

alternatives

high intensity rehabilitation in the home?

at Gentiva Rehab Without Walls, it's the rule, rather than the exception

One of the greatest misconceptions about Gentiva Rehab Without Walls[®] is that it cannot offer high intensity rehabilitation. That thinking couldn't be more erroneous. In truth, high intensity rehabilitation is one of Gentiva Rehab Without Walls' greatest strengths. Our care model is ideally suited for high intensity cases, offering significant benefits including lower costs, faster recovery and more durable outcomes.

Why the misconception? "I think the confusion arises with people who associate Gentiva Rehab Without Walls with home healthcare," says Beth Landry, Vice President, Gentiva Rehab Without Walls. "But there's an enormous difference. We provide interdisciplinary, functional, goal-oriented rehabilitation in the home and community setting. Where the home healthcare patient by definition is homebound, Gentiva Rehab Without Walls clients are focused on maximum independence and returning to their lives as quickly and as actively as possible."

In fact, the approach and tools used by Gentiva Rehab Without Walls are more akin to what is offered in an acute, inpatient rehabilitation setting. First and foremost we offer the clinical expertise—highly trained rehabilitation professionals in all disciplines. And second, we can provide the client as many as 18 to 30 hours a week of therapy, with longer treatment days and possible weekend availability. "The key here is the intensity of treatment," says Janet Ayers, Ph.D., Director of Clinical Management, Home and Community, Phoenix. "We are able to offer more of everything that is available in inpatient rehabilitation, whether at a hospital or a long-term care facility—more treatment hours, more variety of experts, more coordination of services, more treatment environments, more family contact, more emphasis on the client's real life needs, and so on. This helps us maximize limited insurance benefits and help clients attain long-term goals faster."

The Home Field Advantage

The fact that this level of clinical care can be provided in the client's home results in a huge advantage in treatment gains. Not only is it more convenient for the patient and the family, but goals and barriers are addressed in real life settings. Often clients who need high intensity rehabilitation have impaired strength, endurance, attention and memory. If treated in their own home, they can take breaks between sessions so that they can remain refreshed and rested. In addition, transport to offsite facilities can be exhausting and time-consuming, and affect the duration and intensity of the rehabilitation. Doing high intensity rehabilitation in the home allows clients to focus on the rehabilitation process and participate more fully in treatment. In the majority of cases, this results in a swifter recovery and a successful return to work. "This is important because the odds of an injured worker returning to work significantly decrease after six months," explains Dr. Ayers.

Indicators for High Intensity Rehabilitation

- Recent injury
- Impairments predominantly in the moderate to severe range
 - Impairments across multiple disciplines
- Family requires significant education and assistance
- Typical diagnoses include TBI, spinal cord injury and stroke

Clinical Coordination One Key to Effectiveness

"One key to our approach is that in addition to having the services and expertise to provide the diversity and intensity of care, we also have the clinical coordination and collaboration among the clinical treatment team members," says Dr. Ayers. "This maximizes the

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a Gentiva Rehab Without Walls social worker

Today, we talk with Jodie Sakaris, L.C.S.W., who has been a social worker for 13 years, the last three at Gentiva Rehab Without Walls, on the value of social workers on the clinical treatment team and how they help create the right psychosocial environment for rehabilitation to happen.

When is it appropriate to include a social worker on the Gentiva Rehab Without Walls clinical team?

1 In general there are two main reasons: One is to help the client and family with adjustment issues following an illness or injury. The other is when there are resource issues, for example, a client who needs help connecting to government or community supports.

Let's look at the adjustment piece first. What role does the social worker play in this?

2 Often there are huge adjustment issues following a brain injury, spinal cord injury, stroke or other neuro disorder. A client's role in the family may have changed, going perhaps from a provider to someone who needs help with the most basic personal care needs. The client may not feel useful or purposeful, resulting in depression or suicidal thoughts. If a TBI has occurred, there may be personality changes that the family doesn't understand. In short, life as the client and family knew it may have radically changed. My job is to help them readjust expectations and get stress levels under control. I help them find themselves and to understand that while things will not be the same, there *will* be a quality of life. In addition, the client and family may be overwhelmed with grief and loss and not know how to talk about what is going on. I help them identify feelings, communicate and move on.

What about helping the client with resources—how does that work?

3 At the initial assessment, the team member who does the evaluation looks at the family resource situation and what they may need assistance with. Some clients, due to their socioeconomic status, may need help with the basics—getting food and medicines, applying for

disability, applying for Medicaid and other programs. As social workers, we not only can help clients do this more easily, but we also can connect them with a wealth of community resources we've identified and worked with in the past. It is important to get these supports in place as quickly as possible because lack of resources can cause undue stress, and if a client is stressed out, it tends to divert attention away from rehabilitation. This is especially true if the client is the family's primary breadwinner. My job is to ease the overall family stress and shift the focus back on the rehabilitation. I also help clients nearing discharge from Gentiva Rehab Without Walls reintegrate themselves into the community and find support so they can continue to make progress after their formal rehabilitation has ended.

4 How do you work with the other members of the clinical team? Often I'll do a co-treatment with another team member. For example, a client may be scared during physical therapy and say 'I can't do this.' I can teach the client relaxation techniques to remain emotionally calm so that he or she can participate in therapy. I also can work with the client during a painful exercise session or treatment to help manage pain. Sometimes I work directly with the therapist to brainstorm on approaches to treatment that will best motivate clients and keep them on track.

5 How does the social work piece of the rehabilitation equation affect outcomes? More than you would think. Often with rehabilitation, the emotional piece gets left behind. There's a mindset that if the patient can walk he must be fine. But what we've learned is that emotions can shut down progress. Time and money are wasted if you only focus on the physical, which is why Gentiva Rehab Without Walls looks at the bigger picture. When a client is emotionally adjusted, motivation increases and stress decreases. This, in turn, helps keep the focus on rehabilitation. When a family has access to coping skills, the client is better supported and can more easily return to his or her life. All of these things affect length of stay, compliance, durability of results and, of course, healthcare costs. ●

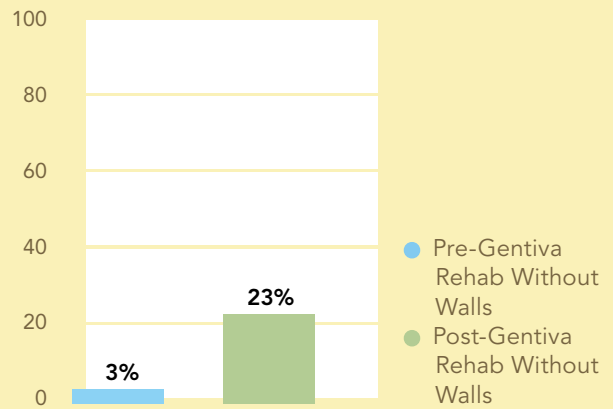


"When a client is emotionally adjusted, motivation increases and stress decreases. This, in turn, helps keep the focus on rehabilitation."

Gentiva Rehab Without Walls increases ability to engage in productive activity

23% of clients are able to engage in productive activity after discharge, including competitive vocational training.

Of those engaged in productive activity, 93% were either competitively employed or capable of being competitively employed.



*Source: Gentiva Rehab Without Walls. January 1, 2004-December 31, 2004. Based on 622 patients who completed program.

INSIDE gentiva rehab without walls

Gentiva Rehab Without Walls Expands to Alaska

In 2005, Gentiva Rehab Without Walls opened a satellite location in the state of Alaska, bringing our national reach to 17 locations across 10 different states. As in past expansions, we entered a new area based on the needs of clients; in this case, it also was based on payer demand.

“We’re up in Anchorage because payers and other referral sources felt they needed more rehabilitation options,” says Michael Gluck, Executive Director, Gentiva Rehab Without Walls Seattle and Anchorage. “They have been asking for a Gentiva Rehab Without Walls team for a long time—they are familiar with our approach and our reputation. The timing was right so we decided to move forward with the Alaska Team.”

Currently, the Alaska-based clinical teams are managed by clinical coordinators in Seattle, but Gluck says by year’s end, Anchorage will have its own clinical coordinator or director of clinical management. “It’s a small community but we are already working at close to capacity with our caseload. And as community need grows, so will we.”

Did You Know? Many of Our Locations Can Perform Home Evaluations

Anyone who has worked with Gentiva Rehab Without Walls knows that a home safety evaluation is an integral part of our initial client assessment. But did you know that many of our locations can perform independent home assessments? According to Chris Turla, Director of Clinical Management, Gentiva Rehab Without Walls Seattle, there are many occasions for which these would be valuable and necessary, for example:

- When a patient is moving into a new home.
- When a case manager needs an independent life care plan for a patient.
- When a patient is assigned guardianship services.
- On an annual basis for patients on long-term disability to ensure their house remains safe.

“A home evaluation by a Gentiva Rehab Without Walls therapist—generally a PT or OT—can give you an unbiased evaluation of a home’s safety from a medical and functional perspective,” says Turla.

“After a one-to-two-hour inspection, the therapist will write a report and make recommendations on modifications.” When appropriate, the evaluators can share resource and contact information because often they’ve already identified which vendors in the community are familiar with ADA requirements or who have specific experience in home modification.

During the evaluation, examiners look at many factors including fire hazards, ADA specifications for wheelchair-bound patients (ramps, door widths, etc.), whether a patient would be able to exit the house safely, modifications in the bedroom, bathroom and kitchen that could help the patient be more independent, which surfaces, furniture and rugs might be hazardous or act as impediments, whether the stairs can be navigated safely, which adaptive equipment currently in use might need to be upgraded, and if the outside terrain is safe and navigable.

If you need a home evaluation, please contact your local Gentiva Rehab Without Walls office to see if their location provides this service.

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the client perspective

“they were excellent advocates”

Background: On Christmas Eve 2004, Don Chester, a 59-year-old hospital administrator and triathlete, was struck by a car while taking his daily run. In a reversal of the “no good deed goes unpunished” adage, he was taken to St. Mary’s Medical Center in West Palm Beach, Florida, where he worked as Associate Administrator. There he was served by the trauma system he fought for more than a decade to establish and was treated by a trauma surgeon who is both a friend and colleague. The combination of all three saved his life, but Don’s spinal cord had been severed and he was paralyzed from the trunk down with use of his arms but no dexterity in his hands. After nearly six months of hospitalization and inpatient rehabilitation, he returned home in a wheelchair and began treatment with Gentiva Rehab Without Walls.

Rehabilitation Needs: Don’s wife Sally Chester, R.N., M.S., had researched rehabilitation options and felt that Gentiva Rehab Without Walls would be the best fit. “What attracted me to Gentiva Rehab Without Walls was the multidisciplinary approach,” she says. “That and the fact that the therapists had lots of experience with spinal cord injuries. I didn’t want fragmented care and I liked that the Gentiva Rehab Without Walls clinical team was integrated, almost seamless.”

The Rehabilitation Process: From Don and Sally’s perspective, the clinical team helped in a number of key ways:

- **Physical strength.** “I needed help with strength, endurance, range of motion and balance,” says Don. “From the onset, the therapists focused on good technique so I’d get it right the first time. I felt like the therapists understood my strengths and limitations and were able to push me appropriately.”
- **Advocacy.** “They were excellent advocates for getting Don what he needed,” says Sally. “For example, the clinical coordinator was able to negotiate with his insurance company for the appropriate number of visits and the right adaptive equipment.”
- **Safety and home accommodations.** “A big focus was wheelchair management, along with ADLs such as safe transfers” says Don, “but the team helped me with so many of the smaller adaptations that affected my quality of life. This included helping me find the right gloves and weights for my hand exercises, a

modified key for opening the door, a computer keyboard I could use, an office table that allowed me to work independently, even things like the best ways to carry my wallet so I could more easily access money and credit cards.” Another adaptation was bringing in a service dog from Florida’s New Horizons Service Dogs that could compensate for Don’s loss of hand function. For example, the dog could open and close doors, retrieve items and pick up things that Don had dropped. “The Gentiva Rehab Without Walls team helped integrate the dog into my routine,” notes Don.

- **Return to work and the community.** Don was particularly anxious to resume his many roles—at work, on boards, in his circle of friends and neighbors. “I wanted to get out as quickly as I could, so my therapists accompanied me on trips to work, the gym and on a variety of outings, teaching as we went along.” The team made a point of bringing people in Don’s life into treatment, from showing a friend who is also a personal trainer how to help with his exercise routine to working with his nurse’s aide on range-of-motion exercises. Because getting back to work was such a priority for Don, the therapists started with visits to the office almost immediately so they could implement safety measures and other accommodations and he could begin reacclimating.

Recovery and Results: Today, Don has returned to work twice a week, and as he continues to increase strength and endurance, he plans to add hours. He has become independent in most activities of daily living and his next goal is to begin driving again. He acknowledges the Gentiva Rehab Without Walls team for the high level of independence he has achieved to date. “Not only are they very good therapists,” he says, “but they are nice people. I always felt like I had a very nice security blanket.” From Sally’s perspective, she says, “I cannot imagine going through this experience without Gentiva Rehab Without Walls. They made it very easy and facilitated many things that an organization giving us more fragmented care could not. The consistency of care was important, the advocacy was important and the way they saw us as a family was important. It was a very positive experience and we have already recommended Gentiva Rehab Without Walls to several others.” ●

, share from the same popcorn box—and report a totally different experience.
tive to approach one case study from both the client and the treatment team

the clinical team perspective

“we learned so much from them”

Background: In many ways, Don Chester was a model client—educated, motivated, single-mindedly focused on achieving maximum independence. As a former triathlete, Don had the drive to set goals and the experience in reaching them. As a person active and beloved in his community, he understood the importance of returning to it as quickly as possible. And as a member of the healthcare profession, both he and his wife Sally were able to be very clear on what Don needed and how to approach his rehabilitation.

“All this greatly enhanced the rehabilitation and recovery process, especially the high level of motivation,” says Jodi Brazlavsky, L.C.S.W., Director of Clinical Management, Gentiva Rehab Without Walls, Florida. “That said, we still used the same model of care that we do with all our clients.”

This model of care includes an interdisciplinary treatment team comprised of hand-picked medical professionals who address individual client needs. The team works with the client and family to assess the situation, develop and implement measurable functional goals, perform treatment in the home and the community, advocate for the client on insurance issues, connect the client with community resources, coordinate all treatments, communicate with physicians, payers, family and case managers, and work with the client to re-enter his or her life as fully and as independently as possible.

Rehabilitation Needs: “Don came to us with a very severe spinal cord injury that resulted in limited use of his arms and no use of his legs,” says Brazlavsky. “Typically in these cases, there is a great deal of emotional trauma so we bring in a social worker to help with the adjustment. However, Don and Sally had such a strong bond and a strong support system that we found

we didn’t need the social worker for very long on the treatment team. This then allowed us to allocate more treatment hours for the two areas where he needed the most assistance: physical therapy and occupational therapy. As a clinical coordinator, one of my roles is to ensure that we maximize the insurance benefit.”

The Rehabilitation Process: Together with Don and Sally, the treatment team set six functional outcome goals:

- To be independent with the power wheelchair in the community and with the manual wheelchair in the home.
- To require minimum assistance in completing transfers.
- To require minimum assistance with bed mobility tasks.
- To be independent in planning and completing community outings.
- To increase ability to perform activities of daily living and self-care.
- To improve strength, endurance and activity tolerance.

Not surprisingly, Don attacked each of the goals head-on. “Often a big part of our job is to motivate clients,” explains Brazlavsky, “but that certainly wasn’t the case with Don. He was so pumped up that we got pumped up and the energy fed all of us.” That’s not to say that there weren’t challenges, because every case has its own unique ones. “Don challenged us because he challenged himself. Sometime he tried to put the cart before the horse, like going out into the community before he was proficient with his wheelchair. Our job was to keep him focused on all the small steps that contribute to the bigger rehabilitation picture.”

Recovery and Results: In February 2006, Don was discharged from Gentiva Rehab Without Walls equipped with the tools he needed to be as independent as possible in his new life. “A lot of our role is client and family education, but I have to say that with Don and Sally we learned so much from them,” says Brazlavsky. “Through their medical contacts, they made us aware of the Florida company that trains service dogs to assist people in wheelchairs, which is something I would definitely explore for other clients. They showed us what true motivation looks like. But most of all, they showed us just how much having a solid, loving, supportive relationship can positively influence outcomes.” ●



Sally and Don
with Pollyana,
Don's service dog.

five years down the road

checking in on client outcomes post-discharge

Since one of the goals of Gentiva Rehab Without Walls is to build durable outcomes so that clients can return to as functional and independent a life as possible, we like to keep track of progress long after clients have left our care.

Here, we revisit Christian Duncan of the Sacramento area, who had sustained a traumatic brain injury from a skateboard accident in October 2001.

"They helped me acclimate and get back into life and find a certain sense of normalcy."

"My doctor told me I had the worst brain injury he had ever seen," says Christian, who is now a 22-year-old college student. "I was in a coma for a week, and when I came to, I was then put in a medically induced coma. I lost 40 pounds and came very close to having a heart attack, which is hard to imagine for a 17-year-old. There were a couple of times when the doctors told my parents I probably wouldn't make it."

Yet not only did he survive, he thrived, returning to school several months after the accident and graduating with his high school class. And while with Gentiva Rehab Without Walls he did all the usual home and community rehabilitation activities—physical, occupational and speech therapy, exercise programs, community outings, cognitive training—he credits his clinical team with far more than his extraordinary physical recovery.

"They did so much more for me than I could even imagine," he says. "They helped me have closure on the accident. They helped me acclimate and get back into life and find a certain sense of normalcy. What I appreciated most was that the Gentiva Rehab Without Walls team members were just good, nice people, sincerely interested in me. They wanted me to get better not for them, but for me. To them I was a person, not a case."

Few emerge from such a serious injury and such an intense rehabilitation process unchanged, and Christian is no exception. "Before the accident I was a typical teenager who thought I was untouchable.

Today I'm humbler, with a new-found appreciation of life, my dear girlfriend Kelly, and especially my family. But I've also learned that there is nothing that can't be overcome."

Which is why Christian feels he can dream big. He just finished a two year mission with the Latter-day Saints and plans on attending law school once he graduates from Brigham Young University. He also has plans to start his own surf company and his own line of clothing, as well as to go into the film business on the side. "The future is mine," he says. ●

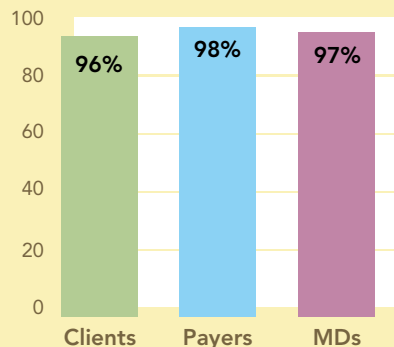
rehabilitation terms defined:

Interdisciplinary Treatment Team

This is a treatment approach in which multiple disciplines work together on a single plan of care, managed by a clinical coordinator and marked by frequent, ongoing communication among team members. The approach is a hallmark of the Gentiva Rehab Without Walls philosophy of home and community rehabilitation. Any number of medical professionals participate in the plan of care, depending on individual client need, including physical therapists, occupational therapists, speech/language pathologists, certified therapeutic recreational specialists, clinical social workers, neuropsychologists, rehabilitation nurses, nutritionists, behavioral specialists, family counselors, psychiatrists, clinical coordinators, clinical psychologists and rehabilitation specialists.

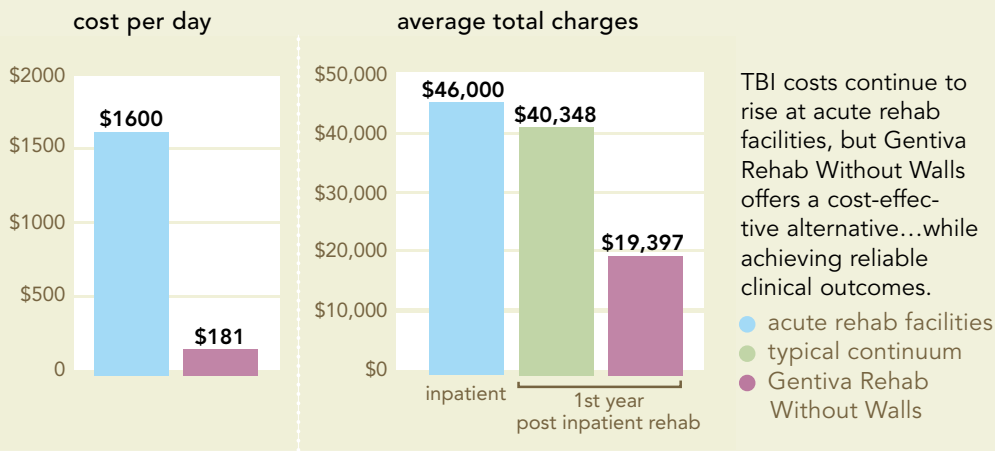
customer satisfaction by the numbers

Client/family members, physicians and payers have a high level of satisfaction with Gentiva Rehab Without Walls.



*Source: Gentiva Rehab Without Walls. January 1, 2004-December 31, 2004. Based on 622 patients who completed program.

a cost comparison: traumatic brain injury



TBI costs continue to rise at acute rehab facilities, but Gentiva Rehab Without Walls offers a cost-effective alternative...while achieving reliable clinical outcomes.

- acute rehab facilities
- typical continuum
- Gentiva Rehab Without Walls

Sources: Lead Investigator: Whiteneck, G; Lead Center for Project: Craig Hospital; Collaborating Investigators: Terrill, M, Brooks, C, Harrison-Felix, C, Manley, S Mayer, N.H.; Pelensky, J.; John Whyte, J.; & Fidler-Sheppard, R. (2003) Characterization and correlates of medical and rehabilitation charges for traumatic brain injury during acute rehabilitation hospitalization. *Archives of Physical Medicine and Rehabilitation*, (84), 242-248

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benefit to the client, saves costs and ensures smooth implementation of the treatment plan. You absolutely need an effective manager to coordinate treatment at that level. I hate to use the phrase one-stop-shopping, because what we offer is so much more than that, but the same principle holds. We not only provide the variety of services, but we coordinate them as well, which avoids gaps and overlaps that could be costly in terms of recovery time and dollars spent.”

This coordinated team approach has a number of associated benefits, including durability of outcomes. Team members have channels of communication with which to share results, motivational tips, family issues and problems as they arise. They can trouble-shoot earlier and more easily keep the patient on track. This means that there are fewer opportunities for clients to settle into dysfunctional accommodations, the family gets the education they need to support their loved one, and clients can more easily recognize gains. This, in turn, affects motivation and progress, which cuts down on depression and facilitates return to work. Ultimately, this results in a shorter length of stay and lower costs for the payer.

Shorter Length of Stays, Lower Costs

Gentiva Rehab Without Walls promotes shorter length of stays in two ways. First, because we can provide high intensity rehabilitation in the home, clients can have significantly shorter stays at hospitals or inpatient rehabilitation facilities. And second, because our interdisciplinary team approach accelerates recovery, clients use fewer healthcare resources in the long run and can return to work sooner. For payers, this can translate into hundreds of thousands of dollars saved per patient.

“Truly our approach to high intensity rehabilitation is a win-win situation,” says Dr. Ayers. “Patient, physician and payer alike all benefit. Shorter length of stays, faster recovery and return to work, more durable results and significant cost savings...what more could you ask for?” ●



resources

Recommendations from the professionals at Gentiva Rehab Without Walls.

associations

National Spinal Cord Injury Association
www.spinalcord.org

Brain Injury Association
www.biausa.org
Resource packet available by clicking on “BI Awareness month” and then clicking on “Living with BI.”

National Association of Social Work
www.naswdc.org

journals

Journal of Social Work in Disability and Rehabilitation
Available at
www.haworthpress.com

Health and Social Work
Published by the National Association of Social Work
www.naswdc.org

conferences

International Stroke Conference
April 16 –18, Kissimmee, FL
www.strokeconference.americanheart.org

AOTA National Conference
April 27-30, Charlotte, NC
www.aota.org

Case Management Society of America
June 13-17, Dallas, TX
www.cmsa.org

APTA Annual Conference
June 21-24, Orlando, FL
www.apta.org

Highlights of Staff Accomplishments During 2005:

- Dallas Director of Clinical Management Mary Boudin was appointed to the Professional Advisory Board of Harris Methodist Hospital.
- Phoenix Physical Therapist Willie Jacovini presented to the Arizona Physical Therapy Association and Association of Rehab Nurses on diagnosing balance issues.
- Michigan Physical Therapist Steven Mandely became Vice Chairman of the Michigan Board of Physical Therapy.
- Utah Executive Director Miette Murphy presented to the Utah BIA on communication and cognition issues.
- Los Angeles Executive Director Kim Gully presented at the Utah Trial Lawyer Conference.
- Director of Operational Support and Development Shelley Palumbo and Regional Sales Manager Paul Folkert represented Gentiva in Washington, D.C.
- Las Vegas Clinical Coordinator Joellyn Somberg spoke at the American Disability Association Presentation for Employers in Nevada.
- Seattle Clinical Coordinator/S.L.P./Pediatric Specialist Maura Grant gave the presentation “Cognitive Rehabilitation in a Functional Setting” at the Interdisciplinary Approach to Neurotrauma Care-Brain Injury Conference. ●

About Gentiva Rehab Without Walls

With a focus on functional goals and measurable, durable outcomes, Gentiva Rehab Without Walls® provides comprehensive rehabilitation in the setting that we've found most effective: the client's home and community. Using an interdisciplinary clinical treatment team developed to meet the specific needs of each client, we help clients return to life as quickly, fully and independently as possible equipped with the functional skills necessary to participate in practical, daily activities at home, school and the workplace—often at a significant cost savings. For more information or to make a referral, please call 1-866-734-2296 or visit us at www.gentiva.com/rww

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Gentiva accepts patients for care regardless of age, race color, national origin, religion, sex, disability, being a qualified disabled veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.

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