Scope of Services

West Gables Rehabilitation Hospital is committed to providing the highest level of safe, quality care to all those we serve. Our teams of medical rehabilitation specialists deliver carefully coordinated, comprehensive treatment to advance individual recovery. We embrace industry-recognized standards of excellence and strive for continuous quality improvement to optimize patient outcomes. These efforts have helped us earn the trust of patients, families and colleagues across our communities.

At our 90-bed hospital, located in the heart of Miami, Florida, we offer highly integrated programs of care to treat patients' complex medical rehabilitation needs.

West Gables Rehabilitation Hospital is accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF) for comprehensive integrated inpatient rehabilitation and our stroke and brain injury specialty programs.

WHO WE SERVE

Patient profile. Comprehensive inpatient rehabilitation services are provided to adults 18 years and older who have experienced an injury or illness that had resulted in the loss of function (abilities) in activities of daily living (ADLs), mobility, cognition and/or communication. Persons aged 16-17 should first be considered for admission to a hospital that specializes in the care of children/adolescents. However, if they are deemed appropriate for admission to our hospital as an adult, services may be modified to ensure that family, education and community re-integration needs are met.

Diagnoses treated. Our patients' diagnoses include, but are not limited to stroke, brain injury, spinal cord injury, neurological diseases (e.g., multiple sclerosis, ALS, polyneuropathy, Guillain-Barré syndrome, motor neuron disease), amputation, orthopedic injuries, including complex fractures and joint replacement, major multiple trauma, cardiac conditions, and cancer. Patients who are ventilator-dependent are not eligible for admission.

Admission guidelines. To be considered for admission, patients must be medically stable yet still require care by rehabilitation physicians and nurses. They must also have physical and/or functional needs that require highly coordinated physical, occupational and/or speech therapies and the capacity to benefit from such services.

Patients are admitted without regard to race, color, religion, ethnicity, gender identity/expression, sexual orientation, marital status, mental or physical disability, veteran or military status, creed and/or national origin. Our team works to ensure that individualized care is based on each patient's cultural and language preference, gender/gender identity and ability to learn.

Patients who do not meet our hospital's admission criteria include those who are under the age of 16; actively require psychiatric services; present with behavioral limitations that pose an imminent risk to themselves or others and/or limit participating in an acute rehabilitation program; or have medical needs beyond the scope of services offered.

Referrals. Referrals for admission are accepted from private physicians, hospitals, other post-acute providers, insurance companies and agencies serving persons with disabilities. Patients may be admitted from a hospital, surgery center, clinic, skilled nursing and long-term care facilities, as well as from home.

Insurance. Our hospital participates with Medicare, Medicaid and most managed care plans, as well as workers' compensation, no-fault and other insurance providers. Fee schedules are available upon request.

ASSESSING PATIENT NEEDS

All patients are evaluated prior to admission to determine their potential to participate in and benefit from inpatient rehabilitation. This includes a review of their medical, physical and cognitive condition, previous and current levels of function, and psychosocial and cultural background.

Once admitted, patients are assessed by the rehabilitation team – including a physiatrist (a doctor specializing in physical medicine and rehabilitation), nurses, physical, occupational and, if indicated, speech therapists, dietitians and case managers. A behavioral assessment may also be conducted, if warranted. The team will then work with the patient to establish goals and tailor treatment to address impairments in mobility, self-care, speech, cognition and other areas. This plan is documented to guide care delivery, monitor improvement and is modified as needed.

Special needs. Our hospital also accommodates patients requiring special care needs, including colostomy care, gastrointestinal (PEG) feeding tubes, halo devices and external fixators, indwelling catheter, intravenous lines (e.g., PICC lines, Hickman and Broviac catheters, ongoing IV therapy), LVADs, Lifevest, nasogastric (NG) tubes for feeding and hydration, negative pressure wound therapy, orthotic and prosthetic prescription and training, peritoneal dialysis and tracheostomy tube.

PROVISION OF CARE

Hours of service. Inpatient care is provided 24 hours a day, seven days per week, including on-site physician, nursing, respiratory therapy, pharmacy, laboratory and radiology services. Physical, occupational and speech therapies are available Monday through Friday from 7 a.m. to 6:00 p.m. and weekends from 7 a.m. to 4 p.m. Patients' schedules are established by the care team. Outpatient services are generally offered Monday through Friday between 8 a.m. and 6 p.m.

Rehabilitation team. The rehabilitation team is led by a physiatrist, a board-certified physician specializing in physical medicine and rehabilitation, and includes rehabilitation nurses, physical and occupational therapists, speech language pathologists, recreational therapists; respiratory therapists, dietitians, pharmacists, case managers/social workers, and other clinical, support and administrative staff.

A majority of our staff have advanced degrees and specialty certifications that enhance the delivery of expert care. This includes certified rehabilitation registered nurse (CRRN); geriatric physical therapy, vital stim and Lee Silverman Voice Treatment (LSVT) BIG and LOUD; certified brain injury specialists (CBIS), certified stroke rehabilitation Specialist (CSRS); assistive technology practitioner (ATP), seating and mobility specialist (SMS), certified neurological specialist (CNS), vestibular certification lymphedema certification and crisis prevention institute (CPI) specialist.

Staffing. Staffing is based on census, diagnosis, severity of injury/illness and intensity of services required by each patient, as well as by state practice guidelines for each discipline. Contract staff is available for coverage as needed.

Therapy schedules. The rehabilitation team sets each patient's treatment schedule. Patients are expected to participate in three hours of physical, occupational and/or speech therapy per day, five days per week. If unable to tolerate these hours due to certain medical issues (e.g., chemotherapy, radiation, dialysis) or other extenuating circumstances, they may engage in 15 hours of therapy over a seven-day period. On average, patients participate in over three hours of therapy each day, Monday through Friday and less on weekends.

Scope of treatment. We offer a wide range of evidenced-based treatments, advanced techniques and innovative technologies to help rebuild strength and skills, restore function and mobility, and maximize independence. This carefully coordinated, individualized approach guides patients toward their goals, including a safe and timely discharge to home or the next appropriate level of care.

Additional services. To best meet patients' complex needs, we offer additional or ancillary services, including but is not limited to: nutritional guidance and dietary services, pharmacy services, respiratory therapy, recreational therapy, community re-entry programs, diagnostic radiology (including modified barium swallow evaluations), laboratory services and neuropsychology services when indicated. Chaplaincy services/pastoral care are arranged upon request.

Also available are prosthetic and orthotic services, wheelchair and mobility evaluations, vocational rehabilitation, and vision assessments for patients with neuro-visual impairments. The interdisciplinary rehabilitation team helps determine and arrange for these services.

Role of family/support network. The involvement of family and caregivers is key to a patient's successful rehabilitation and safe discharge. The team will assess the family's ability and willingness to support and participate in the plan of care. Education, training, counseling and advocacy will be provided to help prepare them to meet the patient's needs going forward.

Practice guidelines. Our hospital follows the standards and guidelines established by federal, state, local and industry agencies, including the Centers for Medicare & Medicaid Services (CMS), Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission and national boards/associations of medicine, nursing, therapy, pharmacy and others.

EVALUATING AND DOCUMENTING PATIENT PROGRESS

Ongoing assessment of a patient's medical condition, progress and changing rehabilitation needs is documented through the individualized, interdisciplinary plan of care, progress notes, team conference report, discharge summary and the 90-day post-discharge follow-up call.

Patient Feedback. We gather patient feedback through patient/family conferences, education and training sessions, leadership rounding, patient satisfaction questionnaires (e-Rehab survey), 90-day post-discharge follow-up call and both inpatient and outpatient support groups. Also in place is a complaint/grievance process should any concerns arise.

Discharge planning. Returning a patient to home and/or the community is the goal of rehabilitation. Our case managers work closely with the patient, family and rehabilitation team to determine the most appropriate discharge setting. The planning process begins at the time of admission and continues throughout the patient's stay with Care Partner meetings, multiple hands-on family training sessions and individual activities that support the successful transition from hospital to home.

As needed, therapists may provide an on-site or virtual home assessment to recommend modifications or special equipment that may help to ensure a safe discharge. The team will also assist in identifying vendors and other resources.

OUR SPECIALIZED PROGRAMS AND SERVICES

The guiding philosophy of all our programs and services is to provide comprehensive, compassionate care and advanced treatment to individuals with complex medical rehabilitation needs from the time of injury or illness through long-term community follow-up. Our goal is to maximize each patient's medical, physical, psychological, behavioral, cognitive, social, recreational and vocational potential and quality of life.

Spinal cord program

Our hospital provides a highly structured, carefully coordinated system of care for persons with spinal cord injury (SCI). This includes individuals with spinal dysfunction due to traumatic injury resulting from motor vehicle crashes, falls, acts of violence, sports or recreational activities, etc., or from a non-traumatic disease, such as tumors, infection, cervical stenosis with myelopathy or surgery.

Patients with complete or incomplete spinal injuries at the C4 level and below may be admitted into our program. Individuals on a ventilator are not accepted. We also admit patients with a concurrent brain injury, fractures, cardiac issues and other conditions. Additional patient populations, including those with multiple sclerosis, Guillain-Barré syndrome and motor neuron disease, may also be considered for admission.

Our team of SCI specialists expertly addresses the wide range of patients' needs, including bladder, bowel or respiratory function, mobility, skin integrity, nutrition, cognition, and emotional, behavioral or sexual concerns and other issues/co-morbidities.

Stroke program

Our stroke rehabilitation program focuses on the often complex needs of individuals who have experienced an ischemic stroke (when blood flow to the brain is blocked), hemorrhagic stroke (bleeding in the brain), or transient ischemic attack (TIA or a mini-stroke).

In addition to medical and nursing oversight, our experienced team of stroke/neuro rehabilitation specialists provide a range of physical, occupational, speech and cognitive therapies to improve recovery. This includes hands-on treatment and advanced technologies, including: videofluoroscopy and electrical stimulation to help diagnose and treat swallowing disorders; body-weight supported treadmill training (BWSTT) and C-Mill to improve gait performance and mobility; constraint-induced movement therapy (CIMT), mirror therapy, RTI Functional Electrical Stimulation bicycles to strengthen motor function; robotic therapies – EksoNR exoskeleton, Armeo Spring Trainer and Bioness L300 and U200 -- to help build new neural pathways; and prism adaptation treatment and Bioness Integrated Therapy Systems to address visual impairments.

Brain injury program

The brain injury (BI) program provides a continuum of services from inpatient acute rehabilitation to outpatient services to long-term follow up. Individuals may be admitted to this program with an acquired BI, including but not limited to traumatic, non-traumatic or anoxic BI, brain tumor or aneurysm.

Patients must also be assessed at Level II or higher on the standardized Ranchos Scale of cognitive functioning to be considered for admission.

Patients in a coma or persistent vegetative state who do not demonstrate a purposeful response to their surroundings are not appropriate candidates for admission, nor are individuals on a ventilator. Persons with concurrent spinal injury, fractures, cardiac issues and other conditions are considered for admission.

Our inpatient brain injury rehabilitation program focuses on restoring the individual's strengths, skills and functional independence through advanced treatment, education, training and support. We also serve as an important resource to brain injury providers, organizations and other entities both in our local communities and across the country.

Amputation program

Focusing on post-surgical, prosthetic and outpatient/community reintegration, our program advances the recovery for individuals with upper or lower extremity limb loss due to a traumatic injury or surgery resulting from vascular disease, diabetes, cancer, infection, excessive tissue damage, neuropathies or other conditions.

Our holistic, interdisciplinary approach assures proper wound care and limb management; increases an individual's strength, coordination and endurance and decrease pain; provides the expert fitting and custom-manufacture of a prosthesis to meet personal lifestyle needs; trains individuals on the use and maintenance of their device; helps to avoid secondary complications and facilitates the transition to life ahead. We also introduce advances in prosthetic design, make adjustments to current devices, offer guidance to meet changing lifestyle needs and provide access to a variety of resources.

In addition to support groups, our Peer Visitor Program, developed in cooperation with the national Amputee Coalition, brings together patients and families with specially trained, certified amputee volunteers for peer-to-peer mentoring.

Orthopedic program

Individuals who have undergone joint replacement, experienced a musculoskeletal injury, sustained bone trauma or have been diagnosed with a degenerative joint disease may be candidates for this specialized orthopedic rehabilitation program. Treatment is tailored to individual needs to build strength and endurance, restore physical function and mobility, minimize pain and avoid complications.

Among the range of treatment offered are electrical stimulation, treadmill training, assistive equipment and technologies, advanced pain management, including pharmacological intervention and alternative treatment, such as acupuncture and therapeutic taping, as appropriate.

Neurological program

Our hospital's neurorehabilitation program offers a coordinated, interdisciplinary continuum of inpatient through outpatient care for individuals with multiple sclerosis (MS), Guillain-Barré syndrome, critical illness myopathy and other neurological diseases. Treatment is tailored to address acute or changing needs related to balance, strength, endurance, mobility cognition, communication, swallowing, bowel/bladder function, vision, self-care and participation in activities of daily living.

The rehabilitation team includes MS, LSVT BIG and LOUD and PT neuro certified specialists, psychologists, wheelchair seating and assistive technology practitioners and cognitive rehabilitation specialists. Patients may also benefit from the hospital's support groups, community integration activities and MS wellness program.

Medically complex program

Our hospital provides an interdisciplinary program of care to meet the needs of individuals of individuals following organ transplantation, infections, pulmonary disease, post-COVID issues and other complex medical issues. This program addresses the scope of a the patient's rehabilitation needs, including strength, endurance, mobility, activities of daily living skills, cognition and respiratory issues.

Cancer program

We offer cancer survivors the coordinated treatment, education and support to help restore or maintain function. This program addresses the wide range of issues patients experience as a result of this disease and its treatment, including but not limited to musculoskeletal and/or neuromuscular disorders, radiation fibrosis, lymphedema, post-surgical pain syndromes and fatigue.

Through the program's restorative, transitional and supportive pathways, we work to optimize the individual's quality of life, focusing on strength, endurance, balance, mobility, functional abilities, memory and concentration, speech and swallowing, pain management, fatigue and lymphedema reduction.

Cardiac recovery program

The cardiac recovery program is an inpatient, acute rehabilitation level of for individuals who have undergone recent cardiac surgery, including coronary artery bypass, valve replacement, aortic aneurysm repair, LVAD placement or heart transplant. It is designed to help patients manage the healing process and regain the strength, skills and strategies to return home safely. An interdisciplinary team of medical rehabilitation specialists, as well as consulting cardiologists, pulmonologists and others as needed, coordinate care and provide the education and support to patients and families.

REV. 9/2022