery.

Our pediatric rehabilitation team provides consultation and treatment for children with a wide range of neurological and orthopaedic conditions. In a comfortable, friendly environment designed with children in mind, we provide the emotional and physical support young patients need as they face the challenges of rehabilitation.

People We Serve (CONTINUED)

Our physicians, neuropsychologists, and our entire therapeutic team work closely with your family and your child's pediatrician to streamline services efficiently and effectively. Academic tutoring is available on-site, in coordination with tutors from your home school district.

After discharge, our staff is available to interface with the school or other therapy providers overseeing your child's educational program. It is our goal to ensure that your child has access to and receives the services needed to function to the best of his or her abilities, both at home and in school.

Comprehensive Integrated Medical Rehabilitation

A serious medical condition can rob the body of strength and endurance. The path to recovery often involves rehabilitation to help patients move beyond their physical weakness. Medical providers coordinate care with the therapy staff to ensure a comprehensive approach to the patient's return to health and function. Conditions we treat include:

Orthopaedic Conditions

Patients who have fractures, joint replacements or spine surgeries may have pain, weakness, difficulty moving in bed, walking and completing daily living skills. The team works with patients to improve comfort, strength, mobility and function.

Spinal Cord Injury

Patients who have suffered a spinal cord injury may have decreased feeling and movement below the level of injury to the cord. The loss may be partial or complete and is dependent on the extent and location of the injury. Patients work with therapists to gain strength and function where possible and to learn compensations or new ways to move when needed.

Limb Loss

Patients with an amputation or limb loss often come to the Golisano Restorative Neurology & Rehabilitation Center after surgery. Patients may have difficulty with getting in and out of bed, walking, balancing, dressing, bathing and other daily living skills. They may also experience phantom sensations or pain. Therapy helps the patient regain the ability to walk, transfer and complete daily living tasks. The team also provides education about care of the residual limb and offers emotional support. When appropriate the team consults with a prosthetist to initiate the process of getting a prosthesis (artificial limb).

Other Neurologic Conditions

We provide treatment for all types of neurologic conditions, including but not limited to multiple sclerosis (MS), parkinson's disease, guillain-barré syndrome (GBS), amyotrophic lateral sclerosis (ALS), cerebral palsy (CP), myelopathy, encephalopathy and tumors.

Patients' Bill of Rights



Patients' Bill of Rights

As a patient in a hospital in New York State, you have the right, consistent with the law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, gender, national origin, disability, sexual orientation or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraint.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of all hospital staff involved in your care and refuse their treatment, examination or observation.
7. A non-smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment—this information will include the possible risks and benefits of the procedure or treatment.
10. Receive all the information that you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "*Do Not Resuscitate Orders — A Guide For Patients and Families.*"
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

Patients' Bill of Rights (CONTINUED)

As a patient in a hospital in New York State, you have the right, consistent with the law, to:

- 13.** Privacy while in the hospital and confidentiality of all information and records regarding your care.
- 14.** Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- 15.** Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- 16.** Receive an itemized bill and explanation of all charges.
- 17.** Complain without fear of reprisals about the care and services you are receiving, and to have the hospital respond to you and if you request it, provide a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.
- 18.** Authorize those family members and other adults who will be given priority to visit, consistent with your ability to receive visitors.
- 19.** Make known your wishes in regard to anatomical gifts. You may document your wishes in your healthcare proxy or on a donor card, available from the hospital.



Printed copies of the Patients' Bill of Rights in multiple other languages are available from the case manager.

Parents' Bill of Rights



Parents' Bill of Rights

The Parents' Bill of Rights is designed to improve quality and oversight of care provided to pediatric patients and to strengthen the ability of parents/guardians to play a meaningful and informed role in their child's healthcare decisions. Rochester Regional Health is committed to respecting and protecting the rights of our patients and families.

This bill of rights provides information about our commitment to you and your family:

- 1.** The hospital will ask each patient or the patient's representative for the name of his or her primary care provider, if known, and shall document such information in the patient's medical record.
- 2.** The hospital will admit pediatric patients only to the extent consistent with our ability to provide qualified staff, space and size-appropriate equipment necessary for the unique needs of pediatric patients.
- 3.** To the extent possible given the patient's health and safety, the hospital shall allow at least one parent/guardian to remain with the patient at all times.
- 4.** All test results completed during the patient's admission or emergency room visit will be reviewed by a physician, physician assistant or nurse practitioner who is familiar with the patient's presenting condition.
- 5.** Patients may not be discharged from the hospital or the emergency room until any tests that could reasonably be expected to yield "critical value" results – results that suggest a life-threatening or otherwise significant condition such that it requires immediate medical attention – are reviewed by a physician, physician assistant and/or nurse practitioner and are communicated to the patient, his or her parents or other decision-makers, as appropriate.
- 6.** Patients may not be discharged until they receive a written discharge plan, which will also be verbally communicated to patients, their parents or other medical decision-makers, which will identify critical value results of laboratory or other diagnostic tests ordered during the patient's stay and identify any other tests that have not yet been concluded.

Parents' Bill of Rights (CONTINUED)

7. The communication of critical value results and the discussion of the discharge plan must be accomplished in a manner that reasonably assures that the patient, his or her parents or other medical decision-makers understand the health information provided in order to make appropriate health decisions.
8. The hospital shall provide a summary of your care as well as all test results to the patient's primary care provider, if known.
9. A patient, his or her parent or other medical decision-maker has the right to request information about the diagnosis, possible diagnoses that were considered and complications that could develop as well as information about any contact that was made with the patient's primary care provider.
10. On discharge, the hospital must provide a patient, his or her parent or other medical decision-maker a phone number that the patient, his or her parent or other medical decision-maker could call for advice in the event that complications or questions arise.

You and your child have the responsibility to:

Provide, to the best of your ability, accurate and complete information.

- Please give us the name of your child's regular doctor (sometimes called "primary care provider" or PCP). We will add that information to your child's medical record. If your child does not have a PCP, you may ask us to help you find one.

Provide appropriate care.

- You and the other members of the healthcare team will work together to plan and carry out your child's care. If you are unable to do this, please let us know.
- You are responsible to make yourself available to receive the education necessary for you to provide the care your child will need when she or he goes home.
- You are responsible to partner with us to keep your child safe while in the hospital (for example, keeping side rails up, making sure your child's sleep area is safe, etc.).

Patient Complaint and Grievance

Unity Hospital provides the opportunity for all patients to express their concerns about the quality of care or service they received without fear of reprisal. Rochester Regional Health has established a process to ensure a coordinated, timely review, resolution, and response to patient/family complaints and grievances.

Once any staff member becomes aware of a complaint or grievance, every effort will be made to resolve the issue immediately while the patient is still present receiving care in the hospital or other facility. The primary responder for the complainant will acknowledge the complaint and explain the steps that will be taken to resolve their concerns and the anticipated closure date. If not immediately resolved, most complaints are investigated and resolved within seven days.



You may also address your concerns to the following individuals:

Program Director	585.368.3092
Nurse Manager	585.368.3536
Unit	585.368.3600
New York State Department of Health Complaint Hotline	800.804.5447

Safety



Safety

Ensuring safety is one of the main concerns of our rehabilitation center. Due to alterations in our patients' physical, cognitive and behavioral status, it is extremely important everyone makes every effort to guard our patients' safety as well as their own. It is vital that patients, families and rehabilitation staff form an alliance to keep patients, visitors and staff safe.

Some safety steps patients can take to make their experience as comfortable as possible are:

- Talk to the staff about the care plan; being informed is the first step to safety and wellness.
- Ask the team which activities are safe to do independently.
- Ask for help before attempting to move or go anywhere, especially if experiencing lightheadedness, weakness or dizziness.
- Be realistic about abilities.
- Call for help whenever assistance is needed.

Call Bell

The call bell is an important piece of safety equipment. All patients have a call bell in their room. Please use the call bell to ask for help at any time.

Bed Rails and Bed Alarms

Bed rails and alarms are often used to keep patients from getting up without help. They are used to prevent falls when it would be unsafe for a patient to get up alone. The rehabilitation team will evaluate a patient's need for rails, discontinuing their use when safe to do so.

Enclosed Bed

An enclosed bed is a bed with a mesh tent over the top. It is used when a patient is likely to climb over the bed rails and fall. The rehabilitation team will evaluate a patient's need for the enclosed bed, discontinuing its use when safe to do so.

Safety Alarm Belts

For some patients a seat belt, alarm belt or blue belt is used with a wheelchair to keep the patient from sliding out of the chair or trying to get up alone when unsafe. These belts are used to keep patients safe and to prevent falls. The rehabilitation team will evaluate a patient's need for belts, discontinuing their use when safe to do so.

Mitts

Mitts are padded, mitten-like coverings that are used to keep some patients from unintentionally pulling out important tubes such as breathing or feeding tubes. These are used only on patients that pull or grab tubes.

Safety (CONTINUED)



We ask that family members and other visitors do not remove or loosen bed rails, enclosed beds, belts or mitts. If there is an issue or concern, please notify any team member, who will gladly provide assistance.

Hand Hygiene - Preventing the Spread of Germs

Hand hygiene is the single most important way to prevent the spread of germs. Although people usually think germs are spread through the air, germs are most easily spread by our hands. One of the best ways to prevent the spread of germs is to clean your hands frequently.



When hands are visibly dirty, they need to be washed thoroughly with soap and water. Wet hands with warm water, apply soap and rub hands vigorously together, covering all areas of your hands and wrists for at least 15 seconds, then rinse well to remove soap residue and dry your hands gently with a clean, dry towel or paper towel. Hand washing properly helps to physically remove germs by friction and rinses them down the drain.

If there is no visible dirt, please use an alcohol-based hand sanitizer. Apply the solution thoroughly, covering hands evenly, and rub until dry. We ask that all visitors clean their hands when entering and leaving patient rooms.

Special Precautions

In a hospital setting, patients can carry infectious germs that can be spread to other patients. Healthcare providers can also carry germs from one patient to another on their clothing or hands. Special precautions are taken to prevent the spread of these germs. When providing personal care to a patient who has an infectious germ, the healthcare providers will clean their hands before and after care and wear gloves, a gown and mask if necessary when in the room. Visitors who are sick with a contagious illness will also be asked to follow these guidelines. A patient who carries an infectious germ will be asked to wear a gown and a mask if necessary when leaving their room.

Respiratory Etiquette - Cover Your Cough

We highly recommend proper respiratory etiquette for everyone, especially when respiratory symptoms (coughing and sneezing) are present, whether they're caused by the flu, common cold, whooping cough, severe acute respiratory syndrome or another condition. Please cover your mouth and nose with a tissue when you cough or sneeze. Remember to place used tissues in the wastebasket and clean your hands with soap and water. If a tissue isn't available, sneeze into your upper shirt sleeve, not your hands.

While at the Golisano Restorative Neurology & Rehabilitation Center, you may be asked to put on a mask to protect others. Healthcare providers may also be required to wear a mask when providing care.

Safety (CONTINUED)

Pain Control

We believe that all patients deserve effective pain control, which means helping patients to be as comfortable and pain-free as possible. Pain is a feeling of hurt or discomfort that can range from dull aches to sharp, stabbing sensations. Patients may have acute pain, which doesn't last long and goes away after treatment or healing, or chronic pain, which lasts a long time (maybe even months) and ranges from mild to severe. In the rehabilitation setting, medications and non-medication methods can be successful in helping to prevent and control pain.

The physician(s) and nurses discuss various pain control options that may be appropriate and helpful. Patients are asked to describe and rate their pain level before and after any interventions for pain. Normally, the rating scale used is a number score, with 0 meaning no pain and 10 being the worst pain imaginable. The team uses alternative methods to assess pain when verbal communication is not possible. The more accurately a patient describes pain, the better the pain control can be.

Hourly Rounding

Hourly rounding is a process in which patients are checked on frequently by staff members to make sure needs are met and to ensure safety. Staff members offer to assist with position changes, toileting, getting items for the patient or to address any pain complaints. At night a staff member enters the room quietly to check on the patient. Hourly rounding has been shown to decrease falls, injuries and incontinence.

Valuables and Personal Belongings

We encourage you to decorate and personalize your family member's room to make them feel as comfortable as possible. Please be aware that Unity Hospital is not responsible for the loss of personal property; please consider the possibility of loss or theft when leaving certain belongings in the patient's room. All belongings should be labeled with the patient's name.

Family Participation in Care

We believe -- and we have observed firsthand -- that the most successful rehabilitation plan is a collaborative process. Family members are welcome, and encouraged, to participate in therapies and program activities. At times, accommodations can be made to stay overnight with your loved one. Family involvement and participation further prepares the patient for a successful transition into the next step of the rehabilitation process and is vital in helping the patient reconnect with friends, neighbors, co-workers, and classmates as they progress and regain skills. The treatment team will provide training to the primary caregiver and any others who will be part of the patient's discharge care plan.

To keep both visitors and patients safe we ask that family members and visitors do not lift, transfer, toilet, walk with or feed the patient until they have been trained by a team member.

Safety (CONTINUED)

Families are very helpful in assisting the patient to become more oriented. We encourage families to be with the patient during their stay. Please feel comfortable talking to them and remind them:

- Who they are
- Who other people are
- Where they are
- What day it is
- Why they are here

Leaving the Rehabilitation Unit

Patients may leave the rehabilitation unit when accompanied by a responsible adult with permission of the doctor or appropriate staff member. Patients may not leave the unit during scheduled therapy and must check in with the nurse before leaving. Patients may not leave the hospital without an approved therapeutic pass.

Preventing Patients from Wandering

A watch-like band is used for some patients to alert the team when a patient attempts to leave the rehabilitation unit unsafely. This band is attached to a patient's wrist, ankle or wheelchair. When a patient wearing this device passes a stairwell door, the door will lock. If the patient attempts to open or pass an already open stairway door, an alarm will sound. The elevator will not close and leave the floor without a code if a patient wearing this device is inside. A staff member will promptly assist the patient when the alarm sounds.

Behavior Management

At times a patient may display behavior that disrupts his or her ability to participate in therapy or creates a risk to the safety of themselves or others. A behavior management program will be developed to help assure safety and to maximize the patient's ability to benefit from and participate in treatment. The patient's family and support system will be informed if a behavior management program is needed. It is critical that procedures are followed by everyone who is in contact with the patient.

Safety is a Team Effort

Please stay in contact with the team members to improve safety. Ways to stay in contact are: use the log book, attend patient care conferences (family meetings), attend therapy sessions and/or speak with staff in person or by phone. When in doubt, please be sure to ask. Please report any situation that appears unsafe.

Safety (CONTINUED)

Safety Information Specific to Brain Injury or Stroke

It is not uncommon that persons with brain injury or stroke experience challenges that are out of their control. Our team of physicians, nurses and therapists are well-qualified to identify and care for patients who experience any of the following characteristics:

Impulsivity

Patients may act quickly without regard for consequences by attempting to do something independently that they should only be doing with help, such as walking or transferring.

Impaired awareness or insight

Patients may not recognize that they have certain physical or cognitive impairments and may act as if they have no limitations.

Impaired self-monitoring

Patients may have trouble stopping themselves from doing things, or correcting themselves. For example, some patients do not realize that they are becoming very angry, and they do not see that they need to “cool down” before they lose control of their anger and strike out verbally or physically at someone.

Memory impairment

Patients may have long and short-term memory deficits which impact their ability to remain safe in their environment. For example, a patient may forget to lock the wheelchair brakes before completing a transfer, or forget to turn off the stove during kitchen activities.

Impaired problem solving or sequencing

Patients may not be able to figure out how to best approach a problem or may get the steps mixed up. For example, a patient may remember to lock the wheelchair brakes, but not at the correct time during the transfer.

Confusion

Confused patients may use an object in a manner that is unsafe. An example may be the patient who attempts to brush his teeth with a razor.

Directory of Personnel



Directory of Personnel

The following is a list of personnel who will be working with you and your family member during your stay here at the Golisano Restorative Neurology & Rehabilitation Center. Please feel free to contact any member of your team with questions or concerns that you may have.

Nurse's Station	585.368.3600
Neuropsychologist	585.368.3373
Occupational Therapist	585.368.7683
Physical Therapist	585.723.7507
Speech-Language Pathologist	585.368.4189
Case Management	585.368.3222
Program Director	585.368.3092
Medical Director	585.368.3002
Nurse Manager	585.368.3536
Dietitian	585.723.7000 x1461

Scope of Services



Scope of Services

Populations Served

Stroke: Ischemic and Hemorrhagic

Rehabilitation services are accessible to a diverse cultural group with any range of activity limitation. Impairment addressed may be motor, sensory and/or cognitive. Patients may present with mental impairments identified through psychological and behavioral assessments, interactions or observations. The psychological and behavioral clinical presentations stemming from the neurological conditions are considered if an intensive rehabilitation program will correct or alleviate the impairment.

Setting

25-bed inpatient rehabilitation program, located at:
Unity Hospital
1555 Long Pond Rd
Rochester, NY 14626

Hours/Days of Service

24 hours/day, 7 days per week

Frequency of Services

Minimum 3 hours of skilled therapy service per day, (PT/OT/ST),
5-7 days per week or as required by payer/diagnosis.

Goals

Restore/rehabilitate the patient to the highest level of physical, cognitive, behavioral, emotional and spiritual function possible while providing ongoing education and support to the patients and their families.

Direct Services Offered

Rehabilitative medicine, rehabilitative nursing, physical therapy, occupational therapy, speech-language therapy, nutrition, counseling, neuropsychology, pastoral care, case management, activities, FAQ's for families/informational session for families.

Admission Criteria

Medically stable, recent onset of injury, potential for functional improvement.

Scope of Services (CONTINUED)

Transition/Exit Criteria

1. Lack of identifiable, patient specific, progress towards rehabilitation goals over a pre-determined time frame set forth in the patient's individualized interdisciplinary plan.
2. Achievement of patient rehabilitation goals by patient and family to allow safe return to a more independent living setting.
3. Medical condition that is significantly complex, unstable or in a state of decline and precludes intensive rehabilitation. The need to obtain specialized care (e.g. surgery or other procedure).
4. Patient requires limited therapy services that can be delivered through home care or on an outpatient basis.
5. Comprehensive day rehabilitation program is preferred and feasible to foster family/community/vocational reintegration.
6. Other "non-voluntary" factors including sustained non-compliance and or other legal proceedings.

Ages Served

Infant through geriatric. Infants and toddlers will be reviewed on a case-by-case basis in detail to ensure that the program can meet the rehabilitation needs of the patient and family.

Payer Sources

Private pay, Medicare, Medicaid, HMO's, no-fault, Workers' Compensation

Fees

The business office is available to discuss charges for service.

Referral Sources

Primary care physicians, nurses, social workers, home care agencies, community agencies, specialists, hospitals, self-referrals, family, clergy, attorneys, insurance companies, others.

Interventions For Stroke Specialty Program

Prevention, Recognition, Assessment, and Treatment of Conditions Related to Stroke

Your team will provide assessment and treatment of your stroke, including complications caused by your stroke. We will work with you to understand your stroke diagnosis, learn about other conditions that impact your risk for stroke, and how you can reduce the chances of having another stroke.

Promotion of Lifestyle Changes

Your team will assist you in identifying risk factors such as hypertension, coronary disease, obesity, smoking, diabetes mellitus, high cholesterol. Your team will work with you to reduce the risk of these factors and introduce health-promoting activities such as exercise, smoking cessation, and diet modifications.

Functional Independence

The primary objective of your treatment program is to promote functional independence with the goal of returning you to the highest level of independence possible.

Psychological and Social Coping and Adaptation Skills

Psychological and social coping and adaptation skills are developed and supported through your treatment team, including the neuropsychologist. The neuropsychologist will lead the team to assist you to emotionally and psychologically adjust and cope with your situation through support and treatment.

Community Integration and Participation in Life Roles

Therapeutic leave of absence is encouraged of all inpatient persons served prior to discharge. During this leave the patient is given goals and tasks to perform while at home and in the community and they are evaluated by their support systems that also provide the team with feedback.

Services for Families/ Support Systems

Our case managers/social workers and neuropsychologists are available to provide support to the family support system. This may include assistance in working through financial resources to adjusting to the disability of their loved one, and much more. *"FAQs for Families"* and *"Orientation"* are meetings offered weekly that are mechanisms for education and support to the families/support systems. Families/support systems are a part of the team. They are encouraged to attend/participate in therapy. Education and training are provided on an ongoing basis.

Scope of Services (CONTINUED)

Populations Served	Traumatic Brain Injury, Subarachnoid Hemorrhage, Anoxic Injury, Slowly Progressive/Post Operative Brain Tumors Rehabilitation services are accessible to a diverse cultural group with any range of activity limitation. Impairment addressed may be motor, sensory and/or cognitive. Patients may present with mental impairments identified through psychological and behavioral assessments, interactions or observations. The psychological and behavioral clinical presentations stemming from the neurological conditions are considered if an intensive rehabilitation program will correct or alleviate the impairment.
Setting	25-bed inpatient rehabilitation program, located at: Unity Hospital 1555 Long Pond Rd Rochester, NY 14626
Hours/Days of Service	24 hours/day, 7 days per week
Frequency of Services	Minimum 3 hours of skilled therapy service per day, (PT/OT/ST), 5-7 days per week or as required by payer/diagnosis.
Goals	Restore/rehabilitate the patient to the highest level of physical, cognitive, behavioral, emotional and spiritual function possible while providing ongoing education and support to the patients and their families.
Direct Services Offered	Rehabilitative medicine, rehabilitative nursing, physical therapy, occupational therapy, speech-language therapy, nutrition, counseling, neuropsychology, pastoral care, case management, activities, FAQ's for families/informational session for families.
Admission Criteria	Medically stable, recent onset of injury, potential for functional improvement.

Scope of Services (CONTINUED)

Transition/Exit Criteria

1. Lack of identifiable, patient specific, progress towards rehabilitation goals over a pre-determined time frame set forth in the patient's individualized interdisciplinary plan.
2. Achievement of patient rehabilitation goals by patient and family to allow safe return to a more independent living setting.
3. Medical condition significantly complex, unstable or in a state of decline to preclude intensive rehabilitation. The need to obtain specialized care (e.g. surgery or other procedure).
4. Patient requires limited therapy services that can be delivered through home care or on an outpatient basis.
5. Comprehensive day rehabilitation program is preferred and feasible to foster family/community/vocational reintegration.
6. Other "non-voluntary" factors including sustained non-compliance and or other legal proceedings.

Ages Served

Infant through geriatric. Infants and toddlers will be reviewed on a case-by-case basis in detail to ensure that the program can meet the rehabilitation needs of the patient and family.

Payer Sources

Private pay, Medicare, Medicaid, HMO's, No Fault, Workmen's Compensation

Fees

The business office is available to discuss charges for service.

Referral Sources

Primary care physicians, nurses, social workers, home care agencies, community agencies, specialists, hospitals, self-referrals, family, clergy, attorneys, insurance companies, others.

Interventions For Brain Injury Specialty Program

Prevention of Brain Injury

Your treatment team will work with you to ensure that you are aware of risks for brain injury in your life. Use of seatbelts and helmets will be reinforced. High-risk activities, sports and occupations will also be discussed. Additionally, the medical and neuropsychology staff present to area professionals regarding Brain Injury, (e.g. Pediatric Head Injury: Sequela of Traumatic and Sports Related Injuries).

Recognizing, Assessing, Treating Conditions, Preventing Complications & Co-morbidities

Your treatment team will assess you for co-occurring conditions and complications and recommend the appropriate intervention/plan. Examples may include: medications for HTN, neurostimulants for decreased alertness, dysphagia management for swallowing disorders, splinting/casting for impaired tone, etc.

Identifying and Reducing the Risk Factors for Recurrent Brain Injury

Discharge and patient care conferences will be offered and information/recommendations will be shared. This may include use of helmets, recommendations regarding driving and alcohol consumption. Additional recommendations may be related to work associative activities depending upon occupation (e.g. roofer).

Facilitating Functional Independence and Performance

Treatment plans, therapeutic activities and education are consistently developed around tasks that are functional to the patients. We do this by incorporating true functional activities, activities of daily living, activities of interest into the treatment plan.

Psychological and Social Coping and Adaptation Skills

Brain injury patients are provided with individual counseling and psychotherapy and family therapy as warranted by the neuropsychologist to address emotional adjustment, social skills/functioning and adaptation to brain injury, including awareness/insight. Other supports include allowing open visitation, 1 adult can sleep overnight with the patient. In the outpatient setting, patients and family/support are provided with information regarding support groups. The team is in tune with the emotional and psychological needs of the persons served and facilitates referrals to psychologist/neuropsychologist as needed. The team addresses with the patient, and caregivers, strategies to facilitate communication and coping in social situations and in the community.

Interventions For Brain Injury (CONTINUED)

Community Inclusion and Participation in Life Roles

Treatment sessions are often designed to duplicate activities in the home and community. Cooking, laundry, basic money management, and pill organization/administration simulation tasks are frequently utilized. At outpatient rehabilitation, community outings such as grocery shopping, bicycle riding, etc. may be incorporated into the treatment approach.

Assistive Technology

The program utilizes an evidence-based approach to all interventions, including the use of assistive technology. Communication tools, environmental controls and more can be implemented to address our patient's needs.

Services for Families/ Support Systems

The family/support system is an important part of the team. They are included from preadmission through discharge. The family/support system is encouraged to participate in therapy and patient care. The family/support system is provided with education and educational materials, as well as community service and support group information.

Scope of Services (CONTINUED)

Populations Served	<p>Traumatic Brain Injury, Subarachnoid Hemorrhage, Stroke, Anoxic Injury, Progressive/Post Operative Brain Tumors, Stable Multiple Sclerosis, Other non-degenerative diseases, amputee, spinal cord injury: complete/incomplete, c5 or lower. Above c5 may be considered if mechanical ventilation is not required. General Rehabilitation, status post-orthopedic procedures (<i>hip/knee</i>), amputee, others as deemed appropriate (<i>debility, burns</i>).</p> <p>Rehabilitation services are accessible to a diverse cultural group with any range of activity limitation. Impairment addressed may be motor, sensory and/or cognitive. Patients may present with mental impairments identified through psychological and behavioral assessments, interactions or observations. The psychological and behavioral clinical presentations stemming from the neurological conditions are considered if an intensive rehabilitation program will correct or alleviate the impairment.</p>
Setting	<p>25-bed inpatient rehabilitation program, located at: Unity Hospital 1555 Long Pond Rd Rochester, NY 14626</p>
Hours/Days of Service	<p>24 hours/day, 7 days per week</p>
Frequency of Services	<p>Minimum 3 hours of skilled therapy service per day, (PT/OT/ST), 5-7 days per week or as required by payer/diagnosis.</p>
Goals	<p>Restore/rehabilitate the patient to the highest level of physical, cognitive, behavioral, emotional and spiritual function possible while providing ongoing education and support to the patients and their families.</p>
Direct Services Offered	<p>Rehabilitative medicine, rehabilitative nursing, physical therapy, occupational therapy, speech-language therapy, nutrition, counseling, neuropsychology, pastoral care, case management, activities, FAQ's for families/informational session for families.</p>
Admission Criteria	<p>Medically stable, recent onset of injury, potential for functional improvement.</p>

Scope of Services (CONTINUED)

Transition/Exit Criteria

1. Lack of identifiable, patient specific, progress towards rehabilitation goals over a pre-determined time frame set forth in the patient's individualized interdisciplinary plan.
2. Achievement of patient rehabilitation goals by patient and family to allow safe return to a more independent living setting.
3. Medical condition significantly complex, unstable or in a state of decline to preclude intensive rehabilitation. The need to obtain specialized care (e.g. surgery or other procedure).
4. Patient requires limited therapy services that can be delivered through home care or on an outpatient basis.
5. Comprehensive day rehabilitation program is preferred and feasible to foster family/community/vocational reintegration.
6. Other "non-voluntary" factors including sustained non-compliance and or other legal proceedings.

Ages Served

Infant through geriatric. Infants and toddlers will be reviewed on a case-by-case basis in detail to ensure that the program can meet the rehabilitation needs of the patient and family.

Payer Sources

Private pay, Medicare, Medicaid, HMO's, no fault, Workers' Compensation

Fees

The business office is available to discuss charges for service.

Referral Sources

Primary care physicians, nurses, social workers, home care agencies, community agencies, specialists, hospitals, self-referrals, family, clergy, attorneys, insurance companies, others.









A Typical Therapy Day



A Typical Therapy Day

Each patient will participate in a minimum of three hours of therapy each day. This typically includes physical therapy, occupational therapy, and speech therapy. Additionally, your schedule may also include the neuropsychologist, psychometrist or tutor. Each schedule is individualized based on patient need. Rest breaks are integrated throughout the day. Please let the therapy team know if additional rest breaks are needed.

Some patients will receive weekend therapy based on their individual therapy needs or as a requirement of specific insurance plans. Patients will be informed of their weekend therapy, if scheduled, prior to the weekend.

	Morning Wash & Dressing: Patients will get washed and dressed for the day with the help of nursing staff and/or occupational therapy staff.
	Breakfast: Meals are served in our dining room where patients enjoy meeting and supporting each other.
	Medical Team Rounds: During the morning hours our medical team staff will make daily visits on the unit.
	Therapy Sessions I: Patients should check the schedule in their log book for therapy times as this schedule may vary or change as needed.
	Lunch: Meals are served in our dining room where patients enjoy meeting and supporting each other.
	Therapy Sessions II: Therapy resumes after lunch and typically runs until 4:00 pm.
	Dinner: Meals are served in our dining room where patients enjoy meeting and supporting each other. Families and visitors are welcome to join the patients at mealtime.
	Evening Activities: Several days per week there are evening activities. Families and visitors are welcome to participate. Schedules are posted throughout the unit.

Commonly Asked Questions



Commonly Asked Questions

When can family members/friends visit?

There are no general restrictions on visiting hours. Children may visit only with adult supervision, and they must be supervised during their entire visit. A family member (18 years of age or older) may sleep overnight with permission from a staff member.

What type of clothing should be brought in for the patient?

Patients benefit from loose-fitting, easy to put on, casual clothing such as sweatpants and sweatshirts. We want patients to be comfortable in the clothes they typically wear. Patients also should have sneakers or rubber-soled shoes, socks and underwear.

Can food be brought in for the patient?

Any food brought in to the Center must first be approved by a staff member based on the patient's diet requirements and restrictions. Dietary restrictions are in place for the safety of the patient. Some patients have specific dietary restrictions and others have difficulty swallowing after their injury. Patients with swallowing difficulties are only able to eat and drink specific consistencies (i.e. thickened liquids, pureed foods). See a team member to determine what foods and drinks are recommended for the patient. Our team will work with you to accommodate dietary preferences. Food brought in from outside may be kept in the dining room refrigerator once it is labeled with the patient's name.

Can the patients room be decorated?

We encourage the room to be decorated and personalized to help the patient feel as comfortable as possible. Some patients enjoy having items from home as well as pictures of family members, pets and personal interests in the room. When photographs are labeled it assists patients with memory loss or confusion. Please be aware that Unity Hospital is not responsible for the loss of personal property; please consider the possibility of loss or theft when leaving certain belongings in the patient's room. All belongings should be labeled with the patient's name.

How does a patient have television services turned on?

After admission your television and phone services will be activated. Public Wi-Fi is also available for patient and visitor use.

How can patients get more information about their injury?

Education for the patient and the family/support system about the injury begins at the patient's arrival to the program. Information is provided by each team member verbally, through demonstration, or in printed format. Education may take place individually and in a patient care conference. Do not hesitate to ask questions. Family education groups are held on the unit. During these groups, staff members provide families with education regarding our rehabilitation program, and families have an opportunity to talk with each other.

Commonly Asked Questions (CONTINUED)

How can patients get more information about their injury? (continued)

The Patient and Family Education Center is located in the Patient and Family Lounge. Additional education materials, including computers with links to commonly used rehabilitation websites, are located in the dining room. Patients and family are encouraged to browse and utilize the materials and handouts about various diagnoses and rehabilitation topics.

How often is a patient's progress formally evaluated?

Each week the clinical staff meets about every patient. During these meetings each patient's progress is reviewed and new therapy goals are set as appropriate. Patients and families will be kept updated on a weekly basis on the information discussed at these meetings.

How are family members part of our team?

The family and support system is encouraged to participate in therapy and patient care throughout the patient's stay. The team begins to teach the family and support system techniques and strategies to promote independence as soon as possible. Please be prepared to observe and participate in a family training session prior to discharge. Sharing feedback, preferences and insights assists in making the rehabilitation process more individualized. The family and support system are kept informed through the patient's logbook, communication with the staff and patient care conferences (family meetings). Patient care conferences may be held at the family's or therapy team's request. Patient care conferences are designed to assist in discharge planning and also provide an opportunity for the team to share the patient's progress, current status and future goals.

What other services are available at Unity Hospital?

Golisano Restorative Neurology & Rehabilitation is located at Unity Hospital. Unity Hospital offers a full range of acute care services including radiology, respiratory and laboratory services. There is also a full range of specialists that may be requested to provide consultation if needed. Examples of specialists include infectious disease, neurosurgery, vascular surgery, neurology, cardiology, hematology, gastroenterology, pediatrics and palliative care.

What is the process for discharge planning?

After a patient's initial evaluation is completed, the clinical team meets and discusses the results. This meeting is usually within four days after a patient is admitted. At this meeting a tentative discharge date is set and shared with the patient and family. The discharge date may be revised based upon patient needs and progress. Discharge planning starts before a patient is admitted to the unit and continues throughout his or her stay. Discharge planning is an interdisciplinary effort that is led by the case manager and focused around each individual patient and his or her needs. Patients, families and support systems play a large part in discharge planning, assisting the team in developing a safe plan. Feel free to contact members of the team or the case manager with any discharge planning questions or concerns.

Commonly Asked Questions (CONTINUED)

Discharge may be initiated when any of the following conditions occur:

- Patient functional levels have been restored, improved or maintained
- Patient status has changed requiring transfer to another unit or facility to receive more intensive medical care, surgical or psychiatric interventions
- Patient no longer requires 24-hour rehabilitation medical or nursing supervision
- Patient does not demonstrate potential for progress in a reasonable time period

Discharge may be initiated by any of the following stakeholders:

- Patient/family
- Treatment team
- Agency/funding source

What happens if a patient becomes ill?

An attending physician specializing in Physical Medicine & Rehabilitation rounds every day and oversees the patient's care, medical needs, and rehabilitation plan. There is 24/7 physician support available, with the ability to request specialist consultation at any time. When a higher level of care becomes necessary to meet the needs of the patient, the attending physician will coordinate discharge and transfer to the acute hospital setting – Unity Hospital, Rochester General Hospital or the hospital the patient originated from, depending upon their individual needs.

Will I need therapy after discharge?

The team often recommends continued therapy after discharge. Therapy at a long-term rehabilitation facility, home care or at an outpatient center may be recommended. A comprehensive team approach similar to ours is available at our outpatient facility, Rochester Regional Health Physical Therapy and Rehabilitation, located at 2655 Ridgeway Avenue. The case manager will assist patients in coordinating outpatient therapy.

Can patients leave the unit to visit or utilize other parts of the medical campus?

Patients can leave the unit for short periods of time with permission from a staff member. The patient must be signed out of the unit at the nurse's station. Patients often enjoy visiting the gift shop or cafeteria. Patients cannot leave the medical campus unless they have been granted a therapeutic leave of absence pass.

What is a therapeutic leave of absence pass?

A therapeutic pass is an opportunity for patients to leave the medical campus to visit their home or go out into the community for a few hours. The team will arrange for the pass when it is appropriate. Passes are granted typically on a Saturday or Sunday. This allows the patients to practice the skills they have learned in therapy while in the community and helps identify areas requiring further focus. These passes are provided when the team identifies the patient is ready and after the family receives the necessary training. Please consult the treatment team if interested in setting up training. Family training takes place during therapy times prior to the pass. Patients and families will be instructed to work on specific tasks and goals while out on pass. Staff will ask for feedback upon return. Day passes usually run from 9:30 am until 7:30 pm, earlier pickup must be pre-arranged with a staff member.

Commonly Asked Questions (CONTINUED)

Are there laundry facilities available?

There are free laundry facilities on the unit for washing patient clothes. Laundry detergent is available for use.

When can the patient drive again?

If the patient has an injury or disability, illness or other medical condition, it may not be safe to drive after a hospitalization and/or rehabilitation stay. The doctor discusses this with the patient and family, and will make recommendations regarding driver evaluation and driver rehabilitation. There are some conditions that do require patients to notify the Department of Motor Vehicles and undergo the state application and evaluation process for consideration of driving in the future.

Can a patient leave against medical advice?

Any patient requesting to leave the hospital without a physician order is considered to be leaving against medical advice (AMA). If the patient lacks the capacity to make health care decisions, the patient has the right to have a legal representative make the decision to stay or leave for him or her. Before a patient is discharged prior to the completion of treatment or contrary to medical advice, the patient's physician will provide information necessary for the patient/legal representative to make an informed decision.

What happens after discharge?

In an effort to ensure your transition home is smooth, you will be contacted by telephone shortly after your discharge. In addition, you will be contacted approximately three months after your discharge to give information about how well you are doing at home. We welcome and appreciate your input.

How does family get to the hospital?

The Golisano Restorative Neurology & Rehabilitation Center is located within Unity Hospital on the third floor of the hospital, 3600 Unit.



Unity Hospital is located at:

1555 Long Pond Rd
Rochester, NY 14626

By Bus: The Regional Transit Service bus stop is located outside the main entrance of the hospital. Schedules are available at the information desk by the main entrance.

Where do visitors park?

Unity Hospital offers free parking to all visitors. Visitor parking signs are posted throughout the campus.

Commonly Asked Questions (CONTINUED)

How can I keep track of all of my information after I leave the program?

The Case Manager will work with the patient and family to determine whether a system is already in place to record personal health information to provide to healthcare providers and/or in case of emergency. If there is a tool in place, the Case Manager will work with the team, patient and family to update relevant personal health information. If a system is not in place, the Case Manager will provide education on the importance of having a system or tool in place and assist in developing a tool to record or locate personal health information. Rochester Regional Health offers personalized and secure online access to portions of your medical records at any Rochester Regional Health hospital and physician offices. MyCare enables you to securely manage and receive information about your health, including:

- Ask non-urgent medical questions
- View, download and transmit your health summary from the MyCare electronic health record
- Pay your hospital and physician bills
- Access test results
- Request prescription renewals
- Manage medical appointments
- Access trusted health information resources

Our Team



Our Team

Who are the members of the Interdisciplinary Team?

Interdisciplinary Team

The Golisano Restorative Neurology & Rehabilitation Center offers what is referred to as an “interdisciplinary process.” An interdisciplinary model of rehabilitation is defined as a treatment process in which members of a treatment team jointly assess the patient and together with that patient and with his or her family or representative, identify a common set of goals for the therapy program. Together this team evaluates, plans and implements treatment procedures to achieve these goals and develop a plan for discharge.

Program Director

The program director is responsible for the quality of care provided to all patients and day-to-day operations of the entire program. This includes nursing, case management, physical therapy, occupational therapy, speech-language pathology and leisure activities. If you have any questions or concerns regarding the services provided and are unable to resolve them through your primary team, the program director is available to address these issues.

Nurse Manager

The nurse manager is responsible for the quality of care provided by all nursing care staff (registered nurses, licensed practical nurses, nursing assistants) 24 hours a day, seven days a week. If the patient, family or support system have any concerns regarding care not resolved through your primary nurse or the charge nurse, the nurse manager is available any time to help you resolve these issues.

Attending Physician

The attending physician admits the patient and oversees the patient’s care. The attending physician on the rehabilitation unit specializes in physical medicine and rehabilitation.

Resident

The resident is a doctor who has finished medical school and is in subspecialty training. The resident works under the direction of the attending physician.

Advanced Practice Provider (APP)

The advanced practice provider works with the attending physician to care for the medical needs of patients while they are receiving rehabilitation. The APP also assists in the coordination of rehabilitation efforts.

Nurse

The Golisano Restorative Neurology & Rehabilitation Center utilizes rehabilitation nursing for continuity and coordination of care between therapy and medical needs. The patient will benefit from a familiar face

Our Team (CONTINUED)

administering medications, performing dressing changes, ensuring good skin and IV care, managing tube feedings or assisting with individual diet choices. The nurse attends the clinical team meetings to represent the nursing perspective and incorporates individualized instructions from the patient's therapists into the plan of care. As the patient progresses, in preparation for eventual discharge, this role expands to include teaching both the patient and family support system all aspects of daily needs, including toileting, and at times retraining of the bowel and bladder.

Care Assistant

The Golisano Restorative Neurology & Rehabilitation Center utilizes primary care assistants to provide patient care under the supervision of a team of registered nurses. Care assistants work collaboratively with the team to assist with direct patient care. They have an in-depth understanding of skin care prevention, infection control, restraints and their usage, urinary care, mobility and lift devices. The care assistant performs a wide variety of clinical duties under the supervision of the nursing staff. These duties include but are not limited to: vital signs, EKGs, blood glucose finger sticks, dressing, bathing, toileting, transferring and ambulating. They are updated on the current goals and have an understanding of the plan of care for each patient they serve.

Case Manager

The case manager is the patient and family's link to the interdisciplinary team. The case manager communicates changes in patient status, coordinates collaborative care and responds to the needs of the family. The case manager facilitates the discharge planning process by identifying financial, community and emotional supports. Our case managers are familiar with community agencies and services and help you obtain appropriate resources for going home, including: comprehensive outpatient rehabilitation services, home healthcare, equipment and transportation needs, vocational training and assistance with re-entry into the school setting. They and all of the other members of the interdisciplinary team strive to help each patient achieve a smooth transition back into the community.

Activities Coordinator

The activities coordinator plans and executes diversional activity programs for our patients and their families/support system. These activities typically take place in the evening and are open to everyone. The activity schedule is posted on a weekly basis. The activities coordinator tailors activities to meet the unique needs of the current patient population and is always open to activity requests from patients or their family members and support system. Activities will be modified and/or assistive equipment will be used to enhance patients' independence and enjoyment. The activities coordinator along with the team will identify leisure interests and activities and attempt to incorporate them into the patient's rehabilitation experience whenever possible. The activities coordinator also assists the supervising case manager with department functions and activities. Our volunteer program is maintained by the activities coordinator as well.

Our Team (CONTINUED)

Occupational Therapist

The occupational therapist (OT) addresses the patient's ability to complete activities of daily living (ADLs). These activities include feeding, grooming, bathing, dressing, tub and shower transfers and toilet transfers. When appropriate, therapists also focus on the patient's independence with cooking, cleaning, laundry and other household activities. The therapist also addresses the following areas: upper body strength, range of motion, coordination, sensation, endurance and visual perceptual skills. The goal is to maximize the patient's independence and safety with the above activities, and to prepare the patient and caregiver for discharge.

Physical Therapist

The physical therapist (PT) works with patients on their ability to move about in their environment. This includes activities such as transitions in and out of beds and chairs, on and off the floor as well as wheeling the wheelchair, walking and going up and down stairs. The therapist looks at how strength, endurance, and balance affect the patient's ability to complete these activities safely and independently within his or her home and community environments. Age appropriate activities, as well as previous hobbies and interests, may contribute to the plan of care. The goal in physical therapy is to maximize independence with mobility skills and to prepare the patient and caregiver for discharge.

Physical Therapy Resident

The physical therapy resident is a licensed physical therapist enrolled in our nationally recognized Residency Program in Neurologic Physical Therapy. The resident is selected from a pool of candidates for his or her dedication to the profession, high academic achievement and passion for excellence in providing high-quality services to all individuals. In this program the resident gains specialty training in neuro-rehabilitation from the expert staff members here at Rochester Regional Health. The physical therapy resident often collaborates with his or her mentor (one of our on-staff physical therapists) to provide the best possible care.

Speech-Language Pathologist

The speech-language pathologist (SLP) assists patients with communication, cognitive retraining and swallowing following an initial assessment. The role of a speech-language pathologist is to help people maximize both receptive (understanding) and expressive components of speech and language. The SLP may also introduce and facilitate the use of compensatory strategies for memory, attention, problem solving and reasoning difficulties. For patients with swallowing difficulties, the SLP will evaluate the different aspects of swallowing and assist in developing approaches for the safest and most appropriate type of nutrition.

Dietitian

The Food and Nutrition Department is represented by a dietitian. The dietitian evaluates each patient's nutritional status upon admission, makes recommendations as needed for optimizing each patient's nutritional status and monitors each patient's nutritional progress toward recovery. Working closely with

Our Team (CONTINUED)

the rehabilitation team of physicians, nurses and therapists, the dietitian ensures that each patient's nutritional needs are met. The dietitian also interacts regularly with patients and their families to assist with understanding the patient's diet and needs, identifying the patient's food preferences and answering any nutrition-related questions.

Neuropsychologist

The neuropsychologist is a specialist in the evaluation and treatment of people who have suffered some form of injury to the brain. A neuropsychological evaluation is typically administered to determine what the cognitive, behavioral and emotional consequences of the patient's injury might be. As part of this, a battery of tests may be given by a trained psychometrist working with the neuropsychologist. Information regarding attention, concentration, memory, problem-solving skills, abstract reasoning, motor speed and executive functions (i.e., planning and organization) is usually obtained from this evaluation, which helps in determining the patient's rehabilitative needs. The neuropsychologist also helps in providing individual counseling for the patient's emotional needs and adjustment to his or her disability.

Chaplain

Professional chaplains and spiritual care volunteers provide opportunities for patients, families and staff to address their spiritual and religious needs, help them cope and strengthen their spirit. The spiritual care staff provides a reassuring presence, compassionate intervention and spiritual or religious resources for those of all faith traditions or no faith tradition.

Worship opportunities are available every week, as is communion and sacrament of the sick, and other blessings. The chaplain can celebrate good news with you, provide care when someone is lonely or afraid, provide support while you make healthcare decisions, contact your clergy person or provide prayer and encouragement.



To contact a chaplain, the nurse or provider leave the chaplain a message at 585.368.3268.

In the event of an emergency a chaplain is available 24 hours a day, 7 days a week, and can be reached with the help of our staff at 585.723.7000.

Students

The Golisano Restorative Neurology & Rehabilitation Center is actively involved in providing educational experiences to students from several universities. While students are here, they are involved as members of the team and provide many, if not all, aspects of the patient's treatment under the close supervision of licensed clinicians. The supervising therapist is ultimately responsible for the patient's care.

Patients and families may choose not to participate in the student program at any time during their stay. Please let the case manager know if this is your wish.

Log Book



Log Book

The log book is a three-ring binder that is given to each patient upon admission to the Golisano Restorative Neurology & Rehabilitation Center. The purpose of the log book is to provide the patient with information designed to promote independence. The log book is for the patient and family's use and should stay with them at all times. **The log book should be brought to each therapy session. The Log Book includes the following information:**

Calendar

The purpose of the calendar is to orient patients to the date and location. The calendar is located on the inside front cover of the log book. Often the patient is asked to cross off each day as it is completed, making it easier to locate the current date.

Daily Schedule

This patient schedule is updated daily. Therapists slide tabs into the assigned time slots. If there is a change in the daily schedule, a new colored tab will be placed into the correct time slot. Changes are only for dates indicated on the colored change slip.

Daily Log

This form is used to record information regarding the activities completed in each therapy session. When possible, the patient is encouraged to write in the information. This form is used as an important compensatory strategy for those patients who have difficulty with short-term memory. It serves as a record of the progress the patient makes throughout the rehabilitation stay, and a tool to communicate with family and friends who could not be present to observe and participate during the day.

Personal Information

This form is used to assist the patient in remembering important information about himself or herself. In addition, it is a helpful way for the therapists to learn a little about the patient and his/her background. We request that the family assist the patient in completing this form.

Exercise Programs

The patients are often given exercise programs that they are asked to work on when not in active therapy (evenings and weekends) and after they are discharged. Family members are encouraged to assist the patient in completing these programs.

Log Book (CONTINUED)

Team Goals

Current interdisciplinary goals are recorded on the back cover of the log book. Following each weekly meeting, the treatment team will develop goals that all team members focus on for the following treatment period (one to two weeks). Treatment goals are shared with the patient and family by each team member so that any changes or modifications will be made and your input and preferences can be communicated.

Communication Page

The communication page is located on the back of the log book and is utilized by the therapy team to communicate the patient's current status in regards to grooming, bathing, transfers, walking, communication and swallowing.

Need an account:

Sign up for a new account online: <https://www.rochesterregional.org/patientportal/>

For questions or assistance, call 585.922.1234 or email mycare@rochesterregional.org with your full name, date of birth, address and phone number.

Education



Education

Individualized education is an ongoing process at the Golisano Restorative Neurology & Rehabilitation Center. Starting with orientation, our interdisciplinary team provides education to the patient and family members/support system that is reinforced throughout the rehabilitation process. We encourage the patient or family members/support system to visit our education center located on the unit for further educational resources. Patients or family members/support system can request to meet with an interdisciplinary team member at any time to provide further education. **To request a meeting please contact the case manager at 585.368.3841.**

Patient and family education materials are located in the dining room, in the visitor lounge and on the interactive electronic display next to the elevator. There are computers available for use and to search the internet for more information. There are pre-identified websites for your review.

Stroke

What is a stroke?

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures). When that happens, part of the brain cannot get the blood and oxygen it needs, so brain cells die.

What causes a stroke?

Stroke can be caused either by a clot obstructing the flow of blood to the brain (called an ischemic stroke) or by a blood vessel rupturing and preventing blood flow to the brain (called a hemorrhagic stroke). A TIA (transient ischemic attack), or “mini stroke”, is caused by a temporary clot.

The attending physician and interdisciplinary team will provide individualized education to each stroke survivor throughout the rehabilitation process that addresses, but is not limited to, the following areas:

- Etiology and epidemiology of acquired stroke
- Accessing emergency care
- Controllable risk factors
- Non-controllable risk factors
- Warning signs
- Stroke prevention
- Assistive technology
- Smoking cessation
- Handling developmental/life transitions

Education (CONTINUED)

Traumatic Brain Injury (TBI)

What is a TBI?

A traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from “mild,” i.e., a brief change in mental status or consciousness, to “severe,” i.e., an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent function.

The attending physician and interdisciplinary team will provide individualized education to each brain injury survivor throughout the rehabilitation process. This education includes, but is not limited to:

- Neuroanatomy
- Etiology and epidemiology of acquired brain injury
- Handling developmental/life transitions
- Medical complications
- Risks associated with brain injury
- Psychological issues following brain injury
- Impact of brain injury and the family/support system
- Assistive technology
- Active involvement in the service delivery process
- Behavioral supports
- Cognitive interventions
- Communication interventions

Education (CONTINUED)

Spinal Cord Injury (SCI)

What is a Spinal Cord Injury?

A spinal cord injury is damage to any part of the spinal cord or nerves at the end of the spinal canal. A SCI often causes changes in strength, sensation and other body functions below the site of the injury. The attending physician and interdisciplinary team will provide individualized education to patients throughout the rehabilitation process. This education includes, but is not limited to:

- Neuroanatomy/musculoskeletal issues
- Etiology and epidemiology of SCI
- Bladder and bowel management
- Adaptive equipment
- Access to services
- Psychosocial issues/support
- Independent living/self-management of health
- Follow-up medical care

Limb Loss

What is limb loss?

Limb loss is the removal of a body extremity by trauma, prolonged constriction or surgery. As a surgical measure, it is used to control pain or a disease process in the affected limb, such as malignancy or gangrene. In some cases, it is carried out on individuals as a preventive surgery for such problems.

The attending physician and interdisciplinary team will provide individualized education to patients throughout the rehabilitation process. This education includes, but is not limited to:

- Neuroanatomy
- Etiology and epidemiology of acquired limb loss
- Bladder and bowel management
- Orthotics/adaptive equipment
- Pain management
- Access to services
- Psychosocial issues/support
- Independent living/self-management of health
- Follow-up medical care

After Rehabilitation



After Rehabilitation

Become a Volunteer

Some former patients return to our program to become a part of our team as a volunteer. The program has a limited number of volunteer positions that support the program. The volunteer position may be related to office support, friendly visits with current patients and assisting with activities. Call 585.368.3002 if you are interested in becoming a volunteer and would like more information.

Annual Rehabilitation Reunion

Each year, patients discharged from the program in the previous year are invited to attend the Rehabilitation Reunion. We welcome you to return and visit with your team and share your feedback about the program and post-discharge experience.

Giving Back

Donations to Rochester Regional Health Foundations

Time and time again, patients and their loved ones tell us how a member of our healthcare team went above and beyond their duties to make them feel nurtured and cared for. We are extremely fortunate to have a committed, dedicated and compassionate staff and volunteers.

The gift of health is precious. By making a tax-deductible contribution through the Grateful Patient Program, you honor those who played a significant role in your care while also helping to provide essential resources for future patients to live a healthier tomorrow.

Hearing the words “*thank you*” from a patient is more meaningful to a caregiver than any other type of award or accolade they ever receive. We invite you to recognize those who have touched your life and to support their work. The person(s) whom you are honoring will be sent an acknowledgment letter.

Ways to give:

- Phone 585.922.4800
- Online www.becausecarematters.org
- Mail your gift to:

Rochester Regional Health Foundations
330 Monroe Ave, 4th floor
Rochester, NY 14607

Glossary of Terms



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Active Range of Motion (AROM): Joint motion that is actively and independently performed by the individual.

Activities of Daily Living (ADL): Basic self-care tasks that a person would typically perform daily (i.e. eating, grooming, bathing and dressing).

Adaptive Equipment (AE): Pieces of equipment that individuals can use to make an Activities of Daily Living task easier or allow the person to complete the task without any or much help from another person (i.e., tub shower chair, tub transfer bench, handheld showerhead, non-skid floor mat for the tub, weighted utensils, utensils with built-up handles for easier grasp, plateguards, angled utensils, reacher, sock-aide, elastic shoelaces).

Agnosia: An inability to recognize and identify objects even though sensory abilities are intact (i.e. not recognizing a toothbrush or knowing what it is used for, or using a hairbrush to brush teeth).

Anomia: Inability to name objects or people. Also referred to as a word-finding difficulty.

Anoxia: Absence or lack of oxygen.

Aphasia: A loss or reduction of language skills due to a brain injury or stroke. This can be receptive (difficulty comprehending) or expressive (difficulty speaking).

Apraxia: Difficulty motor planning an activity or task.

Aspiration: Act of inhaling food or liquid into the larynx (windpipe) below the level of the vocal cords. Aspiration pneumonia is caused by inflammation of the lungs due to the entrance of foreign matter into the respiratory passage.

Assistive and Adaptive Devices: Equipment used to aid patients in performing tasks or movements. Assistive devices include crutches, cane, walker, wheelchair, long-handled reacher or splint. Adaptive devices include raised toilet seat, seating system or environmental controls.

Ataxia: Poor coordination of the muscles, which cause shakiness and jerkiness of an arm, leg or torso.

Attention: The ability to focus on incoming stimulation. This involves selective awareness to some things while ignoring other things.

Glossary of Terms (CONTINUED)

Auditory Comprehension: The ability to understand what is heard.

Automatic Speech: Language material often repeated with little awareness as to its meaning, including consecutive numbers, days of the week, prayers, verses, songs and various kinds of common expressions.

Balance: The ability to maintain the body in equilibrium with gravity both statically (i.e., while stationary) and dynamically (i.e., while moving).

Cognition: Mental processes associated with perceiving, attending, learning and problem solving. Also referred to as “thinking.” Cognition can involve verbal (language) or nonverbal (visual-spatial) skills.

Compensatory Strategies: If a person is unable to complete an activity/ADL the way they did prior to an injury, they can use strategies to compensate for their weakness and/or injury (i.e. if they have a right field cut, they can try to remember to look and turn their head to the right to scan the whole area/room to see everything and not just the objects in front or to the left of them).

Confabulation: Fabricated stories reflecting the person’s confused interpretation of the environment or memories of past events. These stories differ from lying in that the person honestly believes in his/her truths and is not trying to cover up actual events or actions.

Confusion: An inability of the person to make sense of the environment. Confusion may be reflected in agitated behavior, disorganized language or incorrect memories.

Contrast Baths: A treatment used to decrease the swelling of a hand using heat and cold.

CVA–(Cerebral Vascular Accident or Stroke): An injury to the brain due to interruption of the blood supply.

Depression: A mood disturbance characterized by many signs and symptoms including sadness and loss of interests.

Dysarthria: A group of speech disorders resulting from disturbed muscular control of the speech mechanism. Speech may be changed in speed, strength, range or coordination.

Dysmetria: The inability to accurately reach out for an object, typically under or overshooting.

Dysphagia: Difficulty with swallowing.

Glossary of Terms (CONTINUED)

Edema: Collection of fluid in a body part.

Electrical Stimulation: Type of treatment that is used to re-educate and stimulate the movement of a muscle that has little or no movement.

Emotional Lability: An impairment of emotional control indicated by rapid shifting of emotional expression.

Executive Functioning: Cognitive or thinking abilities that help us to initiate, plan, sequence, organize and regulate our own behavior.

Fine Motor Coordination: Control a person uses to perform activities with the hands and fingers (i.e. handwriting, buttons and shaving).

Flaccidity (Low Tone): When a patient is unable to move their arm or leg due to decreased tension in the muscles.

Functional Ability: The ability to perform real life tasks.

Gait/Ambulation: The manner in which a person walks, characterized by the rhythm, cadence, step, stride and speed.

Gastrostomy Tube (PEG-Tube): A tube placed into the stomach through the abdominal wall which is used for providing nutrition directly into the stomach when a person is unable to eat by mouth.

Gross Motor Coordination: Control a person uses to move and perform tasks with their arms and legs.

Hemidressing Techniques: Techniques that allow an individual to dress oneself successfully with only the use of one hand/arm.

Homonymous Hemianopsia (HHA): Visual deficit to the same side of each eye causing a person to have trouble seeing objects to the left or right side of them.

Impulsivity: Hasty movements or decisions without regard for consequences.

Insight: Awareness of one's strengths and limitations.

Glossary of Terms (CONTINUED)

Instrumental Activities of Daily Living (IADL): Daily activities that are performed to manage oneself and their home (i.e., cooking, cleaning, laundry, money management).

Jargon: Nonsensical words or sounds used in place of real words.

Joint Mobility: The capacity of the joint to be moved passively or actively.

Language: The mental process which makes speech sounds or written configurations become meaningful words. Involves understanding, thinking, talking, reading and writing.

Motor Function: The ability to demonstrate the skillful and efficient control of voluntary postures and movement patterns. Weakness, clumsiness, poor coordination, paralysis or poor postures can lead to decreased motor function or control.

Muscle Performance: The capacity of a muscle or group of muscles to generate forces.

Neglect: Being unable to see or perceive objects that are to the side of the person. Can affect either side (i.e., people, their arm, food, objects on their food tray).

NPO (Nothing by Mouth): Description of feeding status of persons not allowed by their physician to have food or liquid by mouth.

Orientation: The ability to know one's location in time, place and relationship to other people.

Orthotic: Pieces of equipment used to support or protect weak joints or muscles and serve to enhance performance. Orthotics may include braces, casts, shoe inserts and splints.

Paraffin Bath: A treatment used to decrease pain and stiffness in the hand.

Passive Range of Motion (PROM): A joint that is moved by another person.

Perseveration: Continuation of an action that was once appropriate and now has stopped being appropriate (i.e., repeating the same word over and over).

Posture: The alignment and positioning of the body in relation to gravity, center of mass or base of support.

Glossary of Terms (CONTINUED)

Problem Solving: The ability to logically think one's way through a problem and arrive at a reasonable and acceptable solution.

Prosthesis: An artificial device used to replace a missing part of the body.

Psychomotor Speed: Reaction time and efficiency.

Reading Comprehension: The ability to understand the printed or written word.

Resonation: The vibration of air in cavities as it passes through the voice and speech mechanism. It produces the melodic and enriching features of individual human voices.

Sensation: Being able to correctly identify light/deep touch, pain, hot/cold temperature and placement of your limbs in space.

Sling: A device that provides support to a joint, typically the shoulder joint, which helps to decrease the risk of a subluxation.

Spasticity (High Tone): When a person cannot control or relax their arm, leg or torso due to too much tension in the muscles.

Speech: The mechanical production and molding of human sound into words using the muscles of the chest, throat and mouth. This involves breathing, voicing, resonance and rhythm.

Splints: A device used to increase the range of motion, normalize muscle tone and support, position or immobilize a joint.

Strength: The force exerted by a muscle or group of muscles to overcome a resistance under a specific set of circumstances.

Shoulder Subluxation: The shoulder joint separates and becomes misaligned due to weak shoulder, scapular and trunk muscles.

Speaking Valve: A device applied to a tracheostomy tube that directs the flow of air through a patient's vocal cords, allowing them to speak.

Glossary of Terms (CONTINUED)

Tracheostomy: A surgical procedure used to make an external entrance to the airway (windpipe) through the neck. Used to aid breathing.

Transfer: Moving from one surface to another (i.e., wheelchair to and from bed).

Verbal Expression: The use of speech to convey a thought, feeling or experience.

Visual Field Cut: A deficit in one's visual field, which leads to difficulties in seeing the periphery.

Visual Perception: How your brain interprets information that is seen.

Vocal Inflection: Changes in pitch of the voice to provide additional emotion or meaning to words or sentences.

Voicing: Sound normally produced by bringing the vocal cords together during a controlled exhalation of air.

Weight-bearing Status: The amount of weight that can be placed on a limb with a healing fracture. Sometimes patients are non-weight bearing and are not allowed to put any weight through the limb.

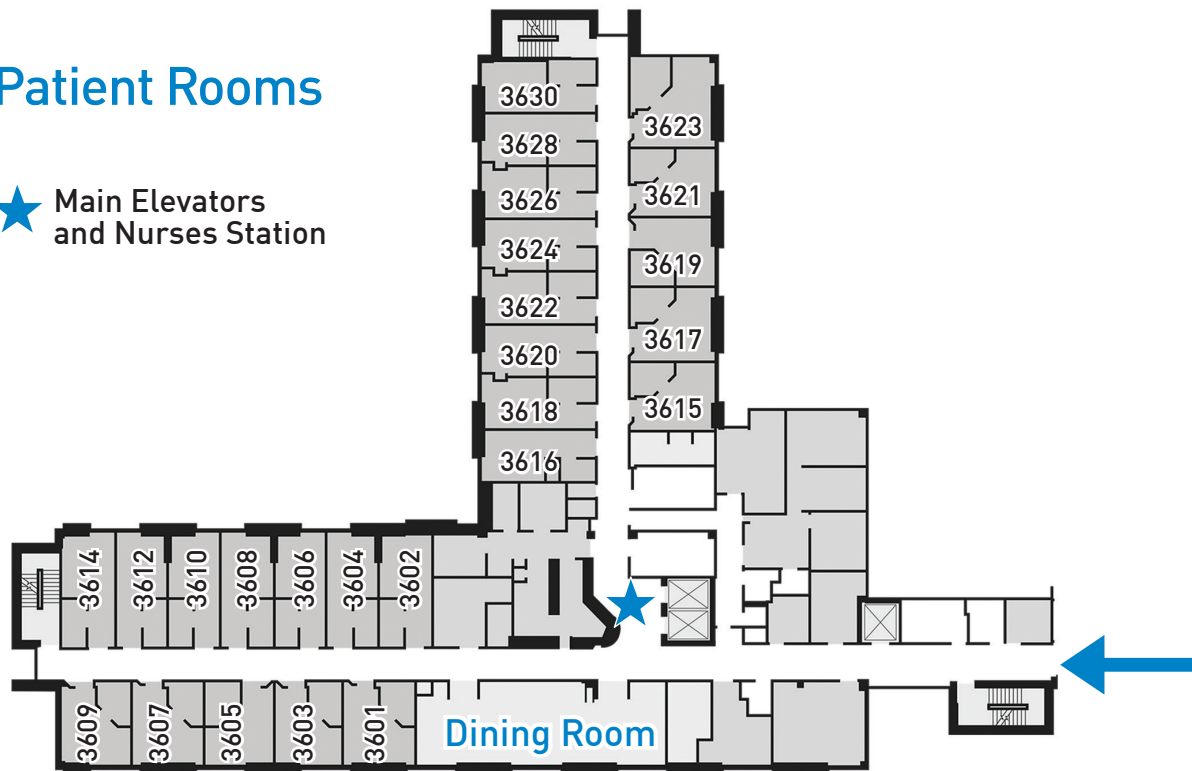
Word Retrieval: Also known as *Word Finding*. The ability to search for and locate words when they are needed from the learned vocabulary.

Floor Map

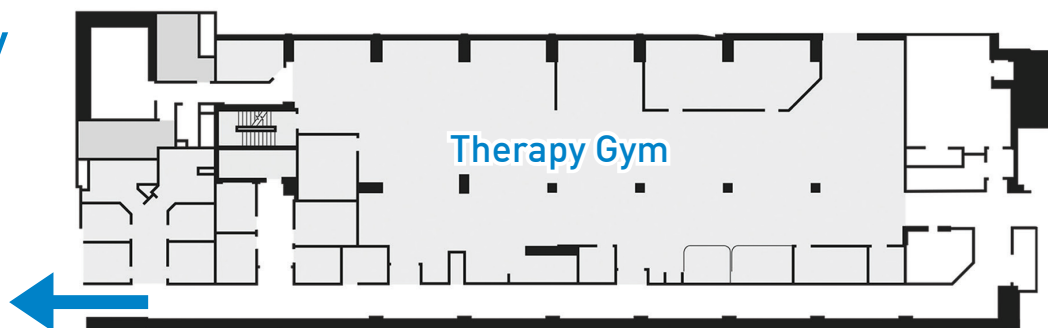
Golisano Restorative Neurology & Rehabilitation Center
3rd Floor, Unity Hospital

Patient Rooms

★ Main Elevators
and Nurses Station



Gym & Therapy



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