

Phyllis Meyerhoff Center for Pediatric and Adolescent Rehabilitation

The Phyllis C. Meyerhoff Center for Pediatric and Adolescent Rehabilitation is a special unit that provides a wide range of care, including medical treatment, nursing, psychology, therapy for speech, physical, and occupational needs, and respiratory support. This unit is designed for children and teens with complex health issues, including problems with their muscles, brain, or development. Our goal is to help each child reach their full potential and improve their quality of life, all in a caring environment that focuses on families.

While your child is involved in therapy and activities, you can be confident they are getting high-quality care. Mt. Washington Pediatric Hospital (MWPH) is well-known for its leadership in helping children recover and grow stronger. A comprehensive treatment plan for supportive services will be developed in the first days of the child's admission.

Our inpatient rehab program provides at least three hours of therapy each day, 5-6 days a week, as required by funding rules. The team of providers, nurses, and therapists work together to support your child's treatment.

Below are the services offered based on your child's needs:

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Psychology
- Splinting
- K-12 Education (contracted)
- PreK Services (if child has IEP service)
- Rehab Trained Nurses
- Pediatric Medicine and Rehabilitation (PM&R)
- Respiratory Therapy
- Therapeutic Recreation
- Neuropsychology
- Child Life
- Rehab Case Management
- Social Work
- Nutritional Support

For families/support systems, MWPH also provides:

- Social work
- Psychology
- Patient/Family Advocacy
- Family Activity Groups (CL/TR)
- Sibling Support Groups (CL/TR)
- Chaplain Services
- Collaborations with schools, partners, and community resources, such as the Ronald McDonald House

Other services available onsite include:

- Art/Music Therapy
- Orthotic/Prosthetic (vendor)
- Audiology
- Pharmacy
- Facility Dogs

MWPH SCOPE OF SERVICES:

Phyllis Meyerhoff Center for Pediatric and Adolescent Rehabilitation

The Rehab Physicians strive for excellence in the delivery of care provided to the patient and family. The following medical services are available:

MEDICAL SERVICES/CLINIC	ON-SITE	OFF-SITE
Anesthesia & Critical Care		X
Audiology	X	X
Burn/Wound	X	X
Cardiology/Vascular	X	X
Dental (Priority or Urgent Care)		X
Dermatology	X	X
Diabetes Management	X	X
Developmental Pediatric	X	
Doppler for Thromboembolic Disease	X	X
Endocrinology	X	
Gastroenterology	X	X
Gynecology/Obstetrics		X
Hematology		X
Instrumental Swallow Studies: Modified Barium Swallow/ VFSS and FEES	X	
Lab	X	X
Nephrology		X
Neurology		X
Neurosurgery Consults	X	X
Ophthalmology		X
Oncology		X
Orthopedics	X	X
Otolaryngology	X	X
Palliative Care	X	X
Physical Medicine & Rehabilitation	X	
Plastic Surgery		X
Psychiatry/Psychology	X	
Pulmonary Medicine	X	
Radiology	X	X
Sexual Function Counseling		X
Surgery		X
Urology		X
Videofluoroscopy	X	

Onsite services available to respond to consult 24-hours a day/7-days a week:

- Medical
- Radiology
- On-call Pharmacy
- On-call Psychology
- On-call Radiology
- Respiratory Therapy

Insurance and Fees:

Our hospital works with most insurance companies, including traditional Medicaid and all Maryland Medicaid Managed Care plans. While Mt. Washington Pediatric Hospital is part of many insurance networks, some insurance companies may not cover services here. Families should check with their insurance plan for the latest information. In most cases, prior approval is needed for inpatient care and many outpatient services. You can find the list of charges for each service here: <https://www.mwph.org/patients-and-guests/financial/price-transparency>.

If you're facing financial difficulties, MWPH is committed to helping patients and families with financial support.

Referrals:

We accept patients from Maryland, surrounding states, other parts of the U.S., and even from other countries. A doctor's referral is needed to begin the review process. Each referral is carefully reviewed based on the needs of the patient and their family.

Population Served: Diagnoses considered appropriate for admission to rehabilitation include but are not limited to:

- Non-traumatic brain injuries (Encephalitis/ Meningitis, Anoxic Brain Injury, Brain Tumors and post-surgical seizure management)
- Non-traumatic spinal cord injuries (Transverse Myelitis, AFM and Spinal Cord Tumors) including all levels, completeness and etiologies
- Traumatic brain injuries
- Traumatic spinal cord injuries, including all levels, completeness and etiologies
- Stroke / AVM
- Neurological disorders (Guillain-Barre Syndrome and ADEM)

- Post-surgery selective dorsal rhizotomies / Baclofen pump Insertions
- Functional neurologic symptom disorders
- Orthopedic conditions (post-surgery, trauma and amputation, cerebral palsy, spina bifida, fractures, and spinal cord)
- Burns
- Wounds
- Limb loss
- Multi-trauma (brain injury in conjunction with fractures, spinal cord injury, and/or limb loss)
- Complicating factors related to Cerebral Palsy/Spina Bifida/Wounds
- Cardiac or pulmonary conditions
- Debility related to significant medical illnesses
- Co-morbidities may include dysphagia/feeding concerns, tracheostomies, CPAP, Bi-PAP, or ventilator assistance.

Admission Guidelines:

Each case is reviewed individually, and decisions are made based on the needs of the patient and family, as well as the services our program can provide. It's important that the patient and their caregivers actively take part in the rehab program. Below are the main guidelines for our program:

- **Age and Location:** We accept children and teens, typically ages 0-21, from Maryland, the Mid-Atlantic area, and beyond. We also consider other factors, like where the patient lives, if they live with caregivers, if they are attending school or working.
- **Medical Needs:** The medical team decides on a case-by-case basis whether the patient's medical condition is suitable for our inpatient program. We can care for patients with ongoing medical issues and have specialists available for consultation. Here are some things we consider before accepting a transfer:
 - **Tracheostomies** (a tube in the windpipe): The patient must have had their first tracheostomy change at least 24 hours before transferring.
 - **Ventilator use (including CPAP and BiPAP machines):** The patient needs to have stable ventilator settings.

- **Oxygen:** The patient's oxygen needs must be stable without major changes in the 24 hours before transfer.
- **EVD and chest tubes:** These must be removed before transferring.
- **Pain control pumps (PCA):** The patient must be switched to oral medications before transfer.
- **Medical Stability:** The medical team reviews whether the patient can handle the therapy schedule in our program. We expect patients to be able to tolerate at least three hours of therapy each day, including physical therapy, occupational therapy, and speech therapy. Patients may not be accepted if:
 - They have a fever in the 24 hours before admission and the cause is unknown.
 - They have a brain injury but have been in acute care for less than 72 hours.
 - They have severe mental health issues (like active suicidal thoughts or psychosis).
 - They have malnutrition due to an eating disorder.
 - Their ventilator settings are not stable.
- **Impairments:** Our inpatient program looks at the patient's current health issues, including problems with their body's functions, their ability to do everyday activities, and their participation in community activities, like attending school. We evaluate these areas to decide if the patient would benefit from our rehab program or if another type of care, like outpatient services, would be a better fit. Every case is carefully considered with input from the patient, their family, and their doctors or therapists.
- Patients admitted to our inpatient care typically have a variety of impairments and the potential to improve. To be considered for admission, impairments must be identified in at least two of the following areas (these are examples, but not the only areas considered):
 - **Cognitive Function:** attention, learning, inhibition, language, memory, or problem solving.
 - **Communication:** deficits of expressive and receptive language, pragmatics, intelligibility, hearing loss, and voice concerns.
 - **Continence:** changes in bladder or bowel function.
 - **Mobility:** transferring, walking, managing stairs, or mobility with adaptive equipment.

- **Pain Management:** improving performance while managing pain.
- **Dysphagia/Feeding concerns:** swallowing and oral-motor coordination
- **Visual Perceptual Motor Function:** improving spatial orientation, balance and perceptual abilities.
- **Self-Care Activities:** self-feeding, increasing independence with bathing, toileting, and home management.
- **Psychological Status:** patients may require monitoring and/or ongoing intense services for concerns related to adjustment, coping and/or family dynamics secondary to diagnosis.
- **Behavioral Status:** Patients may have behavioral issues associated with their illness/injury that can be addressed in our rehab program. Our program is not equipped to handle severe behavioral conditions that may prevent participation and/or pose a threat to self and/or 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:

Mt. Washington Pediatric Hospital celebrates and values the diversity of our patients, families, visitors, staff, and everyone we work with. We provide a welcoming and inclusive environment for all, no matter their age, education, health, background, race, ethnicity, religion, culture, language, disability, income, gender, or sexual orientation. Our goal is to provide family-centered care for all children and teens, helping them reach their full potential and improve their quality of life at home and in the community.

Discharge/Transition Plans:

Most patients will return home after their treatment, but we always consider the best and safest environment for each patient and family. In some cases, the patient may need further medical care in a hospital or might need to move to a residential facility. The decision is made with families and typically depends on whether the parents or caregivers can provide safe and effective care at home.

Admission to Inpatient Program Requirements:

- The patient must be medically stable and approved by the consulting team. They must need ongoing care from a pediatric Physical Medicine and Rehabilitation doctor, who will oversee their treatment to make sure they get the most out of rehab.
- The patient must be able to participate in 3 hours of therapy (OT, PT, and/or Speech) each day, 5 days a week.
- The patient should be able to follow simple instructions or show the potential to do so.
- The patient must be expected to make improvements in areas like mobility, self-care, bowel and bladder control, thinking, communication, and/or swallowing.
- If the patient is not yet following commands or meeting other participation requirements, we may consider a 2-week trial for medication management, equipment evaluation, and training for caregivers.
- There must be a clear plan for the patient's discharge, along with any necessary training or educational support for the family.
- The patient and family must have needs and goals that our rehab program can help with.
- The patient and family must be willing to take part in the inpatient rehab program.
- The patient must be medically stable and appropriate for our program, as determined by the consulting team.

Criteria for Continuing Stay:

Patients are regularly monitored to make sure they still need and benefit from our inpatient rehab program. We assess their progress toward treatment goals and decide if they still need care. The treatment plan and discharge plan are updated with input from the patient, family, and our care team. A patient can stay longer in the program if:

- There is clear evidence that the patient has a good chance of reaching their functional goals.
- The care team can show that the patient is making significant and steady progress.

MWPH SCOPE OF SERVICES:

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- The patient and family continue to be actively involved in the care process.
- The patient still needs medical and nursing care that requires hospitalization but is benefiting from ongoing therapy.

Discharge Guidelines:

Patients may be discharged to home or transferred to the appropriate level of care when:

- The patient has met their rehab goals, caregivers have received all necessary training, and a safe discharge plan is in place.
- The patient is no longer able to benefit from the inpatient rehab program.
- The patient has reached a point where no further progress can be made toward rehab goals.
- The patient no longer needs the full range of services provided by our team, or they can achieve their rehab goals in a less intense setting.
- If the patient has a major surgery or medical issue that affects their ability to participate in rehab, they may be transferred to another service if the doctors think it's necessary.

- If the patient's behavior prevents them from benefiting from continued rehab or if the patient/family are no longer willing to participate, discharge may be considered.
- A patient/family may be discharged from the program if they are asked to leave due to unacceptable behavior. If the family refuses, the social worker will make a plan, which may include contacting Child Protective Services (CPS).
- The patient/family may choose to seek care in another setting.

