Regardless of location, all Carolinas Rehabilitation leaders face a common set of challenges that require unified solutions. This tenet was the cornerstone of the inaugural Carolinas Rehabilitation Network Summit, held in April, which brought dozens of rehabilitation leaders across Carolinas HealthCare System together to brainstorm, collaborate and plan for the future.

**COALESCEING VARIED IDEAS INTO A UNIFIED VOICE**

Leaders from the System’s seven inpatient hospitals and numerous outpatient clinics located in North Carolina and South Carolina attended the conference, including Moses Cone in Greensboro, NC, Roper Rehabilitation Hospital in Charleston, SC, and Scotland Memorial in Laurinburg, NC.

With vast rehabilitation offerings spanning from brain and spinal cord injury to stroke, cancer and pediatric rehabilitation, the conference helped unify the leadership team and addressed the decision-making processes involved in implementing best practices to enhance patient care in their communities.

“We find variability in how we approach similar issues,” said Robert Larrison, president of Carolinas Rehabilitation. “There is a host of best practices that should be shared across facilities to decrease variation in care. Our goal is to build on a foundation of uniform, evidence-based measures that lead to the highest quality outcomes for all our patients.”

**DECIPHERING A COMPLEX REGULATORY CLIMATE**

Whether inpatient or outpatient, rehabilitation medicine faces a myriad of complicated rules and regulations, requiring a commonality of language among rehabilitation leaders that may not be familiar to acute-care providers. This is just one of the numerous issues impacting the rehabilitation environment addressed at the summit.

“Demonstrating our effectiveness and value is vital in the current healthcare climate; it’s also a priority to keep abreast of regulatory changes,” said Anne Macner, vice president, neurosurgery, orthopedics and rehabilitation at Cone Health, an affiliate health network in Greensboro, NC, with more than 100 care locations.

The group is working to ensure patients receive innovative rehabilitation care as healthcare delivery is transformed. “It was striking to see how many talented rehabilitation leaders are part of our network, and reassuring to know that we are all working toward a common goal,” said Macner.

**COLLABORATION AND INNOVATION TAKE THE SPOTLIGHT**

Attendees heard presentations on a variety of topics highlighting the collaboration and innovation that’s taking place across all Carolinas HealthCare System rehabilitation locations. These included:

- Changes brought by the EQUADR™ (Exchanged Quality Data for Rehabilitation) network, which enables inpatient rehabilitation facilities to share quality metrics
• Innovations in delivery methods, such as virtual wound care
• Updates on research and clinical trial participation
• Methods to reduce hospital readmissions and manage chronic diseases in the rehabilitation patient population

Macner also discussed the healthcare paradigm shift to the so-called “Second Curve.” This set of system, organizational and process designs shifts the focus of healthcare from a volume-based model to a value-based model. Healthcare systems adopting the Second Curve are creating strategies that use evidence-based practices, improved efficiencies and integrated information systems in patient care.

To continue offering outstanding care in this rapidly changing healthcare environment, Carolinas Rehabilitation is transitioning to the Second Curve to be customer-driven while still meeting the needs of healthcare professionals across the continuum of care. “Our work to transform healthcare delivery will require new ways of thinking and behaving,” said Macner.

STANDARDIZATION EFFORTS UNDER WAY
Developing this unified network will begin by focusing on quality. All Carolinas Rehabilitation inpatient locations subscribe to the EQUADR™ database. “We will create a standardized approach to addressing Medicare rules and regulations,” said Larrison.

The meeting, which Larrison plans to make a regularly scheduled event, spurred colleagues to identify collaborative opportunities, especially in education, competency training, documentation and recruitment.

“We will continue to develop best practices that all Carolinas HealthCare System rehabilitation locations can adopt. As such, our second strategic leadership meeting is scheduled for October and will be hosted by Roper Rehabilitation in Charleston, SC,” said Larrison.

RECEIVE IMPORTANT UPDATES
For more information and the latest news about Carolinas Rehabilitation, visit CarolinasHealthCare.org/rehabilitation.
INTEGRATED SYSTEMS OF CARE IMPROVE PATIENT OUTCOMES

As one of the largest not-for-profit rehabilitation hospitals in the nation, Carolinas Rehabilitation, a part of Carolinas HealthCare System, stresses the importance of developing effective integrated systems of care.

“The transfer of inpatient beds from Carolinas Rehabilitation’s main location in Charlotte to a new, 40-bed hospital in Concord [see page 8 for more information], and 29 inpatient rehabilitation beds at Carolinas Medical Center-Pineville, is improving access to care – a major goal of service integration,” said William Bockenek, MD, chief medical officer of Carolinas Rehabilitation and chair of Physical Medicine and Rehabilitation.

Concurrent efforts toward this end include fully incorporating electronic medical records (EMRs) and computerized physician order entry (CPOE) at all facilities – slated to be complete by the end of the year – and hiring medical hospitalists at all inpatient hospitals to enhance the management of chronic, comorbid conditions.

In “Rehabilitation Leaders Confer at Network Summit,” (page 1) you learned how Carolinas HealthCare System leadership is moving to unite these entities and create a care continuum that’s seamless and easy to navigate, providing patients with the care they need in an efficient manner. This initiative also includes emphasizing the importance of ensuring consistent, quality care in a safe environment. Hospital leaders at every location are on the front lines in accomplishing these goals. “Using integrated care systems allows us to offer more evidence-based practices and to share these proven practices across the continuum,” said Dr. Bockenek.

PORTABLE MEDICAL RECORDS

With all Carolinas HealthCare System facilities now using EMRs/CPOE, patients who are transferred from acute care hospitals to Carolinas Rehabilitation can be confident that attending physicians and allied health professionals have access to relevant medical information at a crucial transition point, said Dr. Bockenek.

When hospital staff members have access to patients’ vital medical information, they can focus their attention on patient care, decreasing stress levels for patients and their loved ones and ensuring a positive experience. “Patients no longer bear the responsibility to make sure their records are transferred. When they’re seen at any Carolinas HealthCare System location, we have access to that information and can assure patients we have up-to-date information about their health status.”

EMR/CPOE benefits also extend to healthcare providers both inside and outside Carolinas Rehabilitation. Within the System’s network, providers are able to work more efficiently and accurately because everyone, from nurses to therapists to physicians, has access to the same data, including medications prescribed for each patient.

Healthcare providers not in the network can be assured that we have a system to maintain appropriate care for their patients. “Some providers may be unfamiliar with our services and are unsure where rehabilitation fits within the continuum of care,” said Dr. Bockenek. “An integrated care model gives us the opportunity to introduce the benefits of rehabilitation medicine to both our patients and their primary care practitioners.”

HOSPITALISTS A KEY COMPONENT

Also key to ongoing efforts to integrate systems of care is the movement of Carolinas Rehabilitation to a medical co-management system with hospitalists who are based in inpatient hospitals. Carolinas Rehabilitation is expanding staff to include full-time hospitalists with the aim of decreasing readmission rates and making sure patients with chronic comorbidities get the care they need to manage conditions such as kidney failure, congestive heart failure and diabetes.

Patients may receive inpatient rehabilitation care for a few weeks or months, so providing in-house hospitalist care is an excellent opportunity to make sure chronic conditions are properly managed throughout their stay and allows for extensive patient and family education on medical management issues. In addition, hospitalists ensure that patients are smoothly transitioned back to their primary care providers upon discharge.

Watch for future issues of Within Your Reach for updates on these and other significant rehabilitation initiatives.
With more than 62 percent of rehab patients on Medicare*, the federal health program’s ongoing mandates for quality reporting from inpatient rehabilitation facilities (IRFs) is inextricably linked to Carolinas Rehabilitation’s efforts to accurately document care.

Medicare’s annual release of upcoming regulations included measuring data on the influenza vaccine, unplanned readmissions and pressure ulcers, adding to current measures for IRF quality reporting on catheter-associated urinary tract infections and other aspects of pressure ulcers, said Suzanne Snyder Kauserud, FACHE, MBA, PT, vice president of Carolinas Rehabilitation.

“This year, they added additional measures that we’ll be collecting as part of our pay-for-reporting program,” she said. “We’re not yet subject to pay-for-performance, but that’s what Medicare is mandating. They’ve also made changes to their patient assessment instrument so they can get the quality information Medicare needs.”

“In preparation for pay-for-performance, the Carolinas Rehabilitation Network, in collaboration with Carolinas HealthCare System’s quality division, has developed a tool that enables all rehabilitation hospitals to share outcomes and identify best practices. We are also in the process of developing the first Rehabilitation QSOC™ [Quality and Safety Operations Council],” said Robert Larrison, president of Carolinas Rehabilitation.

NEW MEASURES
The new data Medicare has requested of all IRFs nationwide for fiscal year 2016 includes:

- Influenza vaccination coverage among healthcare personnel (NQF #0431), with data collection beginning October 1, 2014.

For fiscal year 2017, requested data includes:

- Percent of patients who were assessed and appropriately given the seasonal influenza vaccine (NQF #0680), with data collection beginning October 1, 2014.

- All-cause unplanned readmission measure for 30 days post-discharge from the inpatient rehabilitation facility. This is a claims-based measure.

- Percent of patients with pressure ulcers who are new or worsened (NQF #6078), with data collection beginning October 1, 2014 and supporting the creation of risk-adjustment factors for the pressure ulcer measure already in place at Carolinas Rehabilitation.

APPROPRIATE REGULATION A MUST
While Kauserud supports many benchmarking regulations, she thinks that not all of them seem logical for the rehabilitation setting.

“Whether you got the flu vaccine is not the main focus. What’s important is how well you function at discharge or how we coordinated your care as you went back into the community,” she said. “To me, the current quality reporting measures for inpatient rehabilitation don’t portray the true quality of what we do as an inpatient rehabilitation facility. But I do think there are several measurement gaps in our program – especially in the area of patient safety and outcomes – where we can look forward to having those types of measurements in the future.”

*Source: erehabdata

JOIN OUR COMMUNITY
For more information about ideas and best practices relating to quality benchmarking, visit CarolinasHealthCare.org/equadr.
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ccording to the Centers for Disease Control and Prevention (CDC), more than 500,000 Americans succumb to cancer each year (1 out of every 4 deaths in the United States; about 1,555 people a day). Southeastern states boasts some of the highest cancer rates in the nation.¹,² The CDC and other cancer registries, such as the United States Cancer Statistics (USCS), tabulate a range of cancer data; however, cancer statistics for rehabilitation-specific populations, including individuals with spinal cord tumors, have rarely been published. A recent review authored by Vishwa S. Raj, MD, and LaTanya Lofton, MD, published in The Journal of Spinal Cord Medicine, aims to fill that gap.³

**METASTATIC SPINAL CORD TUMORS**
The authors report that metastatic spinal cord tumors are particularly common in the United States, with more than 18,000 new cases diagnosed each year. Metastatic spinal tumors have a 70 percent prevalence rate, and more than one-fifth of nontraumatic spinal cord injury admissions to inpatient rehabilitation wards have a cancer diagnosis. The invited literature review is a comprehensive analysis of rehabilitation. It addresses topics such as neoplastic spinal cord compression, epidemiology and pathophysiology of metastatic spinal tumors, and management for intradural and extradural epidural cord compression. Furthermore, the authors discuss common comorbidities associated with spinal cord tumors, including respiratory complications, instrument failure, deep venous thrombosis and pulmonary embolism.

**MANAGING SIDE EFFECTS**
The article describes evidenced basis for both acute oncological and rehabilitation management. From the rehabilitation perspective, important areas that were considered include the management of neurological sequelae, such as pain, bowel and bladder dysfunction and altered sensation of skin. In addition, topics such as pressure ulceration prevention and sexual dysfunction are discussed. Cancer-related pathologies that may impact rehabilitation potential, including cancer-related fatigue, anemia, mood disorders and paraneoplastic syndrome, are also addressed. The message is that cancer rehabilitation has an important place in restoring many dimensions of the patient experience, including quality of life and functional independence.

**References**
The void was glaring: About 1,000 people in the Charleston, SC, area living with spinal cord injuries (SCIs) had no regional outpatient clinic to access follow-up care. But a unique partnership between Carolinas Rehabilitation and affiliate Roper Rehabilitation Hospital, along with the Medical University of South Carolina (MUSC), bridged that gap, drawing valuable guidance and participation from Carolinas Rehabilitation specialists.

**A UNIFIED-CARE APPROACH**

Financed in part by South Carolina’s Spinal Cord Injury Research Fund and spearheaded by Roper St. Francis Foundation member Charles Cole, the Center for Spinal Cord Injury treats approximately 10 patients each month. These patients, all with severe SCIs, had been receiving care through their primary care physicians, who weren’t necessarily attuned to their needs.

**ADVANCED SPINAL CORD INJURY CARE**

The Center for Spinal Cord Injury is open the third Friday of every month at Roper Rehabilitation Hospital, located in the sixth floor rehabilitation gym at 316 Calhoun St., Charleston. Clinic staff includes a nurse, physical and occupational therapists and pharmacists. When indicated, patients may also receive therapeutic recreation. To learn more about referring patients or to make an appointment, call 843-724-2837.

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Front row (l to r): Charles Cole, Roper St. Francis Foundation and James Krause, PhD, associate dean, MUSC College of Health Professions. Back row (l to r): Ray Greenberg, MD, president, MUSC; Nancy Tsai, MD, medical director, Center for Spinal Cord Injury; Joann Cole; Cathy Therrell, director of Roper Rehabilitation Hospital and Rehabilitation Services; David Dunlap, president, Roper St. Francis Healthcare; Brian Cuddy, MD, neurosurgeon, Roper St. Francis Healthcare and chairman, Spinal Cord Injury Research Fund; Lisa Saladin, dean, MUSC College of Health Professions; and Sunil Patel, MD, MUSC Neurosciences.
substance use/misuse is often a challenge for individuals with traumatic brain injuries (TBIs). Studies have shown that up to 50 percent of individuals with TBI are intoxicated at the time of injury. Alcohol abuse and TBI are closely related. A review of the literature on TBI and substance abuse indicated that up to 79 percent of people with TBI have a history of alcohol abuse and approximately one-third reported a history of illicit drug use.

As time increases post-injury, more individuals with TBI develop substance use/misuse patterns. Individuals with undiagnosed TBI in substance abuse treatment are often misdiagnosed with mental health issues such as personality disorder, bipolar mood disorder or depression. They are often dismissed from substance abuse treatment because they are considered not invested in treatment or not ready to participate in the program.

Rose Griffin, project assistant coordinator at Carolinas Rehabilitation, developed and implemented an effective intervention for individuals affected by both brain injury and substance misuse. In partnership with a federal and state HRSA-funded grant, TBI Project STAR developed a state-wide task force to address the TBI-related needs of individuals. One substance-abuse provider said, “I was spinning my wheels until I learned more about TBI. Can you imagine what the consumer feels like?”

In addition, a first-of-its-kind, TBI/Sa 12-step education group has been developed and implemented. Substance-abuse, mental-health and TBI professionals have worked together on behalf of individuals with TBI and substance misuse issues to modify this treatment to address the TBI-related needs of individuals. One substance-abuse provider said, “I was spinning my wheels until I learned more about TBI. Can you imagine what the consumer feels like?”

After four years, HRSA funding for the program’s development was recently extended for a fifth year as TBI Project STAR focuses on program sustainability.

References

INDIVIDUALS WITH UNDIAGNOSED TBI IN SUBSTANCE ABUSE TREATMENT ARE OFTEN MISDIAGNOSED WITH MENTAL HEALTH ISSUES.
A new rehabilitation hospital, located on the campus of Carolinas Medical Center-NorthEast, has opened, extending leading-edge inpatient care to residents from around the region. Previously, anyone in those areas who needed specialized rehabilitation care had to travel 45 minutes or longer to receive that same level of care.

MEETING A WIDE RANGE OF MEDICAL NEEDS
The hospital is one of four Carolinas Rehabilitation inpatient rehabilitation hospitals, staffed by board-certified physical medicine and rehabilitation physicians. Using a collaborative, team-based approach enables staff to assist patients with nearly any diagnosis, including stroke, amputation, major multiple trauma, fractures, brain injury, spinal cord injury and injuries related to chronic diseases.

INNOVATIVE DESIGN
Carolinas Rehabilitation-NorthEast was designed and built specifically for rehabilitation patients. The hospital has 40 private rooms and an outpatient physician clinic. Wide halls and doorways can accommodate power wheelchairs, and slip-resistant floors are ideal for wheelchairs and walkers. “It’s amazing what small changes can do for patients who use assistive devices,” said Todd Bennett, administrator, Carolinas Rehabilitation-NorthEast. “Even our meditation labyrinth is wheelchair accessible.”

Staff members are always close by, with offices located around the on-site gym. Here, patients benefit from state-of-the-art equipment, such as a gait training system, transcutaneous electrical nerve stimulation and ultrasound therapy. Patients are evaluated for strength, flexibility and range of motion before a customized plan of care is developed.

Those requiring assistance with daily living activities benefit from the facility’s transitional apartment, featuring a bed without rails, a residential-style bathroom and carpeted floors. A therapy garden offers several outdoor walking surfaces, ramps, curbs and steps. Encountering different architectural barriers offers patients an opportunity to practice before going home.

PSYCHOSOCIAL NEEDS ADDRESSED
A wheelchair-accessible meditation garden was built alongside the chapel for spiritual renewal. “We wanted patients and their loved ones to have a spot for quiet reflection since nature has healing properties,” said Bennett.

Patients also receive rehabilitation in different social settings. For example, therapists oversee The Breakfast Club, which allows patients who have trouble lifting, chewing or swallowing food to learn eating strategies in a group setting.

MANAGING MEDICAL COMORBIDITIES
An on-staff hospitalist will manage patients’ medical needs, minimizing the need to transfer to acute care, should complications arise. Patients requiring dialysis will be able to receive rehabilitation therapy. Initially, the hospital will partner with CMC-NorthEast to offer this critical service, but next year, patients will be offered in-room dialysis. This will greatly benefit patients who currently must forgo rehabilitation if they are unable to receive dialysis at the same time.

CAROLINAS REHABILITATION-NORTHEAST HAS OPENED, EXTENDING LEADING-EDGE INPATIENT CARE TO RESIDENTS FROM AROUND THE REGION.
Anatomical, hormonal and training differences between male and female athletes leave women much more prone to tears of the anterior cruciate ligament (ACL), one of the most common and serious knee injuries in the United States. In fact, 120,000 ACL reconstructions are performed in the US every year. But a nationally recognized program aimed at high-school athletes of both genders can help young people recover more fully from this potentially devastating injury or prevent it in the first place.

Sportsmetrics™, which launched at Carolinas Rehabilitation this summer, is the first scientifically proven, evidence-based program of its type and is practiced at more than 850 sites nationwide. Although developed for female athletes, the program benefits male athletes as well.

Results are then compared to determine the rate of improvement.

“We’re working to educate athletes, parents and coaches about the program and help them realize that, for a nominal cost, they can decrease the chance of losing student-athletes to career-ending ACL and other knee injuries,” said Agnone.

The program incorporates dynamic warm-up and stretching, jumping/plyometric drills, strength training and flexibility exercises. Athletes focus on the following skills to reduce the risk of injury:

- Developing overall leg strength
- Perfecting jumping and landing mechanics
- Improving balance throughout the lower extremities

Participants also benefit from pre- and post-training testing, which is part of the 20-session regimen. Video and state-of-the-art computer software measures take-off and landing vectors during a 12-inch jump.

Avoid Sports-Related Injuries

Carolinas Rehabilitation sports medicine therapists throughout Carolinas HealthCare System’s commitment to setting the standard for preventive care, Carolinas Rehabilitation now offers this specialized program as a part of their comprehensive sports medicine services.

“Female athletes have a two- to tenfold increase in the incidence of non-contact knee injuries compared with male athletes,” said Mike Agnone, physical therapist and center manager for Carolinas Rehabilitation.

“In addition, 70 percent of serious knee ligament injuries result from non-contact landings from a jump or during twisting activities.”

The program guides a student through a series of stretching exercises, an integral part of the Sportsmetrics program.

Andrew M. Ball, PT, DPT, PhD, OCS, CMTP, guides a student through a series of stretching exercises, an integral part of the Sportsmetrics program.

ADVANCED SERVICES FOR ATHLETES

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Carolinas Rehabilitation’s Adaptive Sports & Adventures Program (ASAP) won an Organizational Award from the North Carolina Rehabilitation Association (NCRA).

The award is given to an agency or organization that has an outstanding record of service and has demonstrated effective concern for the care, treatment, education or rehabilitation of people with disabilities.

According to the NCRA, to be eligible for the award, “an organization must have established a unique service program to better serve persons with disabilities or, through initiatives and creativity, developed programs that contribute significantly to the rehabilitation movement, or act as a catalyst to better integrate, coordinate and develop services for persons with disabilities.”

For more information about Carolinas Rehabilitation’s Adaptive Sports & Adventures Program, visit CarolinasHealthCare.org/carolinas-rehab-asap or call 704-355-1062.
Carolinas Rehabilitation is building a collaboration with the W.G. (Bill) Hefner VA Medical Center in Salisbury, NC.

Janet Niemeier, PhD, professor and senior director of research at Carolinas Rehabilitation’s Physical Medicine & Rehabilitation department, is taking official VA training to become a without compensation appointee. After Dr. Niemeier completes her training, the two hospitals will share clinical and research expertise and knowledge to collaborate on research projects that can enhance rehabilitative care for veterans and active-duty personnel.

Calvin Hung, FACHE, PT, administrator at Carolinas Rehabilitation, recently received the Early Career Healthcare Executive Award and the Recognition Award for Service from the American College of Healthcare Executives (ACHE). He was also appointed to the ACHE Early Careerist Committee.

CONFERENCE PARTICIPATION

- Two abstracts from Carolinas Rehabilitation were chosen to be presented at the American Medical Rehabilitation Providers Association’s 11th Annual Medical Rehabilitation Education Conference & Expo, in Amelia Island, FL, September 17 to 19. Vishwa Raj, MD, and Robin Lilly, MBA, will present “Opportunities to Improve Access to Inpatient Rehabilitation Services by Focusing on Acute-Care Utilization Parameters.” Peter Cassidy, FACHE, and Megan Heiar will present “Delivering Value Propositions to the Acute Care Referral Source.”

- The Association of Rehabilitation Nurses’ 39th Annual Educational Conference will be held in Charlotte, NC, October 2 to 5. LaTanya Lofton, MD, will present “Spinal Cord Injury and Sexuality,” and Tobias Tsai, MD, will present “Pediatric Rehabilitation in the ICU.” Eleven abstracts were chosen for the conference.

- Janet Niemeier, PhD, Lori Grafton, MD, Brad Hurst, MD, and Jean-Luc Mougeot, PhD, are invited to present “Effects of Endogenous Reproductive Hormone Fluctuations in TBI Short-term Recovery” at the American Congress of Rehabilitation Medicine’s 90th Annual Conference, in Orlando, FL, November 12 to 16.
National recording artist Michelle Murray visited Carolinas Rehabilitation on May 10 to offer inspiration and encouragement to patients and families who face the challenges of living with life-altering injuries or illnesses.

During her visit, Murray toured the facility, met with patients and performed an acoustic set. The stop was part of the “My Finish Line” music and movie tour, which shares the story of Sam Schmidt, an IndyCar driver who was paralyzed in a racetrack crash in 2000.

The singer was so moved by Schmidt when she met him that she wrote a song called “It Won’t Be If, But When,” about his inspirational spirit. Murray is a spokesperson for the Sam Schmidt Paralysis Foundation, which funds research, medical treatment, rehabilitation and technology for people with paralysis.