

OUR MISSION

We create world class, patient-centered rehabilitation and post-acute care services by defining evidence-based practice and fully integrating care throughout the continuum.



The Penn Institute for Rehabilitation Medicine and Specialty Hospital at Rittenhouse are Joint Commission accredited.



The Penn Institute for Rehabilitation Medicine is CARF accredited for the following programs:

- Amputee Inpatient Rehabilitation Program
- Brain Injury Inpatient Rehabilitation Program
- Comprehensive Rehabilitation Program
- Inpatient Stroke Rehabilitation Program

ADMISSIONS GUIDELINES

The Penn Institute for
Rehabilitation Medicine
Specialty Hospital
at Rittenhouse





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PENN INSTITUTE FOR REHABILITATION MEDICINE

Admissions

Phone	1-877-969-7342
Fax	215-893-6529
E-Mail	GSPPreferral@uphs.upenn.edu

Nursing Units

3rd Floor North	215-893-6300
3rd Floor South	215-893-6399
4th Floor North	215-893-6400

Case Management	215-893-6554
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SPECIALTY HOSPITAL AT RITTENHOUSE

Admissions

Phone	1-877-969-7342
Fax	215-893-6529
E-Mail	GSPPreferral@uphs.upenn.edu

Nursing Units

5th Floor North	215-893-6501
5th Floor South	215-893-6599
High Observation	215-893-6551

Case Management	215-893-6554
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Penn Medicine

ABOUT GOOD SHEPHERD PENN PARTNERS

Good Shepherd Penn Partners brings together the synergies of two national leaders in rehabilitation to provide excellent, comprehensive post-acute care in the Philadelphia area. Good Shepherd Penn Partners is a joint venture of Good Shepherd Rehabilitation Network based in Allentown, Pennsylvania, and Penn Medicine, based in Philadelphia.

Good Shepherd Penn Partners provides specialized inpatient long-term acute care and inpatient rehabilitation for patients discharged from acute care facilities, skilled nursing facilities and home.

In addition, Good Shepherd Penn Partners operates outpatient rehabilitation centers as well as rehabilitation therapy services for Penn Medicine's three acute-care hospitals and three skilled nursing facilities. For more information on Good Shepherd Penn Partners, please visit our website at www.PhillyRehab.org.

WHY YOU SHOULD REFER TO GOOD SHEPHERD PENN PARTNERS

1. Outstanding medical care that is linked to Penn Medicine's support and physicians.
2. Access to one of the largest and most comprehensive continuums of care in Eastern Pennsylvania.
3. Integrated admissions staff is your solution for post-acute placement.
4. Ability to take medically fragile patients in the LTACH, with transitional rehabilitation programs available to move them into the IRF setting.
5. Penn Medicine's Magnet nursing staff.
6. Good Shepherd Penn Partners therapists, who are experienced in treating the medically complex, patient population as well as physically and cognitively impaired.
7. All private patient rooms, cable TV and access to wireless internet at no additional cost.
8. Free parking for one car for each patient's guest each day.
9. Outcomes measurements show high discharge-to-home rates.
10. Leading-edge technology with capacity for telemedicine physician consults and Penn E-lert system.
11. The Penn Institute for Rehabilitation Medicine is CARF accredited for general rehabilitation, amputee, brain injury, and the stroke specialty programs.

HOW TO REFER TO GOOD SHEPHERD PENN PARTNERS INPATIENT FACILITIES

The Penn Institute for Rehabilitation Medicine Specialty Hospital at Rittenhouse

Patients may be referred to Good Shepherd Penn Partners for inpatient care by a physician, insurance company, discharge planner/social worker, home health agency, family member or self referral.

Referrals can be made by phone, fax or e-mail:

- Call the Good Shepherd Penn Partners Referral Center at 1-877-969-7342
- Fax the Good Shepherd Penn Partners Referral Center at 215-893-6529
- E-Mail the Good Shepherd Penn Partners Referral Center at GSPPreferral@uphs.upenn.edu

If a patient is in an acute-care facility or skilled nursing facility:

Upon receiving a referral, the Good Shepherd Penn Partners Referral Center will coordinate an admissions liaison to evaluate the patient in a timely manner. Decisions regarding the patient's referral status are made upon receipt of complete patient information and are communicated directly to the referral source. Admissions decisions are made within 24 hours. The patient's admission is coordinated by the admissions department and the Penn Medicine Transfer Center. Patient admission is dependent upon meeting admission criteria, bed availability and the patient's medical stability.

Physician referrals:

The physician's office should contact the Good Shepherd Penn Partners Referral Center and follow up with a fax containing recent information on history and physical, medications, demographics and recent office visit dates. The information will be reviewed to determine if admission criteria is met.

If a patient is at home:

Contact the Good Shepherd Penn Partners Referral Center via phone, fax or e-mail. The home care agency or referring physician will be requested to send its documentation, which will be reviewed to determine if admission criteria is met. If not enough information is available, it will be requested that the patient set up an appointment with a Penn Medicine physical medicine and rehabilitation physician.

Inpatient referral/prescreen chart information:

Complete chart copy is not necessary for a referral. Should you choose to fax or send information electronically, please include the following:

- Face sheet
- Discharge instructions
- Transfer sheet
- History and physical
- Physician order sheets (last 5 days)
- Physician progress notes (last 5 days)
- Consultation sheets
- Lab results (last 3 days)
- EKGs (last 3 results)
- Diagnostic tests and procedure results (including CT, MRI, X-Ray, Ultrasound, Swallow Study, etc.)
- Operative reports
- Medication administration record (last 7 days)
- Anticoagulant record
- All monitoring sheets (if on paper chart), such as glucometry monitoring
- Advance directive
- Demographic sheet
- Home medication list
- Clinical liaisons will complete the admission assessment on site, when appropriate.

PENN INSTITUTE FOR REHABILITATION MEDICINE

The Penn Institute for Rehabilitation is a 58-bed inpatient rehabilitation facility. These beds are located on the 3rd and 4th floors of the main facility and licensed under the Hospital of the University of Pennsylvania.

General Admission Criteria

To meet admission criteria for inpatient care at the acute rehabilitation level of care, a patient must:

1. Be at least 18 years of age and have a reasonable expectation of functional improvement. Special review and consideration will be given to adolescents, (patients younger than 18 years of age), based on maturity and need of IRF admission.
2. Having one or more conditions requiring intensive and interdisciplinary rehabilitation care or a medical complication in addition to the primary condition so that the continued availability of a physician is required to insure safe and effective treatment.
3. Have a rehabilitation diagnosis that is medically manageable (amputation, CVA, spinal cord injury, brain injury, arthritis, joint replacements, burns, Guillain Barre, MS or other diagnoses resulting in mobility and ADL dysfunction).
4. Be able to tolerate and benefit from at least 3 hours of therapy in a 24-hour period at least 5 days a week.
5. Require close medical supervision by and services provided under a physician with specialized training or experience in rehabilitation.
6. Require 24-hour availability of a registered nurse with advanced training in rehabilitation nursing.
7. Require an interdisciplinary coordinated program of care.
8. Exhibit potential for achieving significant practical improvement in a reasonable period of time. The goals must be appropriate to the patient's physical and mental condition. The patient will display the potential to derive significant

benefit from inpatient treatment and be expected to achieve a goal oriented return of function. This improvement will be of practical value to the patient as measured against his or her condition at the start of the rehab program (such as an MS patient who has deteriorated as a result of a secondary illness).

9. Has reasonable potential for a discharge to a community setting.
10. Be responsive to verbal or visual stimuli and have the potential to learn and carry over.
11. No evidence of severe psychiatric condition (psychosis, etc.), that would interfere with rehabilitation.
12. Be clinically stable for at least 24 hours or longer.
13. **Note that patients with the following conditions do not meet admission criteria:**
 - Evidence of systematic infection not responding to treatment
 - Infection requiring strict isolation confining patient to room
 - Pressure ulcer preventing participation in an active inpatient rehabilitation program
 - Unstable medical condition
 - Chronic ventilator dependency
 - Need for cardiac monitoring (telemetry)
 - Strict bed rest for medical reasons
 - Patients who are ventilator dependent will be considered for admission to LTACH in a "bridge to rehab program" once weaned.
14. Patients with active tuberculosis or other communicable diseases may be excluded as restricted by state law.

Patients do not have to fit into program-specific criteria to be admitted to the Penn Institute for Rehabilitation Medicine. Patient's needs are individually assessed to determine if general admission criteria are met.

AMPUTEE PROGRAM

To meet admission criteria for inpatient care at the acute rehabilitation level of care, a patient must:

1. Have a diagnosis of amputation of a limb.
 - Post amputation/pre-prosthetic program.
 - Prosthetic training.
2. Not require extensive wound healing that will extend beyond an average length of stay of 1-2 weeks. If length of stay is projected to extend beyond 1-2 weeks, the patient may be more appropriate for the Specialty Hospital at Rittenhouse, located on the 5th floor of the main facility.
3. Not have any obvious wound infections.
4. Have pre-prosthetic needs with the goal of discharge to home at wheelchair level with a good social support system.
5. Have a need for inpatient medical management and nursing care in one or more of the following areas:
 - Pain control
 - Infection prevention management
 - Management of metabolically compromised patients receiving renal dialysis.
6. Be an admission from home, once the residual limb is healed and shaped, for prosthetic training with the goal of increasing functional independence with mobility and ADLs.

BRAIN INJURY PROGRAM

To meet admission criteria for inpatient care at the acute rehabilitation level of care, a patient must have the following:

1. A diagnosis of acquired brain injury, either traumatic or non-traumatic brain injury including concussion, contusion, cerebral hemorrhage or other central nervous system diagnosis, such as brain tumor, anoxic encephalopathy, aneurysm, spontaneous hemorrhage, complicated stroke, etc.
2. Cognitively, the patient must be at least beginning to respond to the environment and external stimuli, such as Rancho Level 2 with potential for emerging.
3. Progress in this area must be occurring at a steady rate.
4. The patient must have an intact airway.
5. The patient must have visible feeding source.
6. The patient must have the ability to improve physically and/or cognitively and/or behaviorally within a reasonable period of time.
7. Patients with a history of drug and alcohol abuse may be admitted if they are past the initial withdrawal period.
8. Patients with a history of serious psychiatric or psychological problems may be admitted if specific goals are set by the referring physician, with a specific time frame for the rehabilitation period, and if the patient is not an active suicide risk and/or displaying acute psychotic behaviors, as per a psychiatrist's statement.
9. If at the time of the brain injury the patient sustained other injuries, these must be stabilized to enable substantial rehabilitation.

SPINAL CORD INJURY/DISEASE PROGRAM

To meet admission criteria for inpatient care at the acute rehabilitation level of care, a patient must have the following:

1. There must be a medical diagnosis indicating the presence of a spinal cord injury or a disease process of the spinal cord.
2. Patients referred with a dual diagnosis of brain injury and spinal cord injuries are evaluated to determine the most appropriate program.
 - When cognitive deficits are the primary concern, the patient is referred to the brain injury program.
 - If the patient has the cognitive ability to participate in the rehabilitation program, a referral is made to the spinal cord injury program.
 - Safety awareness and the cognitive ability to comply with recommended standards will be considered prior to the recommendation.
3. If a SCI patient has an open decubitus, the location and depth of the decubitus will be assessed to determine how the acute rehabilitation program needs to be modified to facilitate wound healing. Wounds will be managed by the skin care team, physiatrist, and a consulting plastic surgeon if deemed necessary. Wound management may also include burn care and/or ostomy care. If the severity of the wound will impact the patient's participation in an acute rehabilitation level of care, the patient may be more appropriate for admission to the Specialty Hospital at Rittenhouse.
4. If at the time of the spinal cord injury the patient sustained other injuries, these must be stabilized to enable substantial rehabilitation.
5. Ventilator dependent patients should be referred to the Specialty Hospital at Rittenhouse for admission and transitioned to the PIRM when clinically appropriate.

6. Needs inpatient medical management and nursing care for one of the following:

- Respiratory support services
- Tracheostomy management
- Oxygen therapy
- Chest physiotherapy
- Energy conservation techniques
- Infection prevention and management
- Pain management
- Management of metabolically compromised patients receiving renal dialysis
- Bowel and bladder management
- Spasticity management
- Intravenous therapy—central and peripheral
- Anticoagulation therapy
- Blood products
- Intermittent antibiotics
- TPN
- Nutritional management
- NG tubes
- PEG Tubes
- Medication management
- Modified barium swallows

STROKE PROGRAM

To meet admission criteria for inpatient care at the acute rehabilitation level of care, a patient must have the following:

1. A medical diagnosis of stroke as a result of a thrombus, embolus, hemorrhage or other etiological phenomena. Have medical and physical needs that cannot be managed in a sub-acute or home environment.
2. Present with a level of arousal that will enable the patient to participate in at least 3 hours of concentrated therapy in 24 hours.
3. Needs inpatient medical management and nursing care in one or more of the following areas:
 - Complex wound management
 - a. Enterostomal care
 - b. Decubitus care
 - Respiratory support services
 - a. Tracheostomy management
 - b. Oxygen therapy
 - c. Chest physiotherapy
 - d. Energy conservation techniques
 - Infection prevention and management
 - Pain management
 - Management of metabolically compromised patients receiving:
 - a. Renal dialysis
 - Bowel and bladder management
 - Spasticity management
 - Intravenous therapy—central and peripheral
 - a. Blood products
 - b. Intermittent antibiotics
 - c. TPN
 - Nutritional Management
 - a. NG tubes
 - b. PEG tubes
 - c. Dysphagia treatment
 - Medication management
 - Cardiac precautions
 - Management of communication, cognitive and/or safety needs

NEUROREHABILITATION PROGRAM

To meet admission criteria for inpatient care at the acute rehabilitation level of care, a patient must have the following:

1. Have a medical diagnosis of a neuromuscular disease or central nervous system disorder, such as Parkinson's disease, Guillian-Barre, multiple sclerosis, muscular dystrophy, with loss of functional mobility or decline in ADLs due to recent onset or exacerbation.
2. The patient must have the ability to make functional improvement within a reasonable period of time.
3. Have medical and physical needs that cannot be managed in a sub-acute or home environment.
4. Require training with orthotic intervention or adaptive devices to improve physical mobility or ADLs and gain functional independence.
5. Need inpatient medical management and nursing care in one or more of the following areas:
 - Respiratory support services
 - a. Tracheostomy management
 - b. Oxygen therapy
 - c. Chest physiotherapy
 - d. Energy conservation techniques
 - Pain management
 - Bowel and bladder management
 - Spasticity management
 - Deep brain stimulator implant management
 - a. Medication adjustments dependent on patients response to device
 - b. Regulation of device
 - Nutritional management
 - a. NG tubes
 - b. PEG tubes
 - c. Swallow studies and dysphagia treatment
 - Cardiac precautions
 - Management of communication, cognitive and/or safety needs

ORTHOPEDICS/TRAUMA PROGRAM

To meet the admission criteria for inpatient care at the acute rehabilitation level, a patient should:

1. Have a diagnosis or pathology that results in significant loss of function to two or more extremities.
2. Have a single extremity loss of function combined with medical complications that necessitate continuous RN or physician supervision and which are not part of the normal acute inpatient recovery process.
3. Have suffered a major trauma, and after an evaluation for a combination of musculoskeletal and neurological injuries, fulfill the general rehabilitation requirements.
4. Be status post-total joint replacement if:
 - The patient underwent bilateral hip or knee replacements.
 - The patient is extremely obese with a body mass index of at least 50 at the time of admission.
 - The patient is 85 or older at the time of admission and meet medical necessity requirements.
 - The patient presents with significant co-morbidities that impact recovery at the impairment, function or disability levels.
 - The patient has a single joint replacement if significant impairment exists in a second extremity.
5. Have autoimmune and related systemic conditions if there are significant functional impairments of ambulation and ADLs that have not improved after an appropriate, aggressive and sustained course of outpatient therapy (must show documentation of the OP program). There should be significant joint pathology that has progressed to the point of functional limitation in at least two extremities.
6. Suffer from neoplasms of bone and musculoskeletal soft tissue — will be considered.
7. Have other orthopedic diagnosis that will be considered for admission under the general admission guidelines.

COMMONLY ASKED QUESTIONS

1. *Do you have a bed available for my patient?*

The Penn Institute for Rehabilitation Medicine will make every effort to accept all patients based on bed availability, admission criteria and insurance benefits. We will assess the patient in a timely manner to determine if he or she meets our admission criteria for any part of our continuum of care.

2. *What type of insurance does the Penn Institute for Rehabilitation Medicine accept?*

The Penn Institute for Rehabilitation Medicine contracts with most insurance companies. Our admissions office will verify insurance benefits and determine if pre-authorization is required.

3. *Does the Penn Institute for Rehabilitation Medicine offer private rooms?*

All rooms at the Penn Institute for Rehabilitation Medicine are private rooms.

4. *How long do patients stay at the Penn Institute for Rehabilitation Medicine?*

A patient's length of stay depends on diagnosis, functional ability and safety issues. Our care managers and rehabilitation team will work with patients and their families to determine the best rehabilitation plan for the best outcomes.

5. *Can the Penn Institute for Rehabilitation Medicine handle complex medical problems and pre-existing conditions?*

The Penn Institute for Rehabilitation Medicine can handle most pre-existing conditions and complex medical problems. A Penn Institute for Rehabilitation Medicine physiatrist manages each patient's care and will consult with Penn specialists as indicated. Patients with complex wounds and multiple pulmonary medications may be more appropriate for admission to the Specialty Hospital at Rittenhouse.

6. *Does the Penn Institute for Rehabilitation Medicine offer phones and televisions in patient rooms? Is internet access available?*

Telephones and flat screen televisions with cable services are located in all patient rooms. Wireless internet access is available throughout the facility. There is no additional cost for these services.

7. *When are visiting hours?*

Visitors are welcome 24 hours a day according to patient preference. Visitation may be restricted when there is a clinical or safety reason to do so. Patients will be in therapy during the day on both weekdays and weekends. Family involvement in care is encouraged and the team will discuss with the family members when it is appropriate for them to observe and/or attend therapy for teaching purposes.

8. *Will a patient's physician be caring for him or her while at the Penn Institute for Rehabilitation Medicine?*

If the patient's physician has privileges at the Penn Institute for Rehabilitation Medicine, he or she can be consulted.

9. *What type of IV medications do you accept and do you handle complex wounds?*

We handle most IV medications and complex wounds, including VAC dressings, heparin, most IV antibiotics, TPN, steroids and blood transfusions. We do not administer IV cardiac medications, epidural analgesics or IV insulin. Patients who require long-term PCA pumps are reviewed on a case-by-case basis.

10. *If a patient does not meet admission criteria for the acute rehabilitation level of care offered at the Penn Institute for Rehabilitation Medicine, can your admissions department facilitate transfer to another level of care within the Good Shepherd Penn Partners/Penn Medicine system?*

Absolutely. The admissions department at the Penn Institute for Rehabilitation Medicine also provides services to the Specialty Hospital at Rittenhouse. Our integrated admissions team can provide contact information for other levels of care within the Penn Medicine, such as sub-acute or long-term care, home health, hospice or outpatient therapies.

11. *Is parking available for visitors?*

Parking is free for one car per patient each day. Additional parking is available at reduced rates. At 1740 South Street there is a garage available for parking. People with disabilities may use the designated spaces located in the area near the 1800 Lombard Street entrance.

SPECIALTY HOSPITAL AT RITTENHOUSE

The Specialty Hospital at Rittenhouse is a 38-bed long term acute care hospital (LTACH). These beds are located on the 5th floor of the main facility at Penn Medicine at Rittenhouse.

General Admission Criteria

To meet admission criteria for inpatient care at the Specialty Hospital, a patient must:

1. Be a minimum of 18 years of age.
2. Have one or more medical conditions requiring intensive and interdisciplinary care.
3. Require 24-hour availability of registered nurses with specialty training.
4. Require an interdisciplinary team evaluation and treatment plan directed by a physician and including all treating disciplines daily.
5. Exhibit potential for achieving significant improvement in a reasonable period of time appropriate to the patient's physical and mental condition. The patient will display the potential to gain significant benefit from inpatient treatment and be expected to achieve a goal oriented return of function.
6. Demonstrate motivation, cooperation and mentation (no evidence of acute psychiatric conditions) needed to participate in his or her treatment plan.
7. Each specialty program of the Specialty Hospital has its own inpatient admission criteria. In order for a patient to be admitted a patient must meet basic inpatient admission criteria and have a specialized need(s) as noted in the specific program criteria. These criteria serve as a guideline to assure that patients are placed in the program that is best suited to meet their need(s). Patients are not required to meet all the criteria noted in each program.

Exclusion Criteria

Regulatory

1. Anticipated length of stay outside the parameters required.
2. Patients covered by Medicare not meeting CMS criteria for admission to LTACH level of care, by 3rd party payers not recognizing LTACH level of care or receiving hospice benefit.

Clinical

Hemodynamically/neurologically instability as evidenced by:

1. Unexplained temperature >101 in the last 24 hours
2. Significant fluctuations in vital signs, urine output
3. Altered neurological status as evidenced by coma, uncontrolled agitation and restlessness
4. Cardiac rhythm disturbances requiring frequent titration of multiple anti-arrhythmic drugs
5. Presence of an external pacemaker, temporary A/V pacemaker or PA catheter
6. Evidence of active bleeding with coagulopathy

Cardiac Surgery Patients

1. Anticipated length of stay outside the parameters required
2. Evidence of active bleeding with coagulopathy
3. Hemodynamic instability as evidenced by:
 - Significant fluctuation in vital signs
 - Presence of cardiac rhythm disturbances requiring frequent titration of anti-arrhythmic drugs
 - Invasive cardiac monitoring (PA lines)
 - 3 continuous IV medications and/or external pacemaker or temporary A/V pacemaker
 - Altered neurologic status evidenced by confusion

Oncology Patients

1. Patients receiving IV chemotherapeutic agents and/or radiation therapy
2. Patients on hospice benefit

Miscellaneous

1. Patients receiving IV chemotherapeutic agents and/or radiation therapy
2. Patients with acute psychosis, including those suspected to be a danger to self or others, and/or those receiving alcohol/drug detoxification
3. Obstetrical, neonatal or pediatric patients

PULMONARY/VENTILATOR PROGRAM

To meet admission criteria for inpatient care at the long-term acute care hospital level of care, a patient must have the following:

1. Respiratory/medical needs dominate reason for admission:
 - Hemodynamically stable
 - Neurologically stable at least 24 hours
 - No active hemorrhage
 - Stable airway
2. Skilled nursing greater than or equal to 6h/24 hours and respiratory therapy.
3. Respiratory therapist interventions greater than or equal to 3x/day.
4. Daily physician assessment and intervention.
5. An infectious process and/or respiratory dysfunction associated with the inability to perform activities of daily living when there is a potential for improvement.
6. Ventilator dependent with weaning potential:
 - W/O evidence of diaphragmatic paralysis
 - Responsive to at least painful stimulation
7. Require initial teaching of a respiratory therapy regime.
8. Need for rehabilitation intervention (physical, occupational or speech therapies) to optimize function.
9. Need for frequent suctioning, high concentration of oxygen needs, tracheostomy care and/or other respiratory procedures.
10. Chest tube management.

COMPLEX MEDICAL PROGRAM

To meet admission criteria for inpatient care at the long-term acute care hospital level of care, a patient may require the following:

1. Respiratory/medical needs dominate reason for admission:
 - Hemodynamically stable
 - Neurologically stable at least 24 hours
 - No active hemorrhage
 - Stable airway
2. Skilled nursing greater than or equal to 6h/24 hours and respiratory therapy.
3. Require adjustment of current medication regime including initiation and monitoring of new medications.
4. Require intravenous medications, fluid replacement, and nutritional support.
5. Require cardiac monitoring.
6. Require oxygen therapy and observation/monitoring.
7. Need administration of parenteral analgesia to manage pain.
8. Require initial insulin therapy, insulin pump regulation and diabetic teaching.
9. Infectious disease management sepsis/bacteremia/osteomyelitis.
10. Advanced cardiac disease/cardiomyopathy/CHF/endocarditis/VAD management.
11. Requires complex wound care including:
 - a. Positioning every 2 hours
 - b. Dressing changes using aseptic techniques
 - c. Application or administration of medicine
 - d. Application and maintenance of VAC system
 - e. Skilled observation and monitoring
12. Require hemodialysis.

TRANSITIONAL REHABILITATION PROGRAM

To meet admission criteria for inpatient care at the long-term acute care hospital level of care, a patient must have the following:

1. Low tolerance rehabilitation abilities.
2. Respiratory/medical needs dominate reason for admission:
 - Hemodynamically stable
 - Neurologically stable at least 24 hours
 - No active hemorrhage
 - Stable airway
3. Skilled nursing greater than or equal to 6h/24 hours and respiratory therapy.
4. Have a mobility dysfunction associated with inability to perform activities of daily living when there is potential for improvement of patient's condition or when treatment is required for the maintenance of the patient's level of function.
5. Require wound/burn care to include:
 - Positioning at least every 2 hours
 - Dressing changes using aseptic techniques
 - Application or administration of medicine
 - Skilled observation and monitoring
6. Require maintenance of nutritional status with potential for improvement.
7. Require initiation of medication, which requires skilled observation.
8. Require hemodialysis.
9. Require daily physician assessment and intervention.

WOUND PROGRAM

To meet admission criteria for inpatient care at the long-term acute hospital, a patient must have the following:

1. Wound conditions that dominate reason for admission:
 - Open, non-healing wounds
 - Infected surgical or non-surgical wounds
 - Full thickness wounds
 - Complex ostomy/fistula management
 - Diabetic ulcers
 - Infected/draining wounds requiring prolonged treatment
 - Pre- or post-operative myocutaneous flap treatment
2. Need for comprehensive complex wound care management including:
 - Wound assessment and documentation by certified wound care specialist
 - Frequent application of topical agents and dressing changes
 - Pressure reduction surfaces
 - Functional and nutritional assessment
 - Vacuum-assisted wound devices
 - Surgical consults and services
3. Need for skilled nursing greater than or equal to 6h /24 hours and require positioning every 2 hours.
4. Require intravenous medications, fluid replacement, and nutritional support.
5. Need administration of parenteral analgesia to manage pain.
6. Require skilled observation and the monitoring of an interdisciplinary team to manage the wound healing process.

COMMONLY ASKED QUESTIONS

1. *Do you take ventilator dependent patients?*

Patients with tracheostomies (not patients with endotracheal tubes) who have the ability to wean are commonly admitted to the Specialty Hospital at Rittenhouse. Those patients who are unable to wean are not appropriate for this level of care. They require placement in a facility that cares for long-term chronic ventilator dependent patients.

2. *Can you take patients with Medical Assistance?*

Pennsylvania Medical Assistance (MAPA) does not recognize the LTACH level of care. We do take patients with MAPA as their secondary insurance when they have sufficient days of care remaining from their primary insurance.

3. *What about other insurances?*

Good Shepherd Penn Partners is an in-network provider for many insurances. Because of the many different types of insurances and the various third party payers, it is best to refer the patient and allow us to review each case and negotiate with the insurance company for those patients meeting our admission criteria.

4. *Who makes the decision as to whether a patient is admitted or not?*

Admission meetings are held each weekday and are attended by the chief medical officer, administrator, director of nursing, care managers and admissions staff. All referred patients are discussed, their need for the LTACH level of care is evaluated, their insurance is reviewed and bed availability is determined. The decision to admit is made utilizing this information.

5. *Do you take patients with complex wound care needs?*

Yes. Treatment modalities include electrical stimulation, pulsatile lavage, and utilization of the VAC system. A certified wound therapist is on staff.

6. *What about patients with invasive lines and/or hyperalimentation, chemotherapy, etc.?*

We manage patients with many different lines and tubes including, but not limited to: central catheters, chest tubes and hemodialysis catheters. One exception is Swan-Ganz catheters. Our patients have complex medication needs including the administration of hyperalimentation, epidural medications and blood products. We do not provide chemotherapy medications or radiation therapy.

7. *Do you bill the SNF benefit under Medicare?*

No. The Specialty Hospital at Rittenhouse is licensed as an acute-care facility and, therefore, the days are billed as acute-care days.

8. *Can patients stay permanently?*

No. Patients admitted to the Specialty Hospital are those patients requiring an acute care hospital stay that averages 25 days. LTACHs are licensed as acute-care hospitals and therefore are not able to provide long-term care.

9. *Are you a “rehabilitation” unit?*

No, but our patients are provided physical, occupational and speech therapy as needed by members of our therapy staff. This is facilitated by physician order in conjunction with our licensed therapists utilizing patient specific treatment plans. There are no minimum therapy requirements for admission.

11. *What if the patient has a physician appointment?*

Our care managers make all the necessary arrangements for those patients who need to be seen by a physician outside of the hospital.

GOOD SHEPHERD PENN PARTNERS

INPATIENT FACILITIES

Penn Institute for Rehabilitation Medicine

Penn Medicine at Rittenhouse
1800 Lombard Street
Philadelphia, PA 19146

Phone: 215-893-5000

Specialty Hospital at Rittenhouse

Penn Medicine at Rittenhouse
1800 Lombard Street
Philadelphia, PA 19146

Phone: 215-893-5000

OUTPATIENT FACILITIES - PENN THERAPY & FITNESS

Market Street

3624 Market St., Ground Level — West
Philadelphia, PA 19104

Phone: 215-349-5585 | Fax: 215-614-0685

Arcadia University

Health Science Center, Suite 102
450 S. Easton Road
Glenside, PA 19038

Phone: 215-572-4060 | Fax: 215-572-4063

Weightman Hall

235 S. 33rd Street, First Floor
Philadelphia, PA 19104

Phone: 215-615-4402 | Fax: 215-615-4404

Radnor

250 King of Prussia Road, Suite 2C
Radnor, PA 19087

Phone: 610-902-2300 | Fax: 610-902-2322

Penn Presbyterian Medical Center

Medical Office Building, Suite 110
38th & Market Streets
Philadelphia, PA 19104

Phone: 215-662-9155 | Fax: 215-243-4647

Bucks County

777 Township Line Road, Suite 180
Yardley, PA 19067

Phone: 215-968-0145 | Fax: 215-968-2498

Rittenhouse

1800 Lombard St, First Floor
Philadelphia, PA 19146

Phone: 215-893-2500 | Fax: 215-893-2501

Cherry Hill

409 East Route 70
Cherry Hill, NJ 08034

Phone: 856-216-0047 | Fax: 856-427-9314

Pennsylvania Hospital

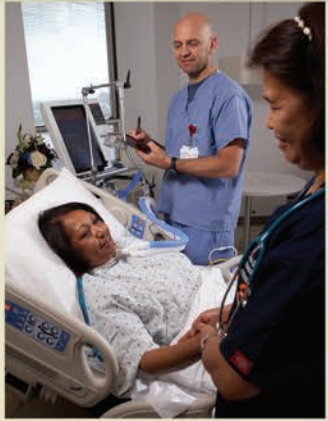
330 S. 9th Street, First Floor
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Woodbury Heights

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