



Senior Care Today

From **Mount Vernon Nursing and Rehabilitation Center**

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Dear Friends,

In this edition of our Report to the Community on Senior Care Today, you will find valuable information leading to a better understanding of short-term rehabilitation, a level of care that the great majority of older adults will require at some point in their lives.

Anyone who has been hospitalized for surgery, accident trauma, or a condition like a stroke or heart attack, knows that returning to previous levels of function and independence is rarely a simple matter. When recovery involves an additional period of rehabilitation, the prospect can add further to stress and feelings of uncertainty. What kind of treatment will be required? Where can a person go to get the most effective rehab? How long will treatment take? These are just some of the questions that often color expectations.

Even if post-hospital rehab is not in your immediate future or that of a loved one, you may have similar questions and concerns. We hope the following information will provide some useful answers, put your mind at ease, and make you better prepared should the need for rehabilitation arise.

If, after reading this newsletter, you have questions or would like additional information, please don't hesitate to contact us. Easy access to knowledgeable, caring health care professionals is just a phone call or email away.

Sincerely,

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Understanding Post-Hospital Rehabilitation

After a hospital stay, patients recovering from fractures, joint replacement, accident trauma, cardiac conditions, surgical procedures, stroke, or any number of other debilitating medical problems will often require a period of rehabilitation.

While the problems that lead to the need for rehab can be very complex, the overriding goal is simple: To get people back on their feet, back home and back to their highest degree of form, function and independence as quickly, safely and comfortably as possible.

What does a rehab program involve?

When it comes to rehab, one size definitely does not fit all. At Mount Vernon Nursing & Rehabilitation Center, for example, programs are designed around each patient's specific needs and goals, under his or her doctor's supervision. Individual capabilities and limitations are carefully evaluated and used to establish realistic objectives and effective personalized care plans. Therapies are age-appropriate and may take the person's occupation, lifestyle and even favorite sports or activities into consideration.

Since injuries, surgery and other medical conditions may affect many parts of the body and several functional abilities, a "typical" rehab program may incorporate a broad range of services, including physical, occupational and speech therapy, pain management and wound care, among others.

In addition, optimum long-term recovery and return to everyday living often requires the specialized support of nutritional, nursing and social work professionals.

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Mount Vernon Nursing & Rehabilitation Center is a locally owned and operated 130-bed skilled and intermediate nursing community that has served the Alexandria/Mount Vernon community for over 25 years. Conveniently located between Alexandria and Mount Vernon, it is part of a medical community including physicians' offices and the Mount Vernon Hospital.

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The best place to get better: Inpatient, Outpatient or Home Care?

If a doctor recommends short-term rehabilitation after a hospitalization, patients may have distinct options for where to receive care.

Inpatient Care

The great majority of post-hospital patients rehab in specially designed wings or units of skilled nursing communities. Such settings offer several important benefits, for example:



- Rehab settings are specifically designed to accommodate a wide range of therapy and related treatment protocols. They also have the specialized equipment, accommodations, and therapeutic tools needed to deal with virtually every type of rehab requirement.
- An established team of rehab professionals is on site, able to gain needed familiarity with short-term patients and their needs, ensure timeliness of therapy sessions, and provide valuable consistency of care.
- Likewise, access to the on-site clinical services and support can contribute to recovery success and help prevent re-hospitalization.
- Supervised care is available 24/7. The ability to address and manage a wide range of health care needs is especially important for geriatric patients with multiple health issues, which may influence the overall rehabilitative strategy, prognosis, and duration of treatment.
- Skilled facilities also have a team of social work, case management and administrative professionals to assist with housing, family, financial and other community re-entry issues should they arise.
- The opportunity for socialization is yet another factor that can contribute significantly to patient comfort, confidence and overall rehab success.

In considering inpatient rehab, it is important to keep in mind that *short-term patients are not nursing home residents*. Although they may be housed within the same residential setting, short-term patients receive a specialized level of care in a dedicated setting, separate from the long-term resident population.

Outpatient Rehab

When making a decision as to where to receive rehabilitation services, an additional option to keep in mind is outpatient rehab. Outpatient rehab is oftentimes provided at stand-alone facilities or as an extension of a skilled nursing community. Outpatient rehab offers the benefits of receiving the care you need provided by specially trained staff, while allowing you to remain living at home. It is also an opportunity to get a “sneak peek” at life in a skilled nursing community.

Home Care

Some short-term rehabilitation regimens may also be provided through visiting healthcare professionals in the patient’s own residence. While the ability to remain in familiar surroundings, near friends and family, has obvious appeal, there are a number of potential drawbacks, which patients should take into consideration. For example:

- Home-based rehabilitation programs usually have limited access to certain resources, such as specialized equipment that may be necessary, depending on the condition being treated.
- Suitable space in the home needed for exercise and physical therapy may be limited or unavailable.
- Home care arrangements are generally best suited for people who require treatment by only one type of rehabilitation therapist. Effectively coordinating multiple therapist visits to achieve optimum results may be difficult.
- Patients dependent on Medicare coverage for their rehabilitation must meet Medicare’s “homebound” requirements to qualify for such services; these requirements state that the client is not allowed to leave the house except for medical appointments.



How much and how long?

For patients receiving care in a professional rehab setting, such as Mount Vernon Nursing and Rehabilitation Center, therapies may be scheduled for one or more hours a day, for as many as seven days a week depending on each individual’s needs, capabilities and limitations. As a result, many of our patients typically experience faster recoveries. It is worth noting that not all facilities offer this more aggressive treatment regimen.

The length of stay in rehab will vary from patient to patient, but typically, following a routine orthopedic procedure,



inpatient rehab may last from 20 to 30 days. More complex cases may require four or more weeks of treatment. The therapist (with doctor’s approval) recommends the patient’s suitability to return home. Therapy does not necessarily end there; outpatient rehab or home care may be recommended.



Ensuring a smooth transition back home

Prior to discharge, the patient's therapists will likely provide a plan of exercises and guidelines for safely performing daily routines at home. If needed, social workers will arrange for wheelchair assistance and nutritionists may counsel on dietary issues. Likewise, nurses may provide instructions on wound care or medication management. All of this important planning and preparation is designed to ensure that each patient will be equipped to complete his or her optimum recovery and enjoy the best quality of life possible.



Paying for rehab services

A three-day inpatient hospitalization stay qualifies a patient to be admitted to a sub-acute rehabilitation center. Medicare will pay for the first 20 days at 100%. On the 21st day, Medicare sets a co-insurance amount that is the responsibility of the patient. However, if the patient has a secondary insurance plan, the plan may cover the daily co-insurance amount. In addition to Medicare, the rehab program may be paid with private funds and is also covered by most insurance, including:

- Managed care and standard insurance plans
- Medicaid
- TriCare
- Worker's Compensation
- Automobile no-fault insurance

Anyone considering rehabilitation should call the senior care community or rehab provider to discuss this important aspect of his or her care prior to making a final decision.



Assessing the real cost of long-term caregiving:

Home Care or Skilled Nursing Community

Home may be where the heart is, but for many older adults, it may not be the best or most sensible financial choice

Increasingly today, cost of care is a major factor in many people's decision regarding where to receive long-term care. The general belief is that home care is more affordable than care in a skilled nursing community; however, this may not be the case.

No doubt the misperception stems from a quick comparison of the hourly cost of paying for part-time home health aides and companions versus the daily or monthly cost of full-service care in a nursing facility.

Unfortunately, such a comparison reveals only the tip of the iceberg. For example, it fails to consider the need for private nursing and/or specialists visits, which may or may not be covered by insurance. Likewise, durable medical equipment and wheelchairs may be covered, but few homes are equipped with ramps, door openings or hallways suitable for wheelchair use. The significant expenses involved with adapting the home to these needs are often overlooked. Modifications to bathrooms, bedrooms, stairways, lighting and safety systems are also frequently required.



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The actual toll of caring on the caregiver

Even less often recognized are the financial costs of personally caring for a loved one in terms of lost wages, career advancement and social security payments.

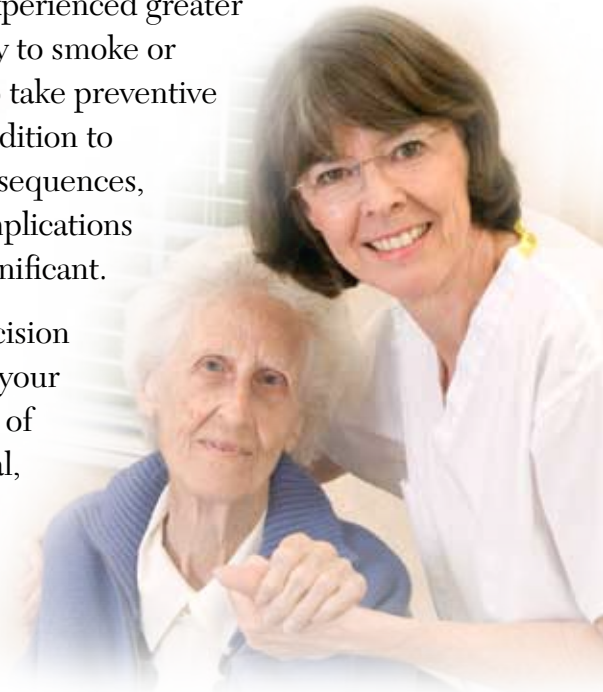
A new study by MetLife and New York Medical College's Center for Long-Term Care reports that at-home care providers who are 50 years of age or older average \$303,880 per person in lost wages, pensions and Social Security benefits over a lifetime, due to reduced work hours or leaving the work force early to care for a parent or loved one. For women, the cost is higher: \$324,044.

Projected nationally, the total estimated aggregate lost wages, pension and Social Security benefits of these caregivers are a staggering \$3 trillion.

Since the people in the study were 50+ and in the midst of their highest earning years, they had a limited amount of time to "catch up" for such losses. Thus, the impact that caregiving may have on a person's lifetime wealth and financial security is painfully clear.

Another study released last year by MetLife found that depression, hypertension, diabetes and pulmonary disease were among at-home caregivers' more common health problems. They also experienced greater stress, were more likely to smoke or drink, and less likely to take preventive health measures. In addition to the obvious health consequences, the related financial implications to the caregiver are significant.

So, when making a decision regarding the care for your loved one, consider all of the variables – financial, physical and mental.



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NURSING & REHABILITATION CENTER**
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Inside:

Helpful information, guidelines and tips designed to promote safety, health and well-being.