

► Medically Complex Patients Can Undergo In-Hospital Rehab

Today, many medically complex patients in need of rehabilitative care, who in the past would have had to remain on traditional hospital floors, can now undergo care in inpatient rehab units that have the support of full medical services. Physicians making referrals for rehabilitation may not realize that, as a result, such patients can begin a critical phase of rehab while at the acute inpatient stage of their care. Likewise, many healthier patients can now be safely and soundly rehabilitated on an outpatient basis.

“Due to a number of factors, such as improvements in acute and sub-acute care, including for joint-replacement patients—and better outpatient rehab capabilities—our population profile has changed,” said physiatrist John Nolan, DO, medical director of the Regional Rehabilitation Center at Virtua Our Lady of Lourdes Hospital. “In our inpatient unit, we care for more patients who have just completed cardiac or neurosurgical procedures or suffered a neurologic event.”

Concurrent Rehab and Medical Services

Inpatient rehabilitation facilities (IRFs) offer more intensive rehabilitation than post-acute care options such as skilled nursing facilities (SNFs) or home-based rehabilitation. Licensed for 50 beds, the acute rehabilitation unit at Virtua Our Lady of Lourdes provides rehab for all types of conditions, with an increased percentage of patients with multisystem problems. The population also includes cancer, trauma, amputation, Parkinson’s, pulmonary (including COPD), infection, and general wound-care patients.

“We have a smaller portion of orthopedic patients these days and a larger portion of patients who may be quite sick with multisystem issues,” said Dr. Nolan. “Medically challenging patients can be transitioned safely to rehab within a full-service hospital.”

The program delivers physical and occupational therapy (with the aid of a contiguous gym), speech and swallowing therapy (see page 2), as well as social work, psychology/cognitive, and orthotic/prosthetic services. When patients need care through a specialty area of the hospital, their rehab stay is not interrupted. Patients on the unit can receive dialysis, management of hypertension or diabetes, cardiac monitoring, or respiratory support.

Patients Slotted to Optimal Level of Rehab Care

For an inpatient rehabilitation stay, Medicare and most commercial insurance companies require that the patient’s doctor confirm that the patient needs 24-hour access to a doctor and specialized rehab nursing, and that the patient is able to tolerate and benefit from three hours each day of a combination of skilled therapies—with a reasonable expectation of improvement in activities of daily living.

With full medical services available, hospital-based inpatient rehabilitation services have experienced a shift in census toward patients with more-complicated health status.

Patients come to the Virtua Our Lady of Lourdes unit from inpatient care within the hospital and from throughout and outside of the Virtua system. For transitions to outpatient therapy, the program works with Virtua’s outpatient physical therapy and rehabilitation services located throughout Burlington, Camden, and Gloucester counties, as well as its subacute and medical centers in Mount Holly and Berlin.

“Selection criteria based on level of acuity, both physical and medical, has become the rigorous new focus, so that we understand the complexity of a patient’s overall needs for purposes of authorization and we separate those who can manage independently back to their lives,” said Dr. Nolan. “With this selectivity, we can achieve better results with prompter return to home, greater mobilization, and lower rates of readmission.”

To reach the Lourdes Regional Rehabilitation Center, call 609-440-7095.



Rigorous Swallowing Therapy Program Helps Patients Pre- and Post-Discharge

The ability to swallow is something we take for granted, and loss of it is a frightening experience for a patient and a serious medical event. Rehabilitation experts in this area believe that treatment for dysphagia should start as promptly as possible. The care can take place during the initial hospitalization and continue at a post-acute level—often with highly beneficial results.

Shelly McManus, MS, CCC-SLP, the lead speech-language pathologist (SLP) at the Regional Rehabilitation Center, and her fellow SLPs interact daily on the acute-care floors of Virtua Our Lady of Lourdes Hospital regarding patients who develop swallowing deficiencies. This critical physical ability can be compromised by neurological conditions such as stroke, Parkinson's disease, ALS, dementia, head trauma, and general deconditioning (especially in the elderly), as well as in patients recovering from head and neck surgery. Patients may have been immobile for an extended time or may arrive from the ICU, perhaps with a feeding tube or a tracheostomy after ventilator dependency. Through



The center can conduct swallowing therapy for patients who currently have a tracheostomy.

coordination with nursing and the dietary staff, the swallowing assessment, planning, and steps for intervention can begin even before patients reach the rehabilitation unit.

McManus, who completed her Certificate of Clinical Competence through the American Speech-Language-Hearing Association, frequently confers with a hospital radiologist over a video fluoroscopic study in which the patient swallows barium-impregnated food and liquid to reveal the dynamics of both the oral and pharyngeal phases of swallowing. Exercises can help strengthen and coordinate swallowing and breathing, manage secretions, and achieve stronger coughs.

Collaboration with gastroenterology and otolaryngology may be needed. The team can review the recorded X-ray studies to re-analyze them and can repeat the test further into treatment to see if the patient is ready for an adjusted feeding approach. With such inpatient rehabilitation, many patients can regain a substantial amount of swallowing ability before discharge, and they can leave with an understanding of modified eating habits. Thereafter, time, patience, and practice will determine the extent of swallowing recovery.

“You simply can’t overestimate the impact of even a partial loss of ability to swallow,” said McManus, who has worked at the hospital for 18 years. “For patients in whom this complex function is compromised, it’s often a devastating problem. It’s as difficult socially as it is health-wise.”

In addition to the inpatient program, Virtua speech pathologists offer outpatient clinical evaluation and fluoroscopic swallowing studies. Patients may call 888-VIRTUA-3 to schedule an appointment.