



Scope of Services

Baylor Scott & White Institute for Rehabilitation (BSWIR) - Lakeway 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.

BSWIR - Lakeway provides patient care 24 hours a day, seven days per week. Our patient-centered programs include general integrated inpatient rehabilitation, as well as specialized stroke, brain injury, spinal cord injury and amputation services.

Who we serve

Patient profile

Comprehensive inpatient rehabilitation services are provided to adults 18 years and older who have experienced an injury or illness that resulted in the loss of function (abilities) in activities of daily living (ADLs), mobility, cognition and/or communication. Persons aged 16-17 should first be considered for admission to a hospital that specializes in the care of children/adolescents. However, if they are deemed appropriate for admission to our hospital as an adult, services may be modified to ensure that family, education and community reintegration needs are met.

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, Parkinson's disease, 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, 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.

Patients are admitted without regard to race, color, religion, ethnicity, gender identity/expression, sexual orientation, marital status, mental or physical disability, veteran or military status, creed and/or national origin. Our team works to ensure that individualized care

is based on each patient's cultural and language preferences, gender/gender identity and ability to learn.

Patients who do not meet our hospital's admission criteria include those who are under the age of 16; 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.

Geographic area served includes but not limited to Austin, Lakeway, Buda, Round Rock, Dripping Springs, Spicewood, Marble Falls, Temple, Georgetown, Cedar Park and Kingsland.

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. This includes a review of their medical, physical and cognitive condition, previous and current levels of function, and psychosocial and cultural background.

Once admitted, 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. 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 and monitor improvement and is modified as needed.

Special needs

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

Provision of care

Hours of service

Inpatient care is provided 24 hours a day, seven days per week, including on-site physician, nursing, respiratory therapy, pharmacy, laboratory and radiology services. Physical, occupational and speech therapies are available Monday through Sunday from 7 a.m. to 6 p.m. Patients' schedules are established by the care team. Day Neuro services are generally offered Monday through Friday between 9 a.m. and 4 p.m.

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.

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 are expected to participate in three hours of physical, occupational and/or speech therapy per day, five days per 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.

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, our hospitals offer additional or ancillary services that include but are not limited to nutritional guidance and dietary services, pharmacy services, respiratory therapy, recreational therapy, diagnostic radiology, instrumental swallowing evaluations, laboratory services and telepsychiatry 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 identify the need and arrange for these services.

Service delivery using information and communication technologies

Tele-psychiatry services available to IPR patients residing in the state of Texas via MS Teams using an iPad or Laptop. Cyracom interpreting services computer available to IPR and Day Neuro patients.

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 the 90-day post-discharge follow-up call.

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 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 discharge back to the community. Our goal is to maximize each patient's medical, physical, psychological, behavioral, cognitive, social, recreational and vocational potential and quality of life.

Spinal cord program

Our hospitals' 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.

All levels of non-traumatic spinal cord injury and completeness of spinal cord dysfunction are accepted as well as levels C6 and below of incomplete traumatic spinal cord injury may be considered for admission. Patients are admitted with concurrent co-morbidities including brain Injury, fracture, cardiac issue or other conditions.

We provide 24-hour, in-house physician coverage, rehabilitation nursing, evidence-based therapies, advanced technologies, family training, education and support to address each patient's needs, including bladder, bowel and respiratory function, mobility, skin integrity, nutrition, cognition, emotional, behavioral or sexual concerns and other issues/co-morbidities.

This comprehensive approach to SCI rehabilitation, provides a strong continuum of care from inpatient through Outpatient at Home, Day Neuro and outpatient services to community re-integration.

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 experienced team of stroke/neuro rehabilitation specialists provide a range of physical, occupational, speech and cognitive therapies to improve recovery. This includes hands-on treatment and advanced technologies, such as instrumental swallow evaluations 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, mechanical mobile extremity support therapy, ADL simulation suite, Bioness Integrated Therapy Systems and Korebalance training to maximize neurological rehabilitation potential.

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 V or higher on the standardized Rancho Scale of cognitive functioning to be considered for admission. Patients in a coma or persistent vegetative state who do not demonstrate a purposeful response to their surroundings are not appropriate candidates for admission.

Inpatient rehabilitation focuses on restoring the individual's strengths, skills and functional independence. In addition, our Day Neuro 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.

Amputation program

Our hospital's comprehensive amputee rehabilitation program focuses on the post-surgical, prosthetic and outpatient/community reintegration phases of recovery for individuals with limb loss. This 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.

Working with the patient and family to address any needs or concerns, the amputee rehabilitation team will also introduce advances in prosthetic design, make adjustments to 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.

Individuals with upper or lower limb loss due to a traumatic injury or surgery resulting from vascular disease, diabetes, cancer, infection, excessive tissue damage, neuropathies or other conditions may be admitted to this program.

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. Among the range of treatment offered are electrical stimulation, treadmill training, assistive equipment and technologies, advanced pain management, including pharmacological intervention and alternative treatment, such as therapeutic taping, as appropriate.

Neurological program

Our hospital's neurorehabilitation program offers a coordinated, interdisciplinary continuum of inpatient through outpatient care for individuals with multiple sclerosis (MS), Parkinson's disease, 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. Patients may also benefit from the hospital's support groups and community integration activities.

Medical complex program

Our hospital provides an interdisciplinary program of care to meet the rehabilitation needs of individuals with organ transplantation, infections, pulmonary disease, cancer, post-COVID issues and other complex medical issues. The program addresses the scope of a patient's needs, including strength, endurance and mobility; functional/daily living activities skills; cognition; respiratory, speech and swallowing issues; and pain management.

Cardiac recovery program

The cardiac recovery program is an inpatient, acute rehabilitation level 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 the education and support to patients and families.

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