Bluebonnet Medical Rehabilitation Hospital

TEXAS NeuroRehab CENTER

The Best in Specialized Care for Individuals with Brain Injury

512-444-4835 or 800-252-5151
www.texasneurorehab.com
Austin, Texas
**Patient Profile**

Age: 13 years & up  
Gender: Male & Female  
Common Diagnosis: Traumatic Brain Injury, Stroke, Anoxia, Brain Tumor, Multiple Sclerosis, Parkinson’s, Respiratory Failure, Vent/Trach Dependent, Wounds, Diabetes, Amputations, Orthopedic or Severe Physical Disabilities, and other neurological or debilitating diagnoses.

**Levels of Care**

- Acute Medical Rehabilitation  
- Long Term Acute Care (LTAC)  
- Outpatient Rehabilitation

**Areas of Expertise**

- Acquired Brain Injury  
- Complex Wound Care  
- Stroke/CVA  
- Complex Medical Care including Dialysis  
- Other Neurological Diagnosis  
- Pulmonary Disease including Ventilator/Tracheotomy Weaning  
- Multiple Trauma including Orthopedic Injuries

**Services for Treatment**

- Comprehensive Evaluation  
- Physical, Occupational and Speech Therapies  
- Respiratory Therapy  
- Neuropsychological Services  
- Formal Family Education and Training  
- Case Management and Discharge Planning  
- Advanced Technology Rehab Devices

**Funding**

- Insurance  
- Medicare  
- Medicaid (under age 21)  
- Workers’ Compensation  
- Private Pay

All patients benefit from one of the largest rehabilitation therapy departments in the Austin area. In addition to superior therapy staff, Bluebonnet Medical Rehabilitation Hospital exceeds the industry standard in direct care staffing ratios.
Bluebonnet Medical Rehabilitation Hospital doctors have over 147 years of combined experience. Through advanced training in some of America’s leading medical institutions and with years of clinical practice, our doctors provide the highest quality rehabilitation care.

Meet Our Doctors

**Bluebonnet Medical Director**

**James L. Boysen, MD**

Joined team in October 1986
- The University of Iowa, M.D.
- Stanford University, B.S.

Practice: Pulmonary Disease, Critical Care Medicine
Board Certification: Internal Medicine, Pulmonary Disease, Critical Care Medicine

**Nancy L. Childs, MD**

Joined team in September 1987
- University of Mississippi, M.D
- University of Kansas, B.A.

Practice: Neurology, Brain Injury, Medical Management
Board Certification: Neurology

**Jason Fought, MD**

Joined team in April 2011
- Texas Tech University Health Science Center School of Medicine, M.D.
- The Ohio State University, B.A.

Practice: Nephrology
Board Certification: Nephrology, Internal Medicine

**David W. Morledge, MD**

Joined team in December 1998
- Texas Tech University, M.D.
- University of Texas, B.A.

Practice: Neurology, Brain Injury
Board Certification: Neurology

**Gregory R. Tempest, MD**

Joined team in September 2010
- Wayne State University School of Medicine, M.D.
- Michigan State University, B.S.

Practice: Neurology, Sleep Medicine
Board Certification: Neurology, Sleep Medicine

**Norman M. Whisenant, DO**

Joined team in October 1999
- Texas College of Osteopathic Medicine, D.O.
- University of Texas, B.A.

Practice: Physical Medicine and Rehabilitation
Board Certification: Wound Care

Additional physicians include:

- Abburi, Madhava
- Amjadi, Erin Michelle
- Arrant, Amy
- Aubrechtova, Hana
- Bartek, William
- Benevich, Matthew
- Brod, Delbert Ray
- Bundrant, Lu Ann
- Davidson, Antonia
- Dayal, Melani
- Dempsey, Anne
- Ellington, Kent
- Hudson, Rosalie
- Llanera, Marissa
- Malsa, Eric
- Martin, Dieter Robert
- Masood, Mujahid
- Oza, Saleem
- Rodriguez, David
- Shih, Daniel
- Verona, Montgomery
Treatment Team

- Board-certified neurologists
- Interdisciplinary team with extensive experience in medical and neurological management
- Specialized brain injury rehabilitation nursing care

Program Overview

The specialized management needs of individuals with severe brain injuries, exceeds the resources and abilities of traditional medical rehabilitation programs. Patients benefit from direct care staffing ratios exceeding the industry standard.

Program Objectives

- Establish correct diagnosis of coma, vegetative state, or minimally conscious state
- Stabilize medical complications
- Minimize physical impairments with state of the art equipment, and up-to-date therapeutic techniques
- Increase ease of care and decrease nursing acuity after discharge

Admission Criteria

- Acquired Brain Injury (Trauma/Non-Trauma)
- 13 years or older
- Potential for functional improvement or improved ease of care
- Consideration of admission on individual basis

Benefits of Treatment Approach

- Early and intensive intervention enhance long term outcome
- Improvement in physical state, medical stabilization, and family training, helps to avoid long term complications
- Structured monitoring of responsiveness allows defined progress

Patient & Family Satisfaction and Discharge Disposition & Function

- 95% rated quality of care as excellent or good
- 93% rated treatment outcome as excellent or good
- 55% of patients were discharged to community settings, and only 15% were discharged to a skilled nursing facility
Bluebonnet Medical Rehabilitation Hospital educates individuals on the facts about Impaired Consciousness after a Traumatic Brain Injury. Family involvement is an integral part of rehabilitation. Psychologists and social workers offer grief counseling and crisis intervention assisting emotional concerns which may arise during treatment. Extensive family education and resources are provided, and family members are encouraged to attend and participate in therapy sessions.

The Facts about Impaired Consciousness

- Coma, vegetative state, and minimally conscious state are different conditions
- Prognosis is favorable in many cases.
- Studies indicate the following:
  - Diagnoses are often made incorrectly
  - 41% of patients diagnosed as vegetative, are actually minimally conscious or better
  - It is impossible to predict which patients will have improved consciousness
  - 52% of patients still in vegetative state at one month after injury regain consciousness
  - It is impossible to predict the extent of functional improvement
  - 24% of patients still in vegetative state at one month after injury are largely independent by one year
  - 50% of patients still in minimally conscious state up to 3 months after injury are largely independent by one year

The Terms

**Coma:** not awake and not aware

**Vegetative State:** awake but not aware

**Minimally Conscious State:** awake and inconsistently aware

Texas NeuroRehab Center is proud to be a member of the Consciousness Consortium. As a member we provide specialized assessment rehabilitation and medical care of patients with impaired consciousness. We believe that specialized care leads to increased accuracy in diagnosis and prognosis, better outcomes, few long term complications, and more cost effective care.

Studies are funded by the National Institute on Disability and Rehabilitation Research.
For more than twenty years, Texas NeuroRehab Center has been helping individuals recover from stroke. Our Stroke Rehabilitation Program provides the highest quality stroke rehabilitation care, educates stroke survivors and the community about stroke rehabilitation, and advocates for stroke survivors and their families. Our goal is to help patients achieve high functional independence while decreasing the risk of future strokes or other complications.

Program Overview

- Over 200 years of combined experience treating stroke and neurological injuries
- Patient & family education on adaptation, rehabilitation and prevention
- Individualized and intensive therapy regime
- Specialized physical, occupational, speech, respiratory, and vocational therapies improve functionality, strength, flexibility, and endurance
- Direct care staffing ratios that exceed industry standards
- Bilingual staff
- Early & on-going discharge planning

Benefits of Treatment Approach

- Early and intensive interventions enhance long term outcomes
- Improvement in physical state, medical stabilization, and family training help avoid long term complications
- Structured education on adaptation, re-learning, and prevention for long term success

Treatment Team

- Board-certified neurologists
- Interdisciplinary team with extensive experience in medical, neurological and stroke management
- Specialized stroke rehabilitation nursing care

Patient Overview

- Average age is 72 years
- 67.8% male; 32.3% female
- 9% African-American; 16% Hispanic; 72% Caucasian; 3% Other

Patient & Family Satisfaction

- 100% rated quality of care as excellent or good
- 100% rated treatment outcome was excellent or good
Discharge planning begins upon admission in preparation for successful transition to the next level of care. The discharge planning process is individualized based on the patient’s living situation and progress during rehabilitation. Beginning with admission and continuing through discharge, the treatment team develops and implements a treatment plan with the patient and family.

Planning may include:

- Steps to ensure a safe living environment
- Coordination of the care, assistance and special equipment required
- Arrangements of additional rehabilitative services
- Assistance in choosing a healthcare provider
- Determination of the caregiver
- Community service resources (e.g., meal delivery, transportation, visitor programs and caregiver relief programs)

Family involvement and education are integral parts of the rehabilitation process. Psychologists and social workers offer grief counseling and crisis intervention to assist with emotional concerns that may arise during treatment. Extensive family education and resources are provided, and family members are encouraged to attend and actively participate in therapy sessions. Family support during rehabilitation provides encouragement and assurance in re-establishing familiar routines.

Patient & Family Satisfaction

In order to maintain and improve the quality of care, satisfaction surveys are collected from both the patient and family upon discharge.

- 95% rated the quality of care at TNC Medical Rehab Program as good or very good
- 95% rated their therapists as good or very good
- 93% believed the program would improve their quality of life after discharge

Discharge Disposition & Function

Bluebonnet Medical Rehabilitation Hospital discharges more individuals to a community setting and fewer to nursing homes. This exceeds national standards for other subacute rehabilitation programs.
Bluebonnet Medical Rehabilitation Hospital at Texas NeuroRehab Center provides acute medical rehabilitation and long-term acute care services. Specializing in the treatment of individuals who have sustained severe brain injuries, the facility is located on 67 acres of serene countryside within Austin’s city limits.

What Sets Us Apart

Rehabilitation Therapies

- Physical Therapy
  - Neuromuscular re-education
  - Serial casting/Splinting
  - 1:1 pool therapy
- Advanced Technology Rehab Devices
  - Bioness Hand and Foot Electrical Stimulation Systems
  - Saebo Dynamic Neurological Orthoses
  - WalkAide System
  - Lee Silverman Voice Treatment (LSVT®)
  - Neuromuscular Electrical Stimulation (NMES)
- Speech Therapy
  - Intensive swallow therapy
  - On-site radiographic swallow studies
  - NMES and Deep Pharyngeal Neuro Stimulation
  - Augmentive communication system assessment
  - Cognitive therapy
- Occupational Therapy
  - Neuromuscular re-education
  - Serial casting/Splinting
  - Cognitive therapy
  - 1:1 pool therapy
- Recreational Therapy
- Vocational Therapy
- Education through on-site accredited school
- Pet Therapy

Areas of Expertise

- Acquired Brain Injury
- Stroke/CVA
- Other Neurological Diagnosis
- Pulmonary Disease, including Ventilator/Tracheotomy Weaning
- Complex Medical Care Including Dialysis
- Complex Wound Care
- Multiple Trauma including Orthopedic Injuries

Additional Program Features

- On-site Medical Director
- On-site Neurology Staff
- Case Management Services
  - Coordination of care
  - Funding source interface
- Social Work Services
- Formal Family Education and Training
- Private Rooms
- Activities of Daily Living Suite
- Clinical Education and Research Site
- Coordinated Full Time Wound Care Team
  - Physician wound care specialist
  - Wound care certified nurse
  - Physical therapy staff
- On-site Neuropsychological Services

Patient & Family Satisfaction

- 92% rated quality of care as excellent or good
- 90% believed their treatment outcomes were excellent or good
- 95% rated therapists as excellent or good
<table>
<thead>
<tr>
<th><strong>Acute Care Hospital</strong></th>
<th><strong>Long Term Acute Care Hospital (LTACH)</strong></th>
<th><strong>Acute Rehab Facility</strong></th>
<th><strong>Skilled Nursing Facility (SNF)</strong></th>
<th><strong>Nursing Homes/Custodial Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient facility meeting short-term needs of the acutely ill experiencing acute medical or surgical illness</strong></td>
<td><strong>Inpatient facility meeting the long-term needs of the acutely ill</strong></td>
<td><strong>Inpatient facility meeting the physical rehabilitation needs of the acutely ill</strong></td>
<td><strong>Long-term care facility meeting the less complex medical and therapeutic needs of sub-acute/ly ill</strong></td>
<td><strong>Long-term care facility meeting the custodial care needs</strong></td>
</tr>
<tr>
<td><strong>Patient Needs &amp; Level of Care:</strong></td>
<td><strong>Patient Needs &amp; Level of Care:</strong></td>
<td><strong>Patient Needs &amp; Level of Care:</strong></td>
<td><strong>Patient Needs &amp; Level of Care:</strong></td>
<td><strong>Patient Needs &amp; Level of Care:</strong></td>
</tr>
<tr>
<td>• Severity of illness and intensity of service requires acute inpatient hospitalization</td>
<td>• Complex medical care required for severity of illness and level of care</td>
<td>• Rehabilitation required after orthopedic, neurological, or debilitating injury</td>
<td>• Must obtain at least two medical or therapeutic needs, and been hospitalized in an acute care facility for at least three consecutive days thirty days prior to admission</td>
<td>• Must only need custodial level of care</td>
</tr>
<tr>
<td>• Acute levels of care provided from intensive care to medical/surgical level</td>
<td>• Intensity of service needs are less than acute care but exceed capabilities of an acute rehabilitation, or skilled nursing facility</td>
<td>• Unable to care for acutely ill, medically complex patients</td>
<td>• Limited specialty coverage</td>
<td>• Limited specialty coverage, and patients are seen at least monthly by their physician</td>
</tr>
<tr>
<td>• Physician specialties available based upon need, and patients are seen at least daily by their physician</td>
<td>• Broad range of specialists, and patients are seen at least five times per week by their physician</td>
<td>• Must be able to participate actively with therapy for a minimum of three hours per day</td>
<td>•Patients are seen at least monthly by their physician</td>
<td>• Nursing care and varying support services are available</td>
</tr>
<tr>
<td>• Support services available as needed</td>
<td>• RN supervised nursing care</td>
<td>• Varying range of specialists are available</td>
<td>• Nursing, rehabilitative, and most support services are available based upon need</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Average Length of Stay Criteria</strong></td>
<td></td>
<td><strong>Average Length of Stay Criteria</strong></td>
<td></td>
<td><strong>Average Length of Stay Criteria</strong></td>
</tr>
<tr>
<td>• Average length of stay is 2-7 days</td>
<td>• LTACHs must have an average length of stay of twenty-five days to maintain their LTACH designated Medicare status</td>
<td>• Average length of stay is 5-15 days</td>
<td>• Medicare reimbursement up to 20 days per spell of illness. (Days renew if out of health care system for sixty days)</td>
<td></td>
</tr>
<tr>
<td>• Prospective Payment (DRG) reimbursement system in which short term stays are financially rewarded</td>
<td>• Prospective Payment (DRG) reimbursement system in which short stays are financially penalized</td>
<td></td>
<td>• Prospective Payment reimbursement system</td>
<td></td>
</tr>
</tbody>
</table>

The LTACH’s Place in the Continuum of Care

**Average Length of Stay Criteria**

- Average length of stay is 2-7 days
- Prospective Payment (DRG) reimbursement system in which short term stays are financially rewarded

**Average Length of Stay Criteria**

- LTACHs must have an average length of stay of twenty-five days to maintain their LTACH designated Medicare status
- Prospective Payment (DRG) reimbursement system in which short stays are financially penalized

**Average Length of Stay Criteria**

- Average length of stay is 5-15 days
- Prospective payment reimbursement system

**Average Length of Stay Criteria**

- Medicare reimbursement up to 20 days per spell of illness. (Days renew if out of health care system for sixty days)
- Prospective Payment reimbursement system

**Average Length of Stay Criteria**

- Must only need custodial level of care
- Limited specialty coverage, and patients are seen at least monthly by their physician
- Nursing care and varying support services are available
Contracted Sources

- Aetna Health Care
- Aetna Workers' Comp
- Austin Regional Independent Associates (ARIA)
- Beech Street
- Blue Cross Blue Shield
- CIGNA HealthCare
- Texas Department of Assistive and Rehabilitative Services (DARS)
- Texas Medicaid
- Texas True Choice
- TRICARE - Humana
- Medicare
- MultiPlan / PHCS / Wellmed
- Physician's Health Choice
- Scott & White Health Plan
- Seton Health Plan
- Texas Community Care-Arcadian Health Plan
- First Health-Coventry
- Humana
- Humana Medicare
- UnitedHealthCare

* Individual Patient Agreements for out-of-network benefits will be negotiated.

**In the event that a Managed Care Organization is not indicated on this list, the behavioral services may be managed through an affiliate network.

Updated Spring, 2012
From the South:
I-35 North: exit Slaughter Lane
West (left) on Slaughter to South First Street
Right on South First Street
Left at light/Dittmar Road
Entrance approximately 1 mile on right

From the North:
I-35 South: exit William Cannon
West (right) on William Cannon
to South First Street
Right at light/Dittmar Road
Entrance is approximately 1 mile on the right

From the West:
Highway 71 or 290 to William Cannon
East (right) on William Cannon to Manchaca
Right on Manchaca
Left at second light/Dittmar Road
Entrance approximately 1 mile on the left

From the Northwest:
Mopac/Loop South: exit William Cannon
East (left) on William Cannon to Manchaca
Right on Manchaca
Left at second light/Dittmar Road
Entrance is approximately 1 mile on the left

After entering campus please check in.
Follow road at main entrance up the hill to the administration building (6) or keep left
at the fork and proceed to the entrance of Bluebonnet Medical Rehabilitation Hospital.
For additional information or to make a referral:
512-444-4835 or 800-252-5151
www.texasneurorehab.com