



Brain Injury Program

The Brain Injury Program is designed to help persons with brain injuries relearn skills and develop strategies to compensate for loss of physical and cognitive functions.



Referral information

For more information about the Rehabilitation Center, please give us a call or visit our website.

2100 Stantonsburg Road, PO Box 6028
Greenville, NC 27835-6028

Referrals can be made by calling toll free 800-219-8850 or 252-847-7649.

252-847-8222 fax

ECUHealth.org/Rehab

Our center has a 19-bed Neurosciences Unit and a dedicated program for individuals with brain injuries. We provide medical and rehabilitation nursing care 24 hours a day, seven days a week. With individual treatment rooms, a therapy gym, an outside courtyard and treatment area as well as access to a transitional living apartment, we have the tools to help individuals achieve their personal goals.

How we can help

We care for individuals who have experienced traumatic brain injuries, such as those caused by automobile accidents and falls, and non-traumatic ones such as those caused by loss of oxygen supply to the brain, stroke, brain hemorrhages, brain infection or tumors. Individuals may need help with walking, bathing, dressing, toileting, swallowing, communicating, thinking, learning and memory, making decisions, controlling bowel or bladder, or managing behavior.

The medical conditions we typically manage include agitation, sleep disturbance, headaches, seizures, high blood pressure, muscle contractures, and problems with swallowing. Individuals may have difficulty returning to life activities such as education, personal relationships, social outings, shopping, going to church, sports or other types of recreation.

Continuum of care

Our center is part of a major academic health system that offers a full range of medical, diagnostic, laboratory, pharmacy and other

services on site. Medical specialists are available for emergency (within one hour) urgent (within four hours), and routine (within 12 hours) consultations. Our diagnostic, laboratory and pharmacy orders are transmitted real time through the hospital electronic system. Regularly scheduled follow-up services are provided through our outpatient clinics.

Team approach

Families are important members of the team. The rehabilitation case manager/social worker will be the main contact person to discuss needs, progress and plans for discharge. He or she will arrange services for follow-up care and help with information about local resources patients and families may need during their stay. Cultural and spiritual beliefs, goals and preferences will be an important part of the plan.

A dedicated interdisciplinary team follows patients throughout their rehabilitation program. Treatment team members are available as needed and may include:

- Medical family therapist
- Nutritionist
- Occupational therapist
- Physical therapist
- Recreational therapist
- Rehabilitation case manager/social worker
- Rehabilitation nurse
- Rehabilitation physician
- Speech-language pathologist

Team members, in collaboration with patients and families, develop a holistic treatment plan that addresses the patient's physical,

cognitive, behavioral, cultural, leisure and educational needs including:

- Activities of daily living
- Adaptive/assistive equipment
- Behavior management
- Bowel and bladder continence
- Communication and cognition
- Community re-entry
- Coping/adjustment to disability
- Family and caregiver training
- Medication management
- Mobility
- Prevention of complications including risk factors
- Protection and advocacy
- Swallowing

Other available services include:

- Aquatic therapy
- Assistive technology
- Audiology
- Language interpreters
- Medical specialty consulting, including psychiatry, neurology, urology
- Neuropsychological evaluation
- Nutritional services
- Orthotics/prosthetics
- Pastoral services
- Respiratory therapy
- Substance abuse counseling
- Vocational rehabilitation

Education about brain injury and prevention of further injury is an important part of the treatment program, particularly for family members and caregivers. Education about brain injury may include group sessions, printed material, informal instruction and hands-on practice of skills needed for success following discharge. It is extremely important that families and caretakers participate in training to be prepared to care for their loved one when discharged.

ECU Health Rehabilitation Center Brain Injury Program

To make a referral

We accept referrals from physicians, case managers, social workers, therapists, other types of health care providers and representatives of the patient. Referrals are considered on an individual basis, and each potential inpatient is evaluated by a rehabilitation preadmission nurse and a rehabilitation physician prior to admission.

For additional information or to make a referral for inpatient services, contact the Rehabilitation Center's Admissions Department between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday, toll free 800-219-8850 or 252-847-4345.

General admission criteria

To be admitted to the Brain Injury Program, an individual must meet the following general criteria:

- Be at least age 18 or an emancipated minor
- Be able to participate in therapy at least three hours a day, five days per week
- Have medical and nursing needs that require an inpatient admission
- Have two or more limited functions that require a planned program with an interdisciplinary team approach
- Have potential for functional and cognitive recovery

- Have the support and involvement of family
- Be functioning at a Rancho Los Amigos Cognitive Level III for traumatic brain injury and beginning to respond to stimulation

Individuals with the following conditions are not eligible for admission:

- Cardiac and hemodynamic monitoring required
- Primary diagnosis of alcohol or other substance abuse
- Psychiatric disorder that prevents them from taking part in a rehabilitation program

Continuing stay criteria

To continue a successful inpatient rehabilitation program, individuals must:

- Continue to have medical and nursing needs that require an inpatient stay
- Be participating in three hours of therapy daily
- Be demonstrating progress in therapy programs

Transition and discharge criteria

An individual will be discharged when one or more of the following happens:

- Needs can be best served and resources will be conserved at another level of care

- 24-hour medical care is no longer needed
- Discharge goals have been met; there is no further demonstrated improvement with therapy
- Cannot participate in three hours of therapy per day
- Chooses not to participate in the program

Financial arrangements

We accept any type of reimbursement including Medicaid and Medicare. We work with insurance providers on a case-by-case basis. No individual is denied admission based on the ability to pay. We will help individuals with limited financial coverage to identify additional financial resources. A disclosure of fees may be obtained by contacting our Central Billing Office at 252-847-4472.

Other resources

- **Assistive Technology Program:** 252-830-8575
- **Vocational Rehabilitation:** 252-847-4446
- **Brain Injury Association of North Carolina:** toll free 800-377-1464 BIANC.net
- **Brain Injury Association of America:** toll free 800-444-6443 | BIAUSA.org
- **Disability Advocates and Resource Center (DARC):** 252-355-6215

Whom did we serve?

Brain Injury Program | 10/1/2020 – 9/30/2021

	Traumatic brain injury	Brain and multiple fractures/amputation	Non-traumatic brain injury
Number of persons served	81	37	102
Average age	55.79	35.16	59.86
Average number of days in rehabilitation	14.62	16.46	11.89
Average number of therapy hours per treatment day	3.20	3.30	3.24
Average number of therapy days per treatment week	5.25	5.24	5.23
Where patients went at discharge			
Community	81.48%	94.59%	86.28%
Skilled nursing facility	4.94%	2.70%	2.94%
Return to hospital	13.58%		10.78%
Other		2.71%	
Unplanned transfers to acute medical facilities: 9.82%			
Patient satisfaction with rehabilitation program	94.41% of our patients reported they would recommend this program to a friend or family.		

Your physician: Clint Faulk, MD
 Your management team: Debra Jefferson, PT, CBIS, program manager
 Brittany Coker, BSN, RN, CBIS, nurse manager
 Your case manager: _____

Your personal information

Estimated length of stay: _____ days

How long you are in our program depends on your progress.

Services provided: Physician specializing in rehabilitation medicine daily visits

Nursing care: 24 hours a day

Physical therapy: _____ hour(s) per day, five to six days per week

Occupational therapy: _____ hour(s) per day, five to six days per week

Speech therapy: _____ hour(s) per day, five to six days per week

Additional services: Recreation therapy Medical family therapy
 Respiratory therapy Orthotics
 Other: _____

Therapy may begin as early as 6:30 a.m. to address activities of daily living and typically ends by 4:00 p.m. Please let therapists know if there are particular scheduling requests.

The insurance/financial coverage you have for this rehabilitation stay is as follows:

- Medicare Part A
- Medicare Part B for physician services
- Medicare Managed Care
 - Humana Gold
 - United Health Care Advantage
 - Blue Cross Blue Shield Medicare Advantage
- Medicaid
- Medicaid Carolina Access
- Aetna
- Blue Cross Blue Shield of NC
- Blue Cross Blue Shield out of state: _____
- MedCost
- Tricare Humana
- Commercial Other: _____
- Managed Care Other: _____
- Workers Compensation: _____
- Other Payer: _____
- No identified third party payer: *Your case manager will assist you in applying for Medicaid benefits if eligible.*

Payment for continued rehabilitation services is dependent upon meeting the criteria set forth by the payer. If you would like more information concerning your insurance coverage, please contact your rehabilitation case manager.