

Scope of Services

Comprehensive Integrated Inpatient Rehabilitation Program:

The Rehab program is a 12-bed inpatient unit located within Nationwide Children's Hospital, which is a 673-bed (including off-site NICU's) Level I Trauma Center. The inpatient rehab program functions 24 hours a day 7 days a week. The Rehab program consists of experts in pediatric rehabilitation who are striving to provide the most up to date, progressive, and best rehabilitation to their patients and families. The services are comprehensive in that they address physical, social, psychological, developmental, and educational needs of the patient and family.

Inpatient rehab offers a minimum of three hours of core services (PT, OT and/or Speech) per day, 5 days a week, as required by funding sources. The comprehensive treatment team listed below complements the core therapy program. The following are services provided in our rehab program based on patient need:

- Physical Therapy
- Speech Therapy
- Psychology
- K-12 Education
- Early Intervention
- Rehab Nursing
- Pediatric Physiatry (PM&R)
- Respiratory Therapy
- Massage Therapy
- Music Therapy
- Occupational Therapy
- Recreational Therapy
- Neuropsychology
- Child Life
- Rehab Case Management
- Pastoral Care
- Social Work
- Animal Assisted Therapy
- Nutritional Support

For the families/support systems, Nationwide Children's Hospital also provides:

Social work – community and financial resources

Psychology – psychosocial support (grieving and coping)

Pastoral care – spiritual support/chapel

Amenities – Ronald McDonald, Sibling Clubhouse, and Blue Jackets Resource room and comprehensive library

Collaboration with schools, external vendors, community resources and more.

<http://www.nationwidechildrens.org/support-services-for-families>

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Onsite services available:

Medical services – 24/7 in-house coverage

Diagnostic services (Radiology, Ultrasound, etc.) – results available within 4 hours unless ordered STAT and then reported immediately.

Laboratory services - results available within 4 hours unless ordered STAT and then reported immediately.

Pharmacy services – 24/7 availability

Other services available onsite or through a referral, dependent on the needs of the patient/family:

- Orthotics/Prosthetics
- Substance Abuse Counseling
- Creative Arts
- Rehab Engineering
- Vocational Rehab
- Driver's Education
- Audiology
- Pharmacy

Medical Services Provided at Nationwide Children's Hospital:

The Rehab Physician strives for excellence in the delivery of care provided to the patient and family. Our Medical Services include:

- Adolescent Medicine
- Hematology/Oncology
- Plastic Surgery
- Anesthesia
- Nephrology
- Psychiatry
- Cardiology
- Neurology
- Pulmonology
- Critical Care
- Neurosurgery
- Radiology
- Dentistry
- Orthopedic Surgery
- Sleep Lab
- Dermatology
- Otorhinolaryngology
- Surgery (trauma, burn, and general)
- Emergency Medicine
- Pediatrics
- Urology
- Endocrinology
- Ophthalmology
- Vascular (consultative through OSU)
- Gastroenterology
- Pain
- Wound Care Specialist
- Genomics
- Pharmacy
- OB/GYN
- Physical Medicine and Rehabilitation

Payer Sources/Fees:

Our program will work with all insurance companies, state funded Medicaid and Medicare programs and self-pay arrangements. Nationwide Children's is in network with Caresource Marketplace and Anthem's Pathway PPO; however out of network for all other exchange plans. Always check with your health plan for up-to-date coverage. Precertification must be obtained prior to admission. An individualized fee schedule is available upon request.

Referral Sources:

We accept patients from across Ohio and the surrounding states, as well as from across the United States. Physician referrals are required to start the review process. Each referral is evaluated individually according to the needs of the patient and family.

Populations Served:

Diagnoses considered appropriate for admission to rehabilitation include, but are not limited to:

- Traumatic Brain Injury
- Traumatic Spinal Cord Injuries - all levels, completeness and etiologies
- Orthopedic Condition (post surgery, trauma and amputation)
- Non-Traumatic Brain Injury (Encephalitis/Meningitis, Anoxic Brain Injury, Brain Tumors and post-surgical seizure management)
- Stroke / AVM
- Burn
- Non-Traumatic Spinal Cord Injuries (Transverse Myelitis and Spinal Cord Tumors) – of all levels, completeness and etiologies
- Neurological Disorders (Guillain-Barre Syndrome and ADEM)
- Cardiac or Pulmonary conditions
- Post-Surgery Selective Dorsal Rhizotomy / Baclofen Pump Insertion
- Debility related to significant medical illness
- Conversion Disorder – Gait Abnormality
- Co-morbidities may include tracheostomy, CPAP, Bi-PAP, or ventilator assistance

Parameters:

Each case is evaluated individually and admission decisions are based on patient/family needs and program services offered. The following are the basic parameters of our program:

- **Age.** Patients are typically 1-21 years of age; however each case is reviewed individually. Individual considerations may include:
 - Is the patient living on their own?
 - Is the patient employed and not enrolled in school?
 - Is the patient an emancipated minor?
 - Is the patient actively involved with law enforcement?
- **Medical acuity.** The PM&R physician determines if the patients are medically stable and ready for inpatient rehabilitation. Common considerations prior to transfer:
 - Tracheostomies: Patient must have had their first tracheostomy change at least 24 hours prior to transfer.
 - Ventilator: Patients will need to be on stable ventilator settings.
 - Oxygen: Patients oxygen needs must be considered stable without an increased need within 24 hours prior to transfer.
 - EVD and chest tubes: Patient must have had these removed at least 24 hours prior to transfer.
 - PCA pump: Patients must be weaned to oral medications prior to transfer.
- **Medical stability.** Patients are medically stable enough to tolerate rehabilitation and obtain maximum benefit from inpatient rehab services. Within 24 hours prior to transfer, the patient must be fever free, have no increased need for oxygen and have had no acute change in medical condition.
- **Impairments.** Patients may present with problems in body function or structure such as a hemiparesis, paraplegia, neurogenic bowel/bladder, loss of vision and/or dysphagia. Other common impairments might be spasticity, increased/decreased tone, poor balance, poor memory, dysarthria, apraxia, etc.
- **Activity limitations.** As a result of the impairments mentioned above, patients might be experiencing limitations with ability to care for self: grooming, toileting, bathing, dressing, walking, talking, feeding self and/or other functional daily tasks.
- **Participation restrictions.** Patients may be experiencing restrictions related to their participation in the community, school, and home environment (ie: accessibility in the community, school reintegration, church/family life, obtaining driver's license, etc.).
- **Psychological status.** Patients may require monitoring and/or ongoing intense services for issues related to adjustment, coping and/or family dynamics secondary to diagnosis.
- **Behavioral status.** Patients may have behavioral issues associated with their illness/injury that can be addressed in our rehab program. Our program is not equipped to handle severe behavioral conditions that may prevent participation and/or pose a threat to self and/or others in our program. The following will be considered when evaluating each case for appropriateness at a pediatric rehab facility: mental health history, current mental health status, history of sexual offenses, criminal history, and current relationship with parole officer and or juvenile courts.
- **Cultural diversity.** Nationwide Children's Inpatient Rehab Program acknowledges, fosters and celebrates the diversity of our patients, families, visitor, staff and all stakeholders. We offer a welcoming and inclusive environment for care regardless of age, education, illness, socioeconomic status, race, ethnicity, religion, culture, language, disability, income status, sex, sexual orientation and gender identity or expression.
- **Characteristics of the intended discharge/transition environments.** The intended discharge environment for most patients is home; however, we must consider the least restrictive environment to meet the needs of the patient/family. This environment might be a skilled nursing, long-term acute care (LTAC), acute care for further medical treatment or residential facility. The discharge environment depends on the parent's/caregiver's ability to provide safe and effective care for the patient.

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Admission Criteria:

1. The patient must be medically stable. The patient must require ongoing medical supervision by a PM&R physician throughout the stay to assess the patient both medically and functionally, and modify the course of rehab treatment as needed to maximize the patient's capacity and benefit from rehab.
2. The patient must require a need for OT, PT and/or Speech services 3 hours a day, 5 days a week.
3. The patient and family must be willing and able to actively participate in at least 3 hours of therapeutic intervention per day. The patient should be able to follow one-step commands or show significant potential to follow commands.
4. The patient can be expected to make measureable improvement as a result of the comprehensive rehabilitation treatment plan.
5. The patient and family must have preliminary plans for discharge, as well as identified training and educational needs.
6. The patient and family must have needs and goals that could be met by the services offered in our rehabilitation program.
7. For those patients who are not following commands nor meeting the criteria for participation, a 2-week trial for medication management, equipment evaluation and extensive education and training for caregivers will be considered.

Continued Stay Criteria:

Patients are continually monitored to determine the ongoing needs and appropriateness of participation in our comprehensive inpatient rehabilitation program (IPR). Patients will be evaluated to determine progress towards treatment goals and the necessity of continued treatment. Input from the patient/family and the members of the interdisciplinary team are used to continually update the treatment plan and discharge planning.

A patient is considered eligible for continued stay when

1. There is evidence that the patient has reasonable potential to achieve their rehabilitation goals.
2. The members of the team can document significant and continued progress toward the rehab goals.
3. The patient and family can continue to actively participate in their care.



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