
Scope of Services Comprehensive Integrated Inpatient Rehabilitation Program 2024

Introduction to Our Program

Primary Children's Hospital Acute Inpatient Rehabilitation (AIR) at 100 N Mario Capecchi Drive, Salt Lake City, UT 84113 is a CARF Accredited (Commission on Accreditation of Rehabilitation Facilities) Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) with Pediatric Specialty, offering coordinated rehabilitation services, including evaluation, treatment, education, and discharge preparation for those served and for their families.

Our Strategy

Primary Children's Hospital Acute Inpatient Rehabilitation maximizes patient outcomes and quality of life through interdisciplinary engagement, collaboration, and innovation.

Our Vision

Primary Children's Hospital Acute Inpatient Rehabilitation will be a trusted partner with patients and families who have experienced a life-altering event to optimize their ability to function in their community.

Our Services

Populations Served: Patients admitted to for intensive inpatient rehabilitation are often diagnosed with, but not limited to, one of the following:

- Amputation
- Burns
- Cerebral Palsy
- Congenital diagnoses
- Debility from prolonged illness
- Functional Neurologic Disorders – Chronic Pain
- Major multiple trauma
- Neurological conditions
- Orthopedic injuries and post-surgery
- Recovery after neurosurgical procedures such as resection for epilepsy, Selective Dorsal Rhizotomy, Tethered Cord Release, etc.
- Rheumatology disorders
- Stroke
- Spinal cord injury
 - All levels
 - C1-C3 will be determined for eligibility on a case by case basis
 - Complete or incomplete
 - Traumatic or non-traumatic
 - With or without co-morbidities
- Traumatic and non-traumatic brain injury
- Tumors - Brain and Spinal Cord
- Ventilated patients with functional deficits

Setting: Services are provided within a Level 1 Trauma Hospital (Primary Children's Hospital) as part of coordinated care within the Intermountain Health system. Care is provided inpatient and may include outings in the community with therapy and opportunities to practice newly learned skills with family in both the home and community setting.

Payer Funding/Fees: Prior authorization is obtained from the insurance company before the person served is admitted to the Inpatient Rehabilitation Program. All patients are assessed equally regardless of payer source.

- Potential payers include:
 - Third Party Payers
 - Commercial Insurances contracted with Primary Children’s Hospital
 - Government Insurers including Medicaid and Tricare
 - Charity cases are reviewed on a case-by-case basis with consideration to financial ability of caregivers to pay
 - Private Pay
- Fees are based on the individual’s insurance policy and coverage and are reviewed by Rehab Program Manager as needed.
 - All insurance coverage, benefits, charges, and personal expenses are discussed with patients and/or family prior to admission to our unit.
 - These can be further addressed as needed during their stay on the unit. Intermountain offers assistance as needed for all financial questions and concerns.
 - Patients and families are also encouraged to confirm coverage and benefits with their insurers.
- Charity Care

Referral Sources: Primary Children’s Hospital Acute Inpatient Rehabilitation services patients from a variety of referral sources including Primary Children’s Hospital physicians, other Intermountain hospital acute care managers and discharge planners, out of state hospital acute care managers/physicians/discharge planners, skilled nursing facility discharge planners, community physicians, and contracted insurance companies.

- Persons found ineligible for the acute inpatient rehabilitation program, and their referral sources, will be informed as to the reason. Recommendations for alternative services will be made. A log will be kept that identifies persons declared ineligible, reason for ineligibility, and any referral action taken.

Demand for Beds Beyond Capacity: Should beds not be available after acceptance to our program from an outside facility, the person will be placed on a waiting list. The Rehab Program Manager will provide frequent updates to the referral source of bed availability and/or will coordinate with the referring discharge planner for other placement options. The Rehab Program Manager will also communicate with the family throughout the process. The person also has the choice to admit to another accepting acute inpatient rehabilitation program based on patient/family preference and/or geographic location. If the patient is being admitted from home, they too will be placed on a waiting list. Persons placed on the waiting list will be discussed weekly in team conference and reviewed for admission once a bed becomes available.

Specific Services Offered: The following services are provided directly at Primary Children’s Hospital as part of the Acute Inpatient Rehabilitation Program:

- Psychiatry
- Rehabilitation Nursing
- Occupational, Physical, and Speech Therapy
- Social Work
- Case Management
- Dietary
- Child Life
- School
- Expressive Therapy including Music, Art, Movement
- Pharmacy
 - The average turnaround time for a medication order placed to pharmacy verification is 6 minutes.

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- Laboratory
 - Intermountain laboratories' intent is to produce routine inpatient laboratory test results within two hours. Tests ordered as STAT will be targeted for a one-hour turnaround time.
 - Peer to Peer and Parent to Parent
 - Additional Services are directly available and will be arranged for as needed, including but not limited to: (move highlighted above under this bullet)
 - Pediatric Specialist Physicians
 - Audiology
 - Behavioral Management
 - Chaplaincy
 - Clinical Nurse Specialists
 - Dialysis
 - Imaging
 - Results are dictated within 2 hours. Reports can be retrieved through PACS or iCentra
 - Integrative Medicine
 - Interpretation and Language Services
 - Neuropsychology
 - Oncologic Services
 - Ophthalmology
 - Orthotics fabricated and/or ordered by OT/PT
 - Palliative Care
 - Pet Therapy
 - Respiratory Therapy
 - Wound Care and Management
 - Other services, as needed and available
 - Other Services are contracted and will be arranged for as needed, including:
 - Radiation Therapy at the University of Utah Huntsman Cancer Institute
 - ECT Therapy at the University of Utah Huntsman Mental Health Institute
 - Prosthetics, Braces, and Orthotics provided by community orthotists/prosthetists and/or Shriner's Hospital for Children
 - Custom wheelchair fitting/loaner wheelchairs are provided by community vendors

Criteria for Admission: We utilize the International Classification of Functioning (ICF), Disability and Health framework looking at Body Structures and Functions, Activity Limitations, and Participation Restrictions to determine appropriateness for admission to our program. We also consider ability or interest in participating in rehabilitation. Patients who meet the following criteria are appropriate for admission to the inpatient setting. (Please see 2.A.3. Admission Criteria Form)

- Medically stable (see detailed explanations below)
 - Require the care of a Pediatric Rehabilitation Medicine Physician
 - Require 24-hour nursing care
 - Require and demonstrate the ability to benefit from intervention by at least two of the following disciplines:
 - occupational therapy
 - physical therapy
 - speech language pathology
 - Potential to respond to treatment and ability to participate in three hours of therapy per day for 5-6 days per week or what is required by CMS guidelines.
 - Condition requires intensive comprehensive evaluation and treatment from an interdisciplinary team.
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Transition Criteria: If the child/adolescent fails to meet criteria due to a planned or unplanned behavioral, medical, or surgical intervention, they will be transitioned onto the appropriate service. (Please see 2.A.3. Transition Criteria Form)

Discharge Criteria: Discharge planning will begin on admission with an emphasis on the activity and participation needs of the patients. A tentative discharge plan is expected to be in place prior to admission (developed as part of the pre-admit process). (Please see 2.A.3. Discharge Criteria Form)

- Patients are considered ready for discharge when:
 - Medically Stable and goals are achieved and/or patient/family education is complete.
 - Needs can be met at a lower level of care.
 - Patient is unwilling, uninterested or unable to participate or progress in the program
 - Medical condition requires higher level of care
 - Parent preference which may or may not be impacted by their benefits

Intensity and Frequency of Services

Hours and Days of Services

- Direct oversight and medical management are provided by a Pediatric Rehabilitation Medicine Physician who is available for consultation 24 hours/day, 7 days/week
- Nursing care is provided 24 hours/day, 7 days/week
- Occupational, physical and speech therapies are provided between the hours of 7am and 6pm Monday through Saturday.
- Physical therapy is available on Sundays as needed on a case-by-case basis

Frequency of Services

- Typically, children are seen twice a day, 5-6 days/week by 2 or 3 therapy disciplines in order to meet a total of 3-hour daily minimum or 15 hours/week
- Schedules will be customized to meet the individual needs of the child and family

Parameters of Persons Served

Ages: The Primary Children's Hospital Acute Inpatient Rehabilitation provides intensive inpatient rehabilitation services for children ages 2-18+ years of age however, patients not within this age range may be considered on a case-by-case basis and accepted with the approval of the Psychiatrist.

Activity Limitations: Care providers will be educated on activity limitations and restrictions and how to assist the person served with reintegration into the community, home, and family

Behavioral Status: Hospital staff collaborates with family/caregivers to optimize the ability of the person served to participate appropriately and effectively in therapies and with all cares

- If behavioral issues arise, the Behavioral Health team will be consulted as needed
- The care team works together to develop an appropriate behavior/motivation plan as needed and will cotreat as appropriate

Child Life and Expressive Therapy are additional services that will collaborate with the person served, care providers and the team to assist with coping strategies

Cultural Needs: The cultural needs of the person served, and family members will be respected and accommodated by all care providers of the Acute Inpatient Rehabilitation Program. Trained approved interpreters are available either in person, via iPad, or via phone. Accommodations related to the culture of the person served and family members will be assessed and integrated into the plan of care as appropriate. Any potential limiting effects of the cultural accommodations on the rehabilitation process and outcomes will be addressed as needed.

Collaboration in Decision Making: The child/adolescent and family support system will receive the following:

- Education Binders are provided to patients upon arrival and updated throughout their stay. These binders contain educational tools and information that is pertinent to the patient's diagnosis and recovery. Binders are available electronically or on paper in both English and Spanish. In-person specialty education and classes are available and provided as needed, such as G-tube training, Trach/Vent training, Wound Care, Pharmacy, etc. Our internal TV network channels 11 – 16 are dedicated to patient education.
- Additional education/handouts as needed
- All written education will be reviewed with the family by the Pediatric Rehabilitation Medicine Physician, Nurse Practitioner, Rehab Program Manager, Nurse Navigator, and other providers as applicable, and all questions will be answered
- Pediatric Rehabilitation Medicine Physician, Nurse Practitioner, Bedside Nurse, and Rehab Program Manager round daily with the child/adolescent and any family/support system present to review goals, length of stay, and answer questions
 - Updates will be noted on the white board in the patient's room for easy reference for and communication with the patient, family, and other team members
- Care conferences will be arranged as needed or requested
- Interpretation will be used as needed so that the information is provided in the native language of the person receiving the information
- The child/adolescent and family/support system will be provided a treatment plan weekly after team conference which will be reviewed with the family by the Rehab Program Manager and Nurse Navigator
 - Treatment plan will utilize simple language

Impairments:

The bedside nurse will complete accommodation needs and social determinants of health assessments upon admission for both the person served and the caregiver. Reasonable accommodations will be made for caregivers and integrated into the plan of care. Persons served will be treated for loss or abnormalities of structure or function related to their diagnosis and admission criteria as appropriate and necessary

- Impairments addressed include co-morbidities

Intended Discharge/Transition Environments: The intended discharge destination is generally to return to their home. However, if the patient is not safe to discharge to home, they will transition to the environment that will best meet their needs such as a skilled nursing facility or other. If a patient deteriorates medically, they will be transferred to an acute hospitalist or appropriate sub-specialty team at Primary Children's Hospital.

Medical Acuity/History: The person served presents with a significant decrease in functional ability due to one of the following, and will benefit from an Intensive Acute Inpatient Rehabilitation Program:

- Acute problem = within 6 months from the date of onset of the condition
- Acute exacerbation of a chronic problem = within 6 months of the date of onset of the exacerbation
- The person served may require treatment of medical conditions or co-morbidities that do not interfere with their ability to participate in the Acute Inpatient Rehabilitation Program (i.e., Dialysis, transfusion therapy, radiation, etc.) *Special consideration in scheduling rehab services will be made to accommodate medically necessary treatments.*

Detailed Description of Medical Stability: Diagnosis is clear, or workup deemed complete by discussion between referring and accepting physician and nursing management

Scope of Services for the Comprehensive Integrated Inpatient Rehabilitation Program

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- Neurologic status
 - Neuro drains (EVD, Lumbar drains) have been removed and tolerance without drain(s) has been established
 - Neurologic status is stable and requires monitoring no more frequently than once/shift
 - Seizures must be controlled with a seizure action plan in place
 - Persons served with neurologic diagnosis, e.g., AIDP, must have reached nadir of paralysis and must be showing stability and/or improvement in weakness prior to transfer
 - The spinal cord injury must be stabilized by either surgical or spinal orthosis if surgery is not immediately planned then spinal orthoses must be fit and obtained prior to transfer.
 - Cardiovascular status
 - Hemodynamic parameters stable for 48 hours
 - No unstable arrhythmia or need for telemetry monitoring
 - Cardiac disease has stabilized and is managed by oral medications
 - Treatment plan for autonomic storming outlined and implemented
 - Respiratory status
 - Oxygen requirements at 2 L or less with exceptions based on disease process and/or pre-morbid needs
 - Not requiring greater than q4 hours nebulized medications
 - Established tracheostomy or stable new tracheostomy status post first tracheostomy change
 - Trach secretions will be managed by suctioning that averages not more than once/hour.
 - Stable on ventilator, BiPAP or CPAP determined on a case-by-case basis with consideration of the following:
 - Person served is not having oxygen desaturations $\leq 88\%$ on current settings x24 hours
 - At any time, the person served requires an increase in ventilator/BiPAP or CPAP settings they will be transferred off of rehabilitation services until new settings are established
 - Persons served who require ventilation will be consecutively followed by Palmer/Summit Hospitalist team.
 - The Palmer/Summit team will receive daily updates from the rehab provider 7 days/week
 - Ventilator weaning trials can occur while the patient is on rehabilitation
 - Hematologic status
 - Stable sickle cell treatment
 - Hemoglobin stable for 48 hours after major surgery or acute blood loss
 - No active bleeding evidenced by stable hemoglobin and hematocrit
 - Persons served requiring factor treatments for hematologic condition must have hematologist identified who will follow patient throughout rehab course
 - Persons served who require blood transfusions will be transferred to medical service until hemoglobin and hematocrit have stabilized
 - Platelets count stable for 48 hours to sufficiently allow mobilization of patient
 - GI status
 - Nutrition plan in place to provide caloric and fluid intake via oral, enteral, and/or parenteral routes
 - Nausea and vomiting controlled on oral/IV medications so as not to interfere with therapy participation
 - Persons served with diagnosed feeding disorders will be considered on a case-by-case basis

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- Metabolic
 - Stabilized electrolytes
 - Persons served with fragile blood chemistry values (i.e., glucose, sodium), or frequent need for lab draws/urinalysis will need to be followed by Endocrinology
 - Sodium management requires lab monitoring no more than every 6 hours.
 - Persons served with newly diagnosed diabetes will have all diabetes teaching completed, evidence of caregiver involvement managing diabetes and will be followed by Endocrinology while receiving rehabilitation services.
 - Infections
 - Source of fever identified, and treatment plan outlined prior to transfer to service. Person served should be afebrile for >24 hours prior to transfer. If they have an infection, they should exhibit downward trending of CRP and ESR
 - Persons served who develop acute infections while on rehab service will be considered for transferred to medical team if unable to consistently participate in therapy or require higher level medical monitoring
 - Isolation status clarified by Infectious Disease prior to transfer to rehabilitation services.
 - Musculoskeletal status
 - Spinal stabilization device if planned should be fit and obtained prior to admission.
 - Weight bearing status must be considered. If Non-Weight Bearing for more than 2 limbs, intensive rehab may not be possible but short stay admission may be considered for family education on a case-by-case basis
 - Skin
 - Pressure wounds will not interfere with ability to participate in therapies or prolonged sitting.
 - Persons served with burn injuries will be considered on a case-by-case basis
 - Chemotherapy/radiation
 - Coordination between chemotherapy/radiation therapies and rehab therapies and 2NE (NTU) management will occur as necessary to accommodate the needs of the patient while meeting rehab program requirements
 - There are limited rehab beds available for person's served who require transport to radiation based on availability of staff to accompany them to Huntsman Cancer Institute
 - Ongoing assessment focused on balancing the patient's tolerance to chemotherapy/radiation and ability to participate in therapies
 - Immunocompromised persons served requiring reverse isolation will be considered on a case-by-case basis
 - Rehabilitation goals of person's served with terminal diagnosis have been established and agreed on with them, their caregiver(s), and the rehabilitation team
 - Post-Transplant
 - Transplant teaching has been completed
 - Caregivers are participating in management of transplant medication

Participation Restrictions: The person served will participate in the Acute Inpatient Rehabilitation Program to the extent of their ability, with considerations made for any safety restrictions or precautions. Family/caregivers will be educated in safety restrictions and precautions, and will be trained to safely assist the person served to return to participate at home and in the community as able

- Behaviors – For patients with adult behaviors, we address these on a case-by-case basis to determine appropriateness and fit for a pediatric environment. We consider the impact on the other patients and families at our facility as well as where the patient will receive the best care
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- Patients with primary psychiatric concerns or significant psychiatric barriers to treatment may have admission deferred until these are addressed and manageable within the inpatient rehabilitation setting

Psychological Status: Persons served are screened for psychological concerns including depression, history of trauma, or suicide risk

- Social work is consulted as needed
- A referral is made to Behavioral Health as needed

Availability of Services

- Medical/Rehab Services: Physician, nursing, respiratory, lab, pharmacy, crisis social work, emergent imaging, and interpretation services are available 24 hours a day 7 days a week. Therapy services are available 6 days a week from 8am – 6pm. All other services are available Monday through Friday during business hours with some services on call on the weekends.
 - As a part of a Full-service Trauma I Hospital, additional consulting services provided on-site by referral, typically same day, include, but are not limited to:
 - Cardiology, oncology, neurology, neurosurgery, orthopedics, surgical services, gastroenterology, pulmonology, intensive medicine, hospitalist, rapid response team (immediate response), code team (immediate response), infectious disease
 - Hospitalist-coordinated management is used for the more complex patients (such as ventilator dependent, complex cardiac issues, post organ transplant with history of multiple complications)
- Family Support Services:
 - Ronald McDonald Family Rooms
 - 3rd Floor Family Room is largest in the world
 - 4 overnight guest rooms, kitchen, living room, quiet meeting space, laundry, computers
 - 2nd Floor Family Room opened 2019
 - 4th Floor Family Room opened 2023
 - Ronald McDonald House
 - A 72-room house located less than 2 miles from Primary Children's Hospital
 - Free shuttle to the hospital
 - Forever Young Zone
 - The hospital playroom where activities are coordinated by a child life specialist with the help of volunteers
 - A safe space where no medical procedures are conducted, and inpatients and siblings are welcome
 - Sophie's Place
 - Music therapy facilities with a variety of instruments, a recording studio, and a concert venue
 - Ryan Seacrest Broadcast Studio – Opened December 2023
 - A state-of-the-art media center where children can integrate with other children via the art of media, hosting segments and participating in call-in programs and interactive activities
 - Kids Clubhouse
 - A supervised playroom for siblings available for families while patients are in outpatient appointments
 - Family Advisory Council
 - A collaboration between families and hospital leadership/staff to promote patient- and family-centered healthcare through identifying issues and finding solutions

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- Youth Advisory Council
 - A group of teens who advise the hospital administration, doctors, and staff. Members have either been patients themselves or had siblings who were patients
 - Family Mentor Program
 - Provides support to parents of current inpatients by connecting them with another parent who has had similar experiences
 - Family Lounge where families can store food, make coffee, share meals, etc.
 - Clinical Relations
 - Clinical Relations collaborates with teams and families to help resolve care concerns

Workforce Composition/Our Team

Pediatric Rehabilitation Medical Services are provided by licensed and Board-Certified Pediatric Rehabilitation Medicine Physicians Nurse Practitioners, or Residents under the direction of the Rehabilitation Medical Director. Every patient will have a doctor visit 7 days a week.

The ***Rehabilitation Program Manager*** is the intake liaison for internal and external admissions. This person coordinates admission and care across the continuum. Responsibilities include collaborating with Administration and Eligibility Advisors to meet the needs of patients without funding or with insufficient funding. Referrals to community resources, arrange complex medical equipment, scheduling of follow up appointments post discharge, manage team conference, distributes and reviews treatment plans with family's post-conference, discharge planning, monitors WeeFIM data and treatment plan notes for completeness.

Rehab Nurse Navigator assesses the persons served current and future needs while guiding, educating, and advocating for them across various care settings. They work with the persons served, and health care team to facilitate communication and develop a treatment plan that enhances outcomes. The Nurse Navigator provides education for the persons served and nursing staff while revising, designing, and developing educational materials. They ensure effective discharge preparation by addressing knowledge, psychosocial and practical barriers to care. Follows and supports the persons served following discharge to assure access to services and resources.

Rehabilitation Nursing Services are provided by rehabilitation trained licensed Certified Rehabilitation Registered Nurses (CRRNs), Registered Nurses, and Patient Care Technicians under the direction of the Rehab Nurse Manager with daily supervision provided by a Charge Nurse. Nursing Services include education, medication administration, assistance with personal care, skin and wound management, general health assessment and treatment, safety awareness, and discharge preparations. The therapeutic milieu of the nursing unit provides the opportunity for the caregiver to practice learned skills with nursing supervision and feedback preparing them to care for the person served at home. Nursing staff ratios are typically 1 nurse per 2 to 3 patients: 1 Patient Care Technician per 4-8 patients. Ratios are adjusted as acuity demands, and 1:1 staffing is available for patient safety considerations. Float pool nurses are not assigned to rehab service patients.

Therapy Services are provided by rehabilitation specialized licensed Occupational Therapists, Physical Therapists, and Speech Language Pathologists (Speech Therapists) under the supervision of the Therapy Manager.

- ***Occupational Therapy*** services (OT) include functional training focusing on personal care, development, daily living activities such as cooking and cleaning, fine motor control, and incorporating vision, cognition, coordination, and strength into recovery of skill. OT staffing ratios include 4 to 5 patients per therapist.

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- **Physical Therapy** services (PT) focus on development while helping facilitate improved mobility through incorporation of strength, coordination, sensory, balance, and cognitive systems. This impacts items such as walking, stair-climbing, standing, moving in bed, and more. PT staffing ratios include 4 to 5 patients per therapist.
 - **Speech Language Pathology/Speech Therapy** services (SLP) focus on development, cognitive therapy (i.e., memory, attention, processing), feeding and swallowing, and the ability to understand and express language. Staffing ratios include 4 to 5 patients per therapist.

Social Work Services provide counseling as needed. Resources for local lodging and transportation options are provided. Information regarding local and regional resources for civil rights is available upon request from the Social Worker. Peer Support is available so that patients and family members can interact with others who have shared similar experiences.

School Services are provided by hospital teachers who offer private tutoring, identify the child's academic needs, create school reintegration plans, and work closely with families and the team to communicate accommodations that may be necessary to support the child transitioning back to school.

Expressive Therapies are provided by art, dance, and music therapists. They use creative modalities to address the unique physiological, cognitive, emotional and social goals of patients. They support and provide services to patients, siblings and families focused on facilitating physical and emotional expression and healing.

Family Support Services: Family/support system conferences are held as requested by the family/caregiver and our staff as needed. Family/Support training is completed by nurses and therapists during 1:1 session. The team serves as a resource to family for any educational, informational, or training needs as they relate to the rehabilitation needs of their family members. The program seeks to keep patients, families and significant others informed of local and regional support groups, advocacy agencies, and community resources. Assistance is provided to access these resources as needed.

Dietary and Nutrition Services are provided by licensed dietitians who ensure proper nutrition for healing and the ability to participate in rehab services.

Administration Services are facilitated and guided by a leadership team including the Medical Director, Nurse Manager, Rehab Program Manager, Nurse Navigator, and Therapy Manager. Support is also provided by the Pediatric Rehabilitation Medicine Physician Administration, Nursing Director, Therapy Director, and other Administrators as needed.

Non-Discrimination Statement

Services provided by Primary Children's Hospital Acute Inpatient Rehabilitation will not be denied due to gender, sex, race, cultural preferences, religion, financial, sexual orientation, language, psychological or behavioral limitations. We strive to understand and be sensitive to each individual's preferences and needs.

Updated: February 28, 2024

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Scope of Services for the Comprehensive Integrated Inpatient Rehabilitation Program

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