

Overview

The Children's Hospital Rehab Unit (CHRU) is an 8-bed inpatient unit of UPMC Children's Hospital of Pittsburgh, housed eight-tenths a mile from the main campus in the Children's Home of Pittsburgh. We are a 24/7 operation, and admitted patients receive daily physician monitoring, 24-hour nursing care, three hours of therapy a day in at least two of the three disciplines, (physical therapy, occupational therapy, and speech language pathology) five days a week. We accept all insurances including Medical Assistance and commercial payors and self-pay. The CHRU accepts all referrals sourcing including physician practices, transfers from other hospitals, internally from our critical and acute care areas, home referrals, and outpatient services.

Our population of patients served includes children and young adults from less than 1 year to 26 years old, diagnosed with, but not limited to:

- Acquired brain injury.
 - Traumatic brain injury (TBI).
 - Non-traumatic brain injury.
 - Stroke.
- Cerebral palsy.
- Spinal cord injury.
 - Traumatic.
 - Non-traumatic.
- Prolonged hospital stays and deconditioning.
- Complex orthopedic injury.
- Pulmonary and mechanical respiratory support.
- Amputation.
- Other disabling neurological conditions.

Our spinal cord program specifically considers the cause, including traumatic vs. non-traumatic injuries, the location of the injury and how that may affect function as well as the completeness of injury. Any comorbidities are evaluated and incorporated into the team's plan of care. Services provided on the unit include nursing, medical care, therapies, behavioral health, imaging, lab work, a school program, music and art therapy, child life, recreational therapy, social work, and care coordination. We contract with providers for specialized assessment of vision and assistive technology (AT). We partner with outside providers for assessment and provision of durable medical equipment (DME) as well as orthotics and prosthetics.

Comprehensive Integrated Inpatient Rehabilitation Program

The CHRU is a program of coordinated and integrated medical and rehabilitation services that is provided 24/7 and endorses the active participation and preferences of our patients and their families throughout the entire program. We are mindful of the cultural diversity of those we serve and seek to create a welcoming and supportive environment for all.

The preadmission assessment of the patient determines their eligibility of admittance to the CHRU. Documented preadmission criteria for each patient includes the crucial elements of diagnosis, medical history, ongoing needs, support system, estimated length of stay (LOS) and any additional information including source of funding. The needs of the patient and their family are assessed, and the best rehabilitation course and community reintegration plan are determined.

Families are encouraged to tour the CHRU and ask questions to the consult service prior to making a decision.

Upon meeting admittance criteria, the scope and intensity of care is based on the preadmission assessment and evaluations by the medical and therapy team on the unit. This information is reviewed with the family via a team meeting held within 72 hours of admission. During this meeting, a review of hours of therapy, structure, daily plan of care including therapy, medical and nursing care and school time are reviewed.

Our program is equipped to handle behavioral and psychological needs of our patients related to their hospital stay, underlying conditions, or those that are a result of their injury.

We consider the unique abilities of our patients and are focused on optimizing the function, health, and well-being of those we serve through a collaborative, team-based model where the patient and family are at the center. The foundation of this model is that the family is a constant in the patient's life. The family is involved in all aspects of the child's care, as exemplified by bedside shift reporting, daily plans of care, incorporation of personal preferences, visitation, and overnight accommodations. Our intended discharge goal is always to the home environment; however, we do understand that this may not always be in the best interest of the patients and families we serve. We are willing and able to adjust accordingly, with the goal of making the best decision for the patients and families we serve in the discharge process.

We strive to:

- Continually improve.
- Provide the highest quality pediatric inpatient rehabilitation services in the region.
- Offer comprehensive education and training to prepare those we serve to care for their child at home.
- Help to enable our patients to thrive in the diverse environments in which they live, learn, and play.

The CHRU is housed under the license of UPMC Children's Hospital of Pittsburgh as an acute care inpatient rehabilitation unit.

Onsite services available

Medical services

- Available on site from 7 a.m. to 7 p.m., available on call 24/7, clinician can respond to orders or unit needs within one hour if not on site when issue arises.

Diagnostic imaging

- Radiology services provided 24/7.
 - Onsite services include x-ray, echocardiogram, and ultrasound.
 - Other diagnostic services are available at UPMC Children's main campus 24/7 and require ambulance transport.
 - These include but are not limited to modified barium swallow, MRI, and CT scan.
 - Results available within four hours if ordered routine and immediately if ordered STAT.

Lab services are available off site at UPMC Children's main campus

- Available 24/7, results available within 2 hours of clinician order placement.

Pharmacy services are available off site at UPMC Children's main campus

- Available 24/7, can receive medications within 4 hours if ordered routine and one hour if ordered STAT.

Medical Acuity

- Patient must have negative COVID test within five days of admission to the CHRU.
- If patient requires mechanical ventilation, pulmonology must see patient 24 to 48 hours prior to transfer to the CHRU and clear them for transfer.
- Any brain tumor patient must be off steroids for >24 hours prior to transfer to the CHRU.
- First tracheostomy change to be completed prior to admission to the CHRU.

Admission Criteria

- Patient must be medically cleared and stable as per primary acute care service and PM&R consult team.
- Patient must require at least two of three therapy services.
- Patient is able and willing to tolerate three hours of therapy five days per week.
- Tentative discharge plan for after rehab stay has been discussed with the caregivers/patient prior to admission to the CHRU.
- PM&R clinicians have determined, to the best of their ability, that at the time of transfer, all in-person communication with the primary medical team, consulting teams, and the patient/caregivers has occurred prior to transfer to the CHRU.
- Patient with pulmonary needs has been assessed by pulmonology service and cleared for transfer to the CHRU.
- PM&R clinician team has determined that any testing that the patient needs to continue with rehabilitation and medical goals at the time of transfer to the CHRU, is completed prior to admission.

Continued Stay Criteria

- Patient will be evaluated continuously on their ability to stay within the CHRU program.
- The continued evaluation will be done with input from the medical team, therapy team, nursing staff and the patients/caregivers.
- The CHRU team will continue to update goals throughout the patient stay to meet the needs of the patient/caregiver and demonstrate evidence for continued progress.
- Patient must continue to show progress towards these goals and patient and caregivers must continue to demonstrate participation in their care for continued stay on the CHRU.
 - Mid-stay meetings will be held with patients and families if applicable.

Exit Criteria

- Medical and therapy discharge goals met.
 - OR plateauing of functional progress and team in agreement with transition to another level of care or home.
- Family education and training completed.
 - OR team in agreement that it is safe to discharge.
- Follow-up care and community resources scheduled and provided.
- Medically necessary equipment and supplies provided.
- Home access barriers have been addressed.
- Medically appropriate transportation setup.
- Discharge meeting with family completed, if applicable.