Township Hospital's philosophy "Quality care … close to home." We welcome the opportunity to serve you.

Services For Hearing Impaired And Communication Impaired Patients

The Ultratec TDD Telecommunications Device for the Deaf is available for use by deaf patients at Joint Township Hospital.

Sign Language Interpreter

This service is available for patients of Joint Township Hospital. The patient or his/her family may request this service by notifying the attending physician or a hospital staff member.

For additional information, please contact the TCU at:

Joint Township District Memorial Hospital
200 St. Clair Street
St. Marys, Ohio 45885-2494
Phone: 419-394-3335

Thank you,

jtdmh

Serving our community since 1953

Our Mission

is to always provide
— now and in the future —
high-quality, low-cost, sensitive healthcare that is properly housed, equipped and staffed to meet the primary, acute and rehabilitative health service needs of Auglaize County and our surrounding communities.

Quality care . . . close to home

For more information contact:

jtdmh

Joint Township District Memorial Hospital
200 St. Clair Street
St. Marys, Ohio 45885-2494
Phone: 419-394-3335 • Toll Free: 877-564-6897
www.jtdmh.org

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Transitional Care Unit

Skilled Nursing Facility

jtdmh

Joint Township District Memorial Hospital

Transitional Care Unit

The Transitional Care Unit at Joint Township Hospital is a 23-bed, hospital-based, skilled nursing unit designed to meet those ever changing needs of our residents and the health care system.

The "Hospital-Based" Difference

Located on the 6th floor of Joint Township Hospital, the Transitional Care Unit (TCU) provides a transition from the acute hospital bed to the resident's home.

The entire array of services at Joint Township Hospital are available to the patient, including physical, occupational and speech therapy as well as x-ray and emergency services.

As one of our residents pointed out, "It is so convenient here. You don't have to leave the building to be transferred from Joint Township Hospital to TCU. Physical therapy and other services are right on the premises."

Another added benefit of this continuity of care is access to the same physicians who treated the resident during their hospital stay.

Although the residents will continue to need the services of a physician, chances are that they will not see the physician quite as often as they did because their level of care is a step below the acute care setting. However, the nurse on TCU will keep the physician up to date on the resident's present condition.

Admission To The Transitional Care Unit

The resident's physician must initiate the transfer. Even though the resident will remain in the facility, regulations require residents discharge from Joint Township Hospital prior to admission to the Transitional Care Unit.

Medicare and insurance regulations require that the resident meet specific skilled criteria to qualify for admission to TCU.

What Is Skilled Care?

The Transitional Care Unit of Joint Township Hospital is Medicare certified and state licensed for skilled nursing care. Residents must meet the Medicare definition of skilled care. They must have been a patient in the hospital for three days and require the care of a licensed professional (such as a R.N.). The resident must require skilled services such as intravenous therapy (IV's), skilled observation, or rehabilitative services from licensed physical, occupational or speech therapists.

Joint Township Hospital Transitional Care Unit does not discriminate against persons on the basis of race, color, national origin, sex, handicaps or age.

Resident Centered Care

The Transitional Care Unit focuses on a resident centered system of care with involvement from the resident and family. A multi-disciplinary staff provides a team approach to care and includes physician, nursing, physical therapy, pharmacy, social services, and recreational therapy.

The multidisciplinary staff develops a plan of care to restore the resident to the best possible state of health and meets weekly to evaluate the resident's progress. Family members are encouraged to join in planning the resident's care. The staff also acts as teachers, instructing the resident in self-help techniques and the family in care of their loved one as he or she prepares to return home.

The TCU nursing staff has been specially trained in gerontological (care of the elderly) nursing and has had extensive experience in IV therapy, orthopedics and other rehabilitative care therapies. Residents are supervised by registered nurses 24 hours per day, seven days per week.

The Transitional Care Unit emphasizes the transition to home with 24-hour visitation for families and encourages residents to wear their own street clothes. Meals (including therapeutic) are available in the resident's room or the TCU's dining room.

The length of stay is based on the resident's overall recovery and the attending physician's judgement. Medicare and other insurance payors have regulatory requirements which must also be considered. The Transitional Care Unit is a "short-term care" facility.

The majority of the residents will return home; others may require transfer to a long-term care facility.

In summary, it is the TCU objectives for each resident:

- to prevent and minimize disabilities of illness,
- to promote, maintain and restore health,
- to maximize functional ability in areas of daily living.

The establishment of out Transitional Care Unit continues to be an extension of Joint

(continued)