Hospital for Special Care (HSC) treats individuals with traumatic or non-traumatic brain injuries (e.g., aneurysm, anoxia, tumors) through its acquired brain injury (ABI) continuum of services. Program goals are to maximize patients’ functional status, independence, psychosocial adjustment, and vocational and leisure skills including community reintegration.

Upon inpatient admission, each patient is assigned a case manager who acts as a liaison between the patient and family, clinical team, payer and the community. Throughout the patient’s stay, the family is encouraged to participate in the rehabilitation and discharge-planning processes as much as possible with the case manager, primary nurse or physician as the facilitator. Patients with ABI that experience the following may benefit from this program:

- Experience decreased mobility
- Decreased ability to perform Activities of Daily Living (ADL)
- Impaired cognition
- Swallowing disorders
- Bowel and bladder dysfunction

The inpatient unit for acquired brain injuries provides 24-hour per day medical coverage and rehabilitation nursing services. Interdisciplinary therapies such as occupational, physical, speech, recreational and respiratory therapy are available seven days per week. Therapy primarily takes place on Monday through Friday, and based on goals, is arranged on the weekend.

The team works with all patients’ cultural and spiritual beliefs. Together, an individual treatment plan and goals with predicted outcomes are established to address individual physical, cognitive, educational and behavioral needs of each patient. These may include:

- Activities of Daily Living (ADL)
- Medication
- Mobility
- Nutrition
- Leisure and recreational needs
- Communication
- Coping
- Chemical and substance abuse relapse prevention
- Family and caregiver training
- Home visit(s)
- Community re-entry

An interdisciplinary treatment plan is tailored to each individual by the rehabilitation team and can include the services of:

- Physiatry
- Medical specialties including, but not limited to, internal medicine, pulmonology and urology
- Neuropsychology
- Dietary
- Rehabilitation nursing
- Physical therapy
- Occupational therapy
- Speech therapy
- Respiratory therapy
- Therapeutic recreation
- Chaplain
- Social work
- Case management

Discharge plans initiated during the pre-admissions process, or first visits in outpatient, may include a combination of settings such as:

- Outpatient therapy
- Home services
- A sub-acute level of care
- Vocational rehabilitation
- Substance abuse relapse prevention programs
- Support groups

HSC’s ABI continuum of services offers an interdisciplinary approach, and assists in the coordination of community resources, mental health support, chemical-dependency counseling and family support.

Referral Guidelines

Referrals are considered on an individual basis. Each inpatient referral is evaluated at the referral site by an HSC admitting nurse. In addition, HSC will evaluate patients with the dual diagnosis of spinal cord injury and brain injury. Tours are available upon request.
Admitting Guidelines for Inpatient Acquired Brain Injury Program

(Must meet all criteria below)

• Traumatic brain injury within six months of onset or RLA II/III injury within three months of onset
• Nontraumatic brain injury, anoxia, hemorrhage, etc. within three months of onset
• Show continuous functional gains
• At least 15 years of age
• Medically stable
• Requires a combination of at least two therapies between physical, occupational or speech therapies
• Tolerates three hours of therapy per day
• Safe discharge plan is in place
• Funding source identified

Admission Guidelines for Inpatient Neurobehavioral Program

The Neurobehavioral Program (NBP) is a long-term, inpatient rehabilitation program that specializes in the treatment of individuals who have sustained an ABI and have been unsuccessful living in the community or in other facilities. The purpose of the NBP is to promote behavioral stabilization through cultivating self-control, regulating emotions, developing compensatory strategies to overcome weaknesses, and learning skills to maximize independence.

Admitting Guidelines for Outpatient Acquired Brain Injury Program

(Must meet all criteria below)

• Have a diagnosis of ABI
• Medically stable
• 18 years or older
• Maladaptive behavior requiring a secured unit
• Demonstrate the potential to improve functional ability
• Have an involuntary conservator of person and estate
• No degenerative neurological diagnosis
• Viable discharge option

Admitting Guidelines for Outpatient Acquired Brain Injury Program

(Must meet all criteria below)

• Physician referral and orders (individuals may self-refer without specific diagnosis, and an evaluation will be arranged through physiatry, medicine, psychology or other specific diagnosis and orders)
• Availability of past medical records and history
• Identifiable functional limitations
• Evidence of exacerbation, new problem and/or documentation related to the need for skilled therapy services
• Ability and motivation to participate in rehabilitation program
• Medical stability
• Funding source identified

Outpatient Services are available Monday through Friday, from 7:00 am -7:00 pm.

BRAIN INJURY LEADERSHIP TEAM

John K. Stanwood, PhD
Chief of Psychology
Dr. Stanwood specializes in the evaluation and treatment of adult patients with neurological problems, complex medical conditions and adjustment difficulties. He has over 20 years of experience in working with neurobehavioral patients.

Dennis Johnston, PhD
Assistant Chief of Psychology
Dr. Johnson specializes in the evaluation and treatment of adult patients with traumatic brain injury and other neurological problems, chronic medical illness, adjustment difficulties and anxiety conditions.

Jennifer R. Cromer, PhD
Clinical Neuropsychologist
Dr. Cromer is the neuropsychologist for the Neurobehavioral Program and provides comprehensive outpatient neuropsychological evaluations. She specializes in the evaluation and treatment of adult and geriatric patients who have been diagnosed with neurological (e.g., Alzheimer’s disease, brain injury) and psychiatric conditions.

Dennis Rosati, MD
Medical Director of Brain Injury Services
Dr. Rosati is the Medical Director of Brain Injury Services at HSC, and has over 20 years experience in medicine and physical rehabilitation. Dr. Rosati serves as a clinical instructor for the University of Connecticut School of Medicine, and is a consultant for Connecticut Valley Hospital, Middletown.

Accreditation/Recognition/Certification

For more information, please visit our website at: hfsc.org/about-us/accreditations

To receive updates on our programs, please email Sheldon Bustow, sbustow@hfsc.org.

Please follow Hospital for Special Care on Facebook and on Twitter @HospSpecialCare.