

**Brain Injury Specialty Program
Texas Rehabilitation Hospital of Fort Worth**

The **Brain Injury Specialty Rehabilitation Program** at Texas Rehabilitation Hospital is dedicated to providing exceptional rehabilitation services to assist patients recovering from traumatic and non-traumatic brain injuries to reach their full potential. The needs of patients with a brain injury (BI) are complex, both physically and medically; therefore a specialized rehab team will provide comprehensive and highly integrated care that is individualized for each patient through a plan of care tailored to meet the goals and needs of the patient and family.

Sharing Our Outcomes for 2020

Texas Rehabilitation Hospital vs. National Average

	Brain injury Diagnosis (All)	National Average
Patients Served	178	69,328
Case Mix Index (Higher is More Severely Impaired)	1.57	1.40
Average Length of Stay	12.8 days	14.8 days
% of Patients Discharged Home	78.1%	74.6%
% of Patients Discharged Back to Acute Care	11.2%	14.1%
QI Score Change: Self Care	16.1	12.6
QI Score Change: Mobility	34.0	30.5
Length of Stay Efficiency (Higher is Better)	3.12	2.72
Average Age	67.3	65.4
Gender Mix	Male- 56.7% Female- 43.3%	Male- 56% Female- 44.0%

We are extremely proud of the number of our patients who have increased their independence in our inpatient rehabilitation program. Changes in independence are measured using Quality Indicators (QI/GG) implemented by CMS in October of 2019, which helps assess how well patients can manage daily tasks such as activities of daily living and basic mobility such as bed mobility, stair negotiation, walking and wheelchair mobility.

Upon admission, patients are given an admission Quality Indicator score depicting the current level of assistance required for various activities. These are then assessed throughout their stay to assess progress and identify areas of improvement. We strive to increase the discharge self-care and discharge mobility quality indicator scores to increase overall independence upon discharge.

Quality Indicators (QI's/GG) measure the level of assistance required to complete 7 self-care items and 15-17 mobility items, depending on if wheelchair is appropriate. The initial mobility score index is captured by 16 items including self-care and mobility items. Scoring occurs at admission and throughout the stay. **Self-care and mobility change** shows the amount of improvement throughout the stay. **Length of stay efficiency** measures total amount of improvement per day. A higher length of stay efficiency means more progress in a shorter amount of time. **CMI** (case mix index) is a scale that measures the acuity or medical complexity of a patient. The higher the CMI, the more medically complex the patient is.

Intensity of Services:

A physician who specializes in rehabilitation will oversee your care. You will receive 24 hour rehabilitation nursing care and at least 3 hours of therapy per day at least 5 days per week. The intensity of therapy, frequency of therapy, and length of stay will be determined based on your individualized needs once you have been fully evaluated. Therapy service hours are generally between 7:00am – 4:30pm on weekdays and additional hours provided on the weekend on a case-by-case basis.

Your individualized program will include the following approximate plan:

- PT: ____minutes per day for strengthening, balance, and mobility
- OT: ____minutes per day for self-care skills such as bathing, dressing, grooming, & eating and increasing upper extremity functional movement.
- ST: ____minutes per day for difficulties in thought processes, swallowing, or communication

You will receive a daily schedule. In addition to the 3 hours of therapy a minimum of 5 days per week, other therapeutic services may include: Activities, Yoga, Psychology, Neuropsychology, and diagnosis specific educational classes. We will attempt to accommodate personal preferences in scheduling whenever possible and

accommodating any religious preferences.

Your **estimated** length of stay at Texas Rehab Hospital will be up to **15** days. This will officially be determined once you have been fully evaluated.

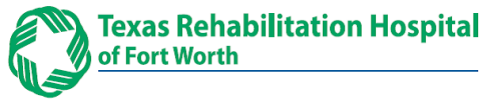
Alternative Resources at Discharge:

A social worker/case manager will coordinate and facilitate your discharge. He/she will help identify and arrange for any individualized services that may be required upon discharge. These may include:

- Durable medical equipment (DME), Prosthetics, Orthotics
- Home health services, outpatient services, caregiver services
- Skilled nursing facilities with 24 hour nursing care where therapy is less intense
- Counseling for depression, adaptation to disability, substance use, aging, or others
- Support groups / peer support.
- Transportation services and dialysis; follow up services such as outpatient physical medicine and rehabilitation services.

What to Bring:

- Loose fitting pants/shorts (sweat suits or gym shorts are often worn) and shirts/blouses
- Tennis shoes or walking shoes (non-skid soles)
- Socks, underwear, and toiletries
- Coat or jacket (depending on time of year) for outdoor training or enjoying the garden/courtyard
- Healthcare directive if one has been established.
- Personal health Record if one has been established.



WELCOME TO TEXAS REHAB

To Our Patients and Families:

Welcome to Texas Rehabilitation Hospital of Fort Worth! We sincerely hope you will find your journey through the rehabilitation phase of your recovery to be rewarding and successful. Our goal is for you to achieve your highest level of independence as quickly and safely as possible.

Our rehabilitation team is dedicated to ensuring your right as a patient to receive quality care in a safe setting. Our team of specialists includes your rehabilitation physician as well as our staff of highly trained nurses, therapists, and health care workers.

Your physician is a specialist in Physical Medicine and Rehabilitation (a physiatrist) and will closely monitor your progress and your medical condition. In some circumstances, your physician may request consulting services of other physicians. Although physicians are in the building every day, we do not have a physician in-house at all times. However, you can be assured that an on-call physician is available twenty-four hours a day.

Additionally, our hospital provides twenty-four hour nursing services and you will always be under the care of a Registered Nurse. Registered Nurses supervise and evaluate your care and are licensed and qualified to provide initial treatment in the event of a medical emergency, as well as notify your physician and/or the physician on-call.

Please do not hesitate to contact your physician, your case manager or social worker, or me at Texas Rehabilitation Hospital of Fort Worth if you have any questions or concerns about your rehabilitation stay.

Very Sincerely,

Jake Daggett, PharmD

Chief Executive Officer

Mission Statement and Core Values

The mission of Texas Rehabilitation Hospital of Fort Worth is to improve the health, function and quality of life of the people in the communities we serve.

Core Values:

- *Respect*
- *Integrity*
- *Services*
- *Excellence*

At Texas Rehabilitation Hospital these values are instilled in our hospital. They are at the core of everything we strive to do. We are committed to treating each and every one of our patients, as well as each other, with respect, integrity, service and excellence.

Methods Used To Assess And Meet Patient Needs:

A pre-admission screening is provided prior to admission, during which current functional status is evaluated and discharge goals are delineated. A comprehensive assessment of each patient's medical, physical, and cognitive condition, as well as psychosocial and cultural restrictions is a prerequisite for the formation of a course of rehabilitation. A patient's psychological status is also considered when determining whether he or she could benefit from admission. The attending physician at our hospital will review the pre-admission assessment in order to make a decision to approve or deny the referral prior to admission and the decision will be communicated to the referral source, patient and family/support system. If the referral is determined to be ineligible, recommendations will be made for alternative services.

Admission and Continued Stay Criteria:

1. Patient must have an appropriate rehab related diagnosis as determined by the admitting physician and accepting administrator of the hospital
2. Patient must be medically stable enough to participate in 3 hours of therapy per day or 15 hours of therapy over a 7 day period
3. Patient must require the skilled services of at least two therapy disciplines (physical therapy, occupational therapy, speech language pathology)
4. Patient must require the specialized care of a physician with expertise in physical medicine and rehabilitation
5. Patient must have potential to participate and benefit from therapies
6. Patient must have potential to achieve measurable rehabilitation objectives
7. Patient must exhibit the desire to participate in therapies
8. Patient must have an appropriate, realistic, post-rehabilitation discharge plan
9. Patient must be at least 18 years of age

The fact that you have been admitted to our Hospital means that you not only have a physiological condition that will require an intense program to resolve, but also, that you have the ability to improve. The latter is significant, because one of the main factors that

qualify a patient for admission to an acute rehabilitation hospital is their ability to improve. Improvement to what point will be determined during the course of your stay. Your ability to improve what we call your activities of daily living (ADLs) is what qualifies you to be in a rehabilitation hospital.

A patient may have a physical impairment but if it is determined that they have no potential to meet their rehabilitation goals; there is no reason or qualification for the patient to be in the hospital.

There is one final component that is most important, and without it, the other two are not sufficient to warrant a rehabilitation hospital stay. That final component is your ability and willingness to participate in the rehabilitation process. Make no mistake about it; rehabilitation is hard, it is tiring, and it can be frustrating at times as well. Rehabilitation is a joint effort. The nurses, therapists, physicians, and other clinical and non-clinical staff can't help you improve without you helping yourself. The treatment process requires planning and goal setting, acceptance of the plan, and hard work to attain your goals. You will be involved in all phases of this process, as will members of your family, or other support systems you may have. Together we will set goals, and together, we will work to attain those goals.

Continued Stay Criteria

Continued stay is dependent on the following:

1. Patient continues to satisfy admission criteria standards previously listed:
 - Patients must be demonstrating satisfactory functional progress in at least two therapy disciplines, (Physical Therapy, Occupational Therapy, Speech-Language Pathology) to justify continued stay on the Rehabilitation Unit
 - Patient must continue to be a willing participant in his/her medical and therapy treatment programs
 - Any patient unable to participate in 2.5 hours of therapy per day for 3 continuous days must be prepared for discharge to a more appropriate level of care

2. Patient does not meet previously listed discharge criteria
 - Any patient, who has achieved all of their original and revised goals in any therapy, must be discharged from that therapy if no further functional goals are identified
 - A patient who no longer meets criteria for continued stay must be prepared for discharge, as soon as possible, and no longer than 3 days following determination of need for discharge
 - A patient who has plateaued or fails to exhibit satisfactory progress in a specific therapy discipline must be discharged from that therapy, even if the original and revised goals have not been achieved

Discharge Criteria

Patients will be discharged from Inpatient Rehabilitation when one or more of the following criteria are met:

1. Treatment goals are met
2. It is determined by the interdisciplinary team that the patient has limited potential to benefit from further treatment/service
3. Intensity of inpatient rehabilitation services is no longer required
4. Failure to make measurable functional progress
5. Patient unwilling to fully participate in the program (i.e. patient refuses therapy)
6. Medical condition, or treatment for a medical condition (i.e. daily chemotherapy, radiation, etc.), excludes the patient from full participation in the program
7. Patient requires surgery
8. Funding source denies further coverage and the patient/family decline to pay out of pocket
9. Patient and/or significant other declines further service

Discharging Against Medical Advice (AMA)

No person determined to have decision-making capacity who desires discontinuation of medical treatment and release from the hospital shall be held against his/her will. If a patient chooses to leave against medical advice:

1. The patient will be informed of his/her right to refuse treatment and the potential risks of leaving the hospital
2. The attending physician will be notified of the patient's desire to terminate medical care and leave the hospital
3. If a patient chooses to leave against medical advice, he/she will be asked to sign AMA forms recognizing that he/she has been informed of the risks associated with discharge

Involuntary Discharge

Involuntary Discharge means that the patient is being discharged from the hospital against their desire. The following are reasons for involuntary discharge:

1. The patient has achieved all treatment goals
2. The patient demonstrates limited potential to benefit from further treatment/service
3. The intensity of inpatient rehabilitation services are no longer required
4. The patient is not making measurable functional progress
5. The patient is unwilling to fully participate in the program (i.e. patient refuses therapy)

6. The patient's medical condition, or treatment for a medical condition (i.e. daily chemotherapy, radiation, etc.), excludes the patient from full participation in the program
7. The patient requires surgery
8. The patient will be more appropriately served at another level of care
9. The patient engages in use of alcohol or non-prescribed drug use while in the hospital
10. The patient demonstrates abusive or disruptive behavior towards hospital staff, other patients, or visitors that is not related to his/her diagnosis
11. Funding source denies further coverage and the patient/family decline to pay out of pocket

Services Provided Directly or By Referral May Include:

- | | | |
|-----------------------------------|---|------------------------|
| • Rehabilitation Medicine | • Activity Programs (yoga, music therapy) | • Respiratory Services |
| • Medical Consults (if necessary) | • Social Work/Case Management | • Dietary Services |
| • Rehabilitation Nursing | • Psychology or Neuropsychology | • Renal Dialysis |
| • Physical Therapy | • Orthotics & Prosthetics | • Wound Care |
| • Occupational Therapy | • Visual Assessment | • Chaplaincy |
| • Speech Language Pathology | • Driver Rehabilitation | • Home Evaluation |

Referral Sources

Patients admitted to Texas Rehabilitation Hospital of Fort Worth are primarily referred from physicians at Texas Health Harris Methodist Hospital of Fort Worth and the Texas Health Resources network of hospitals, Medical City of Fort Worth, Baylor All Saints Medical Center of Fort Worth, USMD Hospital of Fort Worth, and John Peter Smith Hospital. In addition, a variety of patients are referred from various skilled nursing settings, surgery centers, and long-term acute care facilities. Referrals are also accepted from primary care physicians for patients currently residing at home, other acute-care hospitals, sub-acute care facilities, and long-term care facilities across the country.

Payer Sources:

Texas Rehabilitation Hospital of Fort Worth participates in many insurance plans including, but not limited to Medicare, United Healthcare, Aetna, Blue Cross Blue Shield, Cigna, Pacificare, Humana, and Secure Horizons. If your specific insurance plan is not listed, please contact our Admissions department to confirm the hospital's participation. Texas Rehabilitation Hospital of Fort Worth is not a Medicaid provider.

Fees:

Fees, deductibles, and out of pocket maximums differ for every patient depending on specific insurance plans and program services provided, and amounts already applied to out of pocket costs in the current calendar year. The rehabilitation case manager or admissions manager will discuss fees and out of pocket costs with you in the first 3 days of your stay. For an estimate of benefits, please contact our Admissions department at 817-820-3411.

Assistance with Financial Responsibility:

A financial counselor is available to assist you and your family in understanding your benefits, co-payments, and responsibilities before or after admission. If you are paying cash and/or need assistance or information, please contact a patient services representative in the business office at 817-820-3503

Populations Served

As an accredited comprehensive inpatient rehab program, Texas Rehabilitation Hospital (TRH) is capable of caring for a wide variety of diagnoses. TRH does not treat patients who require ventilator assistance. A determination is made by the admitting physician and admissions intake personnel on a case by case basis to determine whether a patient's illness or injury is appropriate for admission to inpatient rehab.

Your rehabilitation team is an interdisciplinary team with specialists in spinal cord rehabilitation that puts you at the center of the team. Your specialists include:

- Physicians to manage rehab and complex medical needs around the clock
- Rehab nurses to provide 24 hour care
- Physical therapists, Occupational therapists, and speech therapists
- Psychologists and neuropsychologists
- Dietician
- Case manager / social worker
- Respiratory therapists
- Chaplain
- Prosthetics / orthotics

The **individualized program** provides a holistic goal-oriented approach to assist with:

- Improving functional mobility and self-care skills
- Building strength and endurance and improving balance
- Addressing psychological needs, adaptation skills, and vocational needs

- Addressing sexuality and reproductive management
- Integration in the community, accessing lifetime health and wellness resources
- Providing resources to meet continued medical, physical, psychological, social, adaptation, and funding needs throughout the lifespan

Education for patients and families includes a Brain injury Support group, individualized training, peer support, & written materials to include topics such as:

- Understanding the medical, physical, and psychological effects of a brain injury
- Minimizing the impact of impairments and secondary complications of a brain injury
- Muscle spasticity, bowel & bladder, respiratory, skin care
- Neurological and musculoskeletal changes
- Understanding of brain injury effects on sexual functions and intimacy
- Nutrition, exercise, health & wellness with age progression
- Medication management / Pain management
- Home safety/modifications, adaptive equipment, minimizing environmental barriers
- Access to community resources / Vocational counseling / Assistive technology / Personal care assistants

General Information

Security and Safety:

Because your safety and that of your family and other visitors is of prime importance to us, we have continuous programs designed to make our facility as safe as possible.

To provide you with the best of care, frequent nursing checks will be necessary as part of your care.

To further insure your safety while you are a patient or while you are visiting a loved one, we ask that you review the following:

- The signal device by the bed shall be used to call a nurse when needed. Rather than attempt any movement or action that could result in an accidental strain or fall, please call for assistance. An “emergency call” device is also located in the bathroom. Never hesitate to call for assistance.
- Do not try to lower or climb over bed side-rails. This is one of the leading causes of hospital accidents.
- Please listen to your physician and follow all of his or her instructions.
- To comply with safety regulations, please do not bring any plug-in appliances to the hospital without prior approval.
- Report any faulty equipment or other problems to your nurse.



- When floors are being cleaned, please do not walk on the wet areas.
- This Hospital is a smoke-free campus. No smoking is allowed anywhere inside or outside of the building.

Patient Rights:

The persons served, families, friends, caregivers and community have the right to respectful, considerate care from all rehabilitation members they interact with at all times and under all circumstances. All individuals served will have freedom from abuse, financial exploitation, retaliation, humiliation, and neglect. We do not discriminate based on race, ethnicity, national origin (including language), spiritual beliefs, gender, age, current mental or physical disability, sexual orientation, or socioeconomic status. A copy of the Patient Bill of Rights is provided to each patient in the patient handbook upon admission to the hospital.

Current Accreditations

Commission on Accreditation of Rehabilitation Facilities (CARF)



The Joint Commission (TJC)



Let us Know:

- At Texas Rehabilitation Hospital our goal is to help every individual work toward their greatest potential through compassionate care from skilled medical professionals providing specialized rehabilitation to each person served. For more information or to schedule a tour, please call **817-820-3411**
- Please share with us how we can make your stay as meaningful and rewarding as possible throughout your stay.
- If you are not satisfied with your care or environment at any time during your stay, we would like to know about it as soon as possible. Any concerns should be directed **our Director of Quality, Kathryn Cyr, at 817-820-3406**. We take feedback seriously and appreciate hearing about the positives and concerns.
- If you have concerns that cannot be resolved, we can provide you a copy of our Grievance policy and assist you with the grievance process.