Northwestern Medicine®

Brain Injury Program Services
Fiscal Year 2024

The Northwestern Medicine Brain Injury Program at Marianjoy Rehabilitation Hospital provides comprehensive holistic neurorehabilitation. We strive to promote the dignity and well-being of people with disabilities.

Our program aims to:

- Restore health.
- Minimize impairment.
- Optimize patient functioning.
- Help patients, their family and caregivers make accommodations for daily needs.
- Support patients in their return to their community.

We help patients maximize their physical, psychosocial, cognitive and communication abilities. Daily medical management is a key part of the program. It helps address existing health problems and prevent secondary complications.

The average age of patients treated at Northwestern Medicine Marianjoy Rehabilitation Hospital for brain injury is 66. The average length of stay is 14 days.

Program costs
Our staff talks with each potential patient about fees, costs and paying for our services.

Where we provide care
The Brain Injury Rehabilitation Program has 21 inpatient beds in the 2 East Unit. Sometimes, we may need to place patients in another unit. When that happens, we offer the same level of services that we provide in the 2 East Unit.

When we provide care
Our nurses provide care all day, every day. You will get therapy services customized to meet your unique needs for at least 15 hours per week. This may include:

- Physical therapy
- Occupational therapy
- Speech therapy

One of our physicians will be on call all the time, and a resident physician will be on-site 24/7.

We offer psychology services and spiritual care to all patients. These services are available to all patients and are typically available during normal business hours.

Admission

Marianjoy Rehabilitation Hospital will admit and assign you to the appropriate level of care based on your diagnoses and medical needs.

We provide services to patients who can participate in and benefit from treatment, no matter their race, creed, color, sex, age, religion, disability, marital status,

Brain Injury Program Services (continued)

membership in military forces, sexual orientation, national origin, or any other basis prohibited by law.

We offer interpreter services and educational materials in multiple languages. We will work with you to determine how we can best accommodate your cultural needs.

Admission criteria
This program is only for adults who are 18 and older.

We will only admit people who have one of the following conditions:

Traumatic injuries rated level III or higher on the 10-level Rancho Los Amigos Scale of Cognitive Functioning

- Penetrating injury
- Head injury due to blunt trauma
- Multi-trauma with brain injury

Non-traumatic injuries

- Brain hemorrhage, infection or tumor
- Metabolic encephalopathy
- Hypoxic-ischemic encephalopathy

Acute inpatient rehabilitation must be a medical necessity. This type of medical need is outlined below.

All of the following must apply to you:

You need close medical management that requires a physician and nurse to be available for 24 hours a day in a hospital setting.

You can participate in and benefit from three hours of therapy every day.

You need a coordinated multidisciplinary team approach for your care.

You have realistic rehabilitation goals and can expect significant improvement.

In addition, you must meet these other criteria:

Your condition is medically stable, but still needs close medical management. If needed, the program medical director can review your case and situation to help determine if inpatient rehabilitation is appropriate.

You do not have any limitations that keep you from participating appropriately in an intense level of rehabilitation.

Your psychological and behavioral status is stable enough for you to

- Fully participate in therapy.
- Be safe with the supervision this program provides.

Our services

Education
We will set up education appointments for you and your loved ones during your stay. This will help you and your support system:

- Experience everyday activities and movement.
- Learn about your rehabilitation plan and goals.

Each patient has a patient and family education program binder that you and your care team will use. Your care team will review educational material and instructions with you, and then put it in the binder.

Our caregiver support group is also open to any patient's support system members.

Brain Injury Program Services (continued)

Direct services

Marianjoy employees provide these services:

Case management and social work

Laboratory services

Assistive Technology Center at Marianjoy

Nursing

Nutrition services

Occupational therapy

Pharmacy

Physical therapy

Psychology

Radiology (X-ray)

Respiratory therapy

Speech therapy

Spiritual care

Swallowing Center at Marianjoy

Tellabs Center for Neurorehabilitation & Neuroplasticity

Physical medicine and rehabilitation (physiatry)

Wheelchair and Positioning Center at Marianjoy
Wound care

Services provided by Marianjoy contractors

Hemodialysis

Peripherally inserted central catheter (PICC) services

Specialty physician services

These specialty services are available with a referral.

They are provided by consulting physicians:

Cardiology

Hospitalist care

Infectious disease care

Internal medicine

Nephrology

Neurology

Optometry

Orthotics and prosthetics

Orthopaedics

Otolaryngology

Pediatrics

Podiatry

Psychiatry

Pulmonary medicine

Radiology

Program team

Physician

Leads your care team

Manages your care

Writes orders (prescriptions) for services such as:

- Therapies
- Medication
- Family training
- Special procedures

Resident physician (physician in training)

Manages medical care under the attending physician's supervision

Available on-site 24/7

Nursing staff

Assesses and treats you

Helps you and your loved ones learn about:

- Medication
- Pain
- Skin care
- Care planning
- Bowel and bladder function
- Safety and staying healthy

Encourages carry-over of skills you learned in therapy.

Case manager

Coordinates your care

Helps you communicate with your family

Creates a discharge plan, including referrals and information on equipment and community resources

Brain Injury Program Services (continued)

Physical therapist

Helps you improve your functional mobility skills related to:

- Bed mobility
- Transfers
- Stairs
- Walking
- Balance
- Pain management
- Endurance

Updates you and your family on skills you learned

Occupational therapist

Helps you better perform everyday activities, such as:

- Dressing
- Bathing
- Toileting
- Bathroom transfers

Recommends equipment to help you care for yourself

Updates you and your family on skills you learned

Speech therapist

Treats swallowing disorders

Suggests diets to help you safely and efficiently eat via mouth

Teaches you and your family about communication and cognitive-communication disorders

Provides counseling

Psychologist

Assesses mental and emotional functioning

Provides treatment as needed

Educates you and your family to address any adjustment issues

Addresses chemical dependency counseling needs, if needed

Hospital chaplain (non-denominational spiritual care)

Supports your well-being and that of your family

Provides health interventions

Discharge and transition

When we discharge patients from the program, they often go to:

- Home (with or without additional services)
- Extended care
- Assisted living facility
- Subacute or skilled nursing facility
- Acute care hospital
- Long-term acute care hospital

Discharge criteria

You must meet our program requirements and make significant functional improvements to stay in our program. If you do not need daily hospital medical management, we will help you plan a transfer to another level of care, such as outpatient rehabilitation.

Brain Injury Program Services (continued)

We consider patients to be ready for discharge when they meet one or more of these criteria.

The patient:

Has met their established goals

Needs a different level of care because their status changed

Is not making progress toward their goals

Is behaving in ways that hinder their ability to participate in and benefit from our program

Needs acute care in a hospital

Asks for discharge or transfer to another care facility (Their family may also ask for this.)

Your discharge plan will include your goals (and the goals of your loved ones) so you can go home or to a community setting as your ability and support system allows.

Referrals

We accept referrals from many different sources, including:

Social workers or discharge planners

Physicians

Community health agencies

Independent healthcare facilities and agencies

Residential living facilities

Vocational guidance centers

Insurance representatives, such as:

- Worker's compensation specialists
- Health management organization (HMO) representatives

Patients, their families and loved ones

Northwestern Medicine®

Northwestern Medicine Marianjoy Rehabilitation Hospital
nm.org

24-3439A/0524/PDF