

# Understanding Care Choices and Hospital Transfer Processes

*A guide to hospital terminology  
and patient care options*







Have you ever wondered how your doctor determines the levels of care that you need; whether you should be treated at the hospital or home, how long you should stay in the hospital or where you should be in the hospital?

In most cases, it is the “severity of illness” that determines the “intensity of care” or “level of care” provided.

McLaren Flint is an Acute Care Hospital where we provide emergency care for new illness or injuries for a short period of time.


# McLaren Flint an Acute Care Hospital

Upon your arrival to McLaren Flint, an acute care hospital, you or a loved one may encounter the following departments:


## **Emergency Room**

The emergency room assesses, stabilizes and prepares our patients for either discharge home or admission to the appropriate location within in the hospital.


## **Intensive Care Unit (ICU) / Critical Care Unit (CCU) / Surgical Care Unit (SCU)**

These floors have specially trained nurses and dedicated physicians who care for the critically ill.

## **Progressive Care Unit (PCU aka Step-down)**



This is a transitional floor that provides specialized monitoring to patients that have not stabilized enough to be transferred to a medical floor.



## **Medical/Surgical Floor**

These floors specialize in treating patients with medical or surgical conditions that may or may not require cardiac or specialized monitoring. Typically on these floors the nurse/patient ratio is higher.

## **Behavioral Health**

Patients that are transferred to this floor need intensive psychiatric follow-up for stabilization before discharge.

## **Acute In-Patient Rehabilitation**

To qualify for acute rehabilitation, a patient must be able to participate in at least three hours of various forms of therapy: physical, occupational and speech. A few examples of patients who would benefit from acute rehabilitation include stroke patients, amputees or other trauma patients.





## Long Term Acute Care (LTAC)

There are multiple LTAC options available.

# Understanding the patient transfer process

Consideration for transfers within the hospital occur upon admission and continues throughout the hospital stay and through the discharge process.

Transitions within the hospital can be driven by a multitude of factors including:

- › medical conditions
- › bed availability
- › infection processes
- › floor specialities
- › need for therapy
- › staffing availabilities

To the observer it may appear that your loved one is not ready for the next level of care, however careful consideration is given by the physician in determining the next step in their recovery process. It is not uncommon for your loved one to be transferred from a critical care area to another, then to a medical floor or to a sub-acute facility all within the same day.

When the physician deems a patient is medically stable but can not safely return home, the most common option may be an skilled care facility. Skilled nursing facilities are also known as extended care facility (ECF) or sub-acute rehab (SAR).


### **Skilled Nursing Facility**

These facilities are often referred to as sub-acute facility, nursing home, or convalescent home. Skilled nursing facilities provide low intensity skilled care in the form of nursing services or rehabilitation to chronically ill patients. Patients who may be transferred from an acute hospital to a skilled nursing facility include patients who require ongoing antibiotic therapy or low levels (0.5-1 hour) of rehabilitation therapy such as physical and / or occupational therapy.

## How you and your family can help ensure a safe transfer

If you have been presented information on an skilled nursing facility – it is likely that your physician feels this to be a safe plan for discharge from the hospital.

- It is important to visit these facilities, as soon as possible.
- Each skilled nursing facility is different and provides services unique to their patients. Some specialize in rehabilitation, memory care or other complex medical conditions.
- Ask questions; observe the people and the feelings you get when you walk through the door.
- Explore whether or not it will be a permanent living situation. Example: long term care versus short term care facility. Medicare guidelines indicate that patients can qualify for “up to 90 days” of care. The benefits are based on an individuals needs and the progress being shown. All insurance payors have different criteria and must authorize the admission.
- Ask family members and friends for recommendations regarding skilled nursing facilities.



Please contact your case manager or social worker  
if you have any questions or concerns

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