

Scope of Services

The Day Rehabilitation Program (DRP) is committed to providing the highest level of safe, quality care to those we serve. Our highly skilled team uses everyday activities and individualized therapy plans to motivate children and teens to recover from injury or illness. We are dedicated to the Children's Healthcare of Atlanta (Children's) mission "To make kids better today and healthier tomorrow."

The DRP is located on the Scottish Rite campus of Children's Healthcare of Atlanta at 993-F Johnson Ferry Road, Suite 260, Atlanta, Georgia. Support areas for the DRP include a nurse treatment room, treatment gym and rooms, kitchen, and an activity/conference room.

Our average daily census is 11 patients per day, and the average length of stay is 31 days.

We offer coordinated and integrated rehabilitation services.

Children's is accredited by the Joint Commission. Children's maintains Magnet designation from the American Nurses Credentialing Center (ANCC) Magnet Recognition Program. DRP is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in Pediatric Specialty Program, Brain Injury Specialty Program, Cancer Rehabilitation Specialty Program, and Spinal Cord Specialty Program.

Who we serve

Population(s) served. The DRP services are provided to patients ages four to 21 years of age who have experienced an injury or illness that had resulted in loss of function (abilities), activities of daily living (ADLs), mobility, cognition and/or communication.

Diagnoses treated. Our patient's diagnosis includes, but are not limited to brain injury, cancer, spinal cord injury, stroke, neurological disorder (e.g., seizures, encephalopathy, anoxia), amputation, burns, orthopedic injuries, major multiple trauma, cardiac conditions, developmental disabilities, and debility.

Admission guidelines. To be considered for admission, patients must be medically stable. They must also have physical and/or functional needs that require coordinated physical, occupational and/or speech therapies and be able to participate in a minimum of 3 hours of therapeutic intervention per day, three to five days per week. They must require two or more therapeutic disciplines including: physical therapy, occupational therapy, and speech-language

pathology. Other considerations include, but not limited to, discharge disposition, funding source, and potential for improved quality of life.

Consideration of conditions that may impact ability to participate in the rehabilitation program are assessed prior to admission (i.e., infectious disease deemed to put others at risk and behavioral, mental health issues impacting participation) on an individual basis.

When the patient does not meet admission criteria, we assist the parent/legal guardian with identifying alternative resources.

Patients are admitted without regard to age, race, color, religion, culture, language, physical or mental disability, socioeconomic status, sex, gender identity or expression, or sexual orientation. Our team works hard to enhance the lives of the children we serve by ensuring that every child and every family feels welcome, valued, and understood in our trusted and caring environment.

Patients who do not meet our admission criteria may include those who are older than age 21; actively require psychiatric services, present with behavioral limitations that pose an imminent risk to themselves or others; or have medical needs beyond the scope of services offered.

Discharge Guidelines. Discharge may occur when a patient has met their goals, is no longer medically stable to participate in rehabilitation, has failed to improve toward their goals, needs an alternative level of care or a different service provider.

The interdisciplinary team, patient, and family provide input into the discharge plan and the continuum of care and coordinated through case management.

Referrals. Referrals for admission are accepted from physicians, hospitals, and other post-acute providers from local, regional, national, or international areas.

All patients are evaluated prior to admission to determine their potential to participate in and benefit from inpatient rehabilitation. This includes but is not limited to a review of their medical, physical, and cognitive condition, previous and current levels of function, psychosocial and cultural background, and funding source. Referrals must be approved for admission by a physician or physician extender in the Psychiatry Practice of the Children's Physician Group.

Payor and funding sources. The Day Rehab follows the fee schedule for the Rehabilitation Services Department. The department works within the insurance contracts recognized by Children's Healthcare of Atlanta which may include Medicaid, managed care plans, and other insurance providers. Charity care will be reviewed and approved per Children's policy. No fees are charged for services provided by the following disciplines: nursing, case management, schoolteacher, social work, or recreational therapy. Services received from physicians,

psychology, neuropsychology, pharmacy, and all outpatient hospital services are billed separately.

Assessing patient needs

The rehabilitation team assesses patients – including a physician/physician extender; nurse; physical, occupational and, if indicated, a speech therapist; and case manager. Other members of the team may include a neuropsychologist, psychologist, recreational therapist, social worker, and teacher. The team will collaborate with the patient and family to establish goals and the treatment plan to address their individual needs and preferences. The plan is documented to guide care delivery, monitor improvement, and is modified as needed.

The unique needs of the patient are addressed through initial and ongoing assessment of the patient. Assessment of body function and structure impairments, activity limitations, participation restrictions and environmental factors help establish the plan of care.

The treatment plan includes, but is not limited to, assessments, therapeutic intervention, interdisciplinary team meetings, and patient/parent/legal guardian conferences. In addition, patients and parent/legal guardian/support system are assessed for readiness to learn and are taught the necessary care to be provided for the patient at home.

Patients that experience a change in medical and/or functional status will be transferred or referred to the appropriate level of care.

Provision of care

Hours of Service. The DRP operates Monday through Friday from 8:00 a.m. – 4:30 p.m. Patients receive treatment daily from 9:00 a.m. – 3:00 p.m.

Rehabilitation team. The rehabilitation team is led by a physiatrist and includes advanced practice providers, nurses, physical and occupational therapists, speech language pathologists, psychologists, neuropsychologists, recreational therapist, case managers, social worker, and teachers. The team is also supported by nurse clinical educators, care partners, rehab aides, and access staff.

Oversight is provided by a manager, along with a clinical supervisor. The rehabilitation program is overseen by the medical director and rehabilitation director.

Rehabilitation staff participate in evidenced based practice through on-going educational activities, performance improvement monitoring, research and other activities that increase the knowledge and understanding of the health care needs of children specific to rehabilitation.

Many staff have advanced degrees and specialty certification that enhance the delivery of expert care. This includes certified brain injury specialists (CBIS), neurologic physical therapist (NCS), occupational therapist board certified in pediatrics, and certified driver rehabilitation specialists.

Our staff complete a crisis prevention program to provide them with skills in de-escalation, non-physical intervention, physical intervention techniques and response to emergency incidents in order to maintain a safe environment.

The team collaborates with other medical specialists as needed including neurology, oncology, psychiatry, pulmonology, infectious disease, and other specialties to deliver individualized care.

A collaborative team approach is key to a patient's success. The interdisciplinary team utilizes daily huddles, team conference, electronic documentation, and staff meetings to communicate.

Staffing. Staffing is based on census, diagnosis, severity of injury/illness and intensity of services required by each patient, as well as by state practice guidelines for each discipline. The workforce is comprised of full-time, part-time, and per-diem employees, volunteers*, peer support volunteers*, and students**.

*Volunteers provide valuable insights and experiences and are considered an integral component of the program. Training and supervision are provided per hospital standards.

**The program supports the development of future practitioners and has arrangements for students, fellows, residents, and observers. Supervision is provided in accordance with professional practice guidelines. Patients and parent/legal guardian are informed regarding the role and involvement of these individuals.

Therapy schedules. The rehabilitation team establishes the patient's daily treatment schedule. Patients are expected to participate in a minimum of three hours of therapeutic interventions that may include physical, occupational and/or speech therapy, and ancillary services per day, three to five days per week. Consideration of medical appointments or other extenuating circumstances (e.g., naps or breaks) are reflected in the patient's schedule.

Additional services. To best meet patients' complex needs, our hospital offers additional or ancillary services, including but not limited to pharmacy services, diagnostic radiology, wound ostomy nursing, and laboratory services. We also provide audiology, orthotic and prosthetics services, seating and mobility evaluations, augmentative communication, assistive technology services, aquatic therapy, robotic therapy, and driver's program.

For services not provided at Children's, referrals are made to appropriate service providers (e.g., Winship Cancer Center).

Patients have access to hospital activities and areas such as the library, chapel, art room, the Zone, recreation room, garden areas, and other common areas.

Role of family/support network. The involvement of family and caregivers is key to a patient's successful rehabilitation and safe discharge. The team will assess the family's ability and willingness to support and participate in the plan of care. Education, training, counseling, and advocacy will be provided to help prepare them to meet the patient's needs going forward.

Technology. The use of information and communication technologies may include telephone communication for team and family conferencing, video conferencing for interpreting services, tablets to access rehab applications, or advanced technology rehab equipment (e.g., functional e-stim equipment, augmentative communication devices, etc.), and is limited to the patient remaining in the hospital and/or clinical setting in provision of services.

The DRP does not deliver services such as telepractice, telehealth, telemental health, or telerehabilitation.

Evaluating patient progress

Ongoing assessment of a patient's medical condition, progress and changing rehabilitation needs is documented through the individualized plan of care, progress notes, team conference report, and discharge summary.

Patient Feedback. We gather patient feedback through patient/family conferences, education and training sessions, leadership rounding, support groups, patient satisfaction questionnaires, caregiver satisfaction questionnaires and 90-day post discharge follow-up call.

Discharge planning. Returning a patient to home and/or the community is the goal of rehabilitation. Our case managers work closely with the patient, family, and rehabilitation team to determine the most appropriate discharge setting and follow-up care recommendations. The planning process begins at the time of admission and continues throughout the patient's stay with team/family conferences, family training sessions and individual activities that support the successful transition from hospital to home.

The team assists in identifying vendors and other resources.

Our specialized programs and services

Our programs and services address the needs of children and young adults after they have had a traumatic and life-changing injury or illness. Our goal is to maximize each patient's medical, physical, psychological, behavioral, cognitive, social, recreational, academic potential, and quality of life.

Brain injury program

Our brain injury program focuses on the complex needs of individuals who have experienced a brain injury as result from trauma, disease, or other neurological conditions. Patients must be assessed at Level V or above on the standardized Rancho Los Amigo Level of Cognitive Functioning Scale to be considered for admission. We also admit patients with concurrent spinal cord injury, fractures, and other conditions.

Our program provides evaluation, intervention, education and training for patients and their families after a brain injury. Our goal is to help children achieve their highest level of function in self-care, motor skills, cognition, communication, life activities, social and emotional adjustment, and reintegrate in their community.

Our brain injury program provides evidence-based therapies, advanced equipment, augmentative/alternative communication technologies, family training, education, and support to address each patient's needs.

Promoting a healthy lifestyle, coping and adaption skills is an essential part of the program. Activities support an active lifestyle and return to play, school, and community.

Children's is committed to providing prevention programs that support our community including Strong4Life, ThinkFirst, and Children's Injury Prevention Program (CHIPP).

Cancer rehabilitation program

Our cancer rehab program utilizes an interdisciplinary team approach to address the unique rehabilitation needs of the children and young adults with a wide range of cancer disorders. Our goal is to help children manage their pain, improve nutritional status, improve social coping and adaptation skills, improve physical, cognitive, and emotional status, and improve their overall well-being. Interventions include preventive, restorative, supportive and palliative care to meet the individual needs of the patient.

Our comprehensive team of rehabilitation professionals assess the effects of cancer and its treatment (e.g., fatigue, pain, balance dysfunction, joint pain, neuropathy, osteoporosis, sexual dysfunction, swallowing difficulties, lack of appetite, weight gain or loss, shortness of breath, weakness, depression, anxiety, grief, fear, and anger) for each individual. We provide education and training to support the patient and family throughout rehab.

Our rehabilitation team collaborates with oncologists, surgeons, and other pediatric specialists to deliver coordinated care and to optimize outcomes. Our palliative care team is available to children and their families to help them deal with care at every stage of their illness.

Promoting a healthy lifestyle, coping and adaption skills is an essential part of the program. Children's offers a variety of support groups, summer camps, and resources to support patients and families through their journey.

Pediatric program

At Children's we understand the physical and emotional needs of children and teens who are recovering from injuries and medical conditions that may require a comprehensive rehabilitation program. Our pediatric rehabilitation program is one of the largest in the country.

Our team uses everyday activities and individualized therapy to motivate children and teens to recover from conditions and disorders that impair activities of daily living, physical skills, cognition, and communication function. We provide age-appropriate care, education, academics, peer support, outings, family and sibling support, and social events in a welcoming environment.

Academics are an integral part of a child's life. Our program has delegated teachers to collaborate with patients, families, and individual school systems to develop an education plan and facilitate a smooth transition back to school.

Spinal cord injury program

Our spinal cord injury (SCI) program provides specialized rehabilitation for children and young adults with spinal cord injuries caused by trauma or disease. Our program treats all levels, completeness, and etiologies of SCI, including patients who present with tracheostomy and ventilator dependence. We also admit patients with concurrent brain injury, fractures, and other conditions (e.g., Guillain-Barre syndrome). Our program focuses on optimizing functional abilities and coping with future challenges.

We provide individualized patient care to address the medical and physiological sequelae or SCI in the areas of abnormal tone, autonomic dysfunction, bladder function, body composition, bowel function, circulation, dysphagia, fertility, infection management, medication, male health issue, musculoskeletal complications, neurological changes, nutrition, pain, respiration, sexual function, skin integrity, ventilation support, and female health issues. Our comprehensive team of rehab professional address the functional impairments related to SCI including activities of daily living, assistive technology, behavior, cognition, communication, community integration, driving, durable medical equipment, emergency preparedness, environmental modification, leisure and recreation, mobility, occupation, orthoses, personal care assistants, prostheses, and seating are addressed through ongoing assessment of body function and structure impairments, activity limitations, participation restrictions and environmental factors. Interventions are designed to maximize optimal level of functioning, self-care, self-responsibility, independence, and quality of life. The psychosocial needs of the patient are assessed and supported as they

may impact adjustment to disability, behavioral and mental, substance use, family support systems and counseling, peer support and sexual adjustment.

Our SCI program provides evidence-based therapies, advanced technologies, family training, education, and support to address each patient's needs. Prevention of secondary complications (e.g., autonomic dysreflexia, pressure injuries, and respiratory illness) are emphasized.

Patients are referred to ancillary services including seating and mobility, orthotics, assistive technology, and other specialty programs, as needed. Resources are provided to support the patient and family post-discharge.

Health promotion and wellness, as well as community integration are an essential part of the program. Activities support an active lifestyle and return to community. Resources are provided to encourage active participation in personal interests, school, and community.

Research

Research is a cornerstone of the Children's mission. In conjunction with Emory University School of Medicine, Georgia Tech and other academic institutions, Children's seeks answers for the most perplexing childhood medical conditions through teaching and research. By developing new techniques, treatments and cures, Children's is committed to advancements in pediatric medicine. Rehabilitation Services participates in on-going research efforts within the Rehabilitation department and system.