



# ANNUAL REPORT 2025

## 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 a year of both challenges and remarkable accomplishments for our Inpatient Rehabilitation Program. While our admissions were lower than anticipated, our outcomes remain strong and continue to demonstrate the exceptional quality of care provided by our team. Our Wee FIM efficiency scores remain higher than comparable facilities nationwide, and our average length of stay is nearly two days shorter—underscoring our commitment to delivering efficient, family-centered care without compromising outcomes.

This fiscal year, as we shared this past winter season, we are proud to report a successful CARF survey, achieving a three-year accreditation for all four of our specialty programs—Pediatric, Brain Injury, Cancer, and FIRST pain program. We did so without receiving any recommendations, a feat achieved by only 3% of 4,000 surveys conducted internationally each year. Our survey also resulted in 11 consultations, which are only suggestions, and 21 strengths, with two areas recognized as “exemplary” status. These results reflect not only the dedication of our staff, but also the strength of the systems and processes we have developed over time.

With lower admission numbers, our leadership team has been intentional about refining our strategic plan to ensure we are addressing both immediate priorities and long-term goals. Each of our four specialty programs continues to advance their annual projects and objectives, all aligned under the broader vision of our rehabilitation strategic plan.

Most importantly, our families continue to express confidence in the care we provide. With a satisfaction rate of 95%, we remain a model of excellence within the institution and a trusted resource for patients and families during some of the most challenging times in their lives.

As we move into FY2026, we do so with renewed determination and a clear vision. We remain committed to innovation, collaboration, and continuous improvement, always keeping our patients and families at the center of everything we do. We thank you for your continual support for our Rehabilitation services.

*David Pruitt, MD*  
Medical Director  
Inpatient Rehabilitation

*Beth Mayer MSN, RN, CNRN*  
Clinical Director  
Inpatient Rehabilitation

# PEDIATRIC SPECIALTY PROGRAM FY25

## Highlights

Patients Admitted	99
Average Length of Stay	21.5 days
Ages Served	10mo -36 years
Average Therapeutic Hours	4.5/day
Patients Discharged Home	86%
Patients Participating in Leisure Activities 90 Days Post Discharge	92%
Patients Maintaining or Improving Overall Function in Program	98%
Overall Favorable Responses by Families (9's & 10's)	95%

## Accomplishments

- Discharge Rounding was formalized with the Care Manager, Social Worker, Nurse Manager, and charge RN on Friday afternoons.
- Process of admitting SEMLS patients now running successfully.
- CCHMC representation on the International Pediatric Rehabilitation Collaborative (IPRC) via webinar presentations on *Motivational Interviewing in Pediatric Therapy*, and *Beyond Motivational Interviewing: Additional Strategies to Improve Engagement in Pediatric Therapy*.
- Average length of stay almost 2 days less than similar facilities, and even so, our Wee FIM efficiency was still better than similar facilities.
- Revised Functional Data Sheet process to increase interdisciplinary communication.
- Developed an FND pre-admission handout explaining our IPR process and treatment pathway for FND patients/caregivers.

### **FY25 Goals**

#### **FND**

- Initiate FND handout to patients/families to explain rehab process guideline prior to rehab admission.

#### **Discharge Process**

- Monitor the success of Discharge Rounds.

#### **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 and explore team-approach to documenting in the EHR education record.

# BRAIN INJURY SPECIALTY PROGRAM FY25

## Highlights

Patients Admitted	44
Average Length of Stay	23 days
Ages Served	10 months -21 years
Average Therapeutic Hours	4.6/day
Patients Discharged Home	81%
Patients Participating in Leisure Activities 90 Days Post Discharge	88%
Patients Maintaining or Improving Overall Function in Program	100%
Overall Favorable Responses by Families (9's & 10's)	100%

## Accomplishments

- 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.
- Through the Brain Injury Association of America, staff continue to go through brain injury certification utilizing the funding awarded from the Korengel scholarships. There were seven scholarship recipients from our interdisciplinary staff this year.
- Our School Liaison Specialist presented on *School Transitions and Associated Risks* at the Pediatric Cerebrovascular Aspen Conference, as well as *Navigating Social Relationships After Brain Injury* at the Brain Injury Association of Ohio Summit.

## **FY25 GOALS**

### Disorder of Consciousness

- Review literature and consider how it could affect care delivery or treatment pathways as appropriate.
- Develop a formal education process for new rehab staff on DOC rounds.

### Outcomes

- Determine appropriate target goal for the PAMS as an outcome measure based on previous year's data.
- Work collaboratively to increase patient satisfaction survey rate of completion.
- Explore team-approach to documenting in the EHR education record for BI patients and families.

### Development of Program

- Work with Brain Injury Clinic and therapists to develop process of inpatient referral/admission if patient could benefit from few weeks of intensive therapy approach (similar to SEMLS process).

# CANCER SPECIALTY PROGRAM FY25

## Highlights

Patients Admitted	12
Average Length of Stay	19.4 days
Ages Served	2 - 36 years
Average Therapeutic Hours	3.6/day
Patients Discharged Home	80%
(Note: Many patients move to acute for other cancer treatments before/after rehab stay)	
Patients Participating in Leisure Activities 90 Days Post Discharge	75%
Patients Maintaining or Improving Overall Function in Program	87%
Overall Favorable Responses by Families (8's, 9's & 10's)	86%

## Accomplishments

- Completed Modified Fact Sheet to inform staff about the program and needs/expectations to optimize the rehab services on the unit.
- One of our CDBI physical therapists attended the Adolescent and Young Adult Cancer Congress in Melbourne, Australia and presented on *Development of an Individualized Physical Activity Program for AYA Malignancies*.
- 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.
- CCHMC representation on the International Pediatric Rehabilitation Collaborative (IPRC) via webinar presentation 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 FY25

## Highlights

Patients Admitted	16
Average Length of Stay	25.5 days
Ages Served	10-18 years
Average Therapeutic Hours	5.1/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

- Successfully treated an increasing number of patients, some who failed other pain programs, with chronic pain and comorbid FND.
- All patients this year proved successful in at least 1 of the 3 measurable outcomes (coping, pain, FDI).
- Several different disciplines presented their work in the FIRST Program at Pediatric Grand Rounds, and at national and international conferences.
- Published one research article, with an additional one currently under review and three in the preparation process.
- Our School Liaison Specialist presented on *A Global Perspective: Chronic pain in the school setting* at the HEAL Conference.

## **FY25 GOALS**

### Growth

- Evaluate and use data to maximize outcomes for patients with pain and comorbid FND.
- Expand the reach of our program by increasing visibility with potential future referring providers.

### Expand Research Opportunities

- Complete research focusing on how our team is expanding the program to include patients with primary FND.

### Resources

- Revise the FIRST Program Reference Guide, website, and materials to include FND.