

INPATIENT PROGRAM ENVIRONMENT FIRST Program

Upon admission, patients and families are oriented to the Rehabilitation Program, and are involved in an evaluation process by the physician, psychologist, nurse, social worker, physical therapist, occupational 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 all patients prior to admission to the FIRST Pain Rehabilitation Specialty Program by the Clinical Director, who is also the program psychologist. Preadmission assessments are based on a multidisciplinary pain evaluation completed jointly by a pain physician and pain psychologist, either as an inpatient consultation, for those patients who are currently hospitalized (a less common referral), or as a review of medical records and imaging for patients who are referred for inpatient pain rehabilitation through the outpatient Pain Management Center at Cincinnati Children's (the most common admission pathway). These preadmission assessments evaluate the appropriateness of placement of each person served in the continuum of rehabilitation services.

Current Level of Function

Being an inpatient rehabilitation program, our program considers 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 FIRST Pain Rehabilitation Specialty Program 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

- Amplified Musculoskeletal Pain Syndrome
- Complex Regional Pain Syndrome
- Fibromyalgia
- Ehlers-Danlos Syndrome-Hypermobility Type
- Functional Abdominal Pain
- Chronic Migraine Headache
- Sickle Cell Disease

SUPPORT SERVICES PROVIDED

On-site services include radiology, laboratory, pharmacy, vascular access team, audiology, dental, behavioral medicine and multiple medical subspecialty services. 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 Medical Center has the capacity to provide all of these services for its Pediatric Cancer Rehabilitation Specialty 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

Services by referral:

- Provision of outpatient pain services
- Referral to appropriate outpatient therapy services in their community of choice
- Referral to appropriate medical services for follow-up management
- Referral for neuro-psychological testing if not appropriate during FIRST Pain Specialty Program Admission
- Referral for Supportive Counseling

FREQUENCY OF SERVICES AND HOURS OF OPERATION

Physician Services: The patient will be evaluated at least daily by the Pediatric Rehabilitation Team and the Pediatric Medical Pain Service (attending, residents/fellows, and nurse practitioners) during Family-Centered Rounds. In addition, the patient might be assessed by other medical consulting teams at an individualized frequency based upon medical condition and acuity.

Behavioral Medicine Services: The patient will be seen daily by a Pediatric Psychologist for a total of at least one hour of cognitive behavioral treatment per day, five days per week. Family psychology sessions will be held at least twice weekly. In addition, the patient and family may be seen for additional sessions at an individualized frequency based upon psychological condition and acuity.

Therapy Services (Occupational Therapy, Physical Therapy, and Therapeutic Recreation): 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 services from physical therapy and occupational therapy.

Additional Services (Social Work, Care Management, Dietician, Integrative Services, School, Child Life, Music Therapy): Patients and families are seen by the social worker, dietician, and school intervention specialist within 48 hours of admission. They are seen twice weekly by Child Life, Music Therapy, and Holistic Health. Patients complete one hour of school work daily with a hospital teacher.

Nursing and physician coverage are available:

- 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 and physical therapy)

Sunday is designed to be a day of family activities for patients admitted to the FIRST Pain Rehabilitation Specialty Program at CCHMC.

LIMITS OF SERVICES

Medical acuity: The Medical and Clinical Directors of the FIRST Program consults with the Pediatric Rehabilitation Teams on whether a patient's chronic pain presentation and comorbid medical diagnoses is appropriate for admission to the Inpatient Rehabilitation Program. Because the FIRST Pain Rehabilitation Specialty Program exists within the Inpatient Pediatric Rehabilitation unit on the base location of Cincinnati Children's, 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 Pediatric Rehabilitation Program. Restrictions on admission to the program include:

- Patients with an acute injury and/or requiring additional diagnostic workup for their pain condition; all medical work-up must be completed prior to admission to the FIRST program to ensure safety of program participation.
- Patients taking medications that are not consistent with the pain rehabilitation approach.
- Medication drips requiring titration.
- New tracheostomies.
- Mechanical ventilation; Patients with stable, non-invasive ventilation support (BiPAP or CPAP) will be considered. □ External ventricular drains.

Medical stability: Patients who have been referred to the FIRST Pain Rehabilitation Specialty Program at Cincinnati Children's are assessed by the Pediatric Pain Team in the outpatient Pain Management Clinic prior to admission 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 services from physical therapy and occupational therapy. Patients are assessed again on day of admission by both the Pain and Rehabilitation teams, and daily follow-up assessments track patients' medical status and tolerance of 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.
- Acute injury limiting participation in the FIRST program.

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 10 to 17 years old, 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 10 and 18 and older 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 Pediatric Cancer Rehabilitation Specialty Program. Translator services are available for all languages.

BEHAVIORAL AND PSYCHOLOGICAL STATUS

All children and adolescents are accepted into the FIRST Pain Rehabilitation Specialty Program. 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. Patients are seen daily by the program psychologist. Psychiatric emergencies are handled on a case by case basis and may involve consultation of the inpatient Psychiatry team.