

INPATIENT PROGRAM ENVIRONMENT

Brain Injury Specialty Program

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Upon admission, patients and families are oriented to the Rehabilitation Program, and are involved in an evaluation process by the physician, nurse, social worker, physical therapist, occupational therapist, speech therapist, recreational therapist, and school intervention specialist.

After the evaluation process is complete, the family will meet with the interdisciplinary team to discuss goals for the patient and the discharge plan. Each week, the team will meet to determine the outcomes and effectiveness of the plan and next steps. The care manager will communicate these weekly reports to the family, and be supportive in acquiring any resources and equipment needed prior to discharge.

Families are encouraged to be involved with the patient in the rehab program in preparation for discharge. Each discipline will provide educational information and instruction to the families to ensure optimal patient outcomes. As appropriate, patients and families are encouraged to be a part of community outings and home passes as a means to make a smooth discharge transition.

Our Facilities

The Inpatient Rehabilitation Unit resides within Cincinnati Children's and features 24-hour inpatient care. We house patients in our 12-bed unit, 10 private and one semi-private rooms. Each room has Wi-Fi access and is equipped with a sofa that pulls out into a bed for parent or caregivers who would like to spend the night. We are also part of the My Chart Bedside that provides interactive, educational content during your stay. We also have large family space for social activities, age-appropriate playrooms and leisure activities. Specialized showers are available on the floor for those with specific needs.

Therapy gyms are located on the same floor as the nursing unit, with age-appropriate treatment equipment and activities to promote functional independence. When patients are unable to attend therapy within the gym areas, therapists will provide bedside treatment to ensure that the patient continues to progress toward established goals.

Educational Services

Our team takes your child's education seriously, and we offer a number of resources to meet the patient's individual needs. We conduct programs at the bedside or in a classroom setting with computer assisted technology. Our teachers develop a structured program to meet your child's educational needs with the goal of keeping your child closely aligned with the educational objectives of their school.

The school intervention specialist is the link among the family, the school and the child's medical team. The school intervention specialist works closely with the child's teachers to provide staff and peers with information about the child's diagnosis and assist with obtaining the required school services for the child.

PREADMISSION ASSESSMENTS

Preadmission Assessments are completed on patients prior to admission to the Brain Injury Specialty Program by the Pediatric Rehabilitation Physician Team either as an inpatient consultation, for those patients who are currently hospitalized at CCHMC, or as a review of medical records and imaging for patients who are considering inpatient rehabilitation from an external source (referring hospital, outpatient clinic or home). These assessments will evaluate the appropriateness of placement of each person served in the continuum of rehabilitation services.

Current Level of Function

Our program will consider the current areas of:

- **Impairments** (problems in body function or structure, such as hemiparesis, paraplegia)
- **Activity limitations** (difficulties that the individual may have in executing activities, such as walking, feeding self, etc.)
- **Participation restrictions** (participating in community activities, attending school, etc.).

Evaluation of these areas are considered in determining the proposed rehabilitation plan of care for the patient and whether or not admission to the Brain Injury Specialty Program at CCHMC would benefit the patient in attaining improved functional outcomes, or whether a more appropriate setting (outpatient services) might be more appropriate. Each case will be considered thoroughly and with input gained from patients, their families/support systems and referring physicians.

Common Diagnosis

Traumatic Brain Injury	Non-Traumatic Brain Injury
Encephalopathy	Meningitis
Anoxic/Hypoxic Brain Injury	Seizure Disorders
Epilepsy Surgery	Hemispherectomy
Stroke	Cerebral Palsy with surgery
Brain Abscess	Polytrauma
Arteriomalformation (AVM)	

Support Services Provided

On-site consultation, diagnostic, and treatment services include radiology, laboratory, pharmacy, vascular access team, audiology, dental, behavioral medicine, the Perlman Center, extensive pediatric medical and surgical consultation services (adolescent medicine, gastroenterology, neurology, neurosurgery, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, pulmonary) and multiple others. Cincinnati Children's Hospital Medical Center has the capacity to provide all of these services for its Brain Injury Specialty Program. Reports and/or recommendations are typically available to the provider within 24 hours. Cincinnati Children's Hospital has the capacity to provide all of these services for its Inpatient Rehabilitation Program.

Service Details

The program benefits from skilled and licensed personnel to address the needs in the following areas:

Direct Services:

- Management of complex health care needs
- Identification and coordination of meeting rehabilitation goals, outcomes, and individualized care plans
- Collaboration with other specialists in recognizing, assessing, implementing, and monitoring treatment plans for achieving desired patient outcomes for both medical and psychological/behavioral needs specific to the brain injury diagnosis.
- Coordination of the admission, continuing stay, and discharge/transition processes
- Enhancement and facilitation of optimal functional independence with:
 - Activities of daily living
 - Physical strength and mobility

- Communication and cognition
- Social interaction
- Bowel/Bladder management
- Psychological adjustment, social coping, and behavioral concerns of both patient and families/support systems.
- Management of wound/skin care
- Nutritional assessment and management
- Oral feeding and swallowing assessment and management
- Pharmacological interventions and monitoring
- Assessment and identification of financial resources
- Education of health care needs and resources
- Integration of play and leisure into the hospital admission
- Continuation of school services during the hospital admission
- Coordination of integration back into the school or arrangement of appropriate school services
- Evaluation of learning capabilities through formalized neuropsychological testing
- Coordination of services for re-integration and participation into the community of their choice
- Initiation of vocational integration
- Application and acquisition of necessary adaptive devices and assistive technology
- Application of program data and feedback for continuous process improvement

FREQUENCY OF SERVICES AND HOURS OF OPERATION

Physician Services: The patient will be evaluated at least daily by the Pediatric Rehabilitation Physicians during family centered rounds. In addition, the patient may be assessed by other medical consulting physicians at an individualized frequency based upon medical condition and acuity.

Therapy Services (Occupational Therapy, Physical Therapy, Therapeutic Recreation, Speech and Language Pathology): The frequency will be individualized and determined after initial assessments are completed. The frequency may change based upon ongoing assessments.

Additional Services (Social Work, Care Management, Behavioral Medicine, Dietician, Integrative Services, Child Life, Music Therapy): The frequency will depend upon the specific needs of the patient and his/her family support system.

Nursing and physician coverage are provided 24 hours a day/ 7 days per week.

Therapy services are available:

- Monday – Friday 8:00 am – 5:00 pm
- Saturday 8:00 am – 4:30 pm (occupational therapy, physical therapy, speech language pathology)
- Sunday is designed to be a day of rest for patients admitted to the Pediatric Brain Injury Specialty Program.

LIMITS OF SERVICES

Specific parameters considered for appropriateness to inpatient rehabilitation include:

Medical Acuity: A determination is made by the Pediatric Rehabilitation Physician Team, on a case by case basis, whether a patient's illness or injury is appropriate for admission to the Brain Injury Specialty Program. Because our unit exists within our base location of CCHMC, we are able to admit patients with ongoing medical issues with medical consultative services continuing to follow and manage these conditions when the patient is admitted to the Brain Injury Specialty Program. Restrictions on admission to the program include:

- Critical medication drips requiring titration.
- New tracheostomies: Patients must have their first tracheostomy change prior to transfer to the Brain Injury Specialty Program
- The Inpatient Rehabilitation Program at CCHMC does not admit patients who require mechanical ventilation. Patients with stable non-invasive ventilation support (BiPAP or CPAP) will be considered.
- External ventricular drains are removed 24 hours prior to admission.

Medical Stability: Patients who have been referred to the Brain Injury Specialty Program at CCHMC are assessed by the Pediatric Rehabilitation Team as to whether the patient will medically tolerate the frequency and intensity of therapeutic services of the program. Initial and frequently follow-up consultations are conducted to assess the patient's medical status and tolerance of current therapy frequency and intensity. Each case is considered individually including discussions with the patient, the family/support system, and referring physician team. Restrictions on admission to the program, from a medical stability standpoint include:

- Fever in the 24 hours prior to admission
- Increase in oxygen requirement in the 24 hours prior to admission

REFERRAL SOURCES & PAYER SOURCES/FEES

While our patients are mostly from a four-state region (Ohio, Kentucky, Indiana and West Virginia), services are provided regardless of where the patients and families live. Our care manager operates as an easy point of entry for our inpatient program.

We accept all commercial insurance plans as well as many HMO / PPO plans. However, Pediatric Rehabilitation is a specialty service and may require authorization for an inpatient stay. Our care manager and social worker will assist you in ensuring that this step is covered. During your stay, we will provide you with a disclosure statement of anticipated fees to assist in planning for expenses.

All patients and families have the right to equal access to healthcare services. Therefore, no patient or family member will be discriminated against based on financial limitations. Our financial counselors and social worker will assist you in exploring all possible resources available for financial assistance.

Ages

Our program admits children from ages 1 to 17, and occasionally young adults who are being treated by other medical specialties at CCHMC or have been established patients of CCHMC. Children under the age of 1 and 18 or over are evaluated on a case-by-case basis.

CULTURAL STATEMENT

All children, regardless of culture, race, ethnicity, language, nationality, spirituality, gender expression/identity, sexual orientation, country of origin, physical/intellectual abilities or socioeconomic status are considered for admission to the Brain Injury Specialty Program. Translator services are available for all languages.

BEHAVIORAL AND PSYCHOLOGICAL STATUS

Children, adolescents and young adults with all levels of behavior challenges regardless of behavioral or psychological status will be considered for acceptance into the Brain Injury Specialty Program at CCHMC. If the patient exhibits behaviors that affect his/her ability to participate within the program or the safety of other patients and staff, a behavioral plan will be implemented, which may include a requirement for behavioral support personnel to ensure the safety of the patient and others.