

## Scope of Services

Baylor Scott & White Institute for Rehabilitation (BSWIR) - Dallas is committed to providing the highest level of safe, quality care to all we serve. Our teams of medical rehabilitation specialists deliver carefully coordinated, comprehensive treatment to advance individual recovery. We embrace industry-recognized standards of excellence and strive for continuous quality improvement to optimize patient outcomes. These efforts have helped us earn the trust of patients, families and colleagues across our communities.

We offer highly integrated programs of care to treat patients' complex medical rehabilitation needs located on the campus of Baylor University Medical Center near downtown Dallas, Texas in our 92-bed inpatient rehab facility, and fully renovated outpatient facility housing a comprehensive Day Neuro program, a traditional outpatient neurological rehab program, and a spinal cord day program SCI MAX.

BSWIR-Dallas Inpatient Rehab is accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF) for comprehensive, integrated inpatient rehabilitation and our specialty program for brain injury.

### WHO WE SERVE

**Patient profile.** Comprehensive inpatient and outpatient rehabilitation services are provided to adults 18 years and older who have experienced an injury or illness that results in the loss of function (abilities) in activities of daily living (ADLs), mobility, cognition and/or communication. Persons aged 15-17 should first be considered for admission to a hospital that specializes in the care of children and adolescents. However, if they are deemed appropriate for admission as an adult, and with approval from our hospital's medical director, services can be modified to help ensure that family, education and community re-integration needs are met as warranted.

**Diagnoses treated.** Our patients' diagnoses include, but are not limited to stroke, brain injury, spinal cord injury, neurological diseases (e.g., multiple sclerosis, ALS, polyneuropathy, Guillain-Barré syndrome, motor neuron disease), amputation, orthopedic injuries (including complex fractures and joint replacement), major multiple trauma, cardiac conditions and cancer.

**Admission guidelines.** To be considered for admission to the inpatient facility, patients must be medically stable yet still require care by rehabilitation physicians and nurses. They must also have physical and/or functional needs that require highly coordinated physical, occupational and/or speech therapies and the capacity to benefit from such services. To be considered for admission to the outpatient day programs, patients must present with a neurological diagnosis or spinal cord injury/disorder and require at least two therapeutic disciplines for functional improvement.

We are committed to providing an inclusive rehabilitation environment, respectful of all individuals' race, color, religion, creed and/or national origin, ethnicity/cultural background, gender identity/expression, sexual orientation, marital status, mental or physical disability and military/veteran status.

Patients who do not meet our hospital's admission criteria include those who are under the age of 15; actively require psychiatric services; present with behavioral limitations that pose an imminent risk to themselves or others and/or limit participating in an acute rehabilitation program; or have medical needs beyond the scope of services offered.

**Referrals.** Referrals for admission are accepted from private physicians, hospitals, other post-acute providers, insurance companies and agencies serving persons with disabilities. Patients may be admitted from a hospital, surgery center, clinic, skilled nursing and long-term care facilities, as well as from home.

**Insurance.** Our hospital participates with Medicare, Medicaid and most managed care plans, as well as workers' compensation, no-fault and other insurance providers. Fee schedules are available upon request.

## ASSESSING PATIENT NEEDS

All patients are evaluated prior to admission to determine their potential to participate in and benefit from inpatient rehabilitation or the comprehensive outpatient day programs. This includes a review of their medical, physical and cognitive condition, previous and current levels of function, and psychosocial and cultural background.

Once admitted to the inpatient rehab program, patients are assessed by the rehabilitation team – including a physiatrist (a doctor specializing in physical medicine and rehabilitation); nurses; physical, occupational and, if indicated, speech therapists; dietitians and case managers. Assessments are completed by the multi-disciplinary therapy team in the outpatient facility. A behavioral assessment may also be conducted, if warranted. The team will then work with the patient to establish goals and tailor treatment to address impairments in mobility, self-care, speech, cognition and other areas. This plan is documented to guide care delivery, monitor improvement and is modified as needed.

**Special needs.** Our hospitals also accommodate patients requiring special care needs including: colostomy care, gastrointestinal (PEG) feeding tubes, halo devices and external fixators, indwelling catheters, intravenous lines (e.g., PICC lines, Hickman and Broviac catheters, ongoing IV therapy), LVADs, Lifevests, nasogastric (NG) tubes for feeding and hydration, tracheostomy tube, orthotic and prosthetic prescription and training, peritoneal dialysis, and negative pressure wound therapy.

## PROVISION OF CARE

**Hours of service.** Our comprehensive, integrated inpatient rehabilitation program is open 24 hours a day, seven days a week. Nursing services are provided 24 hours per day, seven days a week. Physical, occupational and speech therapies are available Monday through Friday from 7 a.m. to 5 p.m. and weekends from 7 a.m. to 4 p.m.; patient schedules are established by the care team. Outpatient services are generally offered Monday through Friday between 8 a.m. and 5 p.m., with comprehensive day programs providing care 6 hours per day from 9 a.m. to 3 p.m. and 10 a.m. to 4 p.m.

Physician/medical services, respiratory therapy, recreational therapy, psychology, pharmacy, phlebotomy, dietary, radiology, wound care, and other services are provided in the inpatient department to meet the needs of the person served, their individual plan of care and regulatory requirements. Recreational therapy, psychology, and case management services are provided in the outpatient department.

**Rehabilitation team.** The rehabilitation team is led by a physiatrist, a board-certified physician specializing in physical medicine and rehabilitation, and includes rehabilitation nurses, physical and occupational therapists, speech language pathologists, recreational therapists, respiratory therapists, dietitians, pharmacists, case managers/social workers, and other clinical, support and administrative staff.

A majority of our staff have advanced degrees and specialty certifications that enhance the delivery of expert care. This includes certified rehabilitation registered nurses (CRRN); certified clinical specialists in neurologic physical therapy (NCS), certified brain injury specialists (CBIS), certified stroke rehabilitation specialists (CSRS), assistive technology practitioners (ATP), McNeill Dysphagia Therapy practitioners (MDTP), those certified in VitalStim, Lee Silverman Voice Treatment (LSVT) Big and Loud, vestibular rehabilitation and lymphedema, as well as crisis prevention institute (CPI) specialists.

**Staffing.** Staffing is based on census, diagnosis, severity of injury/illness and intensity of services required by each patient, as well as by state practice guidelines for each discipline. Contract staff is available for coverage as needed.

**Therapy schedules.** The rehabilitation team sets each patient's treatment schedule. Patients in inpatient rehab are expected to participate in three hours of physical, occupational and/or speech therapy per day, five days a week. If unable to tolerate these hours due to certain medical issues (e.g., chemotherapy, radiation, dialysis) or other extenuating circumstances, they may engage in 15 hours of therapy over a seven-day period. On average, patients participate in three to four hours of therapy each day, Monday through Friday and less on Saturday and Sunday.

**Scope of treatment.** We offer a wide range of evidenced-based treatments, advanced techniques and innovative technologies to help rebuild strength and skills, restore function and mobility, and maximize independence. This carefully coordinated, individualized approach guides patients toward their goals, including a safe and timely discharge to home or the next appropriate level of care.

**Additional services.** To best meet patients' complex needs, BSWIR offers additional or ancillary services including, but not limited to: nutritional guidance and dietary services, pharmacy services, respiratory therapy, recreational therapy, diagnostic radiology (including modified barium swallow evaluations), fiber optic endoscopic evaluation of swallowing (FEES), laboratory services and neuropsychology and counseling services when indicated. Chaplaincy services/pastoral care are arranged upon request.

Also available are prosthetic and orthotic services, wheelchair and mobility evaluations, vocational rehabilitation, and vision assessments for patients with neuro-visual impairments. The interdisciplinary rehabilitation team helps determine and arrange for these services.

In addition, aquatic therapy is available to appropriate patients in our state-of-the-art aquatics center. Among its many features, the center has a heated Swimex 1000T pool equipped with a hydraulic lift for ease of entry.

**Role of family/support network.** The involvement of family and caregivers is key to a patient's successful rehabilitation and safe discharge. The team will assess the family's ability and willingness to support and participate in the plan of care. Education, training, counseling and advocacy will be provided to help prepare them to meet the patient's needs going forward.

**Practice guidelines.** Our hospital follows the standards and guidelines established by federal, state, local and industry agencies, including the Centers for Medicare & Medicaid Services (CMS), Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission and national boards/associations of medicine, nursing, therapy, pharmacy and others.

## EVALUATING AND DOCUMENTING PATIENT PROGRESS

Ongoing assessment of a patient's medical condition, progress and changing rehabilitation needs is documented through the individualized, interdisciplinary plan of care, progress notes, team conference report, discharge summary and post-discharge follow-up calls.

**Patient Feedback.** We gather patient feedback through patient/family conferences, education and training sessions, leadership rounding, patient satisfaction questionnaires (e-Rehab survey), 90-day post-discharge follow-up call and both inpatient and outpatient support groups. Also in place is a complaint/grievance process should any concerns arise.

**Discharge planning.** Returning a patient to home and/or the community is the goal of rehabilitation. Our case managers work closely with the patient, family and rehabilitation team to determine the most appropriate discharge setting. The planning process begins at the time of admission and continues throughout the patient's stay with Care Partner meetings, multiple hands-on family training sessions and individual activities that support the successful transition from hospital to home.

As needed, therapists may provide an on-site or virtual home assessment to recommend modifications or special equipment that may help to ensure a safe discharge. The team will also assist in identifying vendors and other resources.

## OUR SPECIALIZED REHABILITATION PROGRAMS AND SERVICES

The guiding philosophy of all our programs and services is to provide comprehensive, compassionate care and advanced treatment to individuals with complex medical rehabilitation needs from the time of injury or illness through long-term community follow-up. Our goal is to maximize each patient's medical, physical, psychological, behavioral, cognitive, social, recreational and vocational potential and quality of life.

### Spinal cord injury program

BSWIR's spinal cord injury (SCI) program provides a highly structured, carefully coordinated system of care for persons with SCI. This includes individuals with spinal dysfunction due to traumatic injury resulting from motor vehicle crashes, falls, acts of violence, sports or recreational activities, etc., or from a non-traumatic disease, such as tumors, infection, cervical stenosis with myelopathy or surgery.

Patients with complete or incomplete cervical (C3 level or below) through lumbar spinal injuries may be accepted to the program; we also admit patients with a concurrent brain injury, fractures, cardiac issues and other conditions. Additional patient populations, including those with multiple sclerosis, Guillain-Barré syndrome and motor neuron disease, may be considered for admission. Individuals on a ventilator are not accepted.

Our SCI team addresses a wide range of patients' needs, including bladder, bowel or respiratory function, mobility, skin integrity, nutrition, cognition and emotional, behavioral or sexual concerns, as well as other issues/co-morbidities.

In addition, the team provides a range of physical, occupational, speech and cognitive therapies to improve recovery. This includes hands-on treatment and advanced technologies, such as videofluoroscopy, fiber optic endoscopic evaluation (FEES) and electrical stimulation, to help diagnose and treat swallowing disorders; body-weight supported treadmill training (BWSTT) to improve gait performance and mobility; constraint induced movement therapy (CIMT), mirror therapy, RTI Functional Electrical Stimulation bicycles to strengthen motor function; robotic therapies – such as Ekso exoskeleton and Armeo Spring Trainer – to help build new neural pathways; and prism adaptation treatment and Bioness Integrated Therapy Systems (BITS) to address visual impairments.

We provide thorough advanced treatment, family training, education and support through a continuum of inpatient to outpatient services that help to meet the changing needs of the individual. Our SCI MAX Program provides comprehensive post-acute community re-entry services, helping to prepare persons with acquired spinal cord injury to return to independent living and productive activity at home and/or in the community.

In addition, we offer a Spinal Cord Injury Peer Mentors program. Peer mentors begin their relationship with SCI patients during inpatient rehab and continue to work with them for up to six months. Peer mentors help by providing emotional support; modeling various ways to successfully manage and accomplish important life goals after an injury; supporting ongoing care through appointment oversight; and helping keep patients connected to the classes and support groups offered by BSWIR. For patients living at a distance, this includes providing virtual connectivity.

We are proud to be one of only 18 centers across the country to be designated as an SCI Model System by the National Institute on Disability, Independent Living and Rehabilitation Research.

### **Brain injury program**

The Brain Injury (BI) Program provides a continuum of services from inpatient acute rehabilitation to outpatient services to long-term follow up. Individuals may be admitted to this program with an acquired BI including but not limited to traumatic, non-traumatic or anoxic BI, brain tumor or aneurysm. They must also be assessed at Level II or higher on the standardized Ranchos Scale of cognitive functioning to be considered for admission. We do not admit patients in a coma; however, individuals in a persistent vegetative state will be considered for admission. We also consider for admission persons with concurrent spinal injury, fractures, cardiac issues and other conditions.

Inpatient rehabilitation focuses on restoring the individual's strengths, skills and functional independence. In addition, our Day Neuro Rehabilitation Program provides comprehensive post-acute community re-entry services, helping to prepare persons with acquired brain injury to return to independent living and productive activity at home and/or in the community.

We also serve as an important resource to brain injury providers, organizations and other entities both in our local communities and across the country.

In addition, our Traumatic Brain Injury (TBI) Peer Mentor Program offers support, education and one-to-one peer mentorship to persons with TBI, family members and caregivers. This free program provides information essential to understanding, supporting and caring for those impacted by TBI. Weekly in-person and virtual peer-led discussions focus on a range of important topics, including changing roles, behavior, communication and care needs, helping TBI survivors and their care partners adapt to life ahead.

BSWIR is proud to be one of only 16 centers across the country to be designated as a Traumatic Brain Injury Model System by the National Institute on Disability, Independent Living and Rehabilitation Research.

### **Stroke program**

Our stroke rehabilitation program focuses on the often-complex needs of individuals who have experienced an ischemic stroke (when blood flow to the brain is blocked), hemorrhagic stroke (bleeding in the brain), or transient ischemic attack (TIA or a mini-stroke).

In addition to medical and nursing oversight, our stroke/neuro rehabilitation team provides a range of physical, occupational, speech and cognitive therapies to improve recovery. This includes hands-on treatment and advanced technologies, such as videofluoroscopy, fiber optic endoscopic evaluation (FEES) and electrical stimulation, to help diagnose and treat swallowing disorders; body-weight supported treadmill training (BWSTT) to improve gait performance and mobility; constraint induced movement therapy (CIMT), mirror therapy, RTI Functional Electrical Stimulation bicycles to strengthen motor function; robotic therapies – such as Ekso exoskeleton and Armeo Spring Trainer – to help build new neural pathways; and prism adaptation treatment and Bioness Integrated Therapy Systems (BITS) to address visual impairments.

### **Amputation program**

Focusing on post-surgical, prosthetic and outpatient/community reintegration, our program advances the recovery for individuals with upper or lower extremity limb loss due to a traumatic injury or surgery resulting from vascular disease, diabetes, cancer, infection, excessive tissue damage, neuropathies or other conditions.

Our holistic, interdisciplinary approach assures proper wound care and limb management; increases an individual's strength, coordination and endurance and decrease pain; provides the expert fitting and custom-manufacture of a prosthesis to meet personal lifestyle needs; trains individuals on the use and maintenance of their device; helps to avoid secondary complications and facilitates the transition to life ahead. We also introduce advances in prosthetic design, adjust current devices, offer guidance to meet changing lifestyle needs and provide access to a variety of resources.

In addition to support groups, our Peer Visitor Program, developed in cooperation with the national Amputee Coalition, brings together patients and families with specially trained, certified amputee volunteers for peer-to-peer mentoring.

### **Orthopedic program**

Individuals who have undergone joint replacement, experienced a musculoskeletal injury, sustained bone trauma or have been diagnosed with a degenerative joint disease may be candidates for this specialized orthopedic rehabilitation program. Treatment is tailored to individual needs to build strength and endurance, restore physical function and mobility, minimize pain and avoid complications. This may involve electrical stimulation, treadmill training, assistive equipment, exercise technologies and advanced pain management, including pharmacological intervention and alternative treatment, such as therapeutic taping.

### **Neurological program**

Our hospital's neurorehabilitation program offers a coordinated, interdisciplinary continuum of inpatient through outpatient care for individuals with multiple sclerosis (MS), Guillain-Barré syndrome, critical illness myopathy and other neurological diseases. Treatment is tailored to address acute or changing needs related to balance, strength, endurance, mobility cognition, communication, swallowing, bowel/bladder function, vision, self-care and participation in activities of daily living.

The rehabilitation team includes LSVT Big and Loud and PT neuro certified specialists, psychologists, wheelchair seating and assistive technology practitioners and others as needed. Patients may also benefit from the hospital's support groups and community integration activities.

### **Medically complex program**

Our hospitals provide an interdisciplinary program of care to meet the needs of individuals following organ transplantation, infections, pulmonary disease, post-COVID issues and other complex medical issues. This program addresses the scope of the patient's rehabilitation needs, including strength, endurance, mobility, activities of daily living skills, cognition and respiratory issues.

### **Cancer rehabilitation program**

We offer cancer survivors the coordinated treatment, education and support to help restore or maintain function. This program addresses the wide range of issues patients experience as a result of this disease and its treatment, including but not limited to musculoskeletal and/or neuromuscular disorders, radiation fibrosis, lymphedema, post-surgical pain syndromes and fatigue. Through the program's restorative, transitional and supportive pathways, we work to optimize the individual's quality of life, focusing on strength, endurance, balance, mobility, functional abilities, memory and concentration, speech and swallowing, pain management, fatigue and lymphedema reduction.

### **Cardiac recovery program**

The cardiac recovery program is an inpatient, acute rehabilitation level of care for individuals who have undergone recent cardiac surgery, including coronary artery bypass, valve replacement, aortic aneurysm repair, LVAD placement or heart transplant. It is designed to help patients manage the healing process and regain the strength, skills and strategies to return home safely. An interdisciplinary team of medical rehabilitation specialists, as well as consulting cardiologists, pulmonologists and others as needed, coordinate care and provide education and support to patients and families.