

Scope of Services

Comprehensive Integrated Inpatient Rehabilitation Program:

The Rehab program is a 12-bed inpatient unit located within Nationwide Children's Hospital (NCH). NCH 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. 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 compliments 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 (Contracted)
- 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 House, Sibling Clubhouse, and Family Resource Center as well as laundry facilities on H9B

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

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

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

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

Scope of 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. The following are medical services available:

- Adolescent Medicine
- Anesthesia
- Cardiology
- Critical Care
- Dentistry
- Dermatology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Genomics
- OB/GYN
- Hematology/Oncology

- Nephrology
- Neurology
- Neurosurgery
- Orthopedic Surgery
- Otorhinolaryngology
- Pediatrics
- Ophthalmology
- Pain
- Pharmacy
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Psychiatry
- Pulmonology
- Radiology
- Sleep Lab
- Surgery (trauma, burn, and general)
- Urology
- Vascular (consultative through OSU)
- Wound Care

Onsite services available to respond to orders 24 hours a day/7 day a week:

Medical services – 24/7 in-house coverage

Pharmacy services – 24/7 availability

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

Laboratory services – most results available within 4 hours unless ordered STAT which is reported immediately. Send-out labs such as Genetics and Pathology may be longer.

Payer Sources/Fees: Our program will work with most insurance companies, state funded Medicaid and Medicare programs and self-pay arrangements. Nationwide Children's is in network with most insurance plans however out of network with others. Always check with your health plan for up-to-date coverage. Precertification must be obtained prior to admission. This is the link to charges for each service provided at Nationwide Children's: <https://www.nationwidechildrens.org/price-information-list>

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

Population Served:

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

- Traumatic Brain Injury
- Non-Traumatic Brain Injury (Encephalitis/Meningitis, Anoxic Brain Injury, Brain Tumors and post-surgical seizure management)
- Non-Traumatic Spinal Cord Injuries (Transverse Myelitis, AFM and Spinal Cord Tumors) including all levels, completeness and etiologies
- Traumatic Spinal Cord Injuries, including all levels, completeness and etiologies
- Stroke / AVM
- Neurological Disorders (Guillain-Barre Syndrome and ADEM)
- Post-Surgery Selective Dorsal Rhizotomy / Baclofen Pump Insertion
- Conversion Disorder – Gait Abnormality/ FND
- Orthopedic Condition (post-surgery, trauma and amputation)
- Burn
- Cardiac or Pulmonary conditions
- Debility related to significant medical illness
- 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. With the older patients, we will consider other factors related to where the patient resides and whether they are under their parents care; if enrolled and actively attending school; if employed; or if involved with the law (any charges or felonies).
- **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, including CPAP and BiPAP: Patients will need to be on stable ventilator settings.
 - Oxygen: Patient's 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 which 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 parents/caregiver's ability to provide safe and effective care for the patient.

ADMISSION CRITERIA

- a. The patient must be deemed medically stable by the consulting team. The patient must require ongoing medical care by a pediatric Physical Medicine and Rehab physician who will oversee the course of treatment to maximize the patient's benefit from rehab.
- b. The patient requires and can tolerate 3 hours of OT, PT and/or Speech a day, 5 days a week.
- c. The patient should be able to follow one-step commands or show significant potential to follow commands.
- d. The patient can be expected to make measurable improvements in functional areas such as mobility, self-care, bowel/bladder, cognition, communication and/or swallowing.
- e. For those patients who are neither 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.
- f. There are preliminary plans for discharge established, as well as identified training and educational needs.
- g. The patient and family must have needs and goals that can be met by the services offered in our rehabilitation program.
- h. The patient and family must be willing to participate in the inpatient rehab program.

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 functional goals..
2. The members of the team can document significant and continued progress towards functional goals.
3. The patient and family can continue to actively participate in their care.
4. The patient requires ongoing medical and nursing needs that necessitate hospitalization while benefiting from continued therapy.

Discharge Criteria:

Guidelines for discharge to home or transfer to the most appropriate level of care include, but not limited to:

1. When the patient has achieved the goals of rehabilitation; caregivers have completed all necessary education and training; and a safe plan for discharge has been established.
2. When a patient is determined to have no potential to further benefit from the comprehensive IRP.
3. When a patient reaches a sustained plateau and is unable to make further progress towards rehabilitation goals.
4. When the patient no longer requires interdisciplinary services to achieve rehabilitation goals or can achieve the rehabilitation goals in a less intense setting.

5. When the patient experiences a major surgical or medical situation that interrupts or compromises their ability to participate in rehabilitation services, they will be transferred to another service, if deemed appropriate by the attending PM&R and consulting physicians.
6. When the patient displays behaviors that preclude benefit from a continued intensive rehab program and/or the patient /family are no longer willing to be active participants in the program.
 - A non-voluntary discharge from IPR may occur if the patient/family are asked to leave the program due to unacceptable behaviors. If the parents decline and/or refuse, the social worker will identify a plan which might include the next steps of contacting Children's Protective Services (CPS) of the appropriate county.
7. When the patient/family exercises legal rights and refuses continued services
8. When financial resources are no longer available.