



Atrium Health
Levine Children's

Pediatric Rehabilitation

Our Facility

Pediatric Rehabilitation
LevineChildrens.org/Rehab

Our 13 bed, dedicated pediatric rehabilitation unit is located on the 4th floor of [Atrium Health Levine Children's Hospital](#). All our rooms are private with in-room sleeping accommodations for a parent or caregiver. Our family-centered care philosophy allows us to effectively treat the whole child and tend to the emotional and physical needs of our patients and their families.

Our Team

The team consists of dedicated therapists, nurses, and physicians as well as a social worker, teacher, liaison, case manager and other skilled professionals. We also have direct access to the full spectrum of medical specialists as part of our nationally recognized children's hospital.

Several of our nursing team members are Certified Rehab Registered Nurses (CRRN). Our pediatric rehabilitation program is [CARF-accredited](#) which ensures we meet the highest standards of quality, safety and outcomes.

Our Scope

The pediatric rehabilitation program admits patients as soon as they are medically stable, to facilitate the return of functional and cognitive abilities to maximize the individual's recovery. This is done using an interdisciplinary approach individualized to each patient's strengths, deficits and ability to tolerate therapy.

Population served:

Those who are considered eligible for an inpatient rehabilitation program are medically stable and can benefit from at least 3 hours of therapy a day.

Setting:

13-bed inpatient pediatric rehabilitation unit located within a 236-bed children's hospital.

Hours/Days:

7 days per week/24 hours per day of nursing services and physician availability. Therapy services provided up to 7 days per week between the hours of 7 a.m. and 6 p.m.

Our Scope (continued)

Frequency of services:

Services provided on an ongoing basis and as indicated depending on needs of person served.

Payer sources/fees:

Payer sources may include commercial insurance, state and federal insurance programs and self-pay. Prior authorization will be obtained when applicable. Co-pays/deductibles may apply according to individual insurance plans.

Referral sources:

Internal system, external facility/systems, home, primary care providers.

Methods:

In-depth evaluation by each discipline and the development and implementation of an interdisciplinary treatment plan that is adjusted as the patient progresses.

Treatment goals:

To maximize physical abilities, functional skills, and cognitive/behavioral functioning that allow the least restrictive discharge placement, and where possible, lead to more independence at home, school, and in the community.

Our Results

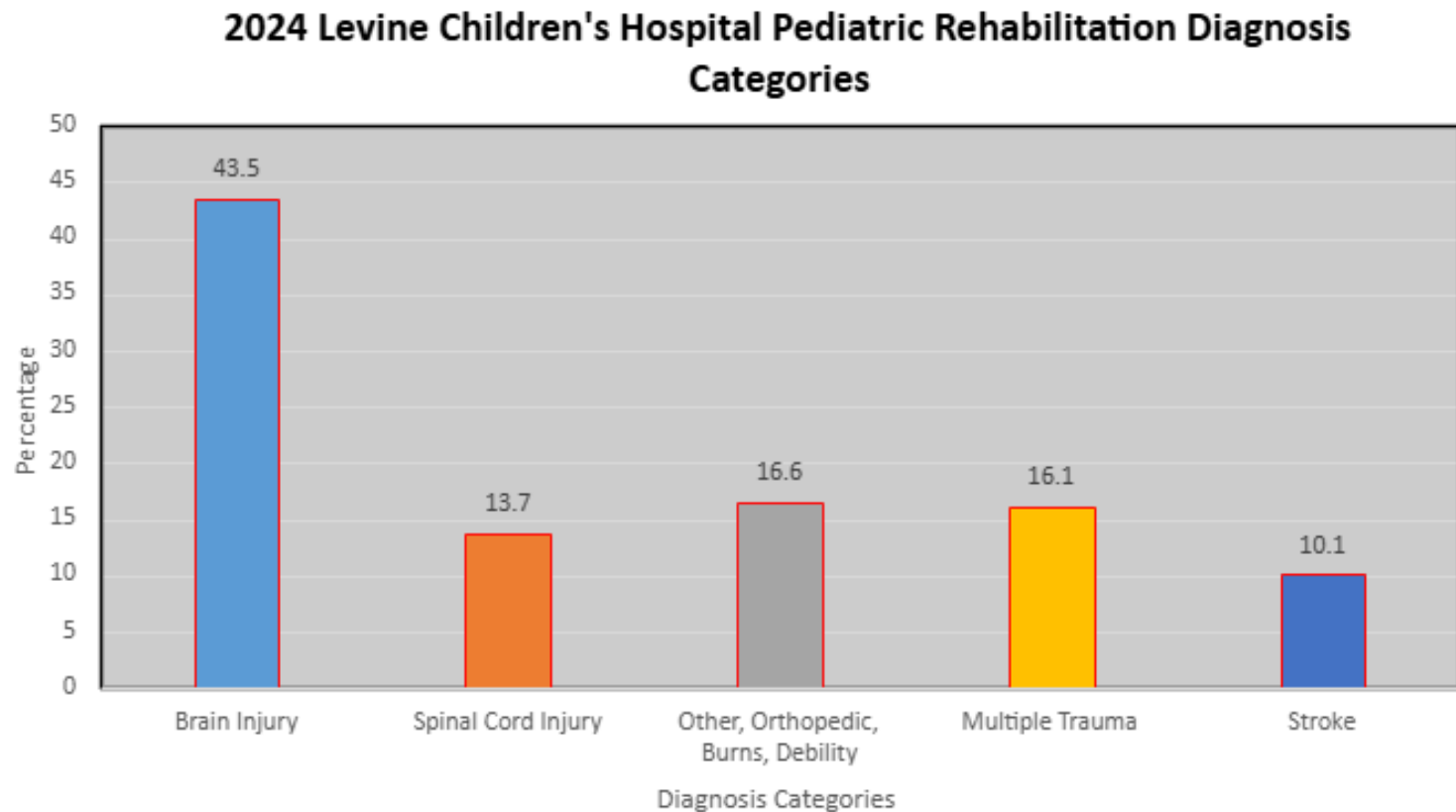
In 2024, we served 183 patients from VA, GA, NC, TN and SC. Our largest treatment diagnosis group is brain injury, and we also serve those with spinal cord injury, amputation, multiple traumatic injuries, oncologic disease, general decline in functional ability, and many other diagnoses.

We utilize UDSmr (Uniform Data System for Medical Rehabilitation) and WeeFIM to measure and document functional performance in our patients. We are then able to benchmark our data with other facilities across the nation to be sure we are always working to provide the best care. We also collect, analyze and report other data such as referral information, discharge disposition and length of stay.

The following graphs and descriptions provide you with more detail about who we serve and how well we do.

What does this mean?

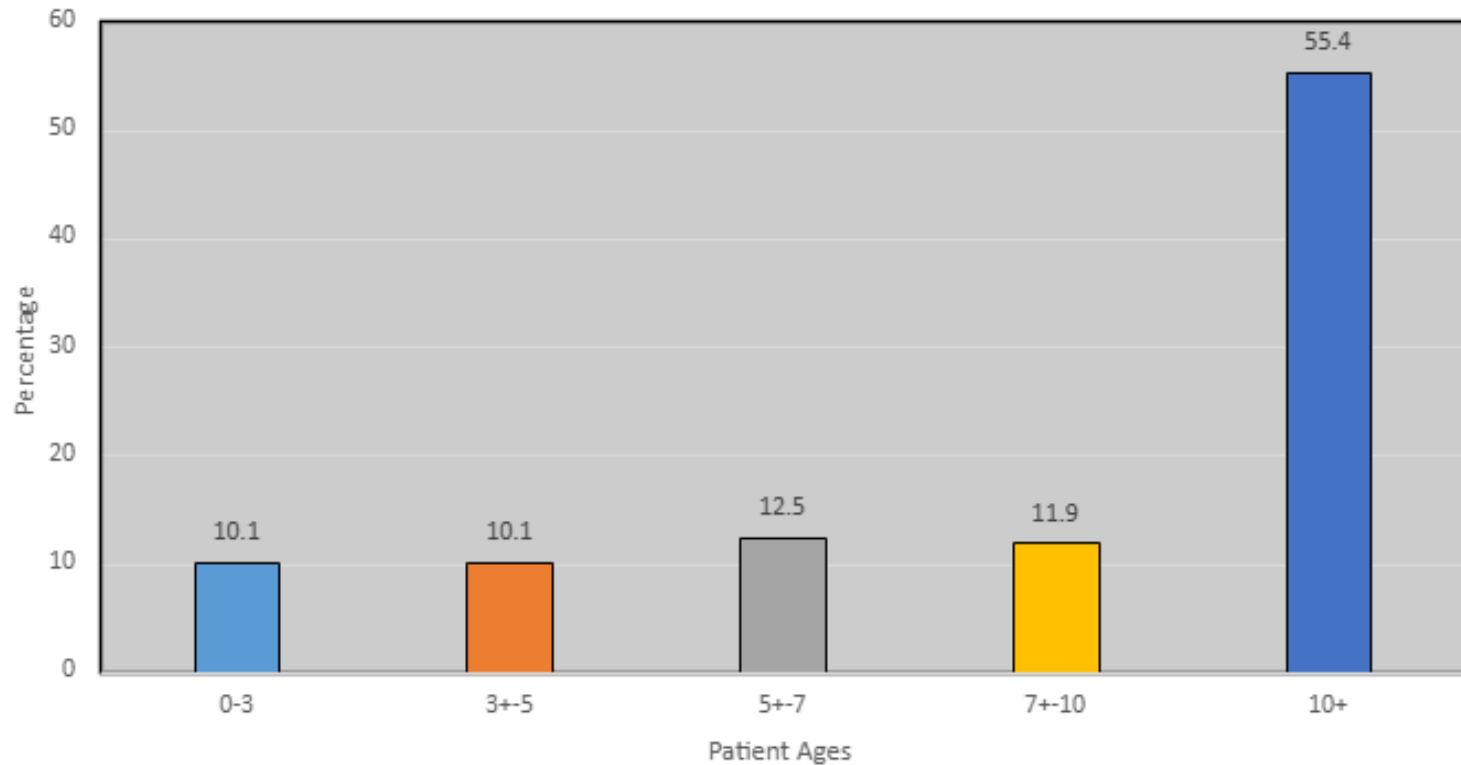
The graph below shows that we have children with a wide variety of diagnoses. Our skilled team tailors the treatment plan to provide the best care for you and your child.



Why is this important?

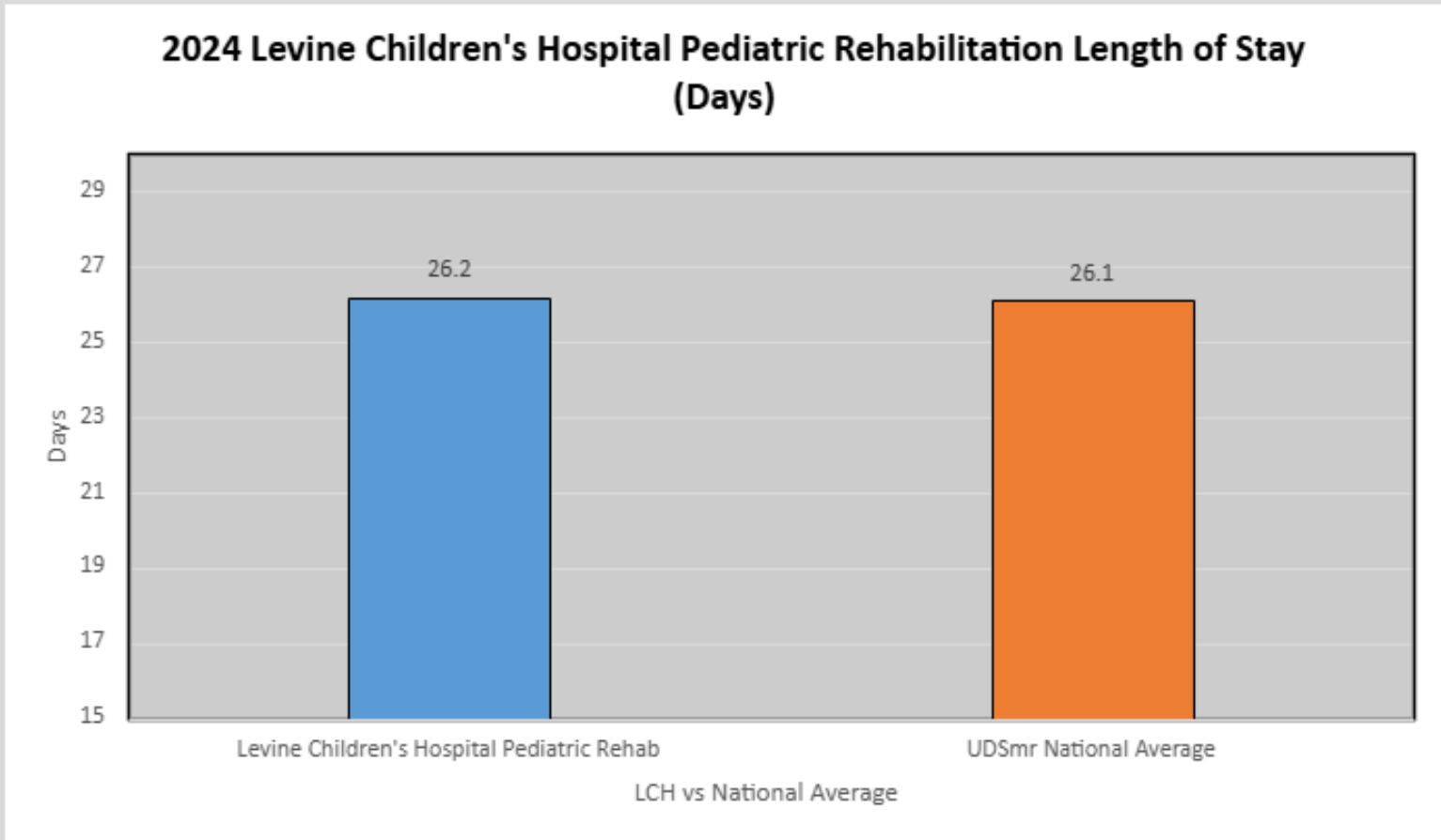
From the graph below, you can see that we serve a wide range of ages. This gives all patients the opportunity to interact with others around the same age during their stay. Families and caregivers can also get to know each other, often sharing experiences and forming strong supportive relationships.

2024 Levine Children's Hospital Pediatric Rehabilitation Patient Ages



What does this mean?

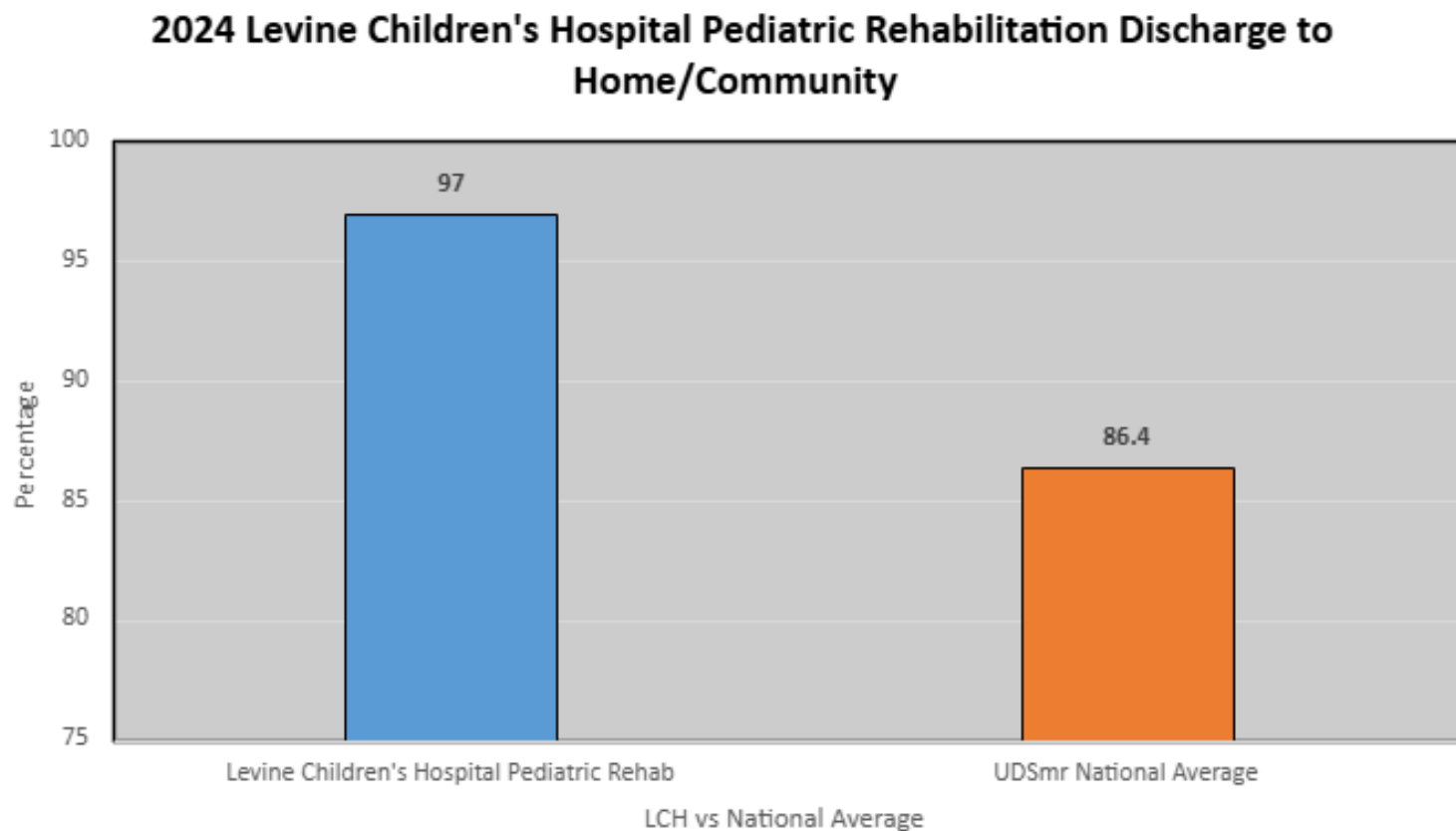
The graph below shows the average amount of time our children stay with us. The length of time will vary depending on your child's needs. For 2023, our average length of stay was just over 3 weeks which was 2.9 days shorter than the national average. This means our patients reach their goals and go home in less time than the national average for pediatric rehabilitation facilities.



What does this mean?

From the graph below, you can see that in 2023 all our children were able to return home with their family or caregiver. Our team uses the many resources available to prepare for and provide support as you transition home.

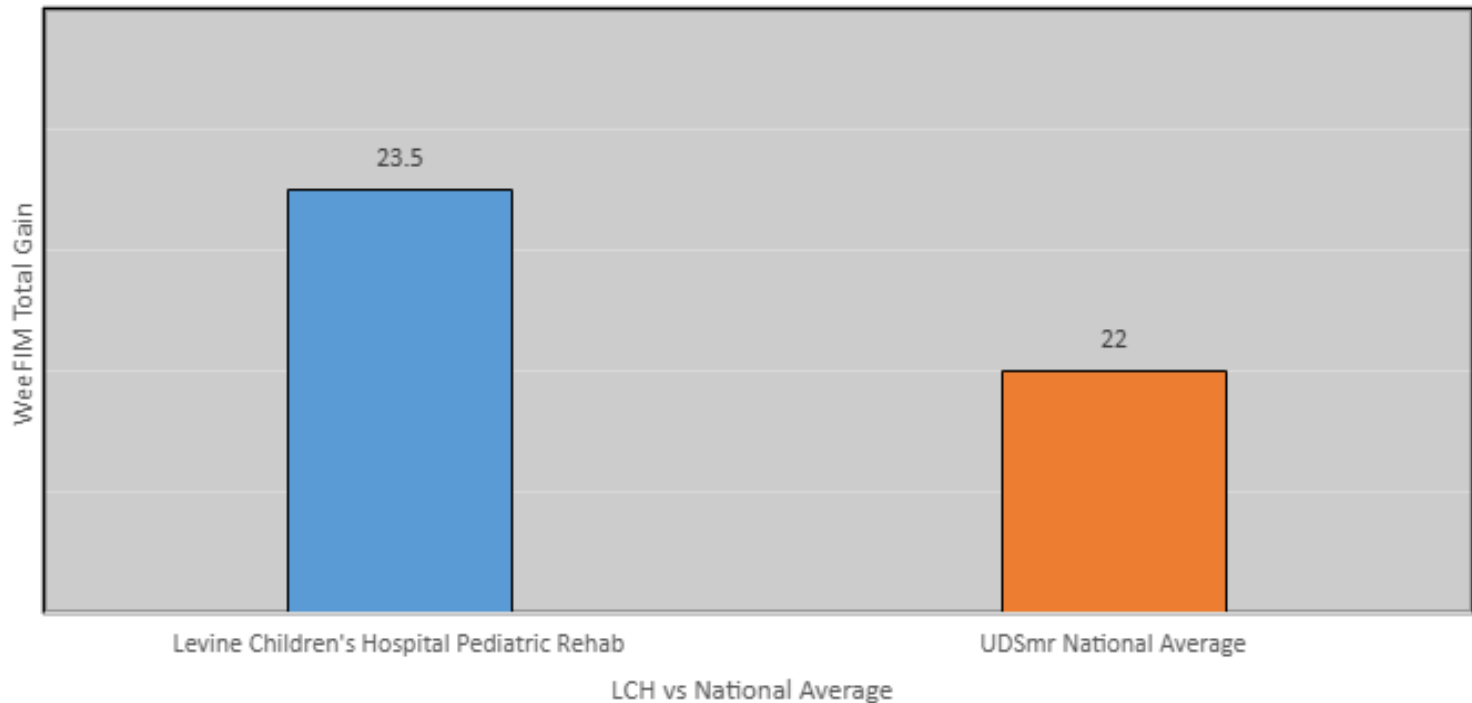
** Excludes patients who had interrupted rehab stays ("bounce-back") due to acute care needs.*



What does this mean?

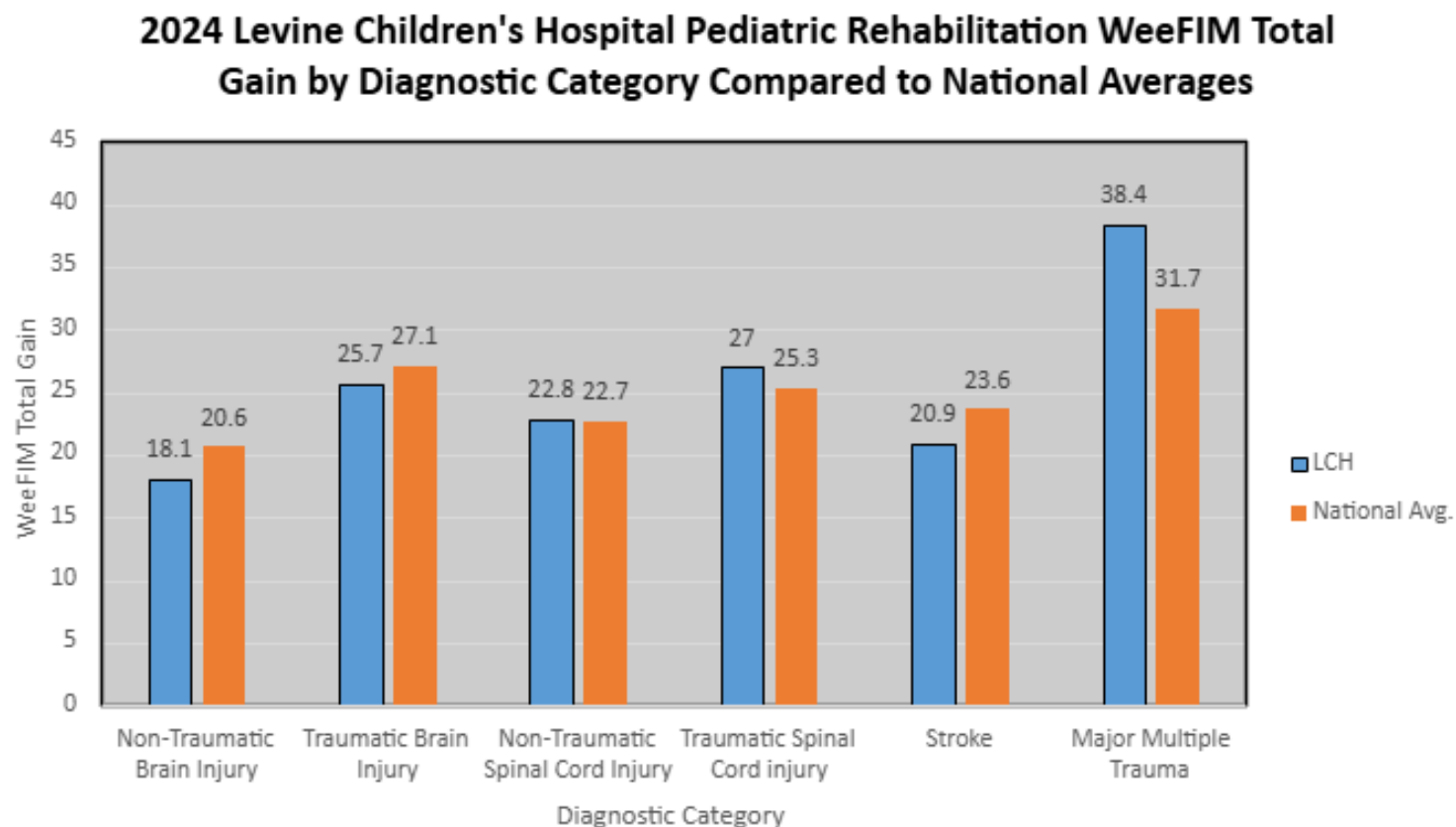
This measurement helps us track the functional progress our patients make towards their goals. Whether our patients are with us for 2 weeks or 4 weeks, we are always working to maximize their function and provide the necessary education to allow continued progress after rehab. See the next slide for more detailed information

2024 Levine Children's Hospital Pediatric Rehabilitation WeeFIM Total Gain



What does this mean?

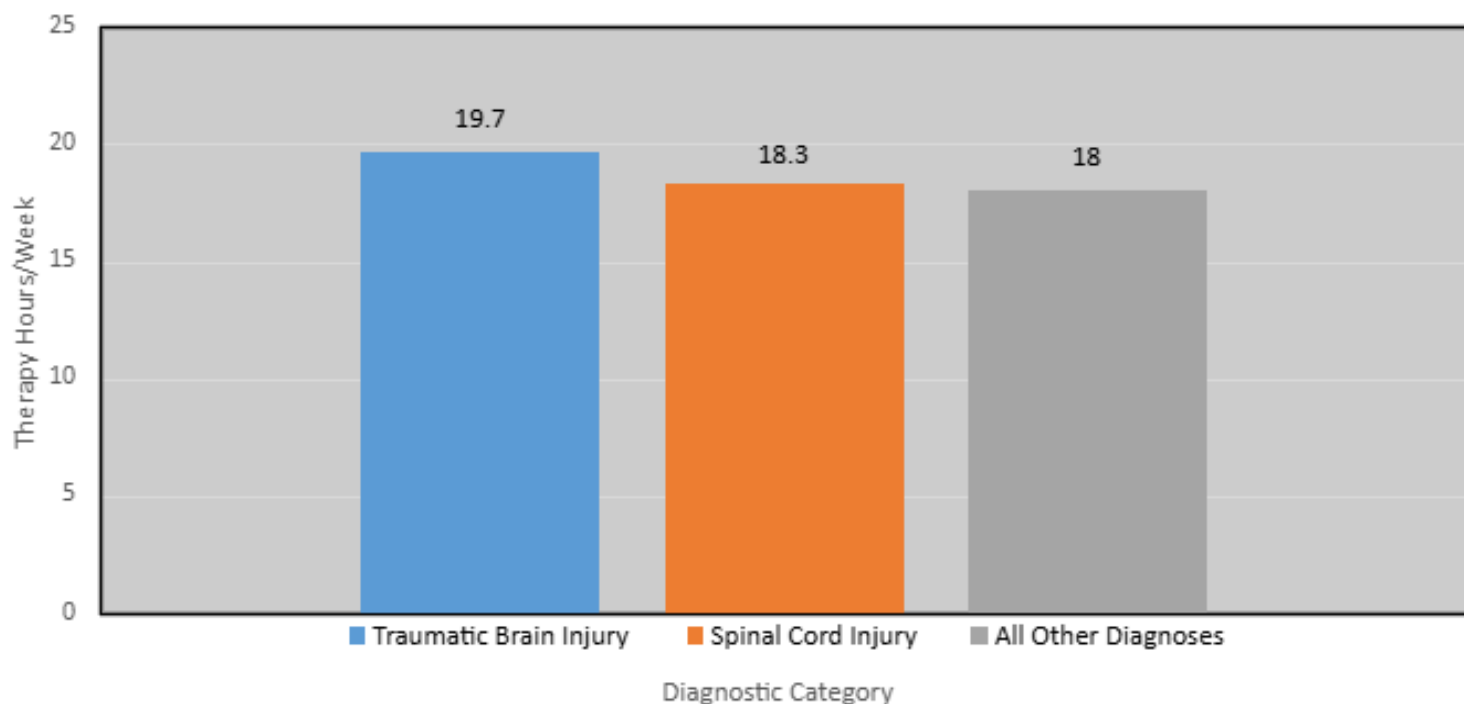
This shows more detail about the functional gains divided into our most common diagnosis categories.



What does this mean?

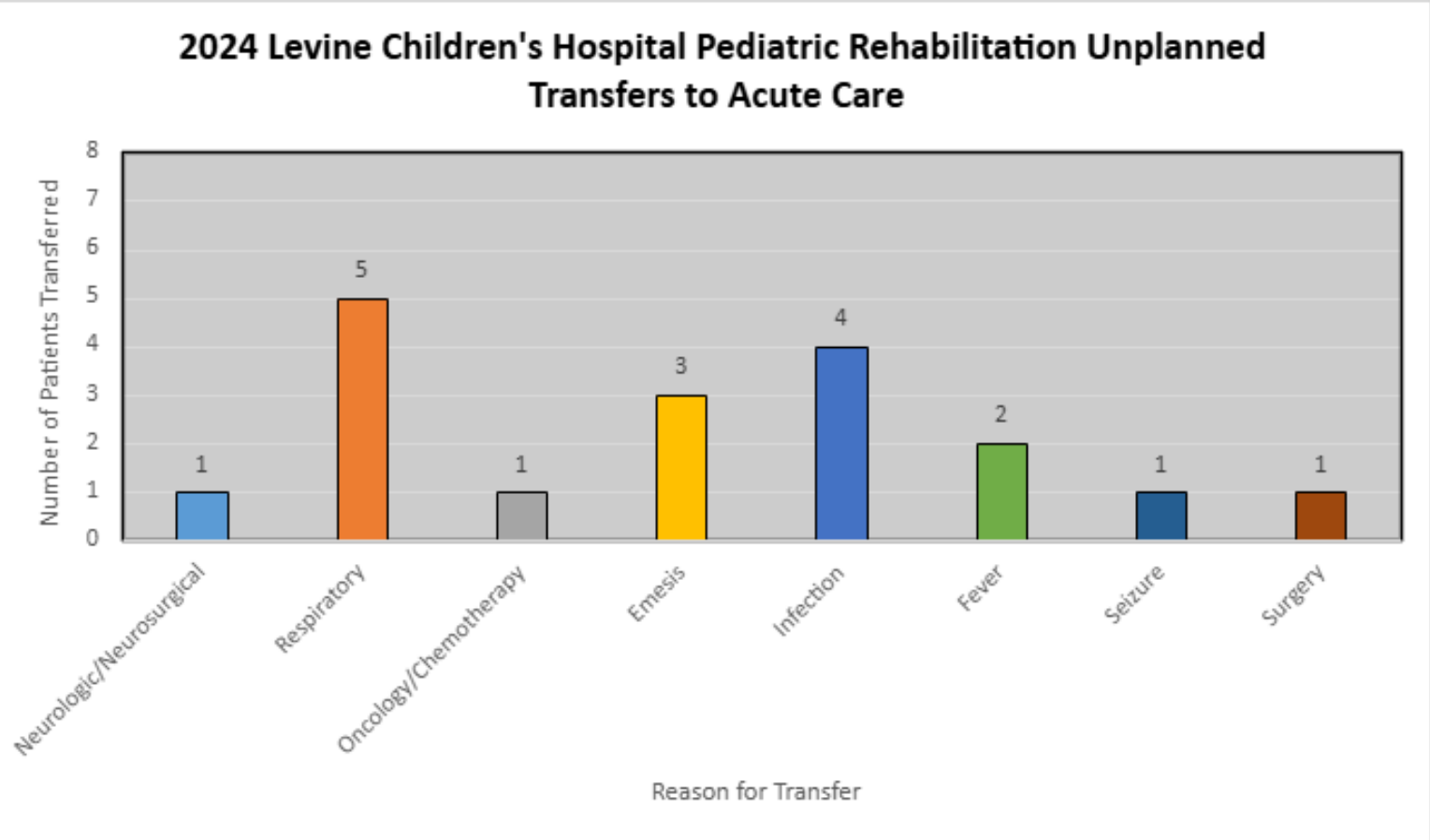
This measurement helps us track the amount of therapy our patients receive. We are always working to maximize therapy time provided and balance the needs of the patient on any given day. In addition to these hours, patients may also spend time with therapeutic recreation, child life specialists, music therapists and a teacher.

**2024 Levine Children's Hospital Pediatric Rehabilitation Average
Therapy Minutes (Hours) Provided per Week**



What does this mean?

This measurement helps us track the number of patients who are transferred to the acute care setting during their rehabilitation stay. Though we are always working to minimize these transfers, sometimes it is necessary. When appropriate, patients may return to the rehabilitation unit to complete their stay.



What does this mean?

We use a third-party vendor to help us measure patient satisfaction. This helps us track how satisfied our patients and families are with their rehabilitation stay. We strive to maintain the highest ranking and utilize feedback on our surveys to make changes and improvements.

2024 Levine Children's Hospital Pediatric Rehabilitation Patient Satisfaction - % Would Recommend

