

## UCI Health Rehabilitation Hospital FAQs

### Ancillary Support & Services

- 1. Will there be ancillary support staff such as a PICC line, nurse lab, wound care nurse, X-ray techs?**
  - Ancillary support will depend on purchased service agreements (PSAs) established with Lifepoint.
- 2. Do we have any ancillary departments in-house?**
  - Yes, EVS and Nutrition will be in-house.
- 3. When consultations are needed (e.g., psych consults), will specialists be available on-site?**
  - Yes, specialists will be available on-site for consults.
- 4. How many PM&R attending and resident physicians will be available?**
  - Physician staffing will vary with census levels.
- 5. How does emergency transport work (EMS)?**
  - Emergency transport will go through 911 calls and will result in transport to the nearest hospital.

### Hiring & Human Resources

- 1. Will current UCI Health ARU employees need to reapply to work at the new rehab facility?**
  - No. Identified ARU positions are relocating to the new facility.
- 2. Is it mandatory for the therapist who currently works in the ARU to go to the new ARU? If not, what needs to be done if they desire to stay at the Orange location**
  - This is still being reviewed for process.
- 3. Will staff moving to the new rehab hospital still be UCI Health employees? Will there be any changes in benefits, pay, or job titles? Will we keep our union?**
  - Yes, staff will remain UCI Health employees. No changes are expected in benefits, pay, or job titles. PTO and all benefits will be carried over. Staff will remain part of the union.

2. **If staff move to the new rehab facility and later experience dissatisfaction with workflow, management, or other concerns, will they be allowed to transfer back to a UCI location?**
  - Transfers are only possible if there are open positions available elsewhere.
3. **Is there a referral bonus for staff who refer candidates to the hospital?**
  - UCI may implement a referral bonus depending on recruitment needs, such as a low applicant pool. This will be assessed post-recruitment launch.
4. **Would you encourage staff to join the Southern California chapter of the Association of Rehab Nurses (ARN)? Is there any certification incentive?**
  - Yes, participation is encouraged, but incentive pay for certifications would be determined by the collective bargaining agreement.
5. **Will any current UCI ARU leadership transition to the new location, or will Lifepoint oversee operations?**
  - Some leadership will be from Lifepoint; others may be UCI employees. The following positions have been confirmed and will be from Lifepoint:
    - Chief Executive Officer
    - Chief Nursing Officer
    - Director of Therapy
    - Director of Quality
    - Director of Business Development
    - Director of Pharmacy
    - Director of Plant Operations

## Nursing

1. **What will the nurse-to-patient ratio be?**
  - The nurse-to-patient ratio will follow the State of California regulatory requirements.
2. **Will we be working with LVNs?**
  - Yes, LVNs will be utilized to supplement staffing as census increases.
3. **Will we have SHAs or CNAs, and what will the staffing ratio be?**
  - Yes, there will be 1-2 SHAs/CNAs per shift for general patient care.
4. **Does the nursing headcount include nursing assistants?**
  - Yes, the nursing FTE estimates do include nursing assistants.
5. **If patient census dips, will nurses float to other sites (e.g., Orange)?**
  - Potentially. The details are still being discussed, but floating would follow procedures outlined in the collective bargaining agreement.

## Rehab

1. **Will there be an onsite supervisor for PT, OT, and ST, or will supervision be provided via telecommunication?**
  - Yes, there will be an onsite Director of Therapy.
2. **Will group therapy sessions be offered?**
  - Yes, if clinically appropriate.
3. **How many primary PTs, OTs, and STs will there be? How many PTAs, OTAs, and SLPAs?**
  - Staffing will depend on hospital census levels.
4. **What are the expected work hours (e.g., 8-hour vs. 10-hour shifts)? Will there be flexibility?**
  - Work hours will vary based on individual schedules and FTEs. A full-time schedule typically includes five 8-hour days.
5. **How will caseloads be managed, and how many patients will each therapist or team manage?**
  - Caseloads and staffing will be determined based on census and clinical need.
6. **Will therapy staff be concentrated by area/diagnosis or expected to float across the unit?**
  - Staff assignments will be based on clinical needs and may include floating.
7. **Will there be specialized rehab equipment (e.g., Sara Stedy, tilt-in-space wheelchairs, slideboards)?**
  - Yes, equipment needs have been reviewed and input has been provided by the current ARU team.

## Facilities & Operations

1. **Is parking free, or will we need to take a shuttle?**
  - Parking details, including fees, are still being determined.
2. **What levels of rehabilitative care will be provided (e.g., acute, subacute, long-term)?**
  - The facility will offer acute rehab care with the average length of stay estimated at 10–12 days.
3. **Will patient rooms be private or shared?**
  - All rooms will be private.
4. **Will any patient rooms have ceiling lifts?**
  - Yes, some rooms will have ceiling lifts.
5. **Will ceiling lifts or unweighted systems be available in gym or shower spaces?**
  - An unweighted system will be available in the main therapy gym.
6. **Will the new hospital offer aquatic therapy?**

- There is currently no plan for aquatic therapy at the new hospital.
7. **Will there be a common gym or separate spaces (e.g., for TBI)?**
- Yes, there will be a large main gym and a separate TBI gym on the locked brain injury unit.