Inpatient Rehabilitation Center

When you need Rehab . . .
You need FirstHealth.

www.firsthealth.org/rehab
At FirstHealth of the Carolinas, our 15 semi-private bed Comprehensive Integrated Inpatient Rehabilitation Program is dedicated to being the regional leader in medical rehabilitation services. Our FirstHealth mission, to care for people, drives our focus to help you be as independent as possible in all aspects of your daily life. We use a team approach to your care – with you and your caregivers at the center.

FirstHealth of the Carolinas has a single, compelling core purpose: to care for people. Achieving quality health services is a challenging goal, one in which the patient is the ultimate victor. FirstHealth strives to care for people with a level of compassion and access to medical services that is second to none. Believing in the assertion that quality is everyone’s responsibility, FHC supports an environment that emphasizes innovation, change and performance improvement. It isn’t enough to ask the questions: Real success depends on finding the answers that make a difference.

**Programs**

**A. Comprehensive Integrated Inpatient Rehabilitation Program**

FHC CARF accredited Comprehensive Integrated Inpatient Rehabilitation Program is a program of coordinated and integrated medical and rehabilitation services that is provided 24 hours a day and promotes the active participation and preferences of the person served throughout the entire program. The scope and intensity of care provided are based on medical and rehabilitation needs of the person served. Common impairments treated that are listed below are of recent onset or regression, that has resulted in activity and participation limitations related to a loss of function in mobility, activities of daily living, cognition or communication:

- Amputation
- Brain Injury
- Complex Orthopedic Conditions
- Debility related to surgical or medical conditions
- Hip Fractures
- Multiple Trauma
- Neurological Disorders
- Spinal Cord Dysfunction

**B. Scope of Spinal Cord Program**

Traumatic or non-traumatic spinal cord injuries incomplete C6 and complete C7 and below. Patients with incomplete C5 level of injury maybe considered for inpatient rehab but must be thoroughly reviewed by the Medical Director. Patients with the following new or worsening comorbidities would exclude patient from program if therapy participation is prevented or becomes contraindicated:

- Respiratory complications impacting pulmonary status causing significant respiratory insufficiency/ compromise.
- Significant cardiac disease that lead to uncontrolled heart arrythmias, heart failure or low ejection fraction.
- Progressive or active cancer diagnosis.
- Body weight > 350 Lbs.
- Any other medical condition listed under limitations of programs.

**C. Stroke Specialty Program**

FHC CARF accredited Stroke Specialty Program recognizes the individuality, preferences, strengths, and needs of the persons served and their families/support systems. The program focuses on the unique needs of persons who have sustained a stroke, including:

- Minimizing impairments and secondary complications
- Reducing activity limitations
- Maximizing participation and quality of life
- Decreasing environmental barriers
- Preventing recurrent stroke

The stroke specialty program in collaboration with patients and families provides an integrated system of care that is focused on early prevention, recognition, assessment, and treatment of conditions related to stroke and its complications. This is achieved through interventions in the following areas:

- Promotion of lifestyle changes that focus on reducing the risk factors for recurrent stroke such as diet modification, exercise management, medication management, smoking, hypertension, cholesterol, diabetes and obesity.
- Maximizing functional independence
- Psychological and social adaptation skills
- Providing additional support services for community integration and participation
- Training in assistive devices
- Orthotics and prosthetics for individuals with limb impairments
- Activities of daily living training such as eating, dressing, grooming, bathing and homemaking
- Formal falls-prevention programs
- Cognitive activities for individuals with cognitive impairments
- Speech and language therapy for individuals with swallowing dysfunction and aphasia
- Overall mobility, balance and functional training programs
The parameters of persons served for both the Comprehensive Integrated Inpatient Rehabilitation & Stroke Specialty Programs are as follows:

I. Population Served
   A. Patients must be a minimum of 18 years old and deemed appropriate for discharge to the inpatient rehabilitation center by the attending physician in the acute care setting and the inpatient rehab physician must concur with this assessment. Patients admitted to Inpatient Rehabilitation services are medically stable but have the medical acuity to warrant an inpatient hospital stay with 24-hour rehabilitation nursing and close supervision by a rehabilitation physician. Patients must also require a need for an interdisciplinary team approach and a present medical condition that can tolerate a comprehensive rehabilitation program.

   B. Behavioral and Psychological Status: Patients should exhibit the psychological and behavioral status to allow them to participate in the rehabilitation process. If behavioral issues arise during patient’s course of care, consults to Behavioral Health services will be completed. Based on those assessments and those from the Medical Director, future course of care will be determined. The presence of an untreated psychiatric disorder, unstable psychiatric condition or suicidal precautions that precludes patient’s ability to actively participate in an intensive level of rehabilitation (generally defined as 3 hours of therapy per day five days per week) would exclude patient from admission.

   C. Cultural Needs: FirstHealth of the Carolinas provides patient-centered care that is respectful and responsive to individual patient preferences, needs, and ensuring that patient values guide our healthcare decisions. Our patient-centered care considers patients’ cultural traditions, their family situation and lifestyle.

   D. Intended Discharge/Transition Environments: Patients accepted into the intensive rehabilitation program must have reasonable expectation to have a safe discharge to home or community-based environment. Typical discharge settings include home with family members with home health or outpatient therapy services, assisted living centers and skilled nursing facilities.

   E. Limitations of Programs:
      The following list includes impairments and medical conditions that warrant the patient be excluded from the inpatient rehabilitation center until the specific condition is addressed and/or resolved.
      • Ventilator support
      • CI-4 tetraplegia (high tetraplegia) - Patients with C5 level of injury must be thoroughly reviewed by the Medical Director for potential improvement.
      • Below the age of 18
      • Patients with brain injury level Rancho Los Amigos Scale 1-3 - Those at level 4 must be thoroughly reviewed by Medical Director for potential improvement.
      • Negative pressure isolation.
      • Profound anemia with declining hemoglobin/hematocrit (H/H) for patients with unknown etiology.
      • Ejection fraction <15% (at 15.1 need to investigate if patient can have appropriate response to therapy; if having chest pain or shortness of breath (SOB) with therapy.)
      • Chest tube(s)- Water sealed
      • Rectal tube that cannot be converted to something else (if have decubitus and rectal tube that can be converted to rectal pouch, they can be considered for admission)
      • Active Tuberculosis or any other respiratory infection requiring respiratory isolation
      • Hyperbaric
      • Insulin drip
      • Patients on cardiac medication drips (e.g., dopamine).
      • Wound care considerations: Wounds requiring >2 hours a day of treatment, especially if significant premedication is needed, will significantly impact ability to participate in rehab 3 hours. Large or complex fistulas. Large wounds on negative pressure therapy (wound vac or other) where maintaining a seal because of anatomical location could be compromised with therapy treatments and break seal.

II. Setting
   The Inpatient Rehab Center is a separate and distinct 15 bed unit within FirstHealth of the Carolina Moore Regional Hospital.

III. Hours/Days/Frequency of Services
   • Rehabilitation nursing services are available 24 hours per day seven days a week.
   • Rehabilitation physician – patients are seen by the physician a minimum of three face to face visits per week. Medical coverage is provided 24 hours a day seven days a week.
   • Occupational therapy, physical therapy and speech language pathology services are provided three hours a day, a minimum of five out of seven days. The combination of these services is determined by the individual needs of the patient’s care plan.
   • Social work/discharge planning services are provided to meet patient/family/payor source needs.
   • Consultative and ongoing services by dietary, respiratory therapy, orthotics and prosthetics, neuropsychology
and pastoral care are provided to meet the needs of the individual person.

• Other medical specialties are available on a consultation basis.

IV. Payers and Funding Sources

Funding sources often require authorization and include Medicare, Worker’s Compensation, Medicaid, commercial insurance and other payers. All patients are considered for admission regardless of their financial status. Prior to admission and throughout course of care, patients and families are provided with written disclosure information regarding insurance coverage for the rehabilitation program. Patients and/or families with an expressed or demonstrated financial need are referred to FirstHealth of the Carolinas Department of Revenue Cycle Management for financial assistance application process.

V. Referral Sources

Patients may be referred by physicians, discharge planners, allied health professionals, and third-party payers. Family members may make a request rehab through their medical provider. Persons referred to the program will be screened according to admission criteria to determine their potential to participate in and benefit from a comprehensive inpatient rehabilitation program.

VI. Services Offered:

The following services are provided by full time, part-time and PRN employees of FirstHealth of the Carolinas, contractual services arrangements and referral to specialty services. Clinical privileges are approved by FirstHealth Moore Regional Hospital Medical Executive Committee and granted by MRH Board of Trustees. All services are initiated by referral from the admitting rehabilitation physician based on the needs and preference of patient. Routine referrals are completed within 24-36 hours of notification, except in extenuating circumstances.

• Rehab Nursing (Direct Employment, PRN contracted)
• Rehab Physician (Contracted)
• Physical Therapy (Direct Employment, PRN contracted)
• Occupational Therapy (Direct Employment, PRN contracted)
• Speech Language Pathology (Direct Employment, PRN contracted)
• Social Work/Case Management (Direct Employment)
• Respiratory Care (Direct Employment)
• Dietary Services (Direct Employment)
• Pastoral Care (Direct Employment or preference of patient)
• Orthotics & Prosthetics (Referral order)
• Neuropsychology/Behavioral Services (Direct Employment, PRN contracted)
• Laboratory & Radiology Services (Direct Employment)
• Pharmacy (Direct Employment)
What to Expect

Each patient will receive a minimum three hours of therapy a day at least five days per week. Depending on what time you arrive on the unit, your therapy may start the day of admission.

Therapy sessions will be scheduled for various times throughout the day. A schedule board on the Rehab Unit will allow you to review your schedule for each day.

We encourage your caregivers to be involved in your treatment and education throughout your rehab stay. Family and friends who would like to visit should try to schedule their visits during non-therapy time.

Your meals will be ordered through Room Service, and meals will be delivered to your room by the dietary staff. Meal delivery times will vary by a few minutes, but are generally at 8 a.m. for breakfast, noon for lunch, and 5 p.m. for dinner.

Bed availability includes private and semi-private rooms.

The Rehab Team will hold a weekly meeting to discuss how you are progressing in your rehab program and will make a plan for discharge. The Social Worker/Case Manager will serve as your representative at this meeting and will review the plan with you and your family following the meeting.

What To Bring

To make your stay on the Rehab Center more comfortable, you should bring the following items:

- Several changes of loose-fitting clothes and underclothing
- A sweater or light jacket
- Flat, rubber-soled shoes
- Toiletries (deodorant, denture needs, shampoo, comb/brush, make-up, electric razor)
- Eye glasses and hearing aids

Rehabilitation Team Members

YOU AND YOUR CAREGIVERS are the center of our team. You will be actively involved in establishing your goals, participating in therapy and planning for your discharge.

THE MEDICAL DIRECTOR is a physician who is specially trained in rehabilitation and will coordinate an overall treatment plan that will include the management of your medical and functional needs.

REHABILITATION NURSES provide around-the-clock personal care and support to manage your medical and functional needs. They will educate you and your caregivers about the procedures and medications that will be continued after discharge.

A SOCIAL WORKER/CASE MANAGER will help you through every step of the rehab process from admission to discharge and will serve as the primary contact for you and your caregivers. This person will address any social, financial or emotional needs you may have while planning for discharge – including information about community resources and services that you may need.

PHYSICAL THERAPISTS help you improve your ability to get in and out of bed, walk or use a wheelchair, and improve your balance, strength, range of motion and endurance.

OCCUPATIONAL THERAPISTS focus on your ability to perform daily tasks such as getting dressed, bathing, grooming and performing home management tasks. They will also help you improve your strength, coordination, endurance and problem-solving skills.

SPEECH-LANGUAGE PATHOLOGISTS will work with you to improve your communication skills, thinking skills and swallowing.

ADDITIONAL RESOURCES will be used based on your needs. Additional staff who could see you may include a Clinical Dietitian, Respiratory Care, Orthotics and Prosthetics, a Wound Care Nurse, Pastoral Care, Neuropsychologist and physician specialists as needed.
Insurance Coverage

We accept Medicare, Medicaid and most third-party insurance plans. If required by your insurance coverage, preauthorization may be necessary before you are admitted to the Rehab Center. If coverage is not available, you will still be considered for admission based on your medical and functional needs. We can make arrangements for you to speak with our financial assistance program.

Outcomes

The majority of our patients spend 10-12 days in rehabilitation and are discharged to home. Patients report that they receive excellent care and refer us to others.

Call to Learn More About

ADMISSIONS OR TO ARRANGE A TOUR

Before going home following a hospital stay, some patients need further care that can be provided in a rehabilitation setting. Your physician or discharge planner will give you options of facilities that provide the care you need. You and your caregivers are encouraged to take an active role in selecting the type of facility and location that best meets your needs. The Admission Coordinators at FirstHealth’s Inpatient Rehab Center will be happy to answer your questions and arrange a tour of our facility.

Clara McLean House

Designed with Southern hospitality in mind, Clara’s House focuses on all the needs of families and caregivers with a loved one in FirstHealth Moore Regional Hospital. An innovative approach to hospital hospitality, Clara’s House provides a caring and affordable place to stay and a range of patient support and advocacy services.

Conveniently located across from FirstHealth Moore Regional Hospital. To learn more about the Clara McLean House, or for assistance arranging your stay, please call (910) 715-4220.
The Inpatient Rehabilitation Center is located inside FirstHealth Moore Regional Hospital at 155 Memorial Drive in Pinehurst, NC.

For more information on rehab services, call (910) 715-1653 or (910) 715-1638.

Moore Regional Hospital is a Joint Commission Certified Primary Stroke Center.

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