



1. Services are provided by an interdisciplinary team with knowledge and clinical skills to deal with the profound impact of disability and handicap resulting from an acquired brain injury upon individuals, their families, and significant others. The team includes physicians, nurses, physical therapists, occupational therapists, recreational therapists, speech language pathologists, neuropsychologist, physiatrists, dietitians, case management social workers, wound care specialists, respiratory therapists, and other ancillary services as required for the patient's needs.
2. Medical and ancillary services including diagnostic testing, laboratory services, and pharmacy services are available on-site 24 hours a day 7 days a week.
3. **Patient Population:** Adult ages 18-65 and Geriatric ages 65 and up. Information is provided at the level of the client's comprehension and educational level. Services provided are based on the biological, cultural, and psychosocial needs of the patient as identified on assessment. The scope and intensity of the program is individualized and progresses in accordance with the patient's needs.
4. Candidates for the Inpatient Brain Injury program include patients with recently acquired brain injuries, excluding cerebrovascular disease. Acquired brain injuries may include traumatic brain injury, anoxic brain injury, hypoxic brain injury, and hydrocephalus. Patients admitted are those that would benefit from an inpatient rehabilitation stay and meet admission criteria. Patients with active psychotic episodes are not appropriate for admission. If presenting impairment is active psychosis or intractable aggression, which interferes with the patient's participation in the therapy program, transfer to an appropriate unit will be considered.
5. **Dual Diagnosis:** Patients with concurrent BI and SCI will be treated by the most appropriate team as determined by the attending physician with advisement as needed from the program director.
6. Goals are established by the team and reviewed at a minimum in a weekly team conference to assure continuity of care and appropriateness of services.
7. Each patient participates in at least three hours of therapy daily, defined as 5 out of 7 days per week. In individualized cases, the participation may be 15 hours over 7 days with physician recommendation.
8. The hospital will promote the availability of quality health care by continued affiliation with institutions dedicated to the education of health care practitioners and research activities in the management and delivery of services.
9. **Hours of Operation:** The unit is open for patient care 24/7. Rehab nursing is provided 24 hours a day, 7 days a week.
10. **Payor Sources:** All forms of funding sources include Medicare, Private pay, Commercial Insurance, Workers Comp, DDSN, Self-pay and unfunded patients who meet admission criteria are also admitted.



11. Patients admitted to the unit must have a viable discharge plan. At discharge, services for continued follow-up for the patient are arranged and include home health services, outpatient services, skilled nursing facilities, assisted living facilities, boarding homes, and acute rehabilitation facilities. Specifically, patients can be referred to the CARF accredited Outpatient Roper Rehabilitation Brain Injury Specialty program to coordinate after-care services and to meet outpatient needs
12. During the patients stay on the unit, support services are established for those patients and families that agree to the service. Those services include, but are not limited to, peer visits, support groups, outside counseling and neuropsychology appointments.
13. Referral sources include hospitals, home health, insurance companies, physicians, family members, and other sources.
14. Fees are established annually through the budget process approved by the Board of Directors and distributed as a charge master to management and directors at Roper Rehabilitation Hospital.
15. In 2024 the major characteristics of brain injury patients were:
 - a. 93 discharges
 - b. Male/Female ratio: 58 male and 35 female
 - c. Average age was 60.2
 - d. 79.6% of patients were discharged home
 - e. Average length of stay was 12.4 days
 - f. 83% of patients rated the quality of care as excellent to very good.
 - g. Change in mobility score at discharge was 34.7
 - h. Change in self-care score at discharge was 14.6
 - i. Unplanned transfers to an acute medical facility was 14%.
 - j. Patients with brain injury received an average of over 3 hours of therapy 5 days per week.