

Brain Injury Program Services

Fiscal Year 2025

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

Our program aims to:

- Restore health.
- Decrease the effects of an injury.
- Improve patients' abilities.
- Help patients, their family and caregivers (support system) learn how to meet daily needs.
- Support patients in their return to their community.

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

The average age of patients treated at Northwestern Medicine Marianjoy Rehabilitation Hospital for brain injury is 68. The average length of stay is 13 days.

Program costs

Our staff talks with each potential patient about fees, costs and paying for our services. Payer sources may include Medicare, Medicaid and private insurance plans.

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. We will closely monitor and adjust your therapy schedule as needed to help you meet your goals. Therapy is typically provided during daytime hours on weekdays. Therapy schedules are closely monitored and adjusted. If needed, you may receive therapy on weekends to ensure your goals are achieved. 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 during normal business hours.

Brain Injury Program Services (continued)

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:

- Workers' compensation specialists
- Health management organization (HMO) representatives

Patients, their families and loved ones

Admission

Marianjoy Rehabilitation Hospital will admit and assign you to the right 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, membership in military forces, sexual orientation, national origin, or any other basis prohibited by law.

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

Admission criteria

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

We will only admit people who have 1 of the following conditions:

Traumatic injuries rated level III or higher on a scale that rates recovery from brain injury (the 10-level Rancho Los Amigos Scale of Cognitive Functioning)

- Penetrating injury
- Head injury caused by blunt trauma
- Multi-trauma with brain injury

Non-traumatic injuries

- Brain hemorrhage (bleed), infection or tumor
 - Metabolic encephalopathy
 - Hypoxic-ischemic encephalopathy
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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 3 hours of therapy every day.

You need a coordinated multidisciplinary team approach for your care.

You have realistic rehabilitation goals and can expect major 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 situation to help determine if inpatient rehabilitation is right for you.

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

Your mental and emotional status is stable enough for you to

- Fully participate in therapy.
 - Be safe with the supervision this program provides.
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Brain Injury Program Services (continued)

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.

You will get a patient and family education program binder. Your care team will review educational material and instructions with you, and then put it in the binder.

Our caregiver support group is open to your support system members.

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 and CT)
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.

Consulting physicians provide these services:

Cardiology	Orthopaedics
Hospitalist care	Otolaryngology (ear, nose and throat)
Infectious disease care	Pediatrics
Internal medicine	Podiatry
Nephrology	Psychiatry
Neurology	Pulmonary medicine
Optometry	Radiology
Orthotics and prosthetics	

Brain Injury Program Services (continued)

Program team

Attending 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 you to use skills you learned in therapy.

Case manager

Coordinates your care

Helps you communicate with your family

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

Physical therapist

Helps you improve your functional mobility skills related to:

- Bed mobility
- Transfers to and from chair and wheelchair (if needed)
- Stairs
- Walking
- Balance
- Pain management
- Endurance

Updates you and your family on skills you learned

Occupational therapist

Helps you 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 by mouth

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

Provides counseling

Brain Injury Program Services (continued)

Psychologist

Assesses mental and emotional functioning

Provides treatment as needed

Educates you and your family to address any adjustment problems

Talks about counseling for drug or alcohol problems, if needed

Hospital chaplain (non-denominational spiritual care)

Supports your well-being and that of your family

Provides well-being services (such as hand massage, aromatherapy, meditation groups and pain management groups)

Discharge plan

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 meaningful 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 do 1 or more of the following.

The patient:

Has met their goals

Needs a different level of care because their status changed

Is not making progress toward their goals

Behaves in ways that keep them from fully participating in therapy

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 support system) so you can go home or to another place as you are able.

