NSW Rehabilitation Model of Care: Decision tree for appropriate referral to rehabilitation services

**Patient assessed as requiring rehabilitation**

- **Is the patient currently an inpatient?**
  - **Yes**
    - **Has the patient completed their acute phase of care?**
      - **Yes**
        - **Can the patient tolerate rehabilitation in an ambulatory care setting?**
          - **No**
            - **Consider:**
              - **F. Outreach** - for regional/rural rehabilitation services can the patient be transferred to a peripheral hospital to continue rehabilitation
          - **Yes**
            - **Is the patient safe for discharge?**
              - **No**
                - **Consider:**
                  - Local rehabilitation services available
                  - Patient needs (transport, patient goals, ability to tolerate intensity in different care settings)
              - **Yes**
                - **C. Day Hospital**
      - **No**
        - **Does the patient meet the eligibility criteria for the Inreach to acute rehab team?**
          - **Yes**
            - **A. Inreach to acute**
          - **No**
            - **Consider:**
              - **B. Subacute inpatient facility**

- **No**
  - **Can the patient tolerate rehabilitation in an ambulatory care setting?**
    - **Yes**
      - **Is the patient safe for discharge?**
        - **No**
          - **Consider:**
            - **C. Day Hospital**
        - **Yes**
          - **D. Outpatients**
  - **No**
    - **Consider:**
      - **E. Rehab in the home**
### NSW Rehabilitation Model of Care: Criteria for appropriate care setting referral

<table>
<thead>
<tr>
<th>Less resource intensive</th>
<th>Outpatient</th>
<th>Day Hospital</th>
<th>Home Based</th>
<th>Inreach to acute care</th>
<th>Outreach</th>
<th>Subacute Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient can function at home and is able to attend a suite of services - single or multiple rehab discipline treatment - based on their defined goals</td>
<td>Patient has substantive functional deficits and can be maintained at home (e.g. non-weight bearing)</td>
<td>Patient has substantive functional deficits and can be maintained at home</td>
<td>Patient is an admitted patient in an acute hospital setting and requires multidisciplinary treatment to improve their functional status</td>
<td>As per the Subacute Inpatient</td>
<td>Patient requires an intensive period of rehabilitation to achieve identified rehabilitation goals to facilitate discharge/resettlement to an identified form of accommodation</td>
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<tr>
<td></td>
<td></td>
<td>requires multiple rehab disciplines;</td>
<td>requires and is able to tolerate intensive therapy that cannot be provided in another ambulatory setting.</td>
<td>requires the delivery of contextualised therapy to optimise rehabilitation outcomes - this cannot be replicated in a hospital-based care setting</td>
<td></td>
<td>anticipated to benefit from rehabilitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>has endurance to undertake multiple sessions</td>
<td></td>
<td></td>
<td></td>
<td>can tolerate intensive inpatient rehab</td>
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<td></td>
<td></td>
<td>Is able to tolerate the minimum requirement for therapy per day</td>
<td></td>
<td></td>
<td></td>
<td>Is able to tolerate at a minimum of 2 – 3 hours of therapy per day.</td>
</tr>
<tr>
<td>More resource intensive</td>
<td></td>
<td>Therapy is goal orientated, provided by a minimum of two disciplines and is coordinated across all disciplines</td>
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<td></td>
</tr>
</tbody>
</table>

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1. The decision tree for inreach to acute is based on the assumption that the model works as intended, therefore the patient is under the care of the acute inpatient team, and referral decisions are not based on bed availability and hospital access block.