

## **INPATIENT PROGRAM ENVIRONMENT**

### **Inpatient Rehabilitation Program**

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 semiprivate 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 Inpatient Rehabilitation Program by the Pediatric Rehabilitation Physician Team either as an inpatient consultation, for those patients who are currently hospitalized at Cincinnati Children's 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 admission to the Inpatient Rehabilitation Program at Cincinnati Children's 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 oncologists.

## COMMON DIAGNOSIS

- Congenital and acquired brain injury (admitted to the Brain Injury Program at CCHMC)
  - o Traumatic Brain Injury
  - o Encephalopathy
  - o Anoxic/Hypoxic Brain Injury
  - o Epilepsy Surgery
  - o Stroke
  
- Spinal Cord Dysfunction
  - o Traumatic Spinal Cord Injuries
    - All levels of injury (cervical through lumbosacral)
      - All American Spinal Injury Association (ASIA) Impairment Scales (A through E; either complete or incomplete injuries) and clinical syndromes (central cord, Brown Sequard, Anterior Cord, Conus Medullaris, Cauda Equina)
      - Patients with additional diagnostic comorbidities, including dual diagnosis of traumatic brain injury, limb loss or other medical diagnosis
  
  - o Spinal Cord Injuries sustained from medical causes
    - Acute Transverse Myelitis
    - Spinal Cord Tumors
  
- Neurologic Disorders
  - o Guillian Barre (Acute Idiopathic Demyelinating Polyneuropathy)
  
- Rheumatologic Disorders
  - o Juvenile Idiopathic Arthritis
  - o Dermatomyositis
  
- Pain Conditions (admitted to the FIRST Program at CCHMC)
  - o Musculoskeletal Pain Conditions
  
- Oncology Diagno
  - o Brain Tumors
  - o Long Bone Sarcomas
  - o Leukemia
  - o Bone Marrow Transplant Patients

## 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. Services are available on a routine or stat basis to accommodate any volume of patients in the Rehab 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 cancer 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. In general, the patient will receive twice daily therapy services from physical therapy, occupational therapy and/or speech language pathology.
- 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 Rehabilitation Specialty Program.

## LIMITS OF SERVICES

**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 Inpatient Rehabilitation Program. Because our unit exists within our base location of Cincinnati Children's Hospital, 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 Inpatient Rehabilitation 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 Inpatient Rehabilitation Program.
- The Inpatient Rehabilitation Program at Cincinnati Children's does not admit patients who require mechanical ventilation. Patients with stable non-invasive ventilation support (BiPAP or CPAP) will be considered.
- External ventricular drains must be removed for 24 hours prior to admission.

**Medical stability:** Patients who have been referred to the Inpatient Rehabilitation Program at Cincinnati Children's are assessed by the Pediatric Rehabilitation Physician Team as to whether the patient will medically tolerate the frequency and intensity of therapeutic services of the program. Expectations are that the patient must tolerate a minimum of 3 hours per day, delivered as twice daily therapy services from physical therapy, occupational therapy, and/or speech and language pathology. Initial and frequent 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, but are not limited to:

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

## **REFERRAL SOURCES & PAYER SOURCES/FEEES**

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 Cincinnati Children's or have been established patients of Cincinnati Children's. Children under the age of 1 and 18 and 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 Inpatient Rehabilitation 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 Inpatient Rehabilitation Program at Cincinnati Children's. 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.