Inpatient Rehabilitation

Scope of Services

Comprehensive Integrated Inpatient Rehabilitation Program:
The Rehab program is a 12-bed inpatient unit located within Nationwide Children's Hospital. Nationwide Children's is a 618-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, 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
- Education Specialist Services
- Early Intervention
- Pediatric Physiatry
- Respiratory Therapy
- Massage Therapy
- Music Therapy
- Occupational Therapy
- Recreational Therapy
- Neuropsychology
- Child Life Specialist Services
- Rehab Case Management
- Chaplain Services
- Social Work
- Visits from Our Therapy Dog
- Dietician/Nutrition Services

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:

- Creative Arts Therapy
- Orthotist/Prosthetist
- Rehab Engineer
- Audiologist
- Driver’s Education
- Substance Abuse Counselor
- Vocational Specialist
- Pharmacist

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 Specialist

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. Individualized fee schedule is available upon request.

Referral Sources:
We accept patients from across Ohio and 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.

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 and Spinal Cord Tumors) – of all levels, completeness and etiologies
- Traumatic Spinal Cord Injuries - 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
- 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
Physical rehabilitation treats a variety of functional limitations including but not limited to:

- Communication
- Cognition/Perception
- Physical Movement – gross and fine motor skills
- Activities of Daily Living (dressing, grooming, bathing, toileting, feeding and swallowing)
- Mobility/Locomotion
- Psychological
- Bowel/Bladder Dysfunction

**Admission Criteria:**
Consideration for admission includes that the patient:

- Be medically stable
- Have potential to participate in three hours of therapeutic intervention per day
- Is able to follow one-step commands consistently or in the case of patients with traumatic brain injuries be at a Rancho Level III or greater
- Has preliminary plans for discharge established
- Has needs/goals that could be met by the services/programs we offer
- Has caregivers who had training and education about their needs

For 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, pending insurance approval.

**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.
  Things to consider:
  - Is the patient living on their own?
  - Is the patient employed as their primary vocation? (not in school)?
  - Is the patient an emancipated minor?
  - Is the patient actively involved with law enforcement?

- **Medical acuity.** Patients are considered medically stable and now in the sub-acute management stage with tracheotomy, ventilator, feeding tubes, foley, deep lines, wounds with dressings or wound vac, etc. Patients are stable on current ventilator settings.

- **Medical stability.** Patients are medically stable enough to tolerate rehabilitation and obtain maximum benefit from rehab services. Patients should have the potential to participate in a minimum of 3 hours of therapeutic intervention per day

- **Impairments.** Patienst are experiencing physiological or psychological loss resulting in a functional loss or a combination of impairments. Types of functional impairments may include: communication, cognition/perception, physical movement – gross and fine motor skills, activities of daily living, mobility/locomotion, psychological, and bowel/bladder dysfunction. Patients must require Physical Therapy, Occupational Therapy, and/or Speech Therapy services.

- **Activity limitations.** Patients are experiencing activity limitations such as taking care of one self, walking and/or other functional limitations.

- **Participation restrictions.** Patients are experiencing restrictions related to home, work, community and school re-integration (ie: community/family life, obtaining driver’s license, etc.).

- **Psychological status.** Patients are requiring monitoring and/or ongoing intense services for issues related to adjustment or family dynamics secondary to rehab diagnosis.

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• **Behavioral status.** Pediatric rehab patients frequently have behavioral issues associated with their illness/injury that can be accommodated in our rehab program. Our program is not equipped to handle severe behavioral abnormalities that may prevent participation and/or threaten self/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 others might be more appropriate for a nursing home, LTAC or group home. The discharge environment depends on the parents'/caregivers' ability to provide safe and effective care for the patient.

**Transition Criteria:**

a. Patients who experience an acute exacerbation of their illness, become medically unstable, develop acute infections or other acute conditions which compromise their ability to receive rehabilitation services will be transferred to another service if deemed appropriate by the physician team.

b. A non-voluntary discharge from inpatient rehabilitation is identified as a patient who meets the transition criteria stated above or a patient who displays behaviors that prohibit them from making progress and who is deemed appropriate by the team to be transitioned; however parents are unwilling to do so. If the parents continue to refuse the transition process, the social worker will advise the parents that the next steps will be to contact Children’s Protective Services (CPS) of the appropriate county.

**Discharge Criteria:**

Patients will be transitioned to the most appropriate environment when:

a. Maximum inpatient rehabilitative goals have been reached as determined by the rehabilitation team

b. The parent/family has completed training for continuing care in their discharge environment

c. A suitable plan for continuity of care has been established considering their financial constraints

Visit [NationwideChildrens.org/Rehab](http://NationwideChildrens.org/Rehab) for more information.