

Scope of Services

Baylor Scott & White Institute for Rehabilitation (BSWIR) – Neuro Transitional Center is committed to providing the highest level of safe, quality care to all we serve. Our team 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.

Post-hospital inpatient Neuro Transitional Rehabilitation provides intensive medical treatment, medical rehabilitation and disease management services following an Acquired Brain Injury (ABI) or Spinal Cord Injury (SCI). Specialized therapies include physical, speech, occupational, aquatics, neurobehavioral and neuro psychology, and counseling.

Our goal is to help each patient:

- Restore or maximize one’s previous ability to manage their medical needs, and minimize or prevent medical complications
- Reduce the negative impact of disability and impairment limitations
- Improve functional ability to enable a safe return to home, work, school, or to participate in community volunteer activities

WHO WE SERVE

Neuro Transitional Rehabilitation is prescribed for individuals with complex medical, physical, cognitive, and/or neurobehavioral complications that may adversely affect their safety if placed in a less intensive setting. 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 as outlined below:

Medical Stability:

- Individuals must no longer require 24 hour nursing or physician care
- Individuals may have complex medical conditions that can be safely managed outside of a hospital setting

Individuals with an ABI or damage to the brain after birth:

- May occur from traumatic and non-traumatic causes
- An ABI may result from a Traumatic Brain Injury (TBI), Cerebrovascular Accident (CVA), brain tumor, oxygen reduction such as anoxia, hypoxia, and brain infection such as encephalopathy

Individuals with an SCI and/or both an SCI and a TBI that may be caused from:

- Trauma
- Tumors
- Diseases acquired after birth
- Electrocutions
- Complete/Incomplete SCI

Levels:

- Tetraplegia – C5 or below injury level
- Paraplegia – T1 or lower injury
- Individuals on a ventilator are not accepted.

Ages:

- 16 and up

Patients with functional impairments and limitations. Patients with an ABI may have impairments and limitations in the areas listed below that impact their functional ability and make safe decisions:

Individuals with cognitive (thinking skills) difficulties related to problems with:

- Long term and short term memory
- Speed of processing information
- Attention to a task or more than one task
- Understanding complex ideas
- Categorizing, sequencing or planning through an activity
- Problem solving and/or making safe judgments
- Being flexible
- Being impulsive
- Being able to see and understand objects in space

Individuals with communicative difficulties including:

- Understanding others, reading, writing, and spelling
- Speaking in a way that others understand
- Taking part in social conversation because they may have problems staying on topic, talking when it is not their turn to talk, talking too loudly or too softly and being respectful to others

Individuals with neuro behavioral/psychosocial difficulties including:

- Periods of agitation, combativeness, or flight risk
- Making verbal threats
- Being resistant or demanding
- Becoming easily frustrated, or irritable
- Decreased awareness or denial of their abilities and capabilities
- Experiencing depression, or withdrawal
- Showing restraint in regard to sexual impulses

Individuals with physical difficulties including:

- Neuro-motor impairments such as muscle stiffness or weakness, uncontrolled movement or tremors that impact mobility, gait, balance, coordination and strength
- Fine motor and gross motor skills impacting ability to get dressed, get in and out of bed or car, or around the house
- Weakness or paralysis in trunk and/or extremities
- Control of bowel and/or bladder
- Excessive fatigue or lack of endurance that impacts ability to make safe decisions physically, cognitively or behaviorally
- Limited range of motion impacting day to day activities
- Visual and perceptual deficits including double vision, visual field loss and impaired acuity
- Vestibular problems that may cause dizziness and foggy feeling
- Sensory impairments with touch, taste, hearing or smell

- Difficulty with obtaining quality sleep, which may exacerbate physical and behavioral impairments
- Safely transfer to a chair from a sitting to standing position or in and out of bed

Individuals experiencing difficulty with basic activities of daily living:

- Difficulty with swallowing which may require a feeding tube
- Being able to dress, bath, brush teeth, feed oneself, shave, and comb hair
- Toileting

Individuals experiencing difficulty with safely performing activities related to:

- Household chores, such as washing clothes, and washing dishes
- Preparing meals including planning, preparation, storage and safely use kitchen equipment
- Driving or managing transportation needs
- Managing financial matters
- Socializing and participating in activities in the community
- Return to previous hobbies or develop new ones
- Being gainfully employed

Patients that need assistance with:

- Medication and enteral feedings thru a feeding tube
- Insulin injections
- Medication management and administration
- Oxygen management due to respiratory difficulties
- Proper skin care and/or basic wound care
- Indwelling or intermittent catheterization
- Bladder/bowel program for SCI patients
- Toileting schedule for ABI patients
- Trach, colostomy or feeding tube stoma
- Monitoring sleep using a sleep log

Individuals with an ABI may also have other co-occurring conditions:

- Pre-existing psychological illness which may include depression, bipolar mood disorder, adjustment disorder, anxiety and PTSD
- Previous drug and alcohol misuse
- Spinal Cord Injury
- Amputation

Individuals with an SCI who exhibit the similar type of cognitive, physical and behavioral impairments as someone with an ABI. In addition, someone with an SCI may have problems such as:

- Following their bowel and bladder program
- Following regular and appropriate redistribution of their weight
- Following appropriate medication schedule
- Complying with or follow appropriate nutrition regime
- Being safe with wheelchair management
- Directing their care

OUR TEAM OF SPECIALISTS

An array of medical rehabilitation specialists deliver the comprehensive care and treatment for patients of the Neuro Transitional Center. Our program medical director is a physical medicine and rehabilitation physician, board-certified in brain injury medicine. The program medical director rounds on patients in-person weekly or as needed by phone. We have a board-certified neurologist and psychiatrist that consult with our patients as needed in our facility.

Additionally, our case manager works closely with our medical director and consulting physicians to ensure patients receive necessary medical coordination as needed within the community with specialty physicians such as: neurologists, neurosurgeons, psychiatry, internal medicine, endocrinologists, cardiologists, ENT's, gastroenterologists, infectious disease specialists, internists, family practitioners, oncologists, ophthalmology, orthopedic surgeons, podiatrists, pulmonologists, rheumatologists, urologists, nephrologists and pediatricians.

The needs of the individual will determine the intensity and frequency of interaction with our rehabilitation team of specialists that may include the following: behavioral analysts, case manager, dietician, chaplain, counselor, neuropsychologists/rehab psychologist, neuro rehab coach, registered nurse, occupational therapist, physical therapist, recreational therapist, physical medicine and rehabilitation physician and speech language pathologist. Our behavioral analyst is contracted and consulted as needed.

PROVISION OF CARE

Hours of service. Comprehensive services are delivered 24 hours a day, 7 days a week. Weekdays, Monday through Friday, patients receive at least 6 hours of therapy per day, with therapy beginning at 7:30 AM. Functional skills worked on during the formal therapy hours are transferred under the therapists' direction into the community, evenings and over the weekends.

Admission guidelines. A physician order is required prior to admission and severity of injury or disease-appropriateness must be met. Neuro Transitional Rehabilitation is intended for patients who are medically stable; at least minimally responsive; and the level or intensity of their impairments make it unsafe for them to be at home.

Referrals. Referrals are accepted from a variety of healthcare professionals such as physicians, case managers, nurses and therapists who may work at acute care hospitals, acute rehabilitation, psychiatric hospitalization, skilled nursing and long-term acute care facilities. Family or community members also may make referrals.

Cultural Needs. We provide services to individuals from all cultural, religious, spiritual and ethnic backgrounds.

Payer Sources. BSWIR-NTC is in the process of establishing contractual relationships and rates for Neuro Transitional Rehabilitation services with many commercial health insurance carriers. If there is not an existing contract, single case agreements may be negotiated with individual insurance carriers prior to admission. Medicare and Medicaid do not cover Neuro Transitional Rehabilitation services.

Out-of-pocket expenses will vary according to individual insurance coverage. Prior to admission, individual benefits will be reviewed, including estimated out-of-pocket expenses.

The BSWIR Neuro Transitional Center's services fall under the Acquired Brain Injury (ABI) criteria laid forth in Texas Insurance Code Chapter 1352.