

SVH Mobile Rehabilitation Program Admission and Service Criteria Procedure

Links to Policy	Clinical Core Policy
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Objective:

The Mobile Rehabilitation Team (MRT) is a new initiative for patients in the acute area of St Vincent's Hospital which provides early multidisciplinary rehabilitation intervention and therapy for patients who have been in hospital for longer than 3 days.

The aims of MRT are:

- To improve the overall function of selected patients in the acute hospital, thereby potentially decreasing their length of stay in the acute and/or subacute sectors (in cases where decreased functional status would increase length of stay).
- To minimise complications of bed rest and psychosocial distress of hospitalisation.
- To ensure safe discharge with better utilisation of community services, outpatient rehabilitation and inpatient rehabilitation.

1. Principles of Action:

- Patient identification / referral by MRT Staff
- Patient assessment
- Patient management plan
- Length of stay and patient flow
- Discharge planning

2. Definitions:

MRT	Mobile Rehabilitation Team
FIM	Functional Index Measure
GAS GOALS	Goal Attainment Scale

3. Roles and Responsibilities:

3.1. Scope:

This procedure applies to all clinical Rehabilitation staff involved in the assessment and treatment of patients involved in the MRT program.

3.2. Responsibilities

- The Rehabilitation Consultant is responsible for;
 - Assessing patient in St Vincent's Hospital in liaison with the Rehabilitation Registrar for appropriateness for participation in the MRT program.
 - The Rehabilitation Consultant will undertake 3 ward rounds per week, one of these will be attached to a case conference
- The MRT Clinical Nurse Consultant (CNC) will be responsible for;
 - Identifying patients who have been admitted to the hospital for longer than 3 days via the web de Lacy system and are potentially suitable for MRT.
 - Liaising with the treating medical, allied and nursing staff in regards patients who would be best able to take advantage of the service
 - Review suitable referrals, and liaising with the rehabilitation consultant before accepting the patient onto the MRT program (in collaboration with the rehabilitation registrar) and treating team.
- The MRT Physiotherapist is responsible for functional assessment of patients, goal setting, therapy and case conferencing of each patient
- The MRT Occupational Therapist is responsible for functional assessment of patients, goal setting, therapy and case conferencing of each patient.
- The MRT Social worker is responsible for conducting psychosocial assessment, counselling and assisting ward social in discharge planning for MRT patients
- The MRT Psychologist will review and provide therapy for patients identified by MRT clinicians as requiring psychology review

Patient Selection Criteria for Mobile Rehabilitation Team (MRT)

Inclusion criteria

1. SVH Inpatients with an anticipated length of stay greater than 3 days (admitted through ED or pre-admission clinic)
2. Likely to have their stay in Acute and/or Subacute care reduced as a result of MRT treatment
3. Have an impairment likely to be responsive to enhanced therapy with identifiable and realistic rehabilitation goals
4. Be sufficiently clinically stable to tolerate 60 mins of therapy daily.
5. Able to follow visual/verbal commands with or without an interpreter. If requires an interpreter, this must be available during therapy times.
6. Have the desire and ability to actively participate in the rehabilitation program. Patients over 65 will have MMSE conducted at the discretion of the Rehabilitation Consultant.
7. Possess a level of independence prior to the onset of the impairment that allowed them the ability to actively participate in the community and / or at home
8. Require at least two of the following therapies:
 - a. Physiotherapy
 - b. Occupational Therapy
 - c. Speech Therapy
 - d. Clinical Psychology
 - e. Social Work

9. In the event of a waiting list for admission to MRT patients who are assessed as suitable for discharge home will be given priority over those waiting for inpatient Rehabilitation.

Exclusion Criteria

1. Currently a patient in the Intensive Care unit
2. Currently admitted to MAU
3. Currently a patient in the Acute Stroke Unit
4. Febrile > 38.5°C in last 24 hours.
5. Glasgow Coma Scale < 13
6. Post Traumatic Amnesia (PTA) duration greater than 2 weeks – (on case by case basis)
7. Spinal Cord Injury with planned transfer to a spinal Unit within 14 days
8. Traumatic Brain Injury (TBI) with behavioural issues
9. Discharge or transfer likely within 3 days
10. Those engaged with the Ortho-geriatric service unless requested by the Ortho-geriatric service

Patient load

It is expected 8-10 patients will be treated at any one time for a 2 week period, and that there will be 260 acute rehabilitation separations per year.

4. Process:

4.1 Initial Assessment Identification by MRT CNC and Rehabilitation Registrar in accordance with the MRT Selection criteria.

- Upon identification of/or referral of the patient to MRT, the Rehabilitation CNC and Registrar will assess the patient, discuss suitability with MRT consultant and document in the patients notes.
- The Rehabilitation Registrar will review patients daily, liaise with the acute treating team and MRT members, and conduct ward rounds with the MRT consultant
- MRT clinicians will complete demographic and FIM data to be submitted to Sacred Heart Data Base
- Education will be provided to the patient, carers and significant others by members of the MRT
- Patients who are assessed to require inpatient rehabilitation will be referred to the Sacred Heart Rehabilitation Consultancy service for review.

4.2 Initial Assessment by MRT members

On advice of admission of the patient to the MRT program, allied health team members will;

- Liaise with the acute treating team therapist to ascertain therapy needs and goals.
- Perform initial assessment and plan goals with the patient.
- Conduct a FIM and Goal Attainment Scale (GAS) and document in patient's notes.

4.3 Ongoing Patient therapy

- Goals should be attainable in the 2 week program
- Goals should be set in conjunction with the patient and monitored for achievement.
- Each patient progress and ongoing therapy / management plan will be discussed in the multidisciplinary team meeting on a weekly basis.
- Patients who require inpatient rehabilitation will be discussed at the weekly Sacred Heart White Board meeting

5. Compliance:

Compliance will be monitored by the MRT Steering Committee, and will be assessed and monitored annually.

Compliance will be monitored with the following measures

- Number of patients identified and assessed
- Number of patients on the program
- Length of stay on program
- Length of stay in the acute Sub acute setting
- Goal Attainment Scale GAS T score- for St Vincent's patients
- Functional Independence Measure (FIM)
- Patient satisfaction.

6. References:

- **ACHS EQulP/Aged Care Standards:**
 - 1.1.1 Assessment ensures current and ongoing needs of the consumer/patient are identified
 - 1.1.2 Care is planned in collaboration with the consumer/patient and when relevant, the carer, to achieve the best possible outcomes
 - 1.1.5 Processes for clinical handover, transfer of care and discharge address the needs of the consumer/patient for ongoing care
 - 1.1.6 Systems for ongoing care of the consumer/patient are coordinated and effective
- **Related SVH and SV&MHS Policies:**

St. Vincent's Hospital Sydney Clinical Practice Manual Multidisciplinary Patient Education CP/Pol/E3