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| Subject: Leave of Absence / Therapeutic Pass | Effective Date:  Revised Date:  Revised Date:  Revised Date: |
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POLICY:

Given the usual short length of stay in a part A bed using a rehab model, LOAs will be limited to:

# A surgical post-acute follow-up visit or another specialist not available at the hospital.

# Scheduled Same-Day-Surgery or test(s) at another site but the hospital where the SB program is operated from.

# A significant life activity that would impact the patient if he/she could not attend i.e.: wedding or funeral of a family member or close friend.

# With purpose of a therapeutic pass to assess patient’s new learned skills when in the community or back home.

PROCEDURE:

# The following procedure applies to post-acute physician visit, specialist consultation, dialysis, SDS or other tests.

## Discuss delaying post-surgical visits with SB provider to post SB discharge if the patient is stable. If approved by the primary physician, then call the surgeon’s office to ask for delay.

## If the primary physician or the surgeon do not want to delay the visit post discharge, and the patient’s family/significant other will be doing the transport, ensure the following:

### Presence of a physician order

### Patient and family member have been trained in key areas of care specific to the situation such as safe transfer from w/c to chair, car transfer etc.

### Patient or representative signs a liability form

## If a trained staff member is to accompany the patient, then that is also needed with the physician order.

# A therapeutic pass is sometimes recommended by the rehab team for a community outing to test patient/s skills while accompanied by family in-regards to the functional goals or capability/readiness to be discharged to home. This process may assist the team in determining what they should concentrate on further before discharge. This Leave of Absence requires a physician order, and training from the staff for continuum of care.

# A therapeutic pass is also sometimes recommended by the rehab team for an overnight stay at home to determine the patient’s and care giver readiness to be discharged to home vs LTC.

# In either case (same day or overnight), the following is required:

## A physician order,

## Patient and family member have been trained in key areas of care specific to the situation such as safe transfer from w/c to chair, car transfer etc. and documented.

## Patients/family are told what to report on when returning to the unit.

## Patient or representative signs a hospital liability form with expected return time.

# Notify the business office if the patient was not in bed at midnight due to a procedure/same day surgery at another hospital that did not return the patient by midnight or an overnight rehab LOA to ensure that CMS is not billed for that day.

# [Process – document here what forms the hospital requires for liability and LOA form and attach such form.]