

# WakeMed Rehab

[PATIENT/FAMILY EDUCATION]

WakeMed Rehab is a strong link in the world-class WakeMed health system. All WakeMed rehabilitation services – including in-hospital medical care, inpatient rehab, day treatment, outpatient rehab and home health – are connected, forming a smooth, well-defined path to your recovery.

We call this a continuum of care. For our patients, this means we'll be with you every step of the way on your journey to maximum rehabilitation and independence.

## RESTORING YOUR STRENGTH AND SPIRIT

Inpatient rehabilitation is an important part of the full range of rehabilitation services provided by WakeMed Rehab. Once you enter our doors, we will work to increase your independence, so you can return to doing the things that are important to you.

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## [ W A K E M E D R E H A B H O S P I T A L ]

WakeMed Rehab Hospital is a 98-bed, state-of-the-art inpatient rehabilitation program that will help you if you have recently had a stroke, brain injury, spinal cord injury, amputation, orthopaedic condition, other physical trauma or medical complication. Our goal is to help you become as independent as possible so that you can return to daily life. WakeMed Rehab offers a team of experts (what we call an interdisciplinary team) to lead you through your rehabilitation program. This team approach works to make sure you are getting the best possible care.

WakeMed Rehab Hospital welcomes the involvement of your family members and encourages you to ask questions and to get to know the staff. We are eager to help you with your concerns or needs. If you or your family members have any questions or concerns regarding your treatment program, please feel free to discuss them with your nurse, therapist or case manager.

We want to create a comfortable setting for you and your family. Please let us know what we can do to improve your stay.

### W A K E M E D R E H A B A N D H O W I T B E N E F I T S Y O U

As a patient in the rehab hospital, you will share in designing a recovery program to help you return to as normal a life as possible. You and your interdisciplinary team will plan activities and treatments that will best help you during your recovery period.

You will participate in a daily schedule of therapy consisting of a minimum of three hours of physical, occupational, and, if appropriate, speech therapy services. You will receive nursing services around the clock. You may also be involved in neuropsychology, therapeutic recreation, community re-entry activities, counseling and education programs. The staff may coordinate community outings that may include shopping, visiting a park, bowling, or enjoying a meal at a restaurant.

Your therapies are all offered on-site in the WakeMed Rehab Hospital. We have comprehensive rehabilitation gyms where you will go for occupational and physical therapies. Our speech and language therapy program will help you with any speech, language, cognitive, eating/swallowing, or facial movement problems you may have.

Most of our rooms are semi-private, so you will more than likely have a roommate and you will be invited to eat with other rehab patients in one of our dining rooms. Your food will be prepared according to your specific dietary needs.

Your therapy program will formally begin the day after admission. You will get a daily therapy schedule to carry with you to your treatment sessions. The nursing staff and therapists will help you get to your scheduled appointments.

## [ YOUR EDUCATION NOTEBOOK ]

This education notebook is provided to help organize written materials you may get from various members of your treatment team. We are committed to meeting you and your family's educational needs so that you can actively participate in the overall rehabilitation plan.

We encourage you to share these materials with your family to help them learn more about your rehabilitation. They may take these materials home to read, but you will want to keep the notebook with you in the hospital so that materials can be added throughout your stay.

This notebook is for you to keep, so feel free to add your own information. We hope that it will be a resource for you and your family during and after your stay at WakeMed Rehab.

[ I M P O R T A N T P H O N E N U M B E R S ]

W A K E M E D R E H A B

**Elaine Rohlik**, Executive Director,  
WakeMed Rehab & Trauma Services ..... (919) 350-8852

**Beth Rudisill**, Director, Rehab Hospital ..... (919) 350-8864

**Alisa Dunn**, Manager, Rehab Therapy Services ..... (919) 350-6344

**Diane Gilewicz**, Manager, Rehab Nursing Services (2D) ..... (919) 350-6482

**Christine Fernandini**, Manager, Rehab Nursing Services (2C) ..... (919) 350-2879

**Renée Patton**, Manager, Rehab Nursing Services (3C) ..... (919) 350-8970

**Jeanne Dibbert**, Manager, Rehab Case Management ..... (919) 350-2945

N U R S E S ' S T A T I O N

2D ..... (919) 350-8787

2C ..... (919) 350-8850

3C ..... (919) 350-8818

WakeMed Administration ..... (919) 350-8109

Campus Police ..... (919) 350-8805

Department of Spiritual Care ..... (919) 350-8556

Cafe 3000 ..... (919) 350-8047

W A K E M E D R E H A B I L I T A T I O N H O S P I T A L

3000 New Bern Avenue  
Raleigh, NC 27610

## [ PATIENT COMPLAINTS / GRIEVANCE PROCEDURES ]

At WakeMed Rehab, you can be sure our programs and staff adhere to the highest standards of health care. WakeMed is accredited with commendation by The Joint Commission. WakeMed Rehab Hospital is also accredited by CARF, the Accreditation Commission for Rehabilitation Facilities.

We employ a select group of therapists and staff. Along with extensive experience, our team has solid credentials, specialized training and advanced certifications.

Specializing in rehab requires more than clinical qualifications. It takes a unique person with patience, the ability to communicate well, and the ability to motivate. These are the people who help you reach success, one step at a time.

### WAKEMED REHAB GRIEVANCE PROCEDURE

WakeMed Rehab encourages you to ask questions and to get to know the staff. We are eager to help you with your concerns or needs. If you or your family has any questions or concerns regarding your treatment program, please discuss them with your clinical case manager (the staff member assigned to work with you and your family and act as a liaison between your family and your treatment team). If you have a complaint, please share your concern with any team member. If your complaint cannot be promptly resolved, WakeMed Rehab

management will conduct an investigation and respond to you in writing within 10 business days. If you would like to file a formal grievance, you may call or write to: Elaine Rohlik, MD, Executive Director  
WakeMed Rehab  
3000 New Bern Ave., Raleigh, NC 27610  
(919) 350-8852

Dr. Rohlik will respond through a scheduled appointment or in writing within 10 business days of receiving your grievance.

### ETHICS COMMITTEE

There may be a time when you have to make a difficult health care decision for yourself or a loved one. WakeMed has an Ethics Committee to help you. This group is made up of physicians, nurses, a hospital chaplain, representatives from social work, administration and the community. Committee members are trained and prepared to listen to your case objectively. They will never come up with a final answer or tell you what to do. The Ethics Committee exists to help everyone involved make the best decision possible. For a more detailed brochure, ask your nurse or clinical case manager, or call the Department of Spiritual Care at (919) 350-8556.

## [ PATIENTS' RIGHTS AND RESPONSIBILITIES ]

### PATIENTS' RIGHTS

#### **Access to Care and Communication –**

Patients are admitted to WakeMed facilities without regard to race, religion, sex, national origin, disability, or source of payment for care. Patients have the right to access protective services (i.e., guardianship, advocacy service, child or adult protective services) with support from the hospital. The hospital shall not impose restrictions on visitors, mail, telephone calls, or other forms of communication except for therapeutic reasons that are fully discussed with the patient or their authorized representative. The patient has the right to have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital.

**Respect and Dignity –** All patients have the right to care that is respectful and considerate of personal values and beliefs, paying attention to psychosocial, spiritual, and cultural needs as they relate to individualized patient care. Patients have the right to refuse to be observed or cared for by any person or group other than those directly responsible for their care. Patients have the right to expect treatments and procedures to be explained to them using the language or method of communication they best understand. They have a right to pastoral counseling. Patients have the right to be free of restraints of any form that are not medically or behaviorally necessary.

#### **Information and Participation in Decision Making –**

Patients are encouraged to become involved in all aspects of their care. They have the right to be informed of their diagnosis and course of treatment. Patients have the right to ask their doctor, nurse, or other health care professional for clarification. Patients have the right to refuse any prescribed course of treatment after they have been informed of the possible consequences of that decision, and their refusal will not affect access to care. Patients and families are educated about their role in helping to facilitate the safe delivery of care. Patients, and when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes. Patients have the right to access information in their medical record in a reasonable time frame.

**Informed Consent –** Patients (legally competent adult, parent/guardian of minor) have a right to have proposed treatments or procedures explained to them in a manner they can understand. Only after they give their voluntary consent will the procedure or treatment for routine, non-emergent care be provided. Patients asked to participate in a research project are given information on expected benefits, risks, alternatives, the procedure itself, and the right to refuse to participate without compromising their access to services.

**Conflict Resolution and Ethical Decision Making** – Patients have the right to voice complaints about their care, and to have the complaint reviewed, and when possible, resolved. Patients have a right to expect assistance in resolution of dilemmas regarding their care and treatment. Patients having a conflict or complaint should express their concern to the staff delivering care, the department manager, or the Chief Operating Officer of WakeMed at 350-8104. Patients can expect a written response from the hospital within 10 business days following the failure to resolve a complaint. They also have the right to lodge a complaint with the North Carolina Department of Health and Human Services at 1-800-624-3004. The address for patients wishing to send a written complaint to Division of Health Services Regulation, Complaint Intake Unit is:

2711 Mail Service Center  
Raleigh, NC 27699-2711

In addition, for grievances related to quality of care or premature discharge, patients have the right to request review by the North Carolina Peer Review Organization.

**Security, Privacy and Confidentiality** – Patients have the right to expect to be cared for in a secure environment free from all forms of abuse and harassment. Personal privacy will be respected in care delivery. Patients have the right to privacy and confidentiality regarding their treatment, care and medical record.

**Advanced Directives** – Patients of legal age have the right to express their wishes regarding treatment at any point in the care provided. Advanced Directives can include self-directed anatomical gift donations. In the absence of advanced directives, the hospital will offer information and education and will offer assistance in completing a written advanced directive.

**Pain Management** – Patients have the right to have their pain recognized and addressed appropriately. This includes information about pain and pain relief measures, a concerned staff committed to effective pain prevention and management, health care professionals who believe and respond quickly to reports of pain, and state-of-the-art pain management.

#### PATIENTS' RESPONSIBILITIES

**Respect and Dignity** – All patients have the responsibility to follow all rules and regulations established by the hospital system concerning patient care and conduct. If they have questions related to these rules, they should ask their care provider for clarification. All patients have the responsibility to respect the rights of other patients as well as hospital staff in both their conduct and the behavior of their visitors.

**Information and Participation in Decision Making** – All patients have the responsibility to provide complete and accurate information with respect to their medical history, present complaint, and any



other health-related issues that may have an effect on their course of treatment. They are expected to become partners in the development and implementation of their plan of care.

Once their treatment plan has been determined and communicated by the health care providers, all patients have the responsibility for following the plan of treatment. They are responsible for reporting to the responsible practitioner unexpected changes in their condition and perceived risks in their care. They should notify the health care provider if they have concerns about their ability to follow the treatment plan so the hospital can make every effort to adapt to the patient's specific needs and limitations. Where such adaptations are not recommended, the patient and family should understand the consequences of failing to follow the recommended course of treatment, or of using other treatment.

All patients have the responsibility to ask questions when they do not understand what they have been told or what they are expected to do. If a patient or family refuses treatment or fails to follow instructions, they are responsible for the consequences of that decision.

**Pain Management** – Patients have the responsibility for participating in their pain management. This includes communicating with the health care professionals about pain relief options, a pain management plan of care, measuring the pain, and what to expect regarding pain and pain management. They should ask for pain relief when pain first begins and tell the doctor or nurse if the pain is not relieved.

## [ CODE OF ETHICAL CONDUCT ]

The staff of WakeMed Rehab have developed and abide by a code of ethical conduct. This code of conduct is intended to guide staff behavior and interactions with all customers of the rehabilitation hospital. It has as its primary goal, the welfare and protection of the individuals and families with whom staff work. It is the individual responsibility of each staff member to aspire to the highest possible standards of conduct. The rehabilitation staff respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices.

### COMPETENCE

All staff strive to maintain high standards of competence in their work. They recognize the boundaries of their particular abilities and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training or experience.

### INTEGRITY

Staff is honest, fair and respectful of others. In describing or reporting their qualifications, services, products or fees, they do not make statements that are false, misleading or deceptive. Staff strive to be aware of their own belief systems, values, needs and limitations and the effect of these on their work.

### PROFESSIONAL RESPONSIBILITY

Staff uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior and adapt their methods to the needs of different populations. Staff consult with, refer to or cooperate with other professionals and institutions to serve the best interests of their patients.

### RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Staff respect the fundamental rights, dignity and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination and autonomy. Staff are aware of cultural, individual and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.

### MAINTAINING EXPERTISE

Staff who engage in assessment, therapy, teaching or other professional activities maintain a reasonable level of awareness of current evidence-based and professional information in their fields and undertake ongoing efforts to maintain competence in the skills they use.

## DOCUMENTATION, RECORDS AND DATA

Staff appropriately document their professional work in order to facilitate provision of services later by them or by other professionals, to ensure accountability and to meet other requirements of the facility or the law. Staff create, maintain, disseminate, store, retain and dispose of records and data relating to their practice in accordance with hospital policy and applicable law.

## F E E S   A N D   B I L L I N G

Staff do not exploit recipients of services or payers with respect to fees. Charges are set and authorized by the department of reimbursement and budget.

## C O N F L I C T S   B E T W E E N   E T H I C S A N D   O R G A N I Z A T I O N A L D E M A N D S

If the demands of the organization conflict with this Code of Ethics, staff clarify the nature of the conflict, make known their commitment to the Code of Ethics and, to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Code of Ethics.

## R E P O R T I N G   A N D   R E S O L U T I O N O F   E T H I C A L   V I O L A T I O N S

When staff believe that there may have been an ethical violation by another staff member, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights. Staff exercise professional judgement in notifying management of their perceptions. If an apparent ethical violation is not appropriate for informal resolution or is not resolved properly in that fashion, staff may take further action through the organizational management structure, human resource department and/or hospital grievance procedure.

## [ PATIENT SATISFACTION ]

We are committed to providing you with excellent care and quality service. We are constantly monitoring our system and programs and looking for ways to improve the service you receive. Throughout your stay, the staff will ask about your satisfaction with the care you are getting. We encourage you to be open and honest about how things are going and what you would like done differently.

Within 30 days after you leave, you may be contacted by our patient satisfaction consulting group, called PRC or Professional Research Consultants, who will ask you questions to see if you were satisfied with our program. You may also receive a telephone call from an organization called MedTel Outcomes. WakeMed contracts with them to gather both satisfaction and functional outcomes information. These calls are generally made 90 days after discharge. Our management team uses this information to plan our program development as well as improve our service delivery.

Members of WakeMed Rehab administration are available at any time to address concerns you may have throughout your hospitalization or after discharge. Any staff member will be able to direct you to the administrative office area.

## [ GENERAL HOSPITAL INFORMATION ]

### SMOKING

WakeMed Rehab is a smoke-free facility. Smoking is not permitted inside the building or on any WakeMed property.

### LAUNDRY

We encourage your family to take your clothing home to wash. The nursing staff may be able to wash any clothing that becomes soiled due to spills or bowel/bladder control accidents. You may be encouraged when appropriate to do your own laundry as part of your therapy. Your therapist will make the necessary arrangements.

### TELEPHONE

You will have your own phone in your room. To make calls within the hospital, simply dial the five-digit extension number. If you need assistance, dial "08000" to reach the hospital operator.

To make outside local calls, dial 9 + 919 + the local number. There is no charge for local calls.

To make long distance calls, dial 9 and then you will need to use your calling card.

We welcome you to use your cell phone throughout most of WakeMed. If you are unsure about using your cell phone in a particular area, please ask the nurse.

### MEDICATIONS

Your attending physician must prescribe all medications you will use while you are here. They will be dispensed by our pharmacy. This ensures your medications are coordinated by one health care professional. If you prefer to have certain medications, supplements or herbs, please discuss this with your nurse.

### MEALS

WakeMed's Food and Nutrition Services prepares all meals. If you would like to bring in outside food, please discuss it with your nurse ahead of time. Family members are welcome to bring their own food and join you during lunch and dinner in your room or in the larger dining area. The dining schedule is:

- Breakfast** – Served around 7:30 am in the patient dining area or in your room
- Lunch** – Served at noon in the patient dining area or in your room
- Dinner** – Served at 5 pm in the patient dining area or in your room

### YOUR ROOM

Your room is equipped with a telephone and television. Most rooms are shared, so you will likely have a roommate. A limited number of private rooms are available for patients with special needs or whose medical condition may require privacy.

## MAIL AND FLOWERS

Your mail and flowers will be delivered to your room each day. Your mail should be addressed:

Your name  
WakeMed Rehab - (your room number)  
3000 New Bern Avenue  
Raleigh, NC 27610

## CAFETERIA

Cafe 3000 is open from 6 am to 1 am daily.

## AU BON PAIN

Sunday – Thursday, open 24 hours;  
Fridays, 5:30 am to 11 pm;  
Saturdays, 6 am to 10 pm.

## CHAPEL

A meditation chapel is located on the third floor of the main tower between 3A and 3B. The chapel is available to you and your family at any time. Please ask your nurse for additional information on daily services. In addition, if you or your family would like spiritual support during your hospital stay, ask anyone on your treatment team to page the chaplain. Chaplains are sensitive to the diverse spiritual needs of patients of all faiths. Spiritual Care will also be happy to contact representatives of particular faith traditions upon request.

## PARKING PASS

Visitors or family members may request a 7-day discounted parking pass from the parking attendant. The cost for a 7-day pass is \$18.

Family members of patients who have been hospitalized at WakeMed for 30 days or more are eligible for free parking. Parking tickets may be validated at the E-Tower information desks.

## VISITING HOURS

Realizing the important role visits from family and friends play in the recovery process, visitation at WakeMed is open (no designated visiting hours). In general, you will be available to have visitors at any time. However, please expect that the focus of your day will be on completing your scheduled therapy sessions.

We also have Quiet Hours, which begin at 8 pm. During Quiet Hours, lights are dimmed and noise is kept to a minimum to further promote our healing environment.

We look forward to your family and friends' involvement in your recovery and welcome any suggestions that they may have regarding your stay at WakeMed.

## WIFI

Feel free to access the internet using WakeMed's guest network. The name of the network is "WakeMed".

## [ FAMILY CONTACT ]

With your permission, our clinical case management staff will talk to your designated family member regularly for various reasons, which include:

- Reports on your progress
- Educational information about your condition
- Supportive counseling
- Financial information
- Discharge planning assistance
- Community resource information
- Liaison services with interdisciplinary treatment team

We encourage families to select one person to serve as a contact. We will direct all information to that person and ask that he or she relay the information to other family members. Families may contact your clinical case manager at any time by phone. They may leave a message if the clinical case manager is not available, and their call will be returned as quickly as possible.

Your clinical case manager will also help you and/or your family in arranging meetings or contacts with other members of your treatment team through family observation and training sessions and family conferences as appropriate.

## [ FAMILY TRAINING ]

A critical aspect of the rehab process at WakeMed Rehab is for patients and families to understand the illness or injury as much as possible. We try to address this through a series of family education and training sessions.

We offer family training at various points during hospitalization. The first training session is for observation. This is scheduled early in your hospital stay and involves your family following you through your therapy schedule. The objective for this session is to familiarize your family with your daily routine and the treatment team working with you.

Another type of training session is for preparation for pass (a pass is when you are cleared to leave the hospital to go out in the community or home for a day visit). If appropriate, this is scheduled for your family to learn actual hands-on care you may need. It also gives you the opportunity to “show off” your progress. The objectives for this session include family participation in your care and preparation so that they may assist you while you are on a day pass outside of the hospital. Your family will again follow your regular schedule. During breaks in your schedule, other members of your treatment team may meet with you and your family as necessary.

The final, and most critical, type of training session is to prepare you and your family for your discharge (when you leave the hospital to return home or go to an appropriate facility). This training happens near the end of your stay at WakeMed Rehab. The focus of this session is to provide education and assistance to help you and your family prepare for your discharge. This training will help you tie up loose ends and address questions and concerns to ensure your smooth transition at discharge.

Many times only one training session is needed. In this case, all of your care needs and any questions your family may have will be addressed during this visit.

### THINGS YOU SHOULD KNOW

- Your clinical case manager will coordinate training sessions with your family and team.
- Family training is held during scheduled therapy sessions, so it's important that your family follow your wheelchair card schedule and be punctual.
- Family training is scheduled for one-half day unless otherwise requested by the team or your family.

Please direct all questions regarding training to your clinical case manager.



## THINGS FAMILIES SHOULD KNOW

- Park your car in the P1 visitor parking deck. During physical therapy training you may be asked to bring your car to the circular driveway to help your family member practice getting in and out of the car.
- Parking is free on family training days. Please bring your parking ticket with you and the Rehab receptionist will stamp your card.
- Please meet your family member in his/her room or scheduled therapy session, depending on the time of your arrival.

We hope family education will be a rewarding experience that will help you understand the rehab process and allow you to leave WakeMed Rehab feeling prepared to deal with life at home or at a nursing facility. If there is anything we can do to improve this process, please let your clinical case manager know.

## DAY PASSES

After evaluating you, your treatment team may recommend that you go home on a day pass. Day passes may be used on weekends between 10 am and 8 pm, following completion of any scheduled therapy sessions. A family member or other caregiver must have successfully completed training before a pass will be recommended.

Your treatment team will identify tasks for you to practice while on pass. You can discuss the results when you return to the hospital.

## [ A T E A M A P P R O A C H ]

As you begin to follow your daily treatment schedule, you will see that WakeMed has a team approach to individualized care. You will have therapies and treatments specific to your recovery needs.

During the first week of your stay, there will be an initial team conference to discuss your treatment program, goals for rehab and anticipated length of stay. From that point on, conferences will be held every week where team members review your progress. Your clinical case manager will report your goals and concerns to the treatment team and keep you informed about the team discussion after each team meeting.

### THE FAMILY'S ROLE

The most important members of the treatment team are you and your family. Your input and feedback is always welcomed.

Your clinical case manager will coordinate training sessions with members of your family so they can learn about your therapy. We want you and your family to feel comfortable with your program and prepared when it is time to leave the hospital.

## THE REHABILITATION TEAM MEMBERS

**Rehabilitation Physician:** A specially trained physician, called a physiatrist, is in charge of your treatment and progress while you are a patient in the Rehab Hospital. A physiatrist has completed training in the board-certified specialty of physical medicine and rehabilitation. The physiatrist works closely with your primary care doctor and coordinates the overall team treatment program, while also consulting other specialists as needed.

**Advanced Practice Provider:** The advanced practice provider is nationally board certified and is licensed by the state of North Carolina to practice medicine under the supervision of a physician. The advanced practice providers at WakeMed Rehab work intimately with the physiatrists to manage your medical care and rehabilitation needs.

**Clinical Case Manager:** The clinical case manager is the team leader and a liaison for you and your family with the treatment team. The clinical case manager helps you and your family with personal, financial, emotional and social concerns that may arise as a result of your illness or injury. You and your family will have an initial meeting with the clinical case manager to discuss your needs. Your clinical case manager can also arrange individual and group counseling to help you and your family learn to cope with problems. If going home is not an option after you are discharged, the clinical case

manager will help you find an appropriate facility. The clinical case manager can also provide referrals to community resources that may help you and your family during the hospital stay and after discharge. The clinical case manager also provides information as appropriate to insurance carriers for their review and certification of your hospital stay.

**Rehabilitation Nurse:** The rehabilitation nurse is a registered nurse (RN) with specialized training in caring for patients with disabilities. The nurse works closely with other members of the nursing team (Licensed Practical Nurses and Certified Nursing Assistants) to provide you with nursing care and your family with education.

**Physical Therapist (PT):** The PT works with you to improve your overall strength, endurance, balance and coordination. The therapist helps you redevelop walking skills or learn to move about safely in a wheelchair or with other equipment, such as a walker or cane. If you have limited range of motion in a joint, pain, loss of movement or loss of sensation, you may benefit from physical therapy to improve your strength and long-term physical fitness.

**Neuropsychologist:** Neuropsychologists are psychologists with specialized training in brain behavior relationships. They evaluate and treat cognitive (thinking abilities), emotional and behavioral effects of neurological injury. The neuropsychologist may conduct a neuropsychological assessment, assist with behavior management services and provide education to you and your family.

**Occupational Therapist (OT):** The OT works with you if you have disabilities that can keep you from doing daily living activities. These activities may be feeding, dressing, bathing and grooming, or more complex tasks such as planning a menu, shopping for groceries, cooking a meal or driving a car. The occupational therapist may also design splints and other adaptive equipment to help you increase your abilities and decrease further disability. If you have limited range of motion in a joint, diminished muscular strength and coordination, visual impairments, or limited thought processing skills, you may benefit from occupational therapy.

The Occupational Therapy Department includes a kitchen, living area, bedroom and bathroom where you can work with the therapist nearby, and simulate at-home activities such as getting on and off of the toilet, into and out of the bathtub, and on and off a bed or couch. In addition, you may work on laundry skills and meal preparation skills.

**Speech-Language Pathologist (SLP):** The SLP evaluates and treats your speech, language, voice and thought processing disorders. The speech-language pathologist evaluates and treats swallowing disorders that may hamper your ability to eat and take medications by mouth. The primary focus of speech therapy is to maximize your ability to communicate and swallow.

**Clinical Dietician:** The clinical dietitian is a registered dietitian (RD) specially trained in the field of nutrition. The RD reviews your diet, sees what special dietary needs you have to help you get better, follows your treatment plan to see that your recommended diet is carried out and instructs you on the importance of your special diet.

**Therapeutic Recreation Specialist:** The therapeutic recreation specialist helps you understand the value of leisure time activities and address lifestyle changes that you may need as a result of your injury or illness. In-hospital activities provide you with a social environment filled with leisure activities.

Through education and community outings, the therapist helps you increase social skills and awareness of accessible, affordable community services and activities. As the link between in-hospital care and the return to daily life, the recreation specialist uses these outside activities to evaluate how well your physical, occupational, and speech therapy skills are working in real-world situations.

**Spiritual Care:** Our chaplains are available to meet with you or your family members to offer spiritual support.

## [ INDIVIDUALIZED PLAN OF CARE ]

Your care plan will be designed just for you. We will focus on every aspect of you as a person: your lifestyle, relationships, personality, behavior, physical and cognitive abilities, and available support systems.

After initial evaluations are completed by your treatment team, a plan of care will be developed. This will be documented and updated each week in a report called “Care Plan and Team Conference Report”, which will be provided to you and your family and reviewed by your clinical case manager. Your input into your plan of care is very important, and your clinical case manager will work with you and your family to identify your specific needs.

### SECTIONS OF THE PLAN OF CARE INCLUDE:

- **Current Status:** This section will provide brief updates on how you are doing in several key areas.
  - medical status (medications, pain management, bowel and bladder control)
  - mobility (how you are moving around in your wheelchair or walking, and transferring from one surface to another)
  - activities of daily living (how you are bathing and dressing, and toileting)

- cognition/communication (how you are expressing and understanding language, as well as your memory, problem solving and safety awareness)
- swallowing (how you are managing different food consistencies and safely swallowing)
- **Discharge Goals:** Each therapy discipline involved in your care sets goals on anticipated progress during your time in Rehab, and adjusts these goals as needed. This is done to help you and your family plan for the care and assistance you might need at discharge.
- **Discharge Information:** An estimated length of stay or discharge date will be provided to you on each report. To help with planning for post-discharge care, recommendations regarding how much supervision and assistance you might need, along with follow-up therapy and medical equipment needs are included.

## [ D I S C H A R G E P L A N N I N G ]

Your clinical case manager will work with you and your family to ensure that you are discharged to the best possible setting. Whether you're going back home or to another location, we will help you identify your needs and assist with the transition. To help you and your family when you are discharged from WakeMed Rehab, your clinical case manager will work very closely with other treatment team members to identify problem areas, continued care needs and equipment needs.

Your case manager will make appropriate arrangements for the follow-up therapy and equipment you may need. Before you are discharged from WakeMed Rehab, your case manager will give you choices regarding agencies and/or vendors who can provide you services after you leave WakeMed Rehab.

### D I S C H A R G E P R O G R A M S

#### **Independence Day**

Just before your discharge from the Rehab Hospital, you will celebrate "Independence Day". You will be asked to do everything within your abilities for yourself. Your team members will be close by to evaluate and encourage you, but they will challenge you to carry out your tasks of the day as independently as possible. We will make the day special for you and celebrate your accomplishments!

#### **WakeMed Pharmacy Discharge Service**

The WakeMed Pharmacy offers a service to patients discharging home from Rehab that simplifies the process of obtaining medications. If interested, you can let your case manager know and you will be contacted by a pharmacy discharge coordinator who will take care of your medication needs prior to leaving the hospital. The prescriptions will be delivered to your room, including any over-the-counter items you would like to purchase. The pharmacy accepts all major prescription insurance plans, offers many \$4 medications, and payment can be handled over the phone with a family member.

#### **WakeMed MyChart**

All patients now have access to WakeMed MyChart, an online portal that provides 24/7 access to portions of your electronic medical record. WakeMed MyChart saves you time and allows you to better manage your health through convenient access to important clinical information. Your nurse can help you sign up for WakeMed MyChart while you are in Rehab. Signup instructions will also be on your Discharge paperwork, along with a personal activation code if you do not already have one. You may also call 919-350-2288 to have someone help walk you through the steps over the phone.

There are a number of things that you can do to continue your recovery after discharge. In addition to participating with any follow up therapy services ordered for you, a routine of fitness, good nutrition and weight management are all very important to your wellbeing.

#### EXERCISE

Remember, exercise is medicine – you need a daily dose! It is best to aim for at least 30 minutes of exercise each day. Whether it is a walk around the block, dancing to your favorite songs, or joining a gym to continue the gains you have made in Rehab, movement is good. For maximum health benefits, a combination of moderate-intensity aerobics (walking, swimming, etc.) and muscle-strengthening activities (resistance training with bodyweight, resistance bands or machines, or dumbbells) each week is recommended.

#### NUTRITION

Like exercise, nutrition is not “one size fits all”. However, it is important to eat a well-balanced diet to provide your body with nutrients necessary for proper function. MyPlate is a wonderful resource to help set goals and incorporate a healthy eating style into each day. Visit the MyPlate website ([choosemyplate.gov](http://choosemyplate.gov)) for a fun, educational, and interactive experience for the whole family.

#### WEIGHT MANAGEMENT

Healthy weight control is influenced by several daily actions: getting enough exercise, making healthy nutrition choices, minimizing stress, and getting 6-8 hours of quality sleep. A quality diet of fruits, vegetables, lean proteins, and whole grains mixed with a daily physical activity regime is one of the best ways to manage weight. In addition, adequate sleep and minimal stress can help the body better regulate hormones that help keep weight in check.

## [ EXPLANATION OF WORDS AND TERMS ]

You and your family members may hear physicians and hospital staff use words or terms that you may not understand. Below are some of the most common ones used in the rehabilitation setting. Please feel free to ask if you hear staff members using terms you do not know. It is important to us that you and your family understand your condition and your treatment plan.

**ADL (Activities of Daily Living)** – Dressing, Bathing, brushing your teeth, etc.

**Ambulate** – To walk

**Aphasia** – Inability to express or understand ideas

- **Expressive Aphasia** – Difficulty expressing oneself
- **Receptive Aphasia** – Difficulty understanding spoken and/or written language
- **Global Aphasia** – Combination of both of the above

**Apraxia** – Partial or total inability to move, even though there is no evidence of paralysis, nerve damage or lack of understanding

**Aspiration** – When food, liquid or other fluids enter into the airway/lungs

**Assistive Device** – Adaptive or rehabilitative aid

**SPC** – Single Point Cane

**SW** – Standard Walker

**RW** – Rolling Walker

**PRW** – Platform Rolling Walker

**HW** – Hemi-Walker

**W/C** – Wheelchair

**SB** – Slide Board

**BSC** – Bedside Commode

**DABSC** – Drop Arm Bedside Commode

**SC** – Shower Chair

**TTB** – Tub Transfer Bench

**RSC** – Rolling Shower Chair

**Ataxia** – Inability to coordinate movement

**Attention Span** – The length of time a person can concentrate on a task or event

**Bed Mobility** – Ability to move oneself on a mat or bed, by rolling, sitting or lying down

**Braces** – (a device used to restrict or assist in body movement)

**AFO** – Ankle Foot Orthotic

**PRAFO** – Pressure Relieve Foot Orthosis

**TLSO** – Thoracolumbosacral Orthosis

**Cervical Collar** – Neck Brace to restrict movement

**Catheter** – A tube for draining urine that is inserted into the bladder, either remaining in place (foley catheter) or used per episode ( in and out catheter/ I&O)

**Clonus** – Uncontrolled rhythmic jerks, usually occurring in ankles or wrists, caused by quick stretching of the muscle

**Cognition** – Understanding and reasoning; the way the brain gathers and uses information in problem solving and memory

**Comprehension** – Understanding what you see, hear or touch

**Concrete Thinking** – Interpreting information literally; sometimes called “black and white” thinking



**Continence** – Ability to control bowel and bladder function

**Decubitus** – Commonly called a bed sore

**Dysarthria** – A muscle condition which causes slurred or unclear speech

**Dysphagia** – A swallowing disorder

**Emotional Lability** – Involuntary, uncontrolled laughing or crying

**Extension** – Usually means to straighten a joint

**Extremities** – Arms and legs

L – Left

R – Right

B – Bilateral

UE – Upper Extremity

LE – Lower Extremity

**Fine Motor Activities** – Activities that use small, complex movement of body parts such as writing and moving small objects

**Flaccid** – Lacking muscle tone

**Flexion** – Usually means to bend a joint

**Functional** – Ability to perform useful skills/activities in a reasonable amount of time

**Gait Training** – Instruction in walking, with or without equipment

**G-Tube** – A feeding tube passed directly into the stomach; used when patient cannot eat or has trouble swallowing

**Gross Motor Activities** – Activities that use large movements of body parts such as standing, walking, sitting up

**Hemiparesis** – Lack of muscle control on one side of the body, such as right leg or left arm

**Hypertonic** – Abnormally tense muscles

**Hypotonic** – Abnormally relaxed muscles

#### LEVELS OF ASSISTANCE

**Independent (I)** - Patient is 100% able to do task without assistance

**Modified Independent (Mod I)** - Patient is independent with task, but requires use of assistive device or needs increased time

**Supervision (S)** - Patient can do task on own, but needs helper watching to ensure safety

**Set-up** – Patient can do task on own, but needs help setting up (example: putting toothpaste on toothbrush)

**Standby Assist (SBA)** - Patient needs helper to stand close by to ensure safety

**Contact Guard Assist (CGA)** – Patient needs helper to place hands-on to ensure safety

**Minimum Assist (MIN)** – Patient does 75% of task, with up to 25% assistance needed from helper

**Moderate Assist (MOD)** – Patient does 50% of task, with up to 50% assistance needed from helper

**Maximum Assist (MAX)** – Patient does 25% of task, with up to 75% assistance needed from helper

**Dependent (DEP)** – Helper does 100% of the task for patient

#### LEVELS OF COMMUNICATION AND COGNITION

**Within Normal Limits (WNL)** – Patient is functioning at a normal level for age or developmental stage

**Within Functional Limits (WFL)** – Patient is able to function in environment

**Mild Deficits** – Patient has some difficulty with skills and may require aids to assist, such as to-do lists, memory books, alarms, etc.

**Moderate Deficits** – Patient’s difficulties significantly impact tasks or ability to communicate

**Severe Deficits** – Patient has great difficulty with even basic tasks

**Profound Deficits** – Patient is unable to complete daily tasks or express basic wants and needs

**Memory** – Remembering something that has been learned

**Motor Planning** – Ability to start, continue or stop movements when there is no actual muscle weakness or damage

**NG Tube** – Nasogastric tube; A tube that is inserted into the nose and goes to the stomach to provide nutrition, liquids or medicines

**Non-Purposeful Movement** – Movement of any part of the body which has no apparent purpose

**Nystagmus** – Involuntary movements of the eye

**NPO** – A medical abbreviation for “nothing by mouth”

**Orthotics** – Devices that help support a paralyzed leg or to help correct a leg deformity

**Orientation** – Being aware of self, other people, time and place

**Paralysis/Paresis** – Inability to move a muscle or group of muscles

**Perception** – Ability to recognize objects, including size, shape, color and distance

**Perceptual Motor** – Ability to use eyes and hands together for activities such as eating, picking up objects, etc.

**Perseveration** – Uncontrolled repetition of speech or activity

**Premorbid** – A term to describe the patient’s condition before the injury or illness

**Prosthesis** – An artificial body part, usually a leg or an arm

**Quadripareisis** – Lacking control of both arms and both legs

**Range of Motion (ROM)** – How far a patient can move a body part

- **Passive Range of Motion (PROM)** – When the therapist moves the joint without help of the patient
- **Active Range of Motion (AROM)** – When the patient moves the joint without help from the therapist

**Transfer** – Moving from one surface to another or coming to a standing position

**Weight-Bearing Status:**

**NWB** – Non-Weight Bearing

**PWB** – Partial Weight Bearing

**TDWB** – Touch-Down Weight Bearing

**WBAT** – Weight Bearing as Tolerated



# Rehabilitation Facilities

[ WAKEMED REHABILITATION LOCATIONS ]

## INPATIENT LOCATION

**WakeMed Rehabilitation Hospital**  
3000 New Bern Avenue  
Raleigh, NC 27610

## 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 Y**  
1603 Hillsborough Street  
Raleigh, NC 27605

**Banks D. Kerr Family Y**  
2500 Wakefield Pines Drive  
Raleigh, NC 27614

**Cary Family Y**  
101 YMCA Drive  
Cary, NC 27513

**Kraft Family Y**  
8921 Holly Springs Road  
Apex, NC 27539

**WakeMed Wake Forest Road  
Outpatient Rehab Center**  
3701 Wake Forest Road  
Raleigh, NC 27609

**WakeMed Physician Practices –  
Physical Therapy North**  
10010 Falls of Neuse Road  
Suite 015  
Raleigh, NC 27614  
Operates as an independent practice

**WakeMed Physician Practices –  
Physical Therapy  
Cambridge Village of Apex**  
10000 Cambridge Village Loop  
Apex, NC 27502  
Operates as an independent practice

**Home Health**  
WakeMed Home Health  
2920 Highwoods Blvd.  
Raleigh, NC 27604  
919-350-7990

**Wound Care**  
3000 New Bern Avenue  
Raleigh, NC 27610

**To Make a Referral to  
WakeMed Rehab or  
WPP-Physical Therapy**  
Inpatient: 919-350-7876  
Outpatient (including Wound  
Care): 919-350-7000  
WPP-Physical Therapy:  
919-350-1508