

Welcome to Gillette Children's Specialty Healthcare and the Pediatric Rehabilitation Program



COMPREHENSIVE INTEGRATED INPATIENT REHABILITATION PROGRAM DESCRIPTION AND SCOPE OF SERVICES

Our Mission

Gillette Children's Specialty Healthcare provides specialized health care for people who have short-term or long-term disabilities that began during childhood. We help children, adults and their families improve their health, achieve greater well-being and enjoy life.

Our History

In 1897, Gillette Children's Specialty Healthcare became the nation's first hospital for children who have disabilities. At the time, people living with disabilities encountered severely limited options for health care, education, employment and other fundamental needs.

Our founder, Arthur Gillette, M.D.—then a young orthopedic surgeon—saw a tremendous need to provide care to children who had disabilities caused by bone and muscle deformities. Together with Jessie Haskins, a Carleton College student who had a spinal condition, he persuaded the Minnesota Legislature to publicly fund a hospital dedicated to the treatment of children with disabilities.

Since our founding, the world has changed dramatically. Gillette Children's Specialty Healthcare has played a central role for people who have disabilities by providing expert medical care, engaging in advocacy efforts, and conducting extensive education and research initiatives. We provide a wide range of services to patients with many different diagnoses, in both inpatient and outpatient settings. We are proud of our history and committed to building an even brighter future for the patients and families we serve.

Pediatric Rehabilitation Program

Gillette's Pediatric Rehabilitation Program provides comprehensive integrated inpatient rehabilitation services to children who experience brain injuries, spinal cord injuries or complex medical conditions.

Gillette has the region's largest pediatric rehabilitation program and one of only three



pediatric, family-centered programs in the Upper Midwest accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF).

Our inpatient rehabilitation programs and services include:

- Rehabilitation Post Complex Orthopedic Surgery - SEMLS
- Cerebral Palsy Program-Selective Dorsal Rhizotomy Surgery
- Acquired Brain Injury Program
- Spinal Cord Injury Program
- Other Comprehensive Inpatient Medical Rehabilitation (e.g. Amputation & Limb Deficiency, Somatic Symptom Disorder, Guillain-Barre Syndrome)

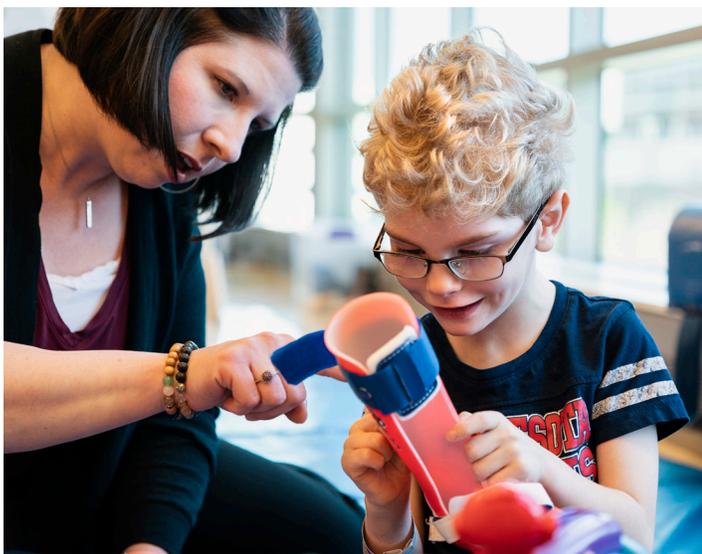
Patient and Family Centered Care

A cornerstone of our philosophy of care is the patient and family centered care model. This model is made up of several elements that are crucial to the most optimal recovery for the patient:

- Recognition that the family is the constant in the child's life
- Treating children and families with respect and dignity and honoring diversity of culture or ethnicity, language and spirituality
- Sharing information openly and on a regular basis, while acknowledging differences in families' strengths
- Encouraging families to participate as fully as they are able

- Understanding and incorporating the developmental needs of infants, children and adolescents into our assessments and interventions.
- Encouraging children who are able to participate in decision making regarding care
- Providing a complete and clear review of the options and respecting the patient's/family's decision

Our family focus extends throughout the program, and we encourage parents to take a central role in treatment planning and rehabilitation. We work closely with families to help patients maximize their abilities and return to their homes, schools and communities as soon as possible.



Our Team Approach

Our medical experts use a team approach when developing personalized care plans for patients. Care teams, led by Physical Medicine and Rehabilitation specialists (PM&R), meet regularly to discuss a child's progress, update care plans and begin discharge planning. Rehabilitation coordinators, psychologists, physical therapists, occupational therapists, speech and language pathologists, recreational therapists, child life experts, music therapists, social workers, school teachers, and rehabilitation nurses assist patients with mobility and adaptive equipment needs, home or school modifications and transition to outpatient therapy.

Hours of Service

Rehabilitation nursing, physicians, social work and chaplaincy are available 24 hours a day, seven days a week. Occupational therapy, physical therapy and speech and language pathology are available 8-4:30

Monday through Friday and 8-12:30 on Saturdays and major holidays. These services are not available on Thanksgiving Day or Christmas Day. All other services are available 8-4:30 Monday through Friday.

General Admission Criteria for Acute Inpatient Pediatric Medical Rehabilitation

Patients who are medically and financially eligible will be accepted for admission to Gillette Children's Specialty Healthcare inpatient rehabilitation services based on the following admission criteria.

Children and adolescents with complex disorders resulting in impaired physical, cognitive, or developmental status who:

- Need intense comprehensive and coordinated services of a rehabilitation team.
- Have reasonable expectations of improvement in functional status or can benefit from services available.
- Are medically stable and/or have medical needs that can reasonably be accommodated
- Are eighteen years of age or under, or still in high school.
- If a referring physician feels Gillette's inpatient rehab program is the best option for a patient that does not meet age criteria, a team including a rehab physician, and at least two members of the rehab team, will review the case and make a final decision regarding appropriateness for admission.
- Are able to physically and psychologically tolerate the intensive rehabilitation program, which includes a minimum of three hours of rehabilitation services per day.

Continuing Stay Criteria

During weekly interdisciplinary rehabilitation rounds, the team determines whether the patient continues to meet admission criteria and is making progress toward goals of discharge. A recommendation for transition or discharge will be made if necessary.

Transition Criteria Acute Inpatient Pediatric Medical Rehabilitation

Patients may be transferred off the acute rehabilitation program or to another unit or facility if their medical status requires it.

Discharge Criteria Acute Inpatient Pediatric Medical Rehabilitation

Discharge planning begins immediately after admission to the program. The rehabilitation team works closely with the patient's family throughout the inpatient stay to ensure that they are prepared to effectively complete all cares so that the transition can be seamless. Criteria for discharge include:

- Discharge disposition is identified and available.
- Admission goals are achieved or determined to be unattainable.
- Continuing goals can be achieved on an outpatient basis.
- Progress on short-term goals is slowing.
- Family/community training is completed for safe continuing care after discharge.
- Successful completion of a therapeutic pass or comparable training.
- Medical need(s) can be met in the community

Inpatient Rehabilitation Services Provided

Services provided are tailored to the individual patient's needs and may include:

- Academic Educational Services
- Care coordination
- Chaplaincy/Pastoral Care
- Child Life
- Music Therapy
- Occupational Therapy
- Orthotics, Prosthetics, and Seating
- Patient and Family Education
- Pediatrics
- Pediatric Rehabilitation Medicine
- Physical Therapy
- Psychology
- Rehabilitation Nursing
- Respiratory Care
- Social Work
- Speech Language Pathology
- Therapeutic Recreation
- Referrals are easily made to the following services:
 - Audiology
 - Child Psychiatry
 - Neuropsychology
 - Nutrition Services
 - Pediatric Neurology
 - Pediatric Pulmonology
 - Pediatric Specialty Medical Consultations, Other



Patients and their families will be referred to community resources when needed including chemical dependency, vocational rehabilitation, driver assessment, grief and loss counseling, and other specialty programs in the rehabilitation continuum of care.

Payer Sources

We work with all insurance companies in the five-state area and beyond.

Fees

The price for services provided is based on many factors that vary from hospital to hospital, including the costs of developing and maintaining physical infrastructure, payment of salary and benefits for highly trained healthcare professionals, purchasing and maintaining up-to-date medical technology, medications and specialized medical supplies. Gillette, like all Children's Hospitals, has a disproportionately high percentage of patients whose care is covered by government programs, primarily Medicaid. The reimbursement from these programs is significantly less than the cost of care. Gillette's prices reflect the additional charges needed to cover the underpayments from Government-sponsored Programs. The charges for Gillette's services are the same for all patients, but the patients' share of the payment will vary depending on the type of insurance coverage they have and the characteristics of their insurance policy, including the amounts of co-payments and deductibles.

Referral Sources

We take referrals from facilities in the five state area and beyond.

Addendum Section

We take referrals from facilities in the five state area and beyond.

Acquired Brain Injury Program

Gillette Children's Specialty Healthcare (GCSH) is a CARF- accredited pediatric Acquired Brain Injury (ABI) program. The content on page one to page six of this document applies to the GCSH pediatric ABI program. The GCSH pediatric ABI program is uniquely personalized to each patient's plan of care, functional level, and goals.

Spinal Cord Injury Program

Gillette Children's Specialty Healthcare (GCSH) renders a pediatric Spinal Cord Injury (SCI) program. The content on page one to page six of this document applies to the GCSH pediatric SCI program. The GCSH pediatric SCI program is uniquely personalized to each patient's plan of care, functional level, and goals.

The documented scope of the GCSH SCI program addresses the etiology, levels, completeness and comorbidities of spinal cord injuries.

The scope also includes addressing unique aspects such as the medical/physiological, functional, psychosocial and education needs of delivering care to person with spinal cord dysfunction.

Medical/physiological needs include, but are not limited to; abnormal tone, autonomic dysfunction, bladder function, body composition, bowel function, circulation, dysphagia, fertility, infection management, medication, men's health issues, musculoskeletal complications, neurological changes, nutrition, pain, respiration, sexual function, skin integrity and ventilation support, women's health issues.

Functional needs include, but are not limited to; activities of daily living, assistive technology, behavior, cognition, communication, community integration, driving, durable medical equipment, emergency preparedness, environmental modifications, leisure and recreation, mobility, occupation, orthoses, personal care assistants, prostheses and seating.

Psychosocial needs include, but are not limited to; adjustment to disability, behavioral health, family/sup-

port system counseling, peer support services, sexual adjustment.

Education and training needs included, but are not limited to; persons served, families/support systems, the community, the professional community.

Additionally, research capability, transitions across the lifespan, case management, resource management, follow-up, health promotion and wellness, independent living and community integration, prevention related to potential risks and secondary health conditions due to impairments, activity limitations, participation restrictions, and the environment along with safety for persons served in the environments in which they participate.