

Stroke Program Services

Fiscal Year 2024

The Northwestern Medicine Stroke Program at Marianjoy Rehabilitation Hospital provides comprehensive rehabilitation care to people with activity limitations due to a neurologic impairment.

Our program aims to:

- Restore health.
- Minimize impairment.
- Reduce activity limitations.
- Optimize patient functioning.
- Help patients make accommodations for daily needs.
- Support patients' participation in 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 stroke is 71 years. The average length of stay is 15 to 24 days.

Program costs

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

Where we provide care

The stroke program has 40 inpatient beds in the 1 East Unit and the 1 West 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 1 East Unit and 1 West 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.

Stroke Program Services (continued)

Admission

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

We provide services to patients who can participate in and benefit from treatment, regardless of race, creed, color, sex, age, religion, disability, marital status, 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 had a stroke with one of the following:

Left body involvement (right brain involvement)

Right body involvement (left brain involvement)

Bilateral involvement

No paresis, with other neurological deficits such as:

- Cognition issues
- Swallowing issues
- Balance issues

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.

Stroke 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	Orthopaedics
Hospitalist care	Otolaryngology
Infectious disease care	Pediatrics
Internal medicine	Podiatry
Nephrology	Psychiatry
Neurology	Pulmonary medicine
Optometry	Radiology
Orthotics and prosthetics	

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

Stroke Program Services (continued)

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

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

Stroke Program Services (continued)

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.

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

