

Outpatient Rehab Scope of Service

WakeMed Outpatient Rehab Programs provide an integrated, comprehensive physical rehabilitation service utilizing evidenced based practice directed toward a population of individuals who have incurred loss of physical and /or cognitive function through illness, injury, or disease process. Treatment in the Outpatient Rehab Program would benefit these individuals in ways not otherwise possible by developing and restoring skills toward independence and decreasing the dependency effect on their families and communities. Services are provided in open treatment gyms, warm water and cool water pools, private treatment areas, fitness centers, quiet office spaces, outdoor treatment spaces and other appropriate space within the facility and in the community for community re-integration or home assessments as needed. Outpatient therapy services are available 4-5 days a week depending on location with some variations due to holidays and inclement weather events.

Treatment at WakeMed Outpatient Rehab Program is medically directed by a physiatrist and provided by a highly qualified professional staff designated specifically for the outpatient rehabilitation program. Treatment space and equipment are also specifically identified for provision of the rehabilitation program.

The treatment team includes at a minimum the person served and at least one professional rehabilitation clinician and may also include the following, dependent on the needs of the patient:

Family Members/Caregivers	Psychology/Neuropsychology
Rehabilitation Medicine	Clinical Case Management
Rehabilitation Nursing	Physical Therapy
Occupational Therapy	Speech-Language Pathology

Upon admission to the Outpatient Rehab Program each individual receives a comprehensive assessment, evaluation and Plan of Care by each team member initially involved in provision of his/her direct treatment. Patients, caregivers and primary team members identify treatment goals, discharge plans, planned treatment interventions, treatment intensity, frequency and duration beginning with the assessment phase. Progress and goals are discussed with the patient with each subsequent visit.

Patient and family involvement in the rehabilitation program begins during the preadmission and assessment phases and continues throughout the program. The treatment plan, progress and goals are regularly discussed with the patient and involved family/caregiver and focus on fostering self-management. Every effort is made to meet patient and family needs and goals through participation in the decision making process. Goal conflicts are addressed primarily through treatment sessions or Patient/Family Conferences but may also be addressed during family training sessions or other family contacts.

WakeMed Outpatient Rehab Programs consist of three program formats: single service, multi service and Day Treatment Programs.

- Single Service is defined by treatment by one therapeutic discipline only. The treatment team consists of the patient/family, treating therapist and referring physician. Other disciplines are available through consultation upon the request of the physician, treating therapist and/or patient/family.
- Multi Service is defined as treatment by at least two therapeutic disciplines. The treatment team consists of the patient/family, the treating therapists, and the referring physician, and rehab medicine. Multi-service patients are discussed in formal and/or informal team meetings as indicated/needed.

Day Treatment Program is defined by treatment from a minimum of two therapeutic disciplines: including physical therapy, occupational therapy, speech pathology rehab nursing, rehab medicine, and case

management. Please see Attachment 105 A2.1 Outpatient Day Treatment Scope of Services for specifics of this program.

If services not available within the Outpatient Rehab Program or the WakeMed system are needed, referrals, contracts or consultations will be made to provide patients with appropriate services which may include, but are not limited to:

- All medical, diagnostic and laboratory services offered at WakeMed or patients preferred provider
- Pediatric Services
- Orthotics and Prosthetics
- Department of Social Services
- Social Security Administration
- Community Support Agencies, Advocacy Groups, Support Groups
- Behavioral Health and Psychiatry
- Optometry
- Durable Medical Equipment
- Vocational Rehabilitation
- Audiology
- Spiritual Care Services
- Palliative Care
- Caregiver/Family Services
- Substance Abuse Counseling/Addiction Specialist
- Rehab Engineering
- Drivers Assessment and Education
- School System
- Nutrition

Provision is made to include all necessary consulting services, employers, payers, treating physicians, other healthcare providers and external case managers as members of the interdisciplinary team.

As needed, evaluation, treatment and programming focus on the functional areas of:

1. Health/Medical Stability Bowel function, Bladder function, Skin integrity, Sleep/wake cycles, Medication management, Wellness Promotion, Prevention of complications, contraindications
2. Psychosocial Support system, Education, Vocation, Patient/family understanding of illness, Patient/family coping/adjustment, Community and financial resources, Discharge planning
3. Behavior Social interaction, Self-control
4. Mobility Bed mobility, Transfers, Gait, Wheelchair mobility, Environmental barrier management
5. Self-care Feeding, Grooming, Bathing, Dressing, Toileting, Home management, Visual perception
6. Communication Auditory comprehension, Verbal/nonverbal expression, Speech intelligibility, Reading, Writing, Hearing, Swallowing
7. Cognition Orientation, Attention, Memory, Reasoning/problem solving, Visual/spatial
8. Leisure Leisure skills, social skills, Leisure/recreation participation, Resource awareness, Adaptive leisure

Treatment decision-making occurs as needed within a team process by evaluating patient needs and potential for improvement, program capabilities in meeting patient needs and community resource alternatives and availability.

Continued Care Planning occurs throughout the patient's program and includes, as needed:

1. Contact with the patient's primary or referring physician and/or hospital.
2. Early identification of a realistic discharge.
3. Assessment of accessibility and characteristics of the discharge environment and community.
4. Identification of family/primary caregivers.
5. Identification of and referral to community support resources.
6. Referral for continued rehabilitation therapy.
7. Referral to medical specialists.
8. Education regarding prognosis, prevention and wellness.
9. Referral to equipment, orthotic or prosthetic agencies.

Need for continued treatment is determined through treatment team decision-making and is based on:

1. Physical problems which can best be treated within the Outpatient Rehab Program.
2. Continued progress toward stated goals.
3. Expected improvement in function and independence.
4. Availability of alternative treatment or programming.

Discharge is planned when continued treatment is no longer necessary, treatment is no longer justified, and/or the patient and family are adequately prepared.

Upon discharge, each patient receives a follow-up plan including the following, as needed:

1. Ongoing exercise recommendations.
2. Injury and/or complication prevention.
3. Follow up medical recommendations.
4. Recommendations for activity levels.
5. Contacts with referred rehabilitative or healthcare agencies.
6. Contacts with referred financial and vocational assistance agencies.
7. Contacts with DME, orthotics or prosthetic agencies.
8. Educational service contacts.
9. Referral for psychosocial, adjustment and/or substance abuse counseling.
10. Community support groups/Advocacy groups.