

fall 10

reConnections

JOURNAL FOR WAKEMED REHAB

MEET SCULLY!

A VALUABLE MEMBER OF
PET ASSISTED THERAPY

// PLUS //

HEALTHWORKS HEROES
HOW THEY LOST WEIGHT AND
FOUND GOOD HEALTH

SPINE CAMP
HELPING TEENS SURVIVE – AND
THRIVE – AFTER BACK SURGERY

WakeMed 
Rehab

reConnections

JOURNAL FOR WAKEMED REHAB

Reconnections is published periodically for referring physicians and patients associated with WakeMed Rehabilitation. Reproduction or use, without permission, of editorial or graphic content in any manner is prohibited. Information in this publication is not a substitute for medical advice or treatment. Please see your doctor if you have any questions about your medical care.

Editor: Christopher Schmidt,
Senior Specialist, WakeMed Public
Relations

Contributors:

Becky Scolio

Kiecha Berzins

A publication of WakeMed
Health & Hospitals

President & CEO: William K. Atkinson,
PhD, MPH

Executive Vice President & COO:
Thomas Gettinger, MHA

Executive Director, WakeMed

Rehabilitation Services: Elaine Rohlik

Comments or request for removal from
the mailing list may be sent to WakeMed
Public Relations, 3000 New Bern
Avenue, Raleigh, NC 27610

Supporting WakeMed Rehabilitation Services

The WakeMed Foundation is the
charitable resource for WakeMed Health
& Hospitals. Often, gratitude for
outstanding care is expressed with a
financial contribution in honor of a
particular facility, service, unit or

caregiver. The Foundation welcomes
many types of contributions. A
Foundation representative will work with
you or your financial advisor to
determine the type of gift best suited to
meet your needs and wishes. For more
information, please call 919-350-7656
or visit www.wakemed.org and click on
Charitable Giving.

WakeMed Rehabilitation Locations

Inpatient Location

WakeMed Rehabilitation Hospital

3000 New Bern Avenue
Raleigh, NC 27610
919-350-7876

Outpatient Locations

WakeMed Raleigh Campus

Outpatient Rehab Program
3000 New Bern Avenue
Raleigh, NC 27610

WakeMed Healthworks

3000 New Bern Avenue
Raleigh, NC 27610

WakeMed Clayton Medical Park

555 Medical Park Place
Clayton, NC 27520

Alexander Family YMCA

1603 Hillsborough Street
Raleigh, NC 27605

Banks D. Kerr Family YMCA

2500 Wakefield Pines Drive
Raleigh, NC 27614

Cary Family YMCA

101 YMCA Drive
Cary, NC 27513

Kraft Family YMCA

8921 Holly Springs Road
Apex, NC 27539

WakeMed Wake Forest Road Outpatient Rehab Center

3701 Wake Forest Road
Raleigh, NC 27609

WakeMed North Healthplex

Physicians Office Pavilion
10010 Falls of Neuse Road, Suite 015
Raleigh, NC 27614

WakeMed Fuquay-Varina Outpatient & Skilled Nursing Facility

400 W. Ransom Street
Fuquay-Varina, NC 27526

WakeMed Zebulon/Wendell

Outpatient & Skilled Nursing Facility
535 W. Gannon Avenue
Zebulon, NC 27597

Home Health

WakeMed Home Health

2920 Highwoods Boulevard
Raleigh, NC 27604

To Make a Referral to WakeMed Rehab

Inpatient: 919-350-7876

Outpatient: 919-350-7000

CONTENTS

Fall 10

WAKEMED HEALTH & HOSPITALS REHABILITATION



Cover Story

4 // Sit! Stay! Heal!

How a Special Canine Helps Patients Rehab, Recover and Rejoin the Community

5 // The Best Way to Bounce Back

How Attitude, Work Ethic and Communication Impact Injury Recovery

6 // Home Safe Home

Modifying Your Home for Safety and Function

8 // Employee Spotlight

9 // Calendar

10 // WakeMed Outpatient Rehab and the YMCA

Together for Your Health, Fitness and Wellness

12 // WakeMed's Got Your Back

Helping Teens Survive – and Thrive – After Back Surgery

13 // Ergonomics IOI

Prevent Workplace Injuries

14 // What Providers Need to Know

Referrals & Outcomes and IRF PPS Rule FYI

16 // Healthworks Heroes



Sit! Stay! Heal!

How a Special Canine Helps Patients Rehab, Recover and Rejoin the Community

IT'S RARE TO SEE a highly trained therapist walk on all fours unless you are at WakeMed Rehab Hospital. Scully, a 75 pound Lab/Golden Retriever mix, is a Canine Companions for Independence assistance dog. Together, Scully and his handler, Elizabeth Penny, a licensed/certified recreation therapist, help rehabilitation patients become more independent in their therapy, homes and communities.

“Scully knows 44 commands,” says Penny. “He has been with my family and with WakeMed for almost three years and has made a difference in the lives of hundreds of patients.” As the star of the WakeMed Pet Assisted Therapy Program, Scully works with patients of all ages for three hours a day, five days a week. He works with approximately 18 patients a week. Most rehabilitation patients qualify for Scully’s services, which are available by therapist referral. He was trained by Canine Companions for Independence (CCI), a non-profit organization that enhances the lives of people with disabilities by providing highly trained assistance dogs.

“Patients who are interested in obtaining a service dog can practice facilitating commands with Scully to affirm that a service dog is right for them before they begin the extensive application process. Scully has helped patients improve their memory and word retrieval, their socialization skills, balance and range of motion. Patients who have worked with Scully often experience more self-confidence and the motivation to participate in daily life activities.”

Scully wears a special vest that identifies him as a service dog. When you see a dog wearing such a vest, please remember that the dog is working. Do not pat the dog. Service dogs like Scully get lots of love and attention from the patients they help and the family who cares for them.

Scully will work with WakeMed Rehab Hospital patients for eight years. Then, he will retire to simply become the Penny family dog. “Scully works hard at WakeMed, but, believe me, he has a lot of fun at home, doing the things normal dogs do,” says Penny. “We’re lucky to have him as a member of our family and as a staff member at WakeMed.”

The Best Way to Bounce Back

How Attitude, Work Ethic and Communication Impact Injury Recovery



REHABILITATION FROM AN INJURY is hard work – often, much harder than people expect. The right attitude, work ethic and communication can significantly enhance recovery.

“Understanding the time frame required for recovery after an injury is very important,” says Mark Wood, MD, an orthopaedic surgeon with Wake Orthopaedics. “For example, a broken bone may require two to three months of healing prior to return to full activity, while a strain or sprain will recover much faster.” Injuries that require surgical treatment have variable recovery periods. “Even though many surgical procedures are performed on an outpatient basis with minimally invasive arthroscopic techniques, the time required for repaired structures to heal has not changed,” notes Dr. Wood. “Typically, a commitment to physical therapy after surgery is a major factor in determining a successful outcome. Many knee and shoulder surgeries require four to six months of rehabilitation. Unfortunately, trying to return to full activity sooner increases the risk of re-injury, more down-time, and potentially, more surgery.”

Long-time physical therapist Jay Goodman, PT, SCS, with WakeMed Outpatient Rehab – Alexander Family YMCA offers his important insights about injury recovery. Evidence suggests that people who suffer an injury and go through the rehabilitation process can also experience stages of grieving due to loss of function. These emotions include denial, anger, bargaining, depression and finally, acceptance of the injury, according to Goodman.

“Our first visit with a patient involves an evaluation of their physical limitations and education about the therapy process,” says Goodman. This first visit is also when patients realize that injury recovery takes lots of time and hard work. Therapists see a range of emotions during the first few visits: denial that rehabilitation will take as long as prescribed, anger and distrust of the therapy process, and bargaining with the therapist to make the process shorter or easier.

“The patients who have the fastest, most successful recoveries are the ones who reach the acceptance stage in a reasonable timeframe,” says Goodman. “Once the right attitude is established, the patient’s progress depends on their personal work ethic.” Therapy often involves homework – exercises that patients are required to do at home as part of the rehabilitation process. “Steady, painless progress is what we are looking for,” says Goodman, whose mantra is “Work to the pain, not through the pain.” Goodman notes that a patient’s progress indicates if they are overdoing or under-doing their homework.

Finally, Goodman stresses the importance of good therapist-patient communication. “It’s important to establish trust with patients so they know they are safe in your care and can be honest about what is working for them.”

Rehabilitation to recover from an injury is not easy, but it is essential to quality of life. A can-do attitude, commitment to the therapy plan and good patient-therapist communication translate into a quicker recovery and return to the things you love to do!



Home Safe Home

Modifying Your Home for Maximum Safety and Function

YOU HATE TO THINK IT, but it's true: your home can become a dangerous place after an injury or debilitating illness. Michael Carter, an occupational therapist with WakeMed Health & Hospitals, offers the following tips to improve the safety and functionality of your home if you have physical challenges.

Prevent Falls

"Falls that cause re-injury or a new injury are the biggest concern," says Carter. "There are easy fixes to help you avoid falls." Carter suggests that you:

- > Remove throw rugs or secure them with skid-proof backing.
- > Keep floors and stairs free of clutter.
- > Put non-slip mats in showers and bathtubs.
- > Place a seat or bench in the shower or tub.
- > Arrange furniture so that it is easy to navigate.
- > Have uneven sidewalks and walkways outside your house fixed.

- > Make sure any steps leading up to your house are sturdy and in good shape.
- > Paint slippery outdoor steps with a mixture of paint and sand to improve traction.
- > Improve lighting in your home, particularly if you are older. Senior adults need four times as much light than younger individuals.

Doorways

- > Make sure doorway thresholds are no more than a half inch high.
- > Place a bench near the door to place purchases or belongings on instead of the floor.
- > Widen internal and external doorways if you use a walker or wheelchair. Swing-clear hinges may be an inexpensive solution for a doorway that is just a little too narrow.

Get a Grip

Arthritis and hand injuries make gripping handles, utensils and other everyday items difficult.

- > Use kitchen utensils with large grips. They are sold in home stores.
- > A single-head shower control is easier to grasp than faucets.
- > Use handheld shower heads that have a pause or trickle button.
- > Lever handles – rather than door knobs – are easier to turn.
- > Install railings on both sides of stairways.

Grab Bars in the Bathroom

The Americans with Disabilities Act defines where grab bars need to be placed in businesses, but those regulations do not apply to homes. “Install grab bars where you know you will need them in the bathroom,” says Carter. Carter also suggests replacing towel bars with grab bars. “We often see towel bars that have been pulled off the wall because a person tried to use them for support,” Carter says. Home improvement centers sell grab bars that look like towel bars for a more home-like appearance. To avoid wrist and hand slippage between grab bars and the wall, be sure that grab bars do not stand off the wall more than an inch and a half. Carter also notes that there are

some cost-saving options for grab bar installation. “Contractors can use special hardware that doesn’t need to be screwed into a wall stud. It makes installation less expensive and effective.”

Ramps

- > For every inch of rise, there needs to be 12 inches of sloped surface.
- > The platform at the doorway needs to be level and at least five feet square.
- > Guardrail specifications are determined by local building codes.
- > Include a protection strip that is at least three inches high along the edge of your ramp.
- > The ramp should be wider than 36 inches. A 42-inch width is desirable.
- > Use 2”x 6” boards or decking boards installed horizontally. Do not use treated plywood.

Reassurance

You might be nervous about being alone in your home. Here are a few things you can do to calm your fears.

- > Purchase a medical alert device that you wear around your neck and push if you fall.
- > Arrange to check in by phone on a daily basis with a neighbor, friend or family member.
- > Have a home security system installed.



Brent Selman

Manager, Outpatient
Rehabilitation

IT'S INTERESTING THE WAY one career can lead to another. Brent Selman learned about physical therapy during his many years as a professional ice hockey player. "At the end of my career, I was in rehab more than I was on the ice," says the Sarnia, Ontario, Canada native, who suffered a complete shoulder separation.

Selman built on his degree in human kinetics from Wilfrid Laurier University in Waterloo, Ontario, Canada, by pursuing a physical therapy assistant degree and eventually a master's degree in business administration. He came to North Carolina with a National Hockey League (NHL) program that helps abused children channel their anger and build self-esteem.

Selman joined the WakeMed Rehab team as the manager of Rehab Services North Healthplex, WakeMed Zebulon and WakeMed's YMCA locations. In addition, he is the head coach of the Duke University Ice Hockey team. Selman has been named Atlantic Coast Conference Hockey League Coach of the Year three times and has led the Blue Devils to two league championships. He also continues his work with the NHL as head instructor for the Carolina Hurricanes youth summer camps.



Brain Injury Support Groups

Raleigh – Meets the third Tuesday of each month at 7 pm in WakeMed Conference Dining on the WakeMed Raleigh Campus. For more information, please call the Brain Injury Association of North Carolina at 919-833-9634.

Cary – Meets the first Monday of each month from 6:30 to 8 pm at WakeMed Cary Hospital Conference Room A. For more information, call 919-460-9094.

Cardiac Rehabilitation

This is a state-certified, medically directed program offered to people who have suffered either a cardiac event or are at risk for developing heart disease. For more information, please call Healthworks at 919-350-8602.

Club REACH

Membership program designed for individuals with activity limitations who are independent with self-care and medical-care needs. Provides assistance and support with social, health, fitness and recreational needs. Meets every Tuesday and Thursday at WakeMed Raleigh Campus. Membership rates: \$125 per month for one day per week and \$250 per month for two days per week. Applications for financial assistance are available upon request. For more information, call 919-350-2997.

CVA (Stroke) Support Groups

Raleigh – Meets the second Tuesday of each month from Noon to 1 pm at the WakeMed Raleigh Campus. For more information, call Tonya Gable at 919-350-4163.

Clayton – Meets the third Wednesday of each month from Noon to 1 pm at WakeMed Clayton Medical Park. For more information, call Bethanne Downhower at 919-350-4174.

Cary – Meets the first Monday of each month from 6:30 to 8 pm at WakeMed Cary Hospital Conference Room A. For more information, call 919-460-9094.

MS Support Groups

Cary Support Group

Meets in the WakeMed Cary Hospital Conference Center. For more information, call Mary Ann at 919-779-2101.

Raleigh Day Group

Meets at Trinity Baptist Church, 4815 Six Forks Road, Raleigh. For more information, contact Lyn at 919-550-9634.

Raleigh Evening Group

Meets at Applebee's at Celebration Station off of Six Forks Rd, Raleigh.

For more information, contact Holly at 919-779-3487 or Cherry at 919-850-9324.

African-American Group

Location and meeting times vary. For more information, contact Michelle at 919-844-6664.

Triangle Men's Group

Meets at Raleigh Neurology Associates the second Friday of each month. For more information, contact Dave at 919-662-4236.

For additional information, contact the National Multiple Sclerosis Society, Eastern North Carolina Chapter at 919-834-0678 or check the web at nationalmssociety.org.

Spinal Cord Injury Support Group

Meets monthly at WakeMed Raleigh Campus. For more information, please call Karen Vasquez at 919-350-8137.

Amputee Support Group

Meets the second Thursday of each month from 4 to 5 pm in the Health Park Classroom at WakeMed Raleigh Campus. For information, call Jennifer Reed, OTR/L, 919-350-5829 or Sheila McNair, 919-803-5956.



WakeMed Outpatient Rehab and the YMCA

Together for Your Health, Fitness and Wellness

INDIVIDUALS WHO RECEIVE THERAPY SERVICES at one of the WakeMed Outpatient Rehab sites located in area YMCAs enjoy free Y membership while they are WakeMed patients. This is one of the key benefits of the WakeMed Outpatient Rehab/YMCA partnership.

The WakeMed/YMCA partnership is a win for area residents, physical therapy patients and YMCA members alike. “WakeMed became the Y’s formal health care partner in February of 2006, but we had been working together on various programs long before that,” says Cathy Smith, PT, director of WakeMed Outpatient Rehabilitation Services. The focus of the partnership is to blend WakeMed’s medical expertise with the YMCA’s focus on adult and youth exercise and group activities to improve the health, fitness and

wellness of the Triangle. The partnership creates convenient access to quality physical rehabilitation services, health awareness and screening opportunities throughout the area at YMCA locations. Physical and occupational therapy, speech-language pathology, health fairs, nutrition and diabetes education, blood pressure and cholesterol screenings, wellness profiles, bone density testing, and educational seminars are some of the opportunities made possible by the partnership. “It has been so exciting to work together with the YMCA to help others live healthier lifestyles,” says Linda Barrett, WakeMed’s manager of the YMCA Partnership. “Our partnership has enabled us to work closely with the YMCA staff to offer a variety of training activities, events and education that benefits the entire community.”



An important aspect of the partnership is the location of WakeMed Outpatient Rehab facilities in several YMCAs throughout the Triangle. Staffed by licensed therapists, WakeMed Rehab offers a full-range of therapy services for those experiencing pain or a loss of physical function as a result of injury, surgery, illness or disease.

Services by Y site are:

- > **AE Finley YMCA** – Aquatic therapy
- > **Banks D. Kerr Family YMCA** – Physical and aquatic therapy
- > **Cary Family YMCA** – Physical and aquatic therapy
- > **John M. Alexander Family YMCA** – Physical and aquatic therapy
- > **Kraft Family YMCA** – Physical and occupational therapy for adults and specialized children’s rehab therapies for physical, occupational and speech therapies

“Rehabilitation extends beyond formal therapy sessions,” says Jay Goodman, PT, SCS, WakeMed Outpatient Rehab – Alexander Family YMCA.

“Because of our partnership, our therapy patients get to use the Y to enhance their recovery process and hopefully instill lifelong wellness routines.

This has made a big difference for a lot of our patients.” Goodman notes that the YMCA staff is very professional and highly skilled in assisting patients with their exercise regimen. Patients have access to state-of-the-art equipment, exercise classes and the pool to help them regain mobility and form ongoing fitness routines.

Benefits for WakeMed patients receiving therapy include a complimentary membership during their recovery process as a patient at the YMCA, and a free 30-day membership to the YMCA after therapy is completed. WakeMed therapy patients at the YMCAs can also access child care services at each site. Detailed information is available at each site.

Rehab therapy evaluations and treatments are available throughout Wake County with a physician referral. For a list of contracted insurance carriers, visit www.wakemed.org

For questions or to schedule a rehab appointment at your local YMCA, please call 350-3800 for Kerr and Alexander YMCAs or 350-1875 for Kraft and Cary YMCAs.

WakeMed's Got Your Back

Helping Teens Survive – and Thrive – After Back Surgery

A SPINAL DISORDER CAN HAVE A DRAMATIC IMPACT on your life – particularly if you are a child or a teen. Thanks to WakeMed Rehab and Raleigh Orthopaedic Clinic (ROC), teens who have spinal issues and their families have a special outlet just for them: WakeMed Spine Camp. Through the Spine Camp, WakeMed and ROC are working together to connect children, teens and families with medical specialists to talk about the emotional and physical impact of scoliosis and other spinal disorders.

“We want to bring together young people and their families so they can meet each other and serve as resources to help each other,” says Keith Mankin, MD, a pediatric orthopaedic surgeon with Raleigh Orthopaedic Clinic. “It’s a mix of kids at different stages of their treatment and recovery. Some are wearing braces, and others have undergone surgery or are just about to. Regardless, it’s an event that offers support and networking to everyone affected.”

Through the WakeMed Spine Camp and the Back Talk Support Group, WakeMed brings together children, teens, families and medical specialists to talk about the emotional and physical impact of scoliosis and other spinal disorders.

During the half-day session, patients talked with each other about their conditions and the emotional and physical side effects. Meanwhile, WakeMed pediatric orthopaedists, therapists and child life specialists were also on hand to discuss treatment options, pre- and post-surgical exercises, brace information, and nutrition for patients who are preparing for surgery. Participants received t-shirts that had a spine diagram on the back and the words, “Been there, done that” or “Construction Underway”, depending upon their surgical status.

For information about the next Spine Camp, email Cathy Smith, director of Outpatient Rehabilitation Services, at csmith@wakemed.org.

BACK TALK: SUPPORT GROUP FOR TEENS WITH SPINAL DISORDERS



Back Talk, a scoliosis support group, was created by a former Enloe High School student, a pediatric orthopaedist with Raleigh Orthopaedic Clinic and WakeMed Outpatient Rehab. The Back Talk group is facilitated by Mara Howard-Williams (left). Mara was diagnosed with scoliosis when she was 13. As a dancer, Mara was worried about her flexibility after the surgery, but, one week after the procedure, she was back to

dancing. “Before I had surgery, I wish there had been others I could talk to,” says Mara. “Your doctors tell you everything will be fine, but it’s just nice to hear it from someone who has been through it, too.”

Back Talk meets from 10 to 11 am one Saturday a month at the WakeMed Health Park on the Raleigh Campus, 3000 New Bern Avenue. If you would like to attend Back Talk, email info@backtalkconnection.org.

Ergonomics 101

Prevent Workplace Injuries

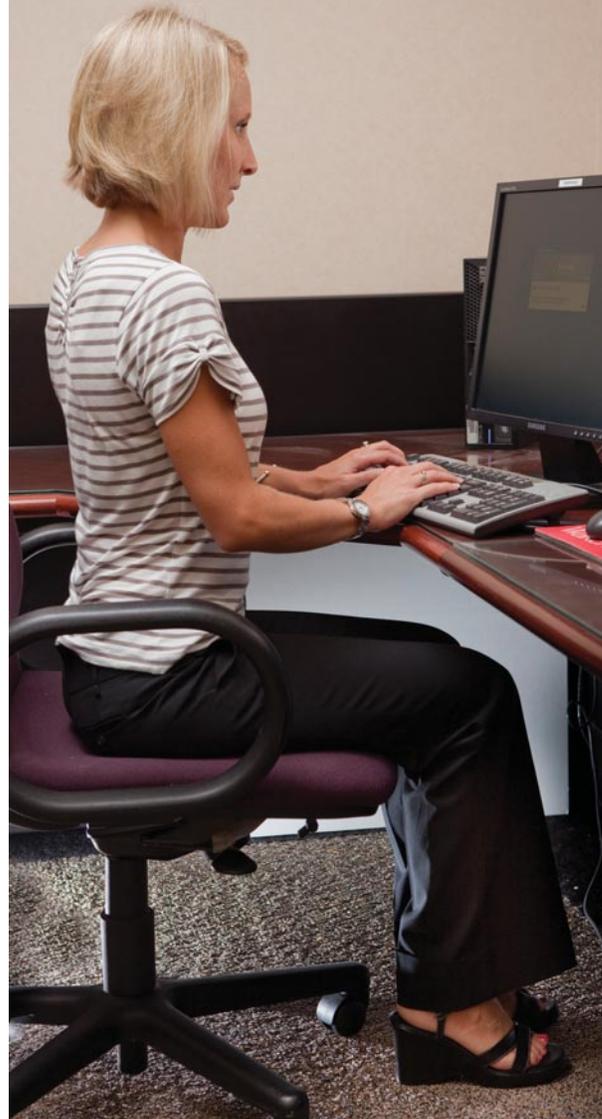
RECENT STATISTICS FROM the National Institute for Occupational Health and Safety reveal that 11,500 U.S. workers suffer non-fatal, work-related injuries and illnesses each day. Approximately half of these incidents require time away from work, a job transfer or work restrictions.

“A lot of workplace injuries can be avoided if people take the time to plan their movements,” says Jay Goodman, PT, SCS, with WakeMed Outpatient Rehab – Alexander Family YMCA. Knowing the correct posture to assume when seated at a computer, using the correct lifting techniques and stopping to think about your movements and position several times a day can help you stay injury-free.

Goodman offers computer users the following tips to avoid workplace injury.

Computer Comfort

- > **Chair and feet** – Sit in a comfortable chair with both feet on the floor.
- > **Lumbar support** – Many office chairs have built-in lumbar support. If your chair does not, simply fold a bath towel into a 12” x 12” square and place it between your lower back and your chair back.
- > **Straight plane** – Your computer screen should be eye level, and your hands should be parallel to your keyboard.
- > **Phone** – Your phone should also be located straight ahead of you so that you do not have to twist to reach it. Use a headset if you are on the phone a lot or have neck problems.
- > **Mouse** – Your mouse should be close to your dominant hand.
- > **Laptops** – Don’t use them in bed. Make sure you use them on a sturdy surface.



WAKEMED REHAB CARF ACCREDITATION



WakeMed Rehab is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) International. CARF

reviews and grants accreditation services nationally and internationally, upon the request of a facility or program, against rigorous standards. Organizations that meet these standards are among the best available and clearly demonstrate an established pattern of excellence in the care they provide. In addition to general rehabilitation programs, the WakeMed Rehab Brain Injury, Cerebrovascular Accident and Spinal Cord Injury programs have also received specialty accreditation.



WHAT PROVIDERS NEED TO KNOW

WakeMed Rehab Hospital: Annual Referral Patterns & Outcomes

WakeMed Rehab is pleased to share the following information with providers and patients throughout the communities we serve. Our focus is on constant quality improvement, exceptional patient service and safe patient practices.

This information is derived from WakeMed Rehab Hospital patient discharge data from July 1, 2009 through June 30, 2010. The total number of patients represented is 1,785.

Thank You for Your Referrals

- > **Total referrals:** 3,880
- > **Referral/admission conversion rate:** 46 percent
- > **Where do our patients come from?** 50 of North Carolina's 100 counties and 12 states in addition to North Carolina.
- > Approximately 60 percent of the patients who are denied admission to WakeMed Rehab are not admitted because they are either functionally too independent or their current functional status is at such a low level that they would not be able to actively participate in our program.

Outcomes of Note

- > **Rehabilitation hospital patients discharged to community settings.**
 - WakeMed Rehab: 77%
 - Regional Average: 76%
 - National Average: 75%(Source: UDSMR data)
- > **Rehabilitation Hospital patients transferred back to acute care during their stay.**
 - WakeMed Rehab: 8%
 - Regional Average: 10%
 - National Average: 10%(Source: UDSMR data)
- > **30-day, acute care hospital readmission rate:** Less than 8% of the 1,785 patients discharged during the rating period were readmitted to a WakeMed acute care hospital within 30 days
- > **WakeMed Rehabilitation Hospital inpatient satisfaction:** 92.4%; average patient satisfaction at other rehabilitation hospitals: 92.1% (Source: MedTel Outcomes)

WHAT PROVIDERS NEED TO KNOW

IRF Prospective Payment System Final Rule

Now in effect, the Fiscal Year 2010 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) final rule contains major changes for the medical rehabilitation industry. In fact, the medical coverage criteria (medical necessity criteria) for IRF patients have been completely revised.

Here are some important things providers need to know about the rule.

> Pre-admission Screening Requirements

- A more thorough evaluation of patient status prior to admission and expected ability to actively participate in and benefit from the IRF program.
- Pre-admission screening must be current and signed by a physician within the 48 hours just prior to admission.
- Consequently, there is increased burden on referral sources to provide WakeMed with current, pre-admission patient information.

> Patients are no longer allowed to “build up” to be able to participate in IRF programs.

- Patients must be able to participate in three hours of intensive therapy each day beginning at admission. If they cannot, CMS requires us to pursue discharge by the patient’s third day.

> Patients must require multiple therapies

• Patients must need therapy from at least two of the following disciplines:

- Physical therapy
- Occupational therapy
- Speech/language pathology
- Prosthetics & orthotics services

> Most IRF patients should be discharged to their homes or to a community setting

- The rule indicates that it should be a “rare occurrence” for an IRF patient to be discharged to an institutional setting. Therefore, IRFs may have to deny patients who report definite plans for an ultimate discharge to a skilled nursing facility.

> Patients can be admitted from home, skilled nursing facilities and other residential settings as long as they meet the medical necessity criteria.

- Don’t worry! At WakeMed Rehab, we do not expect referring facilities, physicians and case managers to discern the new criteria. Continue to send us your referrals. We will determine if your patients meet the new CMS requirements for IRF care.

To Make a Referral

Please call WakeMed Rehab Admissions at 919-350-7876 to refer to us.



[HEALTHWORKS HEROES] WakeMed patients, employees and members of the public are using Healthworks to make dramatic changes in their health.

Tammye Jackson

WakeMed Medical Laboratory Technologist



Tammye Jackson's journey to lose weight and get healthy began in a parking lot. "I was walking from the parking lot up to the hospital, and I got out of breath," she says. "I thought, 'Wow, I can hardly breathe. I wonder how much I weigh.'" She later stepped

on the scale and was surprised to see that her weight was much more than her 4'10" frame should carry.

Tammye made that decision 14 years and 130 pounds ago, and she credits Healthworks for helping her

continue to succeed. "Healthworks was a huge help," says Tammye. "They gave me a health assessment and tailored a workout plan to get me started on my weight loss journey. They also gave me eating and nutrition guidelines to get me on the right track. But above all, they gave me encouragement and help whenever I needed it." Tammye did not diet. She simply ate healthier, sticking to the National Food Pyramid guidelines.

Reasonable, attainable goals, consistency and resilience are the keys to Tammye's success. "Start with a reasonable weight loss goal. When you reach that, set another one and keep going," says Tammye. "Be consistent with your exercise routine, and remember that everyone falls off the wagon and has a bad eating day or they just don't feel like exercising. Don't get discouraged. Just know that tomorrow is another day and get back on track."