



The Brookdale Center

for Healthy Aging & Rehabilitation





Our mission is to provide a holistic rehabilitative experience through an interdisciplinary approach for shared success in outcomes.



Welcome!

As rehabilitation hospital professionals, we are committed to offering the programs and services needed to facilitate optimal outcomes. We truly appreciate the opportunity to work with you in the rehabilitation phase of your recovery.

We trust that by providing information about inpatient rehabilitation, you can take an active role in the recovery process. After all, the patient is the most important member of the rehabilitation team.

It is our goal to exceed your expectations during the rehabilitation stay. If, at any time, there is an aspect of the program that is falling short of your needs, please do not hesitate to bring the matter to our attention. We are committed to providing you a holistic rehabilitative experience.

Preadmission

As part of the preadmission service, you will meet one of our rehab nurse liaisons, as well as a rehab physician. In this phase, we invite you to explore your options for rehabilitation and make an informed decision.

Information on your current medical and functional needs will be assessed. Additionally, your input will be important in developing a proposed treatment plan designed to meet your goals for recovery. The admissions staff will check health insurance benefits and advise you on coverage for the program.

You and your family are invited to tour The Brookdale Center to become familiar with the facility and the services offered. Feel free to call the admissions office to schedule a tour.

Admissions
Coordinator
552-7222

The Rehabilitation Team

The rehabilitation team is made up of many professionals. Our services are based on an interdisciplinary model. However, the most important members of the team are the patient & family members.

- **Physicians**—specializing in physical medicine & rehabilitation, physiatrists, as well as other medical specialists, work to provide comprehensive medical care and treatment.
- **Rehabilitation nurses**—perform daily physical assessments and provide ongoing nursing care, including monitoring overall health and healing. They also provide individualized education related to specific diagnoses and recovery.
- **Case managers**—coordinate the care plan. They serve as a link between the patient/family & the team, as well as insurance carriers & community resources for a smooth transition from the hospital.
- **Physical therapists**—focus on restoring physical function of the body to improve strength, endurance, balance, walking and overall mobility.
- **Occupational therapists**—work to restore one's ability to perform activities of daily living such as bathing, dressing, grooming, eating, toileting, cooking and shopping with a focus on improved strength, balance, coordination, endurance, and safety awareness.
- **Speech/Language pathologists**—promote the restoration and improvement of communication and cognitive skills through clinical assessment tools and treatment techniques. Additionally, these professionals address swallowing disorders.
- **Recreational therapists**—use a variety of activities designed to promote cognitive and physical functioning, as well as improve the quality of life. An emphasis is placed on re-engaging in leisure activities to promote community re-entry.
- **Ancillary team members**—from time to time will also join the team to address a particular need. These specialists may include: clinical dietitians, pharmacists, education specialists, wound care nurses, and more.
- **Concierge staff**—enhance the hospitalization experience by providing reading/entertainment materials, assisting with internet access, and/or setting up a hospital based website for communication with loved ones. These volunteers also make follow up phone calls to patients once discharged.

Phases of the Rehabilitation Stay

Phase I
Admission

Phase II
Assessment

Phase III
Treatment

Phase IV
Transition Skills

Phase V
Discharge

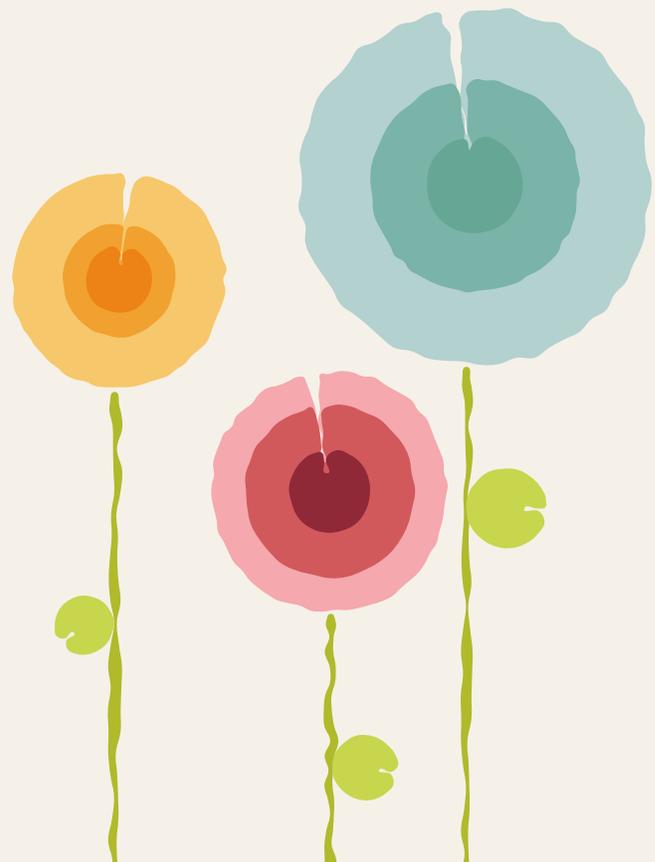
Coordination of the rehabilitation stay is primarily overseen by the physician and case manager. Each patient has unique needs and a specialized treatment plan designed to optimize recovery. The physician will coordinate with other medical staff members to ensure that both functional and medical goals are fully addressed.

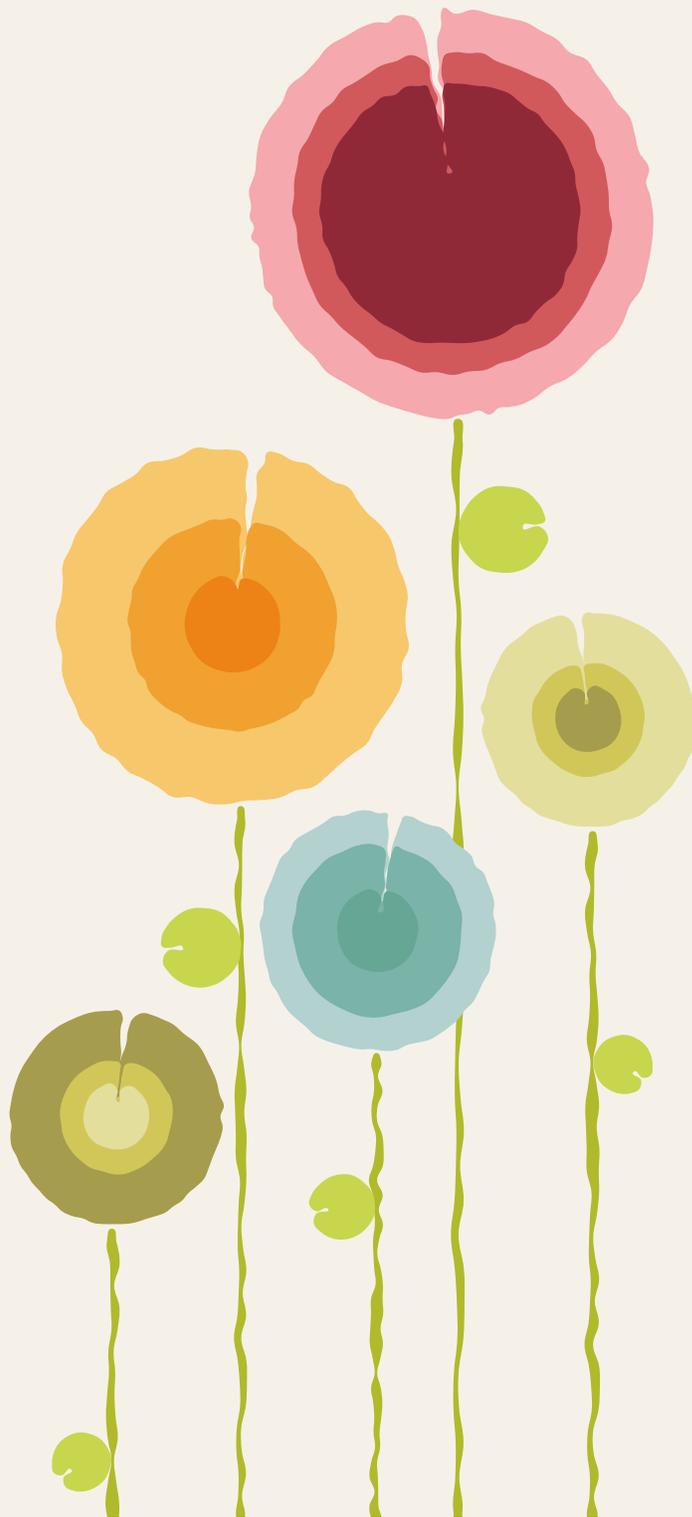
As your healing progresses, the team will focus on transitional skill building. This is a time when education is provided relating to ongoing health management, as well as fine tuning skills for a successful transition into the community. The discharge date is determined on the basis of individualized progress toward goals. Your case manager will be the primary person coordinating all services after the rehab stay.

Hospital Services

The NCH Healthcare System provides a full array of medical services onsite, including diagnostic imaging, pharmacy, and laboratory services on a round-the-clock basis. Timely response for any ordered test or treatment is facilitated by the nursing staff to ensure access to services, as well as prompt coordination with physicians for any adjustments to the care plan.

Most physicians are private practitioners; however, NCH does employ some doctors. If your care team includes a hospital-employed physician, professional fees will be listed on the hospital bill for services.





Medications

It is important that any medication be administered by a rehab nurse as prescribed by your physician. Medications brought in from home (including herbal preparations & over-the-counter medications) should be taken home, unless you've been specifically instructed otherwise by your physician.

Personal Hygiene

Re-establishing one's personal routine is an important aspect of getting back to an independent lifestyle. Please share with nursing & therapy staff when you normally shower or bathe so that your schedule can be built around these times.

Safety

There's a balance between encouraging independence & safeguarding against injury while you're a patient. Please be aware that precautions taken are for your safety, and those around you.

Meals

Breakfast is served bedside, lunch & dinner in common dining areas. If part of the rehab program includes therapeutic dining, meals will be coordinated with clinical staff.

Privacy

We take the responsibility of protecting your privacy with regard to your person, as well as your medical information. If you have any concerns in this area please let us know.

Specialized Programming Features

• **Nature-in-Healing Program**—is facilitated through the concierge service and provides opportunities for patients to take a break from the indoors. These breaks are scheduled between therapy sessions; if you'd like to participate—ask your therapist.

• **Arts-in-Healing Program**—encourages patients to participate in a variety of activities that are designed to provide a respite for both mind & body, and complement the recovery program.

• **Licensed to Drive Program**—involves evaluating your readiness to propel a wheelchair. You may be issued a "License to Drive." This permit extends to you the freedom of movement throughout the unit as you wish, and to take charge of getting to & from therapy sessions.

• **Compassion in Action Program**—is a complementary service promoting a holistic approach to healing and relaxation utilizing aromatherapy and massage techniques. Ask your nurse for more information on these holistic sessions.

• **Family Training Sessions**—family members can be scheduled to attend therapy sessions. This experience often provides education & valuable information about what to expect in planning for the homecoming.

• **Patient Care Conferences**—provide patients & family members an opportunity to take some time out of the routine, ask questions, and explore options with the treatment team. If you would like to schedule a session, please let your case manager know.

• **Home Evaluation**—is a scheduled outing to your home with a therapist to assess and guide in preparing the home setting with an eye on safety.

• **Community Outing**—is an opportunity to venture into the community accompanied by a therapist, to test out newly learned skills and build confidence. Transportation will be arranged by the therapist.

• **Family Overnight Stay**—this option provides an opportunity for caregivers to get in tune with the overnight routine, prior to taking the patient home. It serves like a "dry-run," and yet with the safety net of professional staff at the ready. Ask your case manager about this option.

• **Therapeutic Day Pass**—is a scheduled outing with family/friends to practice transitioning skills and provide the therapy team with information on final things to work on.

Frequently Asked Questions...

•What would a typical day be like on rehab?

A typical day starts with getting up and re-establishing your morning routine, then off to therapy. There is a mid-day break coordinated around lunch, and then back to therapy for afternoon sessions. As a rehab hospital patient you will receive a minimum of three hours of therapy a day, with additional sessions on the weekends, unless prescribed a modified program by your physician.

•When can my family & friends come to see me?

Support from family & friends serves as an essential part of the rehabilitation process. While we encourage support, it is important that the patient has the opportunity to fully participate in the rehab program. Social visits are recommended after 4pm daily.

•Can I get on-line while I'm in the hospital?

Yes! You can also set up a homepage through the NCH website to post updates on your recovery to family & friends. Ask the concierge staff about how to do this.

•What clothing items will I need to bring?

An essential part of rehabilitation is re-establishing your daily routine. Dressing is an important aspect of feeling like yourself. Recommended clothing & personal items include:

- Casual shirts/blouses with button fronts, or pullovers that fit easily overhead.
- Button front sweaters.
- Comfortable slacks or shorts with elastic waistbands/belts or sweat pants/suits.
- Athletic shoes with Velcro fasteners, or any footwear that provides good support.
- Undergarments (six changes suggested).
- Toiletries such as comb, brush, shampoo, deodorant, electric shaver for men.
- Women are encouraged to bring basic cosmetics.
- Patients may bring sleepwear or can use hospital provided gowns for use at night.
- Any corrective devices or equipment (even if they have not been used recently) i.e. dentures, eyeglasses, hearing aides, canes, walkers, etc. Equipment will be evaluated and adjusted as needed. Suggestions for new equipment will be made as required.
- Several days' supply is recommended so that clean laundry can be rotated in & back home.

Of special note: Bringing jewelry/valuables is discouraged; however, it is recommended that any personal articles of value be secured in the hospital safe.

Discharge

Preparation for discharge from rehab starts as soon as you arrive! It is very important that the discharge plan promotes safety. The rehab case manager will assist in arranging all aspects of ongoing care including extended inpatient/residential care if indicated. Coordination of services are based on clinical recommendations, healthcare benefits, and other resources.

Follow up services may include:

- Ongoing therapy services
- Day Program
- Home medical equipment
- Referrals to community agencies
- Transportation options
- Outpatient clinics
- Home Health Care
- Private help in the home
- Support group contacts
- Follow up medical appointments



The Brookdale Center for Healthy Aging & Rehabilitation



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Accredited by:



Inpatient Medical Rehabilitation Hospital
Stroke • Brain Injury • Orthopedics • Neurological • Spinal Cord Injury • Amputee • Trauma
Cardiac/Pulmonary • Oncology