



ANNUAL REPORT 2024

Inpatient Rehabilitation

<https://www.cincinnatichildrens.org/service/p/physical-medicine-rehab/inpatient-rehabilitation>

<https://www.facebook.com/ChildrensInpatientrehab?ref=hl>



Note from the Medical & Clinical Directors

It has been another great year for the Inpatient Rehabilitation Program. Although our admissions are slightly lower than in previous years, our outcomes remain strong. Our specialty programs continue to work diligently to improve the services provided for our patients and families with goals which keep them focused and driven. There seems to be much determination by our staff to always provide the highest quality of care.

We were surprised and honored to be chosen as Unit of the Year by Patient Family Experience for Fiscal Year 2024. Our family satisfaction scores were unprecedented with overall satisfaction at 96% (9's and 10's). Our patients and families are the most important to us.....so, to be acknowledged with these scores.....we know we must be doing something right. There are so many stories of things done by staff that were over and above to make the patient and family's experience as easy as possible during the most difficult time in their lives. But that is what we do, every day.

Our CARF Survey is right around the corner and will be our 10th survey since 1997. Preparation is always a huge undertaking, involving not only our own staff, but persons and services who are outside of the scope of inpatient rehab - who provide continual support to our programs. It definitely takes a village for a successful survey. Over the years, we have been putting processes in place, and have ensured we apply the standards and speak the CARF language. As a result, we live CARF, and the results can be seen in the quality of our programs.

It has been another great year, and we are looking forward to the possibilities in FY25.

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Medical Director
Inpatient Rehabilitation

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Clinical Director
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PEDIATRIC SPECIALTY PROGRAM FY24

Highlights

Patients Admitted	120
Average Length of Stay	17.4 days
Ages Served	1-18 years
Average Therapeutic Hours	4.6/day
Patients Discharged Home	87%
Patients Participating in Leisure Activities 90 Days Post Discharge	71%
Patients Maintaining or Improving Overall Function in Program	100%
Overall Favorable Responses by Families (9's & 10's)	96%

Accomplishments

- Recipient of Unit of the Year by Patient Family Experience.
- Collaborated with outpatient CP team members to complete guidelines for admission to our IPR unit following SEMLS.
- Hosted presentations by Craig Hospital and Christopher Reeves Foundation to gather ideas for advancing our SCI care.
- Reviewed our current tools and strategies for patient/family education following SCI and began discussing potential innovations to this process.
- Length of stay 5 days less than similar facilities for Wee FIM, and efficiency is better than similar facilities, even with a lesser LOS.
- Published a retrospective study on prevalence of dual diagnosis of brain injury within our SCI population.

FY25 Goals

FND

Do a needs assessment and create an overall general process guideline for inpatient rehab for FND patients.

Discharge Process

Create and complete a Pediatric Journey Map, roll out for use and monitor for any changes needed.

Spinal Cord Injury

- Create a modified criteria for the TCC regarding SCI patients to include the transition and discharge of these patients.
- Review and revise SCI patient/family education on inpatient rehab.
- Review SCI books appropriate at the patient level and determine if these are recommended for our unit and how they will be funded and distributed.

BRAIN INJURY SPECIALTY PROGRAM FY24

Highlights

Patients Admitted	49
Average Length of Stay	18.2 days
Ages Served	1-18 years
Average Therapeutic Hours	4.8/day
Patients Discharged Home	92%
Patients Participating in Leisure Activities 90 Days Post Discharge	60%
Patients Maintaining or Improving Overall Function in Program	100%
Overall Favorable Responses by Families (9's & 10's)	100%

Accomplishments

- Staff continue to go through brain injury certification through the Brain Injury Association of America with 3 staff completing this process. Korengal scholarships have assisted with the funding of these certifications.
- Patient Family Experience granted Rehab funding for backpacks for our brain injury patients which includes supplies, information, and fun activities. These are distributed through the outpatient rehab social worker who also works with the families to set up follow-up appointments.
- Presentations by Ali Heinekamp and Tamara Pischke at AOTA: Evaluation and Treatment of Individuals with Disorders of Consciousness; Ali Heinekamp, Heather Blackburn, Lindsey Capizzi at Ohio Brain Injury Association Summit on Engaging Children with Brain Injuries in OT, PT, and Speech Therapy.
- Our disorders of consciousness program continue to make improvements each year to address the needs of our patients and families. We have made a concentrated effort to review each admission for appropriateness and adjusted as needed.

FY25 GOALS

Disorder of Consciousness

- Review journal article about possible other interventions to use with DOC patients.
- Ensure a formal process is determined and working that allows us to keep a record of each DOC patient and their progress. Also, add outcomes to the DOC huddles.
- Consider possible collaborations with Kennedy Krieger and Shirley Ryan re: DOC patients

Outcomes

- Continue collection of current information and include TR and Music as possible measures when available.
- Begin use of outcomes in DOC rounds and team meetings for BI patients.
- Add the PAMS to the dashboard as an outcome measure.

Family Support

- Continue in development and determination of use of the Caregiver Group.
- Decrease the target for return to leisure to 75%. Then, monitor and review trends.
- Continue to develop and create ways to expand on current educational tools for the BI patients and families.

Development of Program

Begin use of review of journal articles in BI Specialty Team Meeting to further determine possible areas of development of our program

CANCER SPECIALTY PROGRAM FY23

Highlights

Patients Admitted	24
Average Length of Stay	17.8 days
Ages Served	1-18 years
Average Therapeutic Hours	4.3/day
Patients Discharged Home	66%
(Note: Many patients move to acute for other cancer treatments before/after rehab stay)	
Patients Participating in Leisure Activities 90 Days Post Discharge	57%
Patients Maintaining or Improving Overall Function in Program	100%
Overall Favorable Responses by Families (8's, 9's & 10's)	85%

Accomplishments

- Completed Modified Fact Sheet to inform staff about the program and needs/expectations to optimize the rehab services on the unit. Ready for distribution.
- Connected with Australian pediatric cancer group to initiate discussions regarding the cancer services in each of our facilities, hoping to determine future collaborations.
- Improved consistency in the collection of specific outcome measures for our cancer patients, with future ideas to use these for better measure of progress and research opportunities.
- Jen Bernstein presented to International Pediatric Rehab Collaborative through a webinar regarding The Role of the Pediatric Professional Along the Cancer Care Continuum.

FY25 Goals

Designation of Outcome Measures

Improve consistency in the use of outcome measures for all therapies for measures of PAMS, COAT and COPM.

Enhancement of Cancer Specialty Program

- Ensure distribution of the fact sheet and determine next steps in the further education of the nurses, therapy staff to ensure optimal benefit of the modified program to the patients admitted to this program.
- Review various cancer rehab programs to determine any next steps for our program to improve our effectiveness and services for our patients and families.

FIRST SPECIALTY PROGRAM FY24

Highlights

Patients Admitted	19
Average Length of Stay	21.8 days
Ages Served	10-18 years
Average Therapeutic Hours	5.2/day
Patients Discharged Home	100%
Patients Participating in Leisure Activities 90 Days Post Discharge	100%
Patients Maintaining or Improving Overall Function in Program	100%
Overall Favorable Responses by Families (9's & 10's)	100%

Accomplishments

- Increased rate of successful FIRST program admissions, decreased rate of early dismissals from the program and decreased the time from assessment to admission.
- Implemented formal psychological assessment for those who have not had success with prior inpatient programs, to identify factors that contributed to a poor outcome.
- Optimized use of daily expectations that can be individualized for consistency between providers and streamline handoffs.
- Improved follow through with patients post-FIRST and increased rate of return to leisure activities.
- Invited to present at several grand rounds, conferences, and inpatient programs across the country to share the unique aspects of the FIRST Program that contribute to the success of the program.
- Published one manuscript and have two manuscripts for review

FY25 Goals

Expectation

Optimize utilization of daily expectation log, consistency with use.

Growth

Monitor the possibility for the FIRST Day Hospital Program

Expand Research Opportunities

Complete research focusing on PT/OT measures for future publication, and consider other possible research/papers for the FIRST Program

Team Integration

Determine and implement ways to further integrate the entire FIRST Team

