UW Medicine UNIVERSITY OF WASHINGTON MEDICAL CENTER

Entry to UWMC

What to expect

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You will be asked for the same information many times — from the time you are admitted, throughout your course of treatment, up until the time you go home.

Be patient with this part of the process. And, try to keep the basic information somewhere where you can find it every time you need it.

~ Patient Advisor



For your safety, you will be asked for the same information many times during your hospital stay.

Admission Information

You will receive a lot of information when you arrive. It is a lot to digest, whether you are already at UWMC and recently admitted to rehab, or you came from another hospital.

There is also a lot to do. You may need to fill out paperwork, provide required information from referring doctors, and/or have medical tests done. Your eligibility for treatment options may need to be assessed.

- You do not have to process all of the information at once. It
 is normal to be overwhelmed by the rehab team approach to
 care and the rehab experience. Most people find it works
 best just to take things one step at a time.
- Think about naming one person a trusted family member or friend – for the care team to communicate with when they have questions or concerns and you are not available or don't feel up to talking.
- Feel free to ask questions about your injury or disease process, and about what to expect on the rehab unit. If there is anything that is explained or done that you do not understand, ask questions until you understand.
- Use a system that works for you to keep track of and organize the large amounts of information you will receive during your stay.
- There is a lot of admission paperwork. When you are admitted, you will answer questions about your health history, have your vital signs checked, and answer many other questions, too. The information you supply helps your care team start to create a plan of care for you.

This first stage of your care is called the **assessment phase**. From the beginning, you will be asked to think about **your** rehab goals: What do **you** want to accomplish so that you feel more independent?

We will also encourage you to start putting together a supportive group of family and friends who can help you while you are in the rehab unit and after you leave the hospital. See "Your Plan of Care and Setting Goals" (page 27) and "Support from Others" (page 33) for help with these parts of your care.

Insurance Information

If you have not already researched your insurance options, it will be helpful to do so as soon as possible. Like many people, you may have more than one insurance provider or carrier to coordinate payments for your care. Besides general health insurance, you may also have dental insurance, a vision care plan, or disability insurance.

Here are some insurance-related questions you will want answers to:

- Does my insurance have preferred providers for service? You will need to contact your insurance company(s) to find out if they have a list of preferred providers that will give you better financial coverage for your care.
- What is my *deductible*? The deductible is what you pay before the insurance pays.
- What is my out-of-pocket expense? Out-of-pocket expense can be any combination of your deductible, co-pays, and how much you pay for items not covered by your insurance.
- **Does my insurance company have a** *stop-loss clause*? A stop-loss clause is a type of insurance that provides coverage for certain benefits when total claims during a specified period exceed a specified amount. Most times, this clause specifies the most that the insurance will pay for a particular type of coverage or service.
- Does my insurance offer case management? What is provided and what does it do for me? Case management is a service delivery approach. The approach assumes that patients with complex and multiple needs will need services from a range of providers. The goal is to achieve seamless service delivery. Check with your insurance company, as each one takes a slightly different approach.

- Does my insurance cover home care? If so, what type of therapies and care are covered for home care (such as speech therapy, nursing care, physical therapy, occupational therapy, etc.)? Home care services may include high-tech pharmacy services, skilled professional care, paraprofessional care, custodial care (non-medical care to help with activities of daily living such as bathing and preparing food), home medical equipment, community support, and/or hospice care.
- **Does my insurance cover** *medical equipment?* You may need to rent or buy medical equipment. As you get closer to the date when you will leave the hospital, talk with your team members about your medical equipment needs.

Other questions you will want to ask include:

- Does my insurance cover *inpatient*, *hospital-based* rehabilitation care?
- Is there a *maximum dollar amount* allowable for inpatient rehabilitation care?
- Is there a *limit to the length of stay*, or how many days will my insurance cover my inpatient or hospital stay?
- What *criteria* does one have to meet to qualify for inpatient rehabilitation care?
- Does there have to be a *referral* for me to be in a rehabilitation care unit? If so, from whom?

See "Financial Issues" (page 43) for more details about medical insurance and income insurance options.

Planning Worksheet

Some people like to plan using a tool like this worksheet. Use it to record suggestions made by staff and others, your own ideas, and contact information.

What Do I Need, and How Do I Get It?

Need	Suggestion	Your Idea	Who do I turn to?
Personal Care			
Business Issues			
Social Issues			

Who can help me and my family with this entry process?

We all plan in different ways and seek support in different ways. First, **you** must help with the recovery and rehabilitation process. Take time to get clear about what you want. This is often not an easy time to be clear. That's OK. Do the best you can and know that you can change your mind about what is important, what your goals are, and even about who can help you. (See "Support from Others," page 33.)

One tip from a former patient is to ask others for their one best idea. This decreases the amount of ideas you have to filter through. Of course, some people process best when they review a range of ideas.

For extra help, you may want to talk with these professionals:

- A **rehab psychologist** has years of experience helping patients in situations that are like yours and is trained to help you with this process.
- A **social worker** can help you with planning for discharge. (See "Care After Discharge," page 49.)

What questions should I ask?

It can be hard to know what questions to ask. It is OK to ask others what information they think is important. It may help to brainstorm a list of topics (such as home care, transportation, support, and legal forms). We have tried to fill *Rehab and Beyond* with much of the information you might need.

You might want to ask questions about:

- What to expect about your care and living on the rehab unit.
- Your disease process or injury and how it will affect you and your family.
- Anything you do not understand. This is how you can become an expert on your care and make the best decisions for you and your family.
- Resources from staff, former patients, insurance companies, and the Internet to help your recovery.
- The ways information can be given. We want to give information in the way you prefer to receive it reading (written materials), seeing (videos or watching someone), or doing (demonstrations).

If you think of a question when no one who can answer it is around, write it down, record it, or ask someone else to write it down for you. If you had a question and forgot to ask it, please ask later when you remember it.

Questions?

Your questions are important. Talk to your doctor, nurse, or other health care provider if you have questions or concerns.

While you are a patient on Inpatient Rehab, call: 206-598-4800

After discharge, call your primary care provider or UWMC's Rehabilitation Clinic: 206-598-4295