

Focus On:

Evergreen Rehabilitation Services

- Rapid Growth and the DeYoung Pavilion
- New Specialty Outpatient Programs
- The Acute Rehab Unit

EVERGREEN Rounds

Specialty care highlights for physicians

Spring 2009

Rapid Growth and the New DeYoung Pavilion

With its rapidly expanding programs, Evergreen Rehabilitation Services will move in early July 2009 into the new DeYoung Pavilion, a vibrant space designed to enhance the patient experience and promote well-being. A broad-ranging service with multiple entry points from other services – from neurology to oncology, women’s health to orthopedics – Rehabilitation Services fully supports yet is distinct from these groups as part of Evergreen’s comprehensive approach to care.

Recent growth in both inpatient and outpatient rehab has been exponential. “About three years ago, we hardly had any outpatient services at all,” says Kirk Hanson, director of Rehabilitation Services. “We’ve now grown to about 45 full-time staff – physical, occupational and speech therapists, along with neuropsychologists – between both our inpatient and outpatient settings.

“Our new center in the DeYoung Pavilion will cover the entire second floor, with the best equipment to make this a high-tech as well as high-touch rehab service,” he says. “We’re combining all of our existing programs into one central, larger system, which will enhance care and make it a much more seamless experience for our patients.”

The Full Continuum of Care

Evergreen offers the full continuum of rehabilitation care to see patients through all their needs: inpatient rehabilitation, the Acute Rehabilitation *continued on page 2*

Cancer Program: Outstanding Achievement Award

The Evergreen Cancer Program was recently recognized for the highest level of excellence in providing care by the American College of Surgeons’ Commission on Cancer. Only three hospitals in Washington state earned this prestigious award for the 2008 survey. For more on the outstanding success of the comprehensive Evergreen Cancer Program, go to www.evergreenhealthcare.org.

Acute Rehabilitation: A Broader Range of Patients

When Evergreen’s Acute Rehabilitation Unit (ARU) merged with Overlake Hospital’s program nearly three years ago, it became the only acute rehabilitation unit on the Eastside. In January 2009, Evergreen’s ARU increased to 14 beds and expanded the complexity of its patients, now hovering at an average of eight patients a day.

Generally, acute rehab patients need to be in a closely monitored setting while they receive both rehabilitation and medical follow-up. “I’m their primary physician while they’re on the Rehab Unit,” says Jeffrey Moo, MD, medical director of the Acute Rehabilitation Unit, “and frequently rely on consults with other physicians to handle specific problems so I can focus on their rehabilitation needs.”

Typical patients have had strokes, multiple traumatic injuries after a car accident, spinal cord injury or non-traumatic spinal cord injury. The ARU also treats patients with acute peripheral neurologic illnesses such as Guillain-Barré syndrome, congestive heart failure or heart attack, and respiratory illness and weakness after prolonged hospitalization or use of a ventilator for extended periods of time. “As we’ve added therapy staff, we’ve been able to increase *continued on page 4*

For Referring Providers

Providers can now send easier, streamlined referrals into one common location for most rehabilitation patients (except for patients with incontinence and other women's health issues).

"Referring physicians no longer have to decide where to send a referral – to general outpatient rehab, neurorehab or ortho rehab," says Jeffrey Moo, MD. "Now, with one intake point, they can simply let us know the diagnosis and what they want addressed, and the intake staff will assign the most appropriate therapy channel and therapist for the patient."

The Rehabilitation Services referral form includes all four disciplines – PT, OT, speech therapy and neuropsychology. Providers can use the prescription pad to write as much detail as they'd like, or simply write "evaluate and treat" and the intake staff will call the patient to schedule an appointment. ■

Sample specialty programs:

- Vestibular therapy with a certified vestibular therapist
- Lymphedema and breast cancer management
- Incontinence
- Pre- and post-op classes for orthopedic surgery
- Balance retraining and fall prevention
- Cognitive rehabilitation
- Hand therapy
- A Vision Lab
- Ergonomic evaluations
- Clinical driving evaluations

A Place of Healing and Hope

The new DeYoung Pavilion, an extraordinary, refreshing space of health and wellness, will be home to Evergreen Rehabilitation Services as of early July 2009. With a "hospitality" rather than a hospital feel, the new space was designed to bring a sense of openness and relaxation to enrich every patient encounter.

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Unit (ARU), Evergreen Home Health and Outpatient Rehabilitation Services. Hanson oversees three of these four settings. "Home Health is a separate division, but we have a huge group of therapists there to complete the continuum of care," he says.

With its wide range of programs and various entry points for care, rehabilitation may either be a component of treatment at another service, such as the renowned Booth Gardner Parkinson's Care Center, or may be the primary service itself, such as for back pain.

Unparalleled Quality of Staff

While all physical therapists are generally trained in key clinical areas that include neurological disorders and orthopedics, others go on to further training in MS, Parkinson's, stroke and other specialty care. The American Physical Therapy Association certifies these specialists with credentials such as "Doctor of PT/Orthopedic-Certified Specialist," or DPT/OCS. With additional training, some physical therapists become, in essence, "subspecialists." A neuro-certified specialist, for example, could seek out additional training in MS or vestibular and balance disorders.

Evergreen's team of therapists includes many with specialty training in neurorehabilitation, orthopedics, women's health and other areas of care. "We might have a Parkinson's patient who has incontinence, cognitive issues and neck pain," says Hanson. "So there are a lot of clinicians who could potentially treat that patient, whether in orthopedic rehab, neuro-rehab or women's health for incontinence." All patients see professional physical, occupational and speech therapists, not techs or aides, in one-hour outpatient treatments.

"Kirk has put together an excellent staff," says Jeffrey Moo, MD, medical director of Evergreen's Acute Rehabilitation Unit. "The staff he's been able to recruit over the last three years to accommodate our increasing volume are a wonderful group of therapists, and happy to be at Evergreen, with an esprit de corps that you don't see everywhere."

Expanded Outpatient Programs

Neurological Rehabilitation. Today's neurorehabilitation specialists look beyond mobility to improve emotional, intellectual and social well-being for patients after brain or spinal cord injury, stroke and neurological disorders.

Many patients are referred to Neurological Rehabilitation by providers at the Evergreen Neuroscience Institute (ENI), which now brings together four advanced treatment programs – for Parkinson's disease, multiple sclerosis, movement disorders and stroke rehabilitation. "We also have many other providers who refer to us across multiple disciplines who aren't connected to ENI at all," says Hanson. "We're a service to the entire community of patients and providers."

Orthopedic and Spine Rehabilitation. Programs in orthopedic and spine rehabilitation at Evergreen target every kind of orthopedic condition: joint and spine surgery, spinal disorders, back and neck pain, osteoporosis, sports injuries, joint problems, posture conditions and work injuries.

Along with the latest modalities and techniques in exercise, manual therapy, orthotics and splinting, Evergreen's program offers an Orthopedic

Gym separate from the Neurorehabilitation Gym in the new DeYoung Pavilion. “We’ve grouped distinct areas by degree of disability, so that a sports medicine patient isn’t working right next to a heavily involved neuro patient, to create more ease, comfort and camaraderie,” says Hanson.

Oncology and Lymphedema. “We have two certified lymphedema therapists primarily positioned within Evergreen’s Oncology Department, to provide services on-site for patients with breast cancer and gynecological malignancies,” says Hanson. The robust lymphedema program is a key part of Evergreen’s renowned Cancer Program, with its outstanding treatment outcomes for women with breast cancer. Lymphedema therapists also treat vascular edema after surgery, as well as edema due to chronic venous insufficiency, arterial insufficiency, heart failure and cardiomyopathy.

Women’s Health. Three certified physical therapists now practice primarily out of Evergreen’s Center for Continence and Pelvic Health, working with women dealing with incontinence, pelvic pain, sexual dysfunction, and pregnancy and postpartum issues.

Occupational Therapy and “The Studio”

A dynamic highlight of the new DeYoung Pavilion is The Studio, a working kitchen, bedroom and bath for patients to practice and modify activities of daily living. “We designed it intentionally so people can practice in a typical environment that simulates real life, without the extra turning radius and other accommodations of a room compliant with the Americans with Disabilities Act,” says Hanson. OTs help patients practice everyday activities, such as transfers in and out of bed, and offer solutions and devices to assist patients at home.

“The distinction between OT and PT – simplified – is that the PT works more with gross movement, gait, joints and musculoskeletal issues, while the OT works with small motor movement and functional tasks like dressing, bathing and hygiene,” says Hanson.

Speech and Language Therapy

Evergreen’s program offers a range of services, from evaluation for dysarthria (a motor speech disorder) and treatment with high- and low-tech augmentation techniques to modified barium swallowing studies to evaluate dysphagia (difficulty swallowing) due to cancer, stroke, neurological disorders or other causes. Speech therapists use the Visi-Pitch computer system, which gives an on-screen display of various voice parameters to target treatment.

Cognitive rehabilitation seeks to improve attention, memory, executive function and decision-making – and not only after a neurological condition or brain injury. “We get high-level referrals in from large corporations when people are unable to work at the same level they were previously at, and they’re coming in to figure out why,” says Hanson.

Neuropsychology

Neuropsychologists use a series of standardized tests, benchmarked for various ages, to assess high-level executive function, visual memory, processing speed, verbal fluency, visual/spatial judgment and other cognitive capacities. They also offer psychotherapy and counseling to help patients and their families cope with change, loss and relationship issues that often attend chronic illness and progressive neurological disorders. ■

Featured in This Issue:



Kirk Hanson
Director,
Rehabilitation Services
425.899.3110

Kirk Hanson is director of physical, occupational, speech and neuropsychological services for Evergreen’s inpatient and outpatient rehabilitation services and the Acute Rehabilitation Unit, overseeing standards of care, quality assurance and more than 60 staff and per diem therapists. He is past director of the Booth Gardner Parkinson’s Care Center, with a Master of Science in Physical Therapy from the University of Colorado Health Sciences Center in Denver and a forthcoming MBA from the University of Washington in June 2009. ■



Jeffrey Moo, MD
Medical Director,
Acute Rehabilitation Unit

Jeffrey Moo, MD, graduated from the University of California at San Diego before attending the University of Texas Southwestern Medical School in Dallas and completing his residency training in physical medicine and rehabilitation at the University of Washington. He is board-certified in physical medicine and rehabilitation as well as electrodiagnostic medicine. ■

Physical, Occupational and Speech Therapy

425.899.1960

Neuropsychological Services

425.899.3140

Women’s Health/Incontinence

Evergreen’s Center for Continence and Pelvic Health: 425.899.3890

Acute Rehab Admissions

425.899.2549

To contact a physician at Evergreen:

- Call Healthline at 425.899.3000 and press “5” to skip the consumer options and reach the physician-only line (you won’t be prompted to press “5”).
- Consult the Evergreen Directory of Physicians and Services. Call Healthline at 425.899.3000 to have a copy mailed to you.

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the breadth and depth of experience in treating patients with both traumatic and non-traumatic brain injury along with neurological disorders,” says Moo.

Changes in the ARU

- **More complex patients.** “We’ve shifted our patient population over the past two years, admitting increasingly complex patients,” says Moo, “and established a core staff of therapists and nurses dedicated to the Acute Rehab Unit.”
- **Nursing/therapy collaboration.** “A close collaboration between therapists and nursing staff is critical on any acute rehab unit, so they’re able to collaborate in defining the best treatment regimen for each individual patient,” says Moo.
- **Nursing education.** “Many of our nurses are pushing forward with further education and certification, particularly in rehabilitation medicine,” says Moo.

Criteria for Acute Rehabilitation

Criteria for acute rehabilitation fall into two paradoxical categories: Patients must be both “well enough” and “ill enough” for the ARU.

- A patient needs to have a condition that requires treatment by more than one therapy discipline (PT, OT, ST or neuropsychology) and be able to benefit from therapy in an acute rehab setting, where the bar is set at a minimum of three hours of therapy a day. “If a patient can’t tolerate that, then he or she won’t do well in the Acute Rehab Unit,” says Moo.
- A patient has to require the close monitoring of a hospital during rehabilitation versus a skilled nursing facility or other setting where physician visits are less frequent. “If a patient needs to be seen by a physician multiple times a week, they really belong in the Acute Rehab Unit rather than a skilled nursing facility,” says Moo.

The Gait and Balance Lab

With a range of high-tech modalities unparalleled in the community, the new Gait and Balance Lab serves multiple Outpatient Rehabilitation needs, from addressing gait changes due to stroke to post-op needs after ACL repair to preventing falls among the elderly.

- **Computerized dynamic posturography.** This state-of-the-art system tests the subtle interaction of vision, balance and the vestibular system when gait and balance are disrupted. “Without visual inputs or somatosensation or proprioceptive inputs, the system manually perturbs a patient so that only the vestibular system is being challenged,” says Kirk Hanson, “to identify which of those three systems – vestibular, somatosensory or proprioceptive – needs the most work.”
- **GAITRite.** An electronic walking mat with pressure sensors computes foot fall, pressure, base of support and other key parameters in a patient’s gait pattern. An added feature, the Digisight interactive mobile video camera, moves with patients as they walk, giving further visual and statistical feedback on gait. “We hope to link this to future research on new interactive technologies,” says Hanson.
- **F-Scan® VersaTek.** This electronic, in-shoe sensor system quantifies contact pressure points and analyzes gait and foot function. An add-on, interactive mat, the F-Mat™, works with barefoot walking to measure asymmetries in stance and gait discrepancies.
- **LiteGait®.** Like a sling over a treadmill, this walking therapy system adjusts and measures how much body weight patients are supporting and holds them in case of a fall. “For a highly impaired person who needs manual support, we can completely ‘unweight’ a limb to work on gait, and then gradually add weight-bearing as they become more mobile,” says Hanson.
- **Ceiling lift.** A ceiling lift with harness allows for freer movement, so a patient can walk down a track and be supported if they fall. “We’ll use this when we’re trying to get patients moving safely with pre-gait activities,” says Hanson.



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Evergreen Healthcare is a community-based health care organization with more than 800 staff physicians in over 50 specialties serving residents in the Puget Sound region. Evergreen’s clinical excellence and breadth of services are among the most comprehensive in the Pacific Northwest.