

ADMISSION, TRANSITION & DISCHARGE CRITERIA Brain Injury Specialty Program

The admission, transition and discharge criteria provide guidelines for patients admitted for Brain Injury Specialty Program, as to the appropriateness for admission, the intensity and composition of services and criteria for discharge.

It is the clinical judgment of the rehabilitation attending physician as to the appropriateness of admission, continued stay and/or discharge.

- Pre-admission evaluation for patients who are currently hospitalized at CCHMC will be completed by a pediatric rehabilitation physician through a consultation service.
- For patients being considered from an outside hospital, medical records are reviewed by the rehabilitation attending physician to determine appropriateness for admission. The physician team will complete a preadmission assessment for all patients whose records are provided for consideration of admission to the Brain Injury Specialty Program.
- The referring physicians are notified of admission decisions through documentation made within the patient's medical chart, communication directly with the referral source as well as communication between the Inpatient Pediatric Rehabilitation Unit Care Manager to referring sources from both within as well as external to CCHMC.
- If necessary, a patient may be placed on another unit and receive therapies until appropriate placement on the rehabilitation unit can be made. The patient will be followed until appropriately placed or until services are no longer needed.
- Once approved for admission to the Brain Injury Specialty Program, the Inpatient Rehabilitation Unit Care Manager will assist the referring physician and hospital with the transfer.

Admission Criteria to be considered are:

- Patient demonstrates functional deficits as a result of congenital or acquired brain injury resulting from a medical condition (e.g. brain tumor, hypoxic brain injury, encephalopathy, surgical management of seizure disorder, etc.) or traumatic injury, and requires ongoing medical care in a rehabilitation setting and treatment from an interdisciplinary rehabilitation team under the direction of a pediatric rehabilitation physician.
- All levels of participation capability are considered for admission to the Brain Injury Program.
- Rehabilitation and medical services are provided for patients admitted to the Brain Injury Program for associated medical co-morbidities as well (e.g. seizure management, oncologic care, etc.).
- Patient does not require any continuous mechanical ventilator support. Patients with needed support of BiPAP or CPAP, on stable settings may be considered for admission to the Brain Injury Program.

- Patient with congenital or acquired brain injury demonstrates multiple and/or complex rehabilitation nursing needs and a potential for needing high medical acuity skilled nursing (tracheostomy care/teaching, behavioral management, bowel care program care/teaching, etc.).
- Patients admitted to the Brain Injury Program may demonstrate extensive needs for rehabilitation education that exceed their need for prolonged inpatient therapies.
- These patients can be admitted/transitioned to a sub-acute rehabilitation designation at such time during their stay.
- Patient with congenital or acquired brain injury demonstrates a need and a tolerance of a minimum of 3 hours of service at a minimum of 5 days per week from the interdisciplinary team, which may include an: occupational therapist, physical therapist, and/or a speech/language pathologist..
- Patient and/or family members demonstrate education and training needs for themselves on an ongoing basis prior to discharge to home.
- Patient age is between 1-17 years of age. Young adults and children under the age of 12 months and 18 years or over will be evaluated on a case by case basis.

Continuing Stay Criteria are based on one or more of the following:

- The patient with congenital or acquired brain injury continues to demonstrate progress toward medical, nursing and therapy goals set during Evaluation and Planning Meeting that benefits continued services on the inpatient rehabilitation unit.
- The patient with congenital or acquired brain injury requires ongoing medical or nursing needs that necessitate hospitalization while at the same time the patient is benefiting from ongoing rehabilitation services.

Discharge/Transition Criteria are based on one or more of the following:

- The patient with congenital or acquired brain injury has achieved the majority of inpatient goals or his/her needs can be met outside of the inpatient pediatric rehabilitation program.
- The family is capable of safely providing the needed care and therapy at home.
- Medical needs require that the patient with congenital or acquired brain injury be transferred to another medical service or facility.

The expected outcome is that the person served will return to the home (or appropriate living situation), school and community with or without modifications to their environment, and possibly progress to another level of rehabilitation care (e.g. skilled nursing, outpatient).