

Fort Worth Rehab Hospital's Growth Yields Swift Expansion Plans

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Texas Rehabilitation Hospital (TRF) of Fort Worth plans to expand its bed count by one-third by Aug. 1.

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The hospital, a joint venture of Texas Health Harris Methodist Hospital Fort Worth and Centerre Healthcare Corp. of Nashville, Tenn., opened in May 2011 with 50 beds. The expansion to 66 beds was dictated by the fact that the facility already has exceeded its three-year projections. The project will also include doubling the size of the therapy gym.

The \$5.5 million expansion will add 15,000 square feet to the existing 54,000 square-foot structure. The facility, which opened with about 170 employees, expects to have 300 once the expansion is complete.

TRF received a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities in September for its inpatient rehabilitation and stroke specialty programs for adults.

Rehabilitation programs seek to reverse disabling conditions or help patients cope with disabilities in ways that medical care cannot. Treatment attempts to address the patient's physical, psychological and environmental needs to improve performing daily activities. Major forms of rehabilitation include physical, occupational or speech therapy.

Acute rehabilitation hospitals set themselves apart from other rehab facilities by meeting Medicare guidelines of providing at least three hours of therapy five days a week.

TRF offers specialized treatment programs for patients recovering from stroke, brain injury, neurological conditions, trauma, spinal cord injury, amputation and orthopedic injuries.

Russ Bailey, TRF chief executive officer, said the facility expected to treat 960 patients in 2012. However, the patient census rose to 1,111 for the year. He said THR initially supplied 60 percent of TRF's patients. However, that rose to 75 percent as the facility demand grew. He said the expansion would help accommodate patients from other healthcare systems.

Bailey said the formation of accountable care organizations would help fuel the demand for post-acute care facilities such as TRF.

He said he was proud of the fact that data show that TRF's patients are functionally more impaired than the national average, yet the facility gets them home faster and with greater functional independence.

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