

ADMISSION, TRANSITION & DISCHARGE CRITERIA

The admission and discharge criteria provide guidelines for patients admitted for cancer rehabilitation, 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 Pediatric Cancer Rehabilitation Specialty Program. Consultation with CCHMC pediatric oncologists will occur for external admissions during the preadmission assessment and for all external candidates.
- 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 Pediatric Cancer Rehabilitation Specialty Program, the Inpatient Pediatric **Rehabilitation Unit Care Manager will assist the referring physician and hospital with the transfer.**

Admission Criteria to be considered are:

- Patient demonstrates functional deficits resulting from a cancer diagnosis (e.g. brain tumor, Ewing's sarcoma, leukemia, lymphoma, etc.) and/or resulting from treatment of cancer (myopathy, neuropathy, deconditioning, etc.), requires ongoing medical care in a rehabilitation setting and requires treatment from an interdisciplinary rehabilitation team under the direction of a pediatric rehabilitation physician.
- All functional levels are considered for admission to the Pediatric Cancer Rehabilitation Specialty Program.
- Rehabilitation and medical services are provided for patients admitted to the Pediatric Cancer Rehabilitation Specialty Program for associated medical co-morbidities (e.g. seizure management, oncologic care, etc.).

- - Patient does not require mechanical ventilator support. Patients who require BiPAP or CPAP support, on stable settings may be considered for admission to the Pediatric Cancer Rehabilitation Specialty Program.
Patient does not require intravenous chemotherapy services for a duration of time that they can participate adequately in the rehabilitation program.
 - Patient demonstrates adequate hematologic functioning (erythrocyte, leucocyte, and platelet quantity and function).
 - Patient with a cancer diagnosis demonstrates multiple and/or complex rehabilitation nursing needs and a potential for requiring high medical acuity skilled nursing (tracheostomy care/teaching, behavioral management, bowel care program care/teaching, etc.).
 - Patients admitted to the Pediatric Cancer Rehabilitation Specialty Program may demonstrate extensive needs for rehabilitation education that exceed their need for prolonged inpatient therapies. These patients can be admitted/transitioned to a subacute rehabilitation designation at such time during their stay.
 - Patient with a cancer diagnosis demonstrates a need for and a tolerance of a minimum of 3 hours a day, 5 days per week of service 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 1 year or 18 years and 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 a cancer diagnosis 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 a cancer diagnosis 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 a cancer diagnosis has achieved the majority of inpatient goals or his/her medical and rehabilitation needs can be met outside the inpatient pediatric rehabilitation program.
- The family is capable of safely providing the needed care and therapy at home.
- Medical acuity require that the patient with a cancer diagnosis be transferred to another medical service or facility.

- The expected outcome is 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).