Outpatient Rehab Day Treatment Scope of Service

WakeMed Outpatient Rehab Day Treatment Programs provide an integrated, comprehensive physical rehabilitation service utilizing evidence 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 Day Treatment Programs 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, therapy pool, private treatment areas, fitness center, Health Park, and/or 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, nursing, and case management services are available 5 days a week with some variations due to holidays and inclement weather events.

WakeMed facilities receive referrals from many sources including, but not limited to, private physicians, physiatrists, acute care hospitals, rehab hospitals, nursing facilities, home health agencies and follow up appointments from former inpatients and outpatients. WakeMed Rehab serves patients ages 4 and up, though younger children may be accepted after discussion and approval of Medical Director and Outpatient Rehab Director on a case-by-case basis.

Payer sources for WakeMed Rehab include both state and federal public payers (Medicare, Medicare Advantage Plans and Medicaid), private insurances, worker’s compensation, and self pay. Any payer requirements that potentially affect the provision of services are identified and communicated to the treatment team, including the person served.

Annually, WakeMed reviews market comparisons and establishes reasonable rates for services that include updating the Charge Description Master. Anticipated fees for services are discussed with patients individually prior to admission. This information is reinforced and provided in writing upon admission. Discussion of the financial impact of on-going services and services post-discharge is the responsibility of the case manager.

WakeMed Outpatient Day Treatment Rehab is offered at Raleigh Campus. Hours of service are Monday and Wednesday from 8am-5:30pm, Tuesday, Thursday and Fridays from 8-4:00 based on patient needs. Treatment at WakeMed Outpatient Rehab Day Treatment 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 Day Treatment Program Team 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. The team may also include the following, depending upon the needs of the patient:

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

The program provides for intensive therapy within an interdisciplinary team process. Team conference occurs on a monthly basis depending on need. The treatment team for patients in the Outpatient Rehab Day Treatment Program will meet for an initial team/clinical conference to discuss a Plan of Care based on realistic, achievable, functional goals, activity limitations, participation restrictions and planned interventions necessary for goal achievement in a realistic time frame. Through the case management
process, the Plan of Care is shared with the patient, family and with the individual’s insurer as necessary to facilitate ongoing care and collaboration.

Upon admission to the Outpatient Rehab Day Treatment 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, interventions, discharge plans, and treatment intensity, frequency and duration beginning with the assessment phase. Frequency of therapy services is based upon the individual rehab needs of the person served. 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. Discipline specific goals focused on fostering self-management are incorporated into the Plan of Care and are regularly discussed with the patient and involved family/caregiver. 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 the Case Management process or Family Conferences, but may also be addressed during family training sessions, individual treatment sessions, or other contacts with persons served and/or family.

If services not available within the Outpatient Rehab Day Treatment 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 Use 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.

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/insight, Community and
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

Treatment decision-making occurs 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 a patient no longer benefits from medically necessary and reasonably skilled therapeutic interventions, whose rate of progress is not sufficient enough to justify skilled therapeutic interventions, patients undergoing medical procedures that may change their functional or medical status, by request of patient/family/guardian or physician, no longer meets admission criteria, and/or the patient and family are adequately prepared. Clients may also be asked to leave the program if their choices prevent them from making progress in rehab or put him/her or others at risk.

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/participation levels.
5. Contacts with referred rehabilitative or healthcare agencies.
6. Contacts with referred financial and vocational assistance agencies.
7. Contacts with DME, orthotic or prosthetic agencies.
8. Educational service contacts.
9. Referral for psychosocial, adjustment and/or substance abuse counseling.
10. Community support groups/advocacy groups.