

ARN REH Bility

Greater Philadelphia Chapter — Association of Rehabilitation Nurses

Volume 20, No 1

Winter 2008

President's Message : *Kate Murphy*

It is hard to believe that we are already well into 2008!! As we begin another new year it is often the time that we reflect on the past year and the many opportunities and accomplishments that have occurred both at the professional and personal level.

In the fall, many of us from the Greater Philadelphia Chapter had the privilege to attend ARN's 33rd Annual Educational Conference held in Washington DC from October 3-6. A few of our members, including myself also attended the pre-conference Leadership Institute which was a wonderful opportunity to hear several interesting presentations from other chapter leaders on innovative ideas to improve Chapter attendance and involvement. An interesting strategy that was presented was that of "Teleconferencing" which has proved to be extremely beneficial to the geographically challenged areas. Although this is not necessarily applicable to Region 2, and in particular to our Greater Philadelphia Chapter, it was inspiring to listen to these innovative ideas. The Leadership Institute also provided a great forum to network with present and past chapter, region, and national ARN leaders from all over the country, who were anxious to share experiences and information to assist with keeping the momentum and energy moving at the local level.

The theme of the conference "Ignite your passion, Increase your clinical knowledge, and Impact your patients' lives" was chosen to assist Rehabilitation Nurses to continue to move forward as we "Reshape our future". The conference sessions provided the attendees the opportunity to refresh and expand their rehabilitation nursing knowledge and skills, to gain information on the latest research in rehabilitation, and to network with colleagues in order to continue to improve patient care and professional development. The Presidents reception, hosted by our very own Terri Patterson, was an evening full of fun and was well attended by many of our local chapter members. Terri did a great job as the 2006-2007 President of ARN and we would once again like to take this opportunity to thank Terri for all of the time effort, and dedication she has given to ARN and its

members over the years both locally and nationally.

Once again the dedicated Chairpersons and members of the Fund Raising Committee did a fantastic job with the planning and execution of our 2007 Fall Fundraiser which was held at Maggiano's Little Italy in Philadelphia. The evening featured a delicious family-style Italian dinner, vendors, door prizes, a silent auction with unique items, and a raffle for a weekend in St. Michael's Maryland at the renowned Inn at Perry Cabin. A great time was had by all. Prizes and costs were covered in large part by a number of generous corporate and individual sponsors, to whom we are most grateful! The funds raised by this and future fund raisers help support our educational and community programs.

The Education Committee continues to work diligently in planning and coordinating the 2008 Educational Calendar. We encourage and welcome your expertise, thoughts, and suggestions to keep our educational programs interesting, informative, and up to date to best serve the needs of our members and potential members. In addition if you are interested in assisting with the planning process or if you and/or your employer are interested in sponsorship opportunities, please contact either Mary Pat Murphy, Jody Masterson or myself.

Our first 2008 educational meeting and conference is scheduled for February 20th, 2008 from 3:30-7:30 pm and will be held at Magee Riverfront;

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ARN

Greater Philadelphia Chapter

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ARN REHAbility

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Welcome to ARN *REHAbility*, the publication of the Greater Philadelphia Chapter of ARN, the Association of Rehabilitation Nurses. The editorial board hopes each reader draws some inspiration from our past and resolves to help make the next millennium a worthy continuation of the ARN tradition. We encourage participation from the ARN Membership and the community of the Greater Philadelphia area. We invite you to share any new ideas and possible topics with us.

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or

www.arn-philly.com




Education Calender

When: February 20, 2008 3:30PM —7:30 PM

Where: Magee Riverfront Outpatient Center

Topic: Locomotor Training for Persons with Neurologic Dysfunction.

Thank you to our February Education Sponsors

Magee Rehabilitation
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Future Programs

May 2008 The Science of Addiction

September 2008 Polytrauma

Fun and Fundraising

The ARN Greater Philadelphia Chapter Fundraising Event was extremely successful this year. Held on November 1st at Maggiano's Little Italy in the heart of Philadelphia and with close to 90 attendees, the evening was an endless stream of exciting activity. The Sponsors were gratefully acknowledged for their generosity and unending support of the organization. With over \$4500.00 raised, contributions will be made to a worthy cause so that services can continue for our disabled in the Community. The Silent Auction itself, with over twenty-five donated items, raised approximately \$1000.00.

Thank you to all for the wonderful contributions to the Auction! Dinner, a true highlight of the event, was spectacular! There was certainly not a person in the crowd who was hungry after that remarkable Italian feast! The Maggiano's team was overly accommodating! Between networking and enjoying the company of friends, there was still time to spend with our Vendor, Lynda Kane from *Aenigma*. Many attendees were able to get some Holiday shopping completed that night or choose something special for themselves. Everyone knows that shopping is my passion, so I was right there forcing my way through the crowd to get to that jewelry table!

Our Raffle for a weekend in St. Michael's raised \$850.00, and was won by Michele Young-Stevenson. We were all so excited that an ARN member won the trip!

All in all, this year's fundraiser was an extreme success and will allow this ARN Chapter to continue it's excellent work in the healthcare and lay community for another year. Congratulations to Fundraiser Committee and to the Board of Directors for the hard work and planning to create this successful fundraiser!

Jeanne Stanton

Thank You to Our Sponsors!

Raffle Sponsor



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Independence Starts Here: A Mural Honoring the Community of People With Disabilities

By Julie Hensler, RN, MSN, MossRehab

The Arts and Culture Committee of the Philadelphia Mayor's Commission on Disabilities collaborated with Philadelphia's internationally-acclaimed Mural Arts Program and artist Don Gensler on the development of a mural honoring the community of people with disabilities in Philadelphia. Entitled "Independence Starts Here," that 12,000 sq. foot mural, painted in part with the help of people with disabilities, features disabled Philadelphians in a monumental representation of this strong and diverse community.

The Mural Arts Program has produced over 2,700 murals throughout Philadelphia--more murals than any other city in the world. These murals have become a cherished part of the civic landscape and a great source of pride and motivation to the millions of residents and visitors who encounter them each year. The mural, "Independence Starts Here" speaks volumes about the commitment to heightening awareness about the abilities of all persons. Don Gensler spent months interviewing stakeholders and observing in organizations serving persons with disabilities to capture a spirit difficult to convey in words.

As part of the project, The Philadelphia Mural Arts Program hosted Community Paint Days at Carousel House in Fairmount Park this past fall and volunteers from a variety of organizations participated in the painting of actual sections of the mural. Painters were people with disabilities and without, individuals and groups, family members, friends, with artistic talent or not. MossRehab had a team of



34 staff and volunteers attend from 2-3 PM and when they arrived the room was a buzz with excitement. Using paint by number like system, the large panels came to life as letters from the American Sign Language manual alphabet or real life people depicted in the mural. The experience was a gift to participants as well as future viewers of the mural. The work completed that day is part of history, our history! Please check out the progress made this winter the next time you are coming north on Broad at Vine Street on the side of Hahnemann Hospital and Race Streets and stay tuned for word of the dedication of the mural in the next few months!



When Deviance is Positive: SMASHing MRSA

By Lisa Pinder RN, BSN, CRRN

Consider your recently admitted patient, Mr. Smith: s/p TBI from an MVA, agitated, confused, wandering on the unit in his wheelchair, touching everything as he passes. And by the way, he is colonized with Methicillin-Resistant Staphylococcus Aureus. (MRSA). When Mr. Smith is not wandering around on the unit, he is in the community dining room for meals or possibly in the therapy gym getting PT or OT.

MRSA is one of the most rapidly growing and virulent healthcare associated infections. It's a healthcare issue that is frequently discussed in news articles and on TV, and the eradication and prevention of MRSA is a major focus of many hospitals and healthcare providers. A survey by the Association for Professionals in Infection Control and Epidemiology, shows that at least 30,000 hospital patients in the US may have MRSA at any time. MRSA is primarily spread by direct physical contact with a person or object that is carrying the bacteria such as shared equipment. This is a special issue for a physical rehabilitation facility where community integration is an essential focus of the patient's rehab stay.

The case presented in the first paragraph is a truly challenging, yet realistic scenario for the rehab practitioner. In May 2006, it was many challenging situations like this that prompted the Moss-Rehab TBI unit to get involved in the Albert Einstein Healthcare Network (AEHN) initiative to eradicate MRSA. AEHN is one of six hospitals in the country participating in a nationwide positive deviance initiative funded by Robert Wood Johnson with the goal of eradicating MRSA.

Positive Deviance

A deviant is a person or thing that deviates or departs markedly from the accepted norm. Unfortunately, in healthcare settings conflicting priorities and multiple demands lead staff to stray from prescribed standards or invent and take "shortcuts" that become the routine practice and norm of the group. However, we all know the healthcare provider(s) that are doing it "right" every time. This minority group of practitioners is the

deviants, and the challenge is to make the positive "deviant" behavior the value of the community.

The AEHN SMASH (Stop MRSA Acquisition and Spread in our Hospitals) initiative uses Discovery and Action Dialogs (DAD) through which the group describes and defines what the accepted norm is, and then that same group determines the solutions. The staff who are already using good infection control practices become the role models.

DAD's involve discussion and learning from each other. These discussions are different from other staff or committee meetings in that there is

The Power of Positive Deviance

"In every community or organization there are certain individuals or groups whose uncommon practices/behaviors enable them to find better solutions to problems than their neighbors or colleagues who have access to the same resources"

no leader or authority or directions given. All members of the community attended these meetings: licensed nurses, nursing assistants, transporters, therapists, environmental services, dietary staff, and medical clerk. A trained facilitator was present at the initial meetings to take notes and pose the questions that lead to inquiry. The initial meeting involved sharing some basic facts about MRSA, finding out what staff knew about the problem of MRSA, and what infection control practices were they following.

Then the question was asked, "What nurse on this unit would you want to take care of your loved one (from an infection control point of view)?" The deviants were identified and their behaviors were explored.

In addition to the discussion, the TBI unit began screening all patients on admission, weekly and upon discharge for MRSA. After 11 weeks of no conversions (patients who were negative on admission, but MRSA identified on a later screen) there was a patient who did become positive. This is when things really took off! Staff felt a personal responsibility for this conversion.

Initial meetings were a new experience, and perceived as difficult, because there were no rules or agendas or expected outcome for the end of each meeting. A discussion could take place with no action plan. Staff often looked to the "leader" (manager) for agendas and direction. It

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Member in the Spotlight: Something About Mary

The rehabilitation nursing community suffered a great loss November 2006 with the passing of Mary Brassell. Mary had touched the lives of so many who practice rehabilitation nursing in the Philadelphia area. Her special interests were arthritis/rheumatology and sexuality and she held the position of Rehabilitation Arthritis Clinical Specialist for 25 years in the Einstein-Moss Arthritis Center. She then became the Clinical Resource Nurse/Patient Educator for St. Lawrence Rehabilitation Center. In 1996 Mary joined the Bayada team and spread her expertise and energy to the home care arena.

Mary's accomplishments are many. She was an active member and appointed to several committees for the Eastern Pennsylvania Chapter of the Arthritis Foundation as well as the National Arthritis Foundation. Mary had written several chapters of books covering the topics of Rheumatic Disease and/or sexuality. She had several articles published, both in professional and lay journals. A list of her presentations spans pages.

Regarding ARN, Mary was there when it all began! In the 1970's she served as Secretary of the Greater Delaware Valley Chapter (That's what we were named then!) , Program Chairperson and served on the Executive Board. The Philadelphia ARN Chapter's Professional Development committee and fund owes its existence to Mary. Wanting to provide individual members with some assistance in furthering their education, she first envisioned the Scholarship Committee in 1992 during her term as President-Elect, and made it a reality during her Presidential term.

Listing Mary's accomplishments in no way does justice to the impression she stamped on the hearts of those who knew her. My own memory of Mary is of always walking away with at least a giggle, but more often holding my sides that ached from laughing so hard.



We at Bayada Nurses LOVED our Mary. She was a real hoot, a bit difficult to control in a meeting--especially if she did not agree with someone--but Mary was often right and we all knew it. She had an interesting way of cutting to the chase as they say! I remember one day she was banging away at the computer and having trouble with it and started to shout in the office that she was go-

ing to throw the !@#%&^&&***!!! computer right out the !@#%&^&*!!! window of the second floor! We just loved her.

Mary helped so many of our disabled clients and really made a difference, particularly in the area of helping our clients obtain or get back a sexual life--and we had many wonderful (and funny) conversations. I remember one time Mary was presenting at a NARRPS convention in Atlantic City about Sexuality and the Disabled. She was "billed" in the booklet as "Bayada Nurses' Very Own Dr. Ruth" and even though she was the last presenter on a Friday afternoon--the place was packed. She started out standing in front of a HUGE screen and on it, a naked woman, lying on a couch. The first thing Mary said to the audience was "Now, sorry but I do not do demonstrations"--She brought the house down!

Ann , Bayada Nurses



I was one of Mary's colleagues here at Bayada Nurses. During the course of her time with us, Mary personally assumed responsibility for the internal case management of several very complex and challenging Workers' Compensation injuries. In one case, she "called in a lot of favors" and coordinated arrangements between our insurance carrier and MossRehab for a Wilkes-Barre, PA claimant to be transferred to the Philadelphia area and given the very best rehab services available (the man had a freak accident, hit his head on an exposed beam, suffered a stroke, and a blood clot traveled to his leg resulting in an unexpected amputation).

In addition, Mary was always available with a kind word of encouragement for anyone who suffered from arthritis or any other debilitating disease. I was one of those people having been diagnosed with Lupus SLE at 37 years and having both hips and a knee replaced in my late 40s. Mary shared hope (something not many healthcare practitioners prescribe) and usually a few laughs.

Mary did not limit her compassion to friends and co-workers. When Mary learned that one of my friend's brothers had suffered a stroke (at age 41 years), she went to the hospital (on her own time), reviewed his chart, spoke with the hospital staff, and gave a full report to me and this

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Remembering Mary



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friend simply because she felt she could help someone in need.

All in all, Mary was a good egg, and certainly one of a kind. We all miss her here at Bayada.

Kathy, Bayada Nurses



Mary and I worked out of HQ for a couple years so our desks were close to each other. The first time I met her was at a Bayada party and Mary was on stage doing her rendition of "Second Hand Rose". I knew we were going to be great friends. Her sense of humor was one of her greatest gifts. She pulled it out during many challenging times both personally and in her care of her clients. She could make the most persnickety giggle. I was able to share some of my own health concerns with Mary and she saw to it that I got into see the best rheumatologist. She called all her contacts this one day because she simply would not accept that I was in pain. She just wouldn't hear of it!

Mary and I stayed in touch after she retired from Bayada. She again had me in stitches describing her work in retail and dealing with irate customers. I marveled at her strength and wisdom. I miss her, and take solace in knowing that her work will carry on through others.

Pat , Bayada Nurses



Mary was an unforgettable character, and I mean character in the most complimentary way. She loved life to the fullest! She was FUN. She was the best of both worlds; her expertise in her field I am told helped so many couples, yet she could be a down to earth funny and full of life person.

I will always remember one day during the Christmas season, I was playing some music on the computer and Mary was upstairs working, suddenly this great "swing" Christmas song came on "Cool Yule" by Louis Armstrong and I called up to Mary to come down and dance with me. She was always game for a good time. Down she came and we jitter bugged to that song and we laughed and had such a great time.

Our last time together was the spring of 2007, although she no longer worked for Bayada Nurses, she accompanied me to Hershey Pennsylvania. During that 4 hour drive we talked and

laughed, although she was "alone", hers was a full life with many, many interesting adventures. Just to look at Mary put a smile on my heart. I will never forget any of our times together, and I feel bad and sad for those who will have never known her, both personally or professionally.

Anita, Bayada Nurses



I will always have fond memories of Mary and always have a smile come to my face when I think of her. Mary was not only the brightest rehab nurse I ever met but also one of the funniest.

I first met Mary around 1980 at MossRehab Hospital. At that time we were having our monthly meetings there and some at Magee. After we became acquainted, which took only about 5 minutes on Mary's part, she took an interest in me and was determined that I would develop in the skills of rehabilitation nursing. Back then, in 1980, I was much younger and with little experience. As I went to her for advise in those early years, she would always start "NOW LISTEN KID. . . THIS IS WHAT YOU SHOULD DO."

When I look back on the many years I knew her, the tremendous knowledge she shared with me, the things she taught me I can only say that even when she would be presented with the most difficult problem or diagnosis Mary was able to put some a spin of humor on it that you would never forget what she told you.

I remember her doing a lecture on the correct positioning for sex after a total hip replacement. To paraphrase her comments, " the good news is you can continue to have sex, the bad news is if you do not follow the correct position after surgery, your hip will pop and you will be back in the hospital without sex. Do you have that kid?"

Even as I aged and gained experience in my many years with ARN to Mary I was always, "Kid." Or better yet, "now listen kid." I am sure that she has given more advice to St. Peter than he ever asked for. God Bless and keep her - she was one of kind and I loved being called KID and I will always think of Mary with warm, loving and funny thoughts.

Marilyn

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NEWS FROM NATIONAL

Call for Conference Abstracts

Starting February 1, 2008, rehabilitation nurses and other professionals may submit an abstract for consideration for the 2008 ARN Annual Educational Conference through the ARN Web site, www.rehabnurse.org. The submission deadline for papers, posters, and case studies is April 1, 2008. Abstract topics include but are not limited to spinal cord injury, brain injury, orthopedics, geriatrics, administration (staffing/documentation), bariatrics, cancer rehabilitation, case management, pain management, cardiac rehabilitation, amputations/wound care, poly-trauma/burns, and neurological disease. For more information about the abstract submission process call ARN at 800/229-7530.

Volunteers Needed to Review Abstracts

ARN's abstract chairs are looking for reviewers to read and evaluate abstract submissions for ARN's 34th Annual Educational Conference, to be held October 1-4, 2008, in San Francisco, CA. To be eligible, you must have a minimum of a BSN and be an ARN member in good standing. Please contact Mary Beth Benner via email at mbbenner@connect2amc.com to request a reviewer biography and disclosure form. Abstract coordinators, Sally Strong, MSN RN CNRN CRRN, and Beth Culross, RN APN-CNS CRRN, will contact you if you are selected as a reviewer.

Recruit a Member for ARN and Earn Rewards

Participate in the Member-Get-A-Member campaign and help strengthen ARN and advance the field of rehabilitation nursing. For every member you recruit, you receive one free month of membership, plus an entry into a drawing to win one of these exciting prizes:

- Complimentary registration to the 2008 Annual Conference in San Francisco, CA
- Free airfare to the 2008 Annual Conference in San Francisco, CA
- One free year of ARN membership

Recruit as many new members as you can between now and August 1, 2008.

Each new member you recruit increases your chances to win! E-mail your referrals to info@rehabnurse.org.

New - Advanced Practice Course CD-ROM

Perfect for nurses seeking advanced content related to the care of spinal cord injured patients, the CDROM "Reshaping the Future for Rehabilitation of Spinal Cord Injured Patients" features audio lectures and PowerPoint presentations from the highly-rated live course presented at the 2007 ARN Annual Educational Conference. This course covers:

- Admission of the Right Patient to the Right Program for Best Outcomes
- Evidence for Activity Based Therapies
- The Scope of SCI Research for Recovery of Function
- A Multi-faceted Approach to Pain Management
- Establishing Functional Expectation
- Applying Science to Effective Management of Neurogenic Bladder
- Best Practices for Effective Bowel Management
- Therapeutic Recreation Across the Continuum of SCI from ICU to Discharge Home

Order online at www.rehabnurse.org or call 800/229-7530.

Visit ARN Website

Members who visit the website have access to:

- Free online education contact hours
- Read about the Rehabilitation Nursing Staffing Study
- Competency Assessment tools.
- And information about many other useful resources,
- New - "One-Click" Patient Education Resources

Simply click on the specific topic of interest and discover valuable information that's easy to read and understand, and can be printed for you to use with patients and families.

CRRN Exam Dates



Be sure to remind your members and non-certified colleagues that the next opportunity to take the CRRN examination in 2008 will be in June or December. The application deadline is April 15, 2008 or October 15, 2008, respectively.

SMASHing MRSA

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took many meetings and one MRSA conversion for staff to be comfortable with the process and take charge. When the care giving community established expectations for each other there was increase compliance with following infection control practices. In addition, analysis of the patient activity of the patient who converted was examined and many practices were improved, or new practices were established. Improved or new practices included:

- Trying to group patients with MRSA at same table in the dining room.
- Obtaining a hand wipe station, and having all patients cleanse their hands when entering and leaving the dining room. (The hand wipes were more acceptable to staff and patients than the hand sanitizer that was being used.)
- Hand wipe stations available in gym area
- Obtaining new gowns per staff preference
- Obtained extra linen bins so each isolation room could have their own bin
- A "Pop-up" notification identifying the patient as having MRSA was added to the Clinical Information System
- Simplified Contact Precaution signs
- Created patient education materials
- Attempt made to cohort and treat patients positive for MRSA in same area or at same time.

Yes, many wonderful practices were reinforced and initiated, but the greatest impact from this endeavor was the level of awareness, sense of accountability, and the improved communication among all members of this TBI rehab community. MRSA is OUR problem and together we can SMASH it!



Good Shepherd Penn Partners is a new joint venture between Good Shepherd Rehabilitation Network and the University of Pennsylvania Health System (UPHS).

Opening in July of 2008, this newly constructed state-of-the-art 38 bed Long-Term Acute Care Hospital (LTACH) and a 58 bed Inpatient Rehab Facility (IRF) will collaborate on rehabilitation research and provide specialized care to patients who require a higher level of care that will improve the functional independence of the patients that will create A NEW LEVEL OF CARE for Philadelphia and Eastern Pennsylvania.

REGISTERED NURSES / RN'S (Rehab + LTACH)

Our nurses will have a voice in implementing change and will be a part of a collaborative team environment that assists in establishing a world-class rehab facility! If you're interested in education with a heavy emphasis on teaching, creating therapeutic relationships with the patients and their families and if you enjoy a variety of patients and clinical challenges, Good Shepherd Penn Partners is the place for you! New Programs, New Facility, New Leadership with a Fresh Vision!

For consideration or for more information please contact:

***Rick Carlson, Human Resources Recruiter
Good Shepherd Penn Partners
Rick.Carlson@uphs.upenn.edu
262-754-5397***



HEALTH POLICY CORNER

CA Recovery Audit Contractors to Re-review IRF Medical Necessity Denials

In a letter sent early December to Rep. Lois Capps (D-CA), Centers for Medicare & Medicaid Services Acting Administrator Kerry Weems said the agency is directing its Medicare Recovery Audit Contractors to re-review, using a new methodology, all inpatient rehabilitation facility claims where they found overpayment, including claims under appeal. RACs, which are paid on a contingency fee basis to collect improper payments, currently operate in five states under a demonstration program. Weems said in California "it is clear that the RAC, Fiscal Intermediary, our independent review entity, as well as appeal contractors involved have not consistently applied our coverage and payment policies for IRF services." As a result, Weems said CMS will conduct extensive RAC education before work on IRF claims resumes. Weems also said CMS has instructed RACs to cease sending new medical record requests to all providers, as of Dec. 2. Capps, who along with Rep. Devin Nunes (R-CA) is sponsoring legislation (H.R. 4105) that would place a one-year moratorium on the RAC program, had requested further explanation of the demonstration project's impact in California from CMS.

http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANews/AHANewsNowArticle/data/ann_071211_RAC&doma in=AHANews

Medicare Law Sets 60% Rehab Threshold

The "2007 Medicare, Medicaid and SCHIP Extension Act," signed into law on Dec. 29 by President Bush, addresses a number of immediate Medicare policy concerns. The legislation extends funding for the State Children's Health Insurance Program (SCHIP) through March 31, 2009, and provides a 0.5% increase in the Medicare physician payment update through June, without cutting hospital payments to help pay for the temporary repair of the physician program. And the legislation makes a number of short-term adjustments to several rural hospital programs.

Embedded in the legislation, which is largely about short-term Medicare fixes, is a key victory for hospitals: It permanently sets the "75%

Rule" for inpatient rehabilitation facilities (IRF) and units at the 60% compliance threshold for IRF cost-reporting periods starting July 1, 2006; and it allows hospitals to continue using comorbidities to determine whether a patient qualifies for inpatient rehabilitation care under the rule. The law sets aside a July regulation from the Centers for Medicare & Medicaid Services (CMS) that barred IRFs from counting patients toward compliance based on selected secondary conditions.

Those two provisions were included in AHA-backed House and Senate legislation, H.R. 1459 and S. 543, that sought to put the brakes on CMS' 75% Rule. But unlike the House and Senate bills, the new law does not instruct fiscal intermediaries (FI) to use Section 110 of the Medicare Benefits Policy Manual as the sole criteria for determining medical necessity reviews – a requirement that IRF advocates say would help promote more consistent FI interpretations of Medicare medical necessity guidelines.

Still, halting implementation of the controversial 75% Rule marked one of hospitals' most important legislative accomplishments for 2007. The AHA, IRF leaders and their congressional champions had contended that the regulation would restrict many patients' access to vital inpatient rehabilitation services.

The 75% Rule stipulates that at least 75% of patients discharged from an inpatient rehabilitation hospital or unit must be treated for one of 13 conditions in order for the facility to maintain its IRF status and receive Medicare payments under the IRF prospective payment system. Following a two-year moratorium, the rule was reinstated in 2004 at a 50% compliance threshold, and has been phased in over the past three years so that by July 2008 the compliance threshold was slated to be 75%.

Two weeks before Congress cleared the Medicare bill for the president's signature, the AHA co-hosted a Dec. 5 "Rehab Advocacy Day" that brought scores of rehabilitation hospital leaders to Washington to rally congressional support for legislation that would permanently freeze the 75% Rule at the 60% compliance threshold. Sen. Ben Nelson, D-NE, a cosponsor of S. 543, and Rep.

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Health Policy

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John Tanner, D-TN, a cosponsor of H.R. 1459, spoke at the event.

One of the IRF leaders who came to the Washington rally was Cindy Kreutz, CEO of Spalding Rehabilitation Hospital in Aurora, CO. Kreutz last week welcomed enactment of the 60% compliance threshold.

"The legislation that Congress passed and the president signed will make it easier for patients to receive the right care, in the right setting," Kreutz said. But she hopes Congress will address inconsistencies this year in how FIs interpret Medicare medical necessity guidelines, "something they didn't do this time around," she noted.

Commenting on the recently enacted Medicare and SCHIP legislation, AHA President and CEO Rich Umbdenstock said the AHA is "pleased that Congress rejected hospital Medicare cuts, extended SCHIP and preserved access to inpatient rehabilitative care by permanently establishing a 60% threshold."

Excerpt from article that 1st appeared in the January 7, 2008 issue of AHA News

http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANews/AHANewsArticle/data/AHA_News_080107_Medicare_law&domain=AHANews

More About Mary

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Mary was my Mentor for 8 wonderful years ! She was a great educator and could speak extemporaneously about anything Arthritis & Joint Replacement. As the Clinical Specialist for my Unit she always knew about the latest in care, research or procedures. Whenever she gave a lecture staff were eager and were there on time or asked her to wait until they got there before starting. As a result of her tutelage, I as well as my staff grew to love caring for patients with this complex condition.

Mary was also my friend. She enjoyed my children and their growth as much as I did. We sang together at many unit parties & she even took me to the Opera to see her and her hubby perform with Luciano Parvarotti. I could count on Mary to tell a great joke or just automatically create some fun and laughter!

Through the years and our careers Mary and I stayed in touch with each other and got together often to catch up on what was happening in our busy lives. One of the things she used to tell me all the time was "that being happy is keeping your faith in God, laughing and loving !

Vicki, MossRehab



Mary is a tried and true Rehab Nurse. As a Clinical Specialist she worked with patients and staff, and did so with enthusiasm. Mary's ideas and vision to see MossRehab in the limelight contributed to an increase in the number of abstracts sent to ARN. Mary frequently would labor over the verbiage for the title and content of submissions. I will never forget her scholarly contributions on scribbled notes on any size, shape or scrap of paper. Julie, MossRehab

PRESIDENT'S MESSAGE

(Continued from page 1)

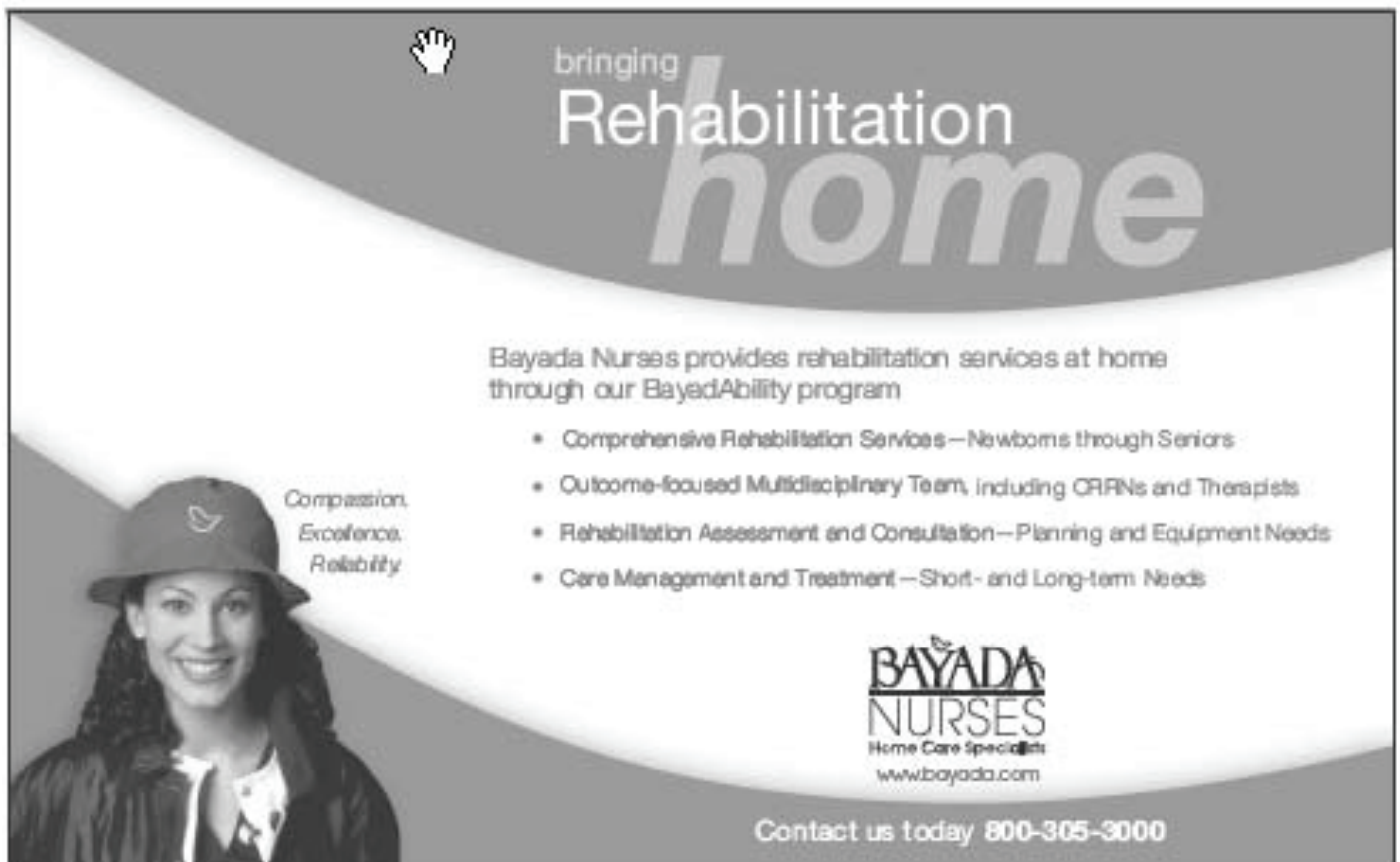
Philadelphia, PA. The conference presentations will provide valuable information on Locomotor training. It is sure to be an excellent educational and networking opportunity, not to mention the delicious dinner that will be offered.

In May, we will be offering a full day educational conference which will focus on The Science of Addiction. There will be various presentations and a panel discussion to address this complex and challenging topic. And finally in September the conference will be on Poly-trauma, a very timely and important issue for rehabilitation professionals. There will be both physician and nurse experts in the field to share valuable information to keep us abreast of the emerging rehabilitation needs and issues arising from polytrauma. In September, we are planning a full-day conference.

Keep in mind that the Committee uses the program evaluations to plan future offerings, so be sure to fill out the evaluations and/or contact any member of the Board or Educational Committee. Stay tuned for more information regarding the dates, times, and locations of these interesting and important conferences. And as always be sure to visit our website at www.arn-philly.com.

Please remember that there are numerous opportunities to get involved both at the local and national level. New faces and fresh ideas are what keep us moving forward in this ever-changing rehabilitation healthcare arena! The Nominating Committee will soon be looking for candidates to fill some upcoming Board openings for the 2008-2009 term.

Kate Murphy



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