REHABILITATION EQUIPMENT USED ON UNIT 7

During a patient’s stay on Unit 7, various pieces of equipment may be assigned to them. The type of equipment assigned depends on their needs when they arrive on the unit. Patients having had knee/hip surgery need such items as a raised toilet seat, dressing stick, long shoe horn, reachers and a walker or cane. Other patients may require such items as special wheelchair with specific adaptations, a wheelchair cushion, a lap tray or an arm sling. Most of this equipment is loaned to patients for their stay and must be left at the hospital upon discharge. Should a patient still need any of this equipment at time of discharge, their Occupational Therapist and/or Physiotherapist will recommend the type of equipment needed and will provide a list of supplies for rental or purchase.

Compliments and Complaints
We are interested in your comments regarding the care and service you receive. If you have a comment, positive or negative, please share this with us. Comment forms are available in both the Rehabilitation Unit and the Physical Medicine Department. You may also speak to the Managers of these areas if you prefer.

For more information, please contact:
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Welcome to Unit 7, the Provincial Rehabilitation Unit. This specialized 20 bed unit is staffed by an interdisciplinary team dedicated to the principles and techniques appropriate to rehabilitation.

Rehabilitation is an approach to patient care that focuses on the restoration of optimal function and health, the prevention of complications and reintegration of disabled individuals to the community. This works best when a team of health professionals with special interests and training in rehabilitation works with patients and their families. Patients and their families are an essential part of the Rehab Team.

It is our hope that your stay on the Rehabilitation Unit will be comfortable and that you will find and contribute to a friendly, caring environment.

Our Interdisciplinary Team Specialties

Physicians
A team of physicians provides ongoing medical care to patients on the rehabilitation unit, working as part of our interdisciplinary rehabilitation team.

Primary care may be provided by your Family Physician, or by our Medical Officer. Many patients on the unit are from outside of Charlottetown and therefore are unable to have their Family Physician provide this care and our Medical Officer takes on this role. Your Family Physician may also decide to request that the Medical Officer provide inpatient primary care, due to his expertise and experience in caring for similar patients. The Medical Officer attends the weekly team conferences to participate in care planning and provides coordination of medical care with other physicians and care givers.

Patients admitted to the Provincial Rehabilitation Unit with complex problems are also followed by the team Physiatrist. A Physiatrist is a medical specialist in Physical Medicine and Rehabilitation. He/she has expertise in the area of diagnosis, medical treatment and rehabilitation
of individuals with disabilities following stroke, spinal cord injury, brain injury, complex injuries and other diseases of the nervous and locomotor systems. She/he works with the team and generally attends team conferences, family conferences and as required team rounds with patients. He/she will frequently provide ongoing follow-up related to rehabilitation after discharge from Unit 7.

Rehabilitation Nursing

Rehabilitation nursing provides 24 hour comprehensive nursing care. The nursing staff will work closely with patients and their support system to help achieve the maximum level of independence. Patients will be assessed and treated with an individual care plan based on the information they, their family and their therapists provide. Nursing will work with patients to meet their goals for self care such as bathing, dressing, management of bladder and/or bowel function, medication information and other treatments such as dressing changes. Nursing staff will help to coordinate the rehab program so that patients may experience an organized stay and attain their goals.

Physiotherapy

Physiotherapy works to promote, restore and maintain the physical independence of patients. Therapists use simple or complex equipment as well as activities and/or exercises to improve strength, balance and range of movement of patients. Mobility is a goal of the majority of patients on the unit and much of their therapy time is spent practicing transfers and walking, if appropriate, with canes or walkers. If patients need mobility aids when they leave, their therapist will provide

Patient Safety

Patient safety is a priority for the Rehabilitation Team. Important safety concerns encountered on the rehabilitation unit include the following:

Falls and Injuries

Patients work with team members to learn to be as independent as possible in performing safe movement, including transfers (movement between two surfaces), wheelchair mobility and walking. Individual safety guidelines are developed for each patient. Included in the guidelines are recommendations for proper footwear, specific equipment and the number of caregivers required for safe patient movement. Recommendations are regularly updated by the team throughout the inpatient stay and are communicated to patients and family.

Infections

In-hospital infections are a major concern for all patients in the QEH. Infection control guidelines are in place to control and prevent the risk and spread of infection. Unit staff and hospital infection control staff are available to answer any questions or concerns from patients and their families about the use of these guidelines.

Swallowing Problems

Swallowing problems are common after many disabling illnesses and increase the risk of pneumonia. Swallowing assessments are performed on all patients felt to be at risk. Recommendations are then made on an individual basis for special diets and supervision while eating to ensure safety.

Medications

Medication safety is a priority with staff. On admission, patients are required to bring a current list of their home medications for staff to review. Unit nurses and physicians are available to answer any medication questions or concerns from patients and their family members. Some patients will participate in a self medication assessment to ensure safety and independence with medication use on discharge.
Unit Information and Expectations

Visiting
A spacious dining room/lounge is located on the Unit and patients are encouraged to use the lounge to visit with family and friends, watch TV, play the piano, use the internet, etc.

Dining
The dining room comfortably seats 20 and is used for dinner and supper meals. Breakfast is served at the bedside. The meal hours are as follows:

- Breakfast  - 07:00 hrs.
- Dinner     - 12:00 hrs.
- Supper     - 16:30 hrs.

Dress
Patients are asked to bring several changes of clothing and are to be dressed each day in street clothes. These clothes should be suitable for exercising, such as shorts, slacks, or gym clothes. Shoes should be appropriate for walking. Toothpaste, deodorant, and razors are also the responsibility of the patient or family.

Laundry Facilities
A washer and dryer are located on the Unit for the use of patients and/or family members.

Passes
Passes will benefit some patients at certain times during their Rehab program. The nursing staff and therapists will provide instructions prior to the pass. Patients are encouraged to take advantage of the opportunity.

a prescription and list of suppliers where patients can rent or purchase the equipment. Educating families/caregivers on assisting the patient with their mobility needs is also part of the therapist’s role.

Most patients will work with their physiotherapist on a daily basis, usually in the Physical Medicine Gym on Level 2. If patients need further Physiotherapy after discharge their therapist will make arrangements for out-patient or community therapy.

Occupational Therapy
Occupational Therapy helps patients reach their maximum independence in everyday tasks. Therapy can include activities of self-care (dressing and bathing), home chores, leisure and community involvement. Patients will be assigned a therapist who may work with the individual in their room (for self care) and in the Physical Medicine Department where there is an adapted kitchen, bathroom, and bedroom where patients can practice skills for home. Therapy may also include doing activities to improve hand function, learning how to use a wheelchair or other adaptive aids. Most special equipment such as wheelchairs, bath and dressing aids are supplied by Nursing and Occupational Therapy services. If patients need aids when they leave, their therapist will provide a prescription and list of suppliers where patients can rent or purchase the equipment.

If patients need further Occupational Therapy after discharge their therapist will make arrangements for out-patient or community therapy.

Speech Language Pathology
Speech-Language Pathology assists patients who are experiencing communication and/or swallowing difficulties. Patients on the Rehabilitation Unit may be having trouble speaking clearly or, perhaps, understanding what others are saying due to brain injury or stroke. Related problems can include new challenges with reading comprehension and writing. The Speech-Language Pathologist also supports patients who are finding it difficult to swallow foods safely from risks associated with weakened muscles in the mouth and throat.
Therapists offer patients a full range of programming, including assessment, therapy, counseling, post-discharge follow-up and community referral. New patients and their families are encouraged to contact any staff member on the team with concerns about communication or swallowing difficulties.

**Social Work**
Social Work provides patients and their families with individual and/or family counseling and assistance with practical problems. Hospitalization is a stressful time. Recovery is not the absence of illness but the ability to cope with it. The rehabilitation Social Worker advocates for the patient’s needs both in hospital and for services after discharge. As case manager, the social worker arranges case conferences involving families and members of the health care team and connects patients and their families with resources in the community. Some examples are:

1. Referrals to private or government nursing homes or community care facilities.
2. Referrals for financial resources, i.e. community agencies, motor vehicle insurance companies, private insurance companies.
3. Referrals to government agencies such as Canada Pension Plan Disability, Disability Support, Social Services.
4. Referrals to community resources, i.e. Addictions, Canadian Paraplegic Association, Council of Persons with Disabilities.

**Psychology**
The Psychologist specializes in the assessment and treatment of cognitive, emotional and behavioural changes associated with various injuries and medical conditions (e.g., stroke, brain injury, spinal cord injury). He/she may work directly with patients, conducting assessments to help pinpoint the effects of the injury or illness and work with the other specialists to tailor treatment programs to each individual’s strengths and needs. The Psychologist also works with patients, families and community resources to understand the nature of these changes, assist in developing follow-up treatment when needed and using strategies to cope with changes in thinking or memory upon re-entry to the community. The Psychologist is also available to assist with anxiety, depression and other issues that may arise as individuals come to terms with changes in themselves as a result of their injury/illness.

**Prosthetics and Orthotics**
The Prosthetics and Orthotics Laboratory designs, fabricates, adjusts and fits all prosthetic and orthotic devices. A prosthesis is a device that replaces a missing part to allow function or improve appearance. An orthosis is a device that attaches to the body to improve a persons function or to improve the function or alignment of a body part. Should a patient’s doctor prescribe a prosthesis or an orthosis, they will be fitted by professionally trained personnel who will instruct proper use and care of the appliance.

**Nutrition Services**
Nutrition plays an important role in rehabilitation. Proper nutrition is necessary to help patients have the strength to take part in their rehab program. The Dietician on the Rehab Unit assesses patient nutritional needs, plans for appropriate foods and textures and teaches patients about various diets for home. The Food Service Supervisor will help patients select a menu that includes foods they like and that also meet their nutritional needs.

**Volunteer Services**
Volunteer Services provides a variety of services to help make a patient’s stay as pleasant as possible. Volunteers escort patients from Unit 7 to their Physiotherapy, Occupational Therapy and/or Speech Language Therapy appointments and then return patients to their rooms.

Volunteers provide Guardian newspapers for purchase to patients each morning. On Thursday mornings, hair care volunteers are available to wash and dry patients’ hair. Spiritual Care volunteers visit patients in the Unit. Volunteers also escort patients to Protestant and Catholic services in the hospital’s Place of Prayer, located on Level 2.