Patient Caregiver Roles

Program Involvement

- Involvement of the primary caregiver is very important to a rehab patient’s success. Not only does the caregiver’s presence help the patient feel more comfortable about being in a new setting, the caregiver actively assists the patient in working towards his/her rehab goals. The rehab team desires to provide not only the patient, but the caregiver, with the skills necessary for the home setting. Active caregiver participation during the rehab stay provides this opportunity, and allows the caregiver to obtain a realistic expectation of the patient’s level of care requirements prior to discharge.
- Because rehab patients are not passive recipients of care, it is necessary for the patient and caregiver to work very hard during therapy sessions and then integrate newly learned skills during the “off” times.
- Expectations of the primary caregiver are:
  1. Participation in rehab therapy sessions as requested and scheduled by rehab therapists for the duration of the rehab stay.
  2. AFTER being trained by therapy and/or nursing staff, provide hands on mobility and activities of daily living support including; assisting with bed mobility, transfers, walking/wheelchair use, eating, grooming, dressing, toileting, and bathing per the patient individualized plan of care.
  3. Participate in community outings and patient caregiver/education as requested and scheduled by the rehab therapist and nursing.

Community Transition

- The average length of stay on the rehabilitation unit is 7-14 consecutive days. Actual length of stay is determined by a team of licensed professionals adhering to national standards of care. Determining factors include patient’s diagnosis, severity of deficits, ability to participate in 3 hours of therapy daily and functional progress.
- Although rehab patients should expect to see improvement, they will VERY RARELY leave the unit functioning completely independently. On average, patients see
approximately a 25% overall improvement. Therefore, therapy will most likely continue post discharge in either a home or outpatient setting.

- As a condition of admission to the rehab program, every rehab patient must have a plan to discharge to a supervised/supported living setting.
- There are 3 types of supervised/supported living settings:
  1. An Assisted Living Home
  2. The patient’s own home with 24-hour support (either by friends/family or privately paid personal care services)
  3. A friend or family members home with 24-hour support (either by friends/family or by privately paid personal care services).

***Occasionally patient do not progress as quickly as anticipated. (Patients are projected to make a 25% or greater functional gain within an average span of 10-14 days) In this circumstance, there may be recommendations to seek a skilled nursing facility to allow them to continue therapy services at a slower pace. These facilities are very limited in Alaska and can have long wait lists. We can assist you with placing these applications during your stay. Please note that if you / your family member is requiring Skilled nursing at time of discharge we encourage you to accept the first opening available while maintaining an application or remaining on the wait list of your preferred facility. At times patients will require interim care between the rehabilitation stay and the admission to the skilled nursing facility. ***

Discharge Planning Responsibilities

- Primary support persons will be expected to be available at the time of the patients discharge and ensure that the necessary support will be provided based on the patient’ level of care needs. It is our expectation that the primary care giver complete discharge planning tasks as directed by the social worker/discharge planner and the interdisciplinary treatment team. Discharge planning tasks may include:
  ✓ Caregiver training 2 days (or more) prior to discharge
  ✓ Finding an appropriate assisting living home
  ✓ Setting up in-home caregivers
  ✓ Establishing transportation to and from appointments
  ✓ Establishing a primary care physician
  ✓ Arranging follow up appointments post discharge
  ✓ Obtaining medical supplies as needed (i.e. incontinence pads, catheters, nutritional supplements, glucometers, durable medical equipment, etc...)
  ✓ Preparedness for a **9:00 am** discharge time.
Patient Caregiver Agreement

- I, ____________________________, have been identified as the primary caregiver. I have read and understand the conditions of admission to rehab as stated.
- Caregiver contact # information: ________________________________

Community Transition

- I am aware that I am responsible for ensuring that a 24 hour supervised living setting be available within 5 days of admission to inpatient rehab should the patient fail to progress at the expected rate.
- I understand that the discharge date is based on the recommendation of licensed rehabilitation professionals in accordance with national standards of practice.
- I understand that in the event that the patient makes no functional gains, the agreed upon discharge setting and level of support will appropriately meet the patient's current care needs.
- I understand that I am required to complete discharge planning tasks as directed by the social worker/discharge planner and interdisciplinary team.

Program Involvement

- I will meet with the Rehabilitation social worker/discharge planner within two day of admission to the rehab unit whether it be in person or by phone.
- I will participate in patient therapy sessions as requested and scheduled by rehab therapists for the duration of the rehab stay.
- I will be available for caregiver training to provide hands on mobility and activity of daily living support including: assisting with bed mobility, transfers, walking/wheelchair use, eating, grooming, dressing, toileting, and bathing, per the patient's individualized plan of care.
- I will participate in community outings and patient/caregiver education as requested and scheduled by rehab therapists/nursing.

Caregiver Signature: __________________________ Date: __________________________

Rehab Staff Signature: __________________________ Date: __________________________