10.13 TRIAL OF REHABILITATION PROGRAM

Subject: Trial of Rehabilitation Program
Area: Sacred Heart Rehabilitation
Classification: Operational
Relevant to: All Clinical Rehabilitation Staff
Implementation Date: October 2002
Review Date: September 2011
Responsible for Review: Clinical Services Committee
Approved by: Director Sacred Heart Rehabilitation Service
Distribution: Sacred Heart: Clinical
Location: Sacred Heart Clinical Policies & Procedures Manual

1.0 OUTCOME

1.1 The client (if able) and/or person(s) responsible will have clear understanding of the trial of rehabilitation process.
1.2 Client and/or person(s) responsible will agree on the time frame for initial assessment and end of trial.
1.3 Client and/or person(s) responsible will participate in the decision making process throughout the trial.
1.4 The client and/or person(s) responsible will be aware that if the rehabilitation trial is not successful and 24-hour supports are not available then a discharge date will be set to appropriate accommodation. Or the Residential Placement Policy is applicable.

2.0 POLICY

Clients of the Sacred Heart Rehabilitation Service suitable for a trial of inpatient multi disciplinary rehabilitation programme will receive a defined assessment and trial of rehabilitation program.

3.0 SCOPE OF POLICY

This policy refers to clients who have a limited capacity to participate in a rehabilitation process, but have the potential to participate more fully in a short period of time. It also applies to the NUM, CNC, and Rehabilitation Registrar and Physician.
4.0 PROTOCOL

4.1 Referral to the rehabilitation team should follow the Referral to Rehabilitation Policy (S1.32).

4.2 The client must have the capacity to participate in rehabilitation, and the potential to participate more fully in the short-term.

4.3 A decision is made by the rehabilitation team to offer a trial of rehabilitation only.

4.4 The client and/or person(s) responsible will have the trial process fully explained to them by a member of the rehabilitation team.

4.5 If applicable a unit tour and time to consider the terms of the trial will be offered to the client and/or person(s) responsible.

4.6 The client and/or the person(s) responsible will notify the rehabilitation CNC of their decision, and if the trial is accepted the client will be transferred to the rehabilitation unit in accordance with the referral to rehabilitation policy.

4.7 A period of two weeks multi-disciplinary rehabilitation assessment and intervention will be provided.

4.8 A family conference will be attended prior to the completion of the two-week period of assessment and intervention for the purpose of conveying the results of the two-week rehabilitation trial.

4.9 The trial of rehabilitation is then reviewed at intervals as determined by the client their person(s) responsible and the team (eg-two week intervals) via a family conference.

5.0 The trial is deemed successful and should continue for a further two weeks when the client is demonstrating functional gains.

6.0 The trial is deemed unsuccessful and discharge planning should commence when the client demonstrates a plateau in functional gain. Appropriate discharge destination to be decided. Or the Residential Placement Policy (10.6) is applicable.

5.0 ENDORSED BY - Director
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**Figure 1. Trial of rehabilitation flowchart**

- **Referral to rehabilitation made in accordance with referral to rehabilitation policy.**

- **Client is assessed by the rehabilitation referral team, and has the capacity to participate in a rehabilitation programme, with the potential to make functional gain in the short term. Patient discussed at team meeting/conference-length of trial determined.**

- **TRIAL OF REHABILITATION OFFERED. Terms explained in full to client and/or person(s) responsible and rehab unit tour offered**

- **Admit to rehabilitation in accordance with referral to rehabilitation policy.**

- **Multi-disciplinary assessment and intervention (at regular intervals)**

- **Family conference to discuss results of rehabilitation trial**

- **Functional gains evident, continue with trial for a further interval**

- **Plateau evident, functional gains not made. Discharge planning process sole focus of intervention**

- **Family conference at the completion of agreed time frame discusses goals and continues discharge planning appropriate to expected length of stay**
I…………………………………….(insert client name and /or the name of the person responsible for client) have had the trial of rehabilitation process fully explained to me by a member of the Sacred Heart Rehabilitation team.

I have / have not participated in a unit tour.

I understand that a period of up to ............weeks (s) of multidisciplinary rehabilitation assessment and intervention will be provided.

A family conference will be organised prior to the completion of the ............week(s) period of assessment and intervention for the purpose of conveying the results of the rehabilitation trial.

A trial will continue at ...... weekly intervals up to the expected length of stay, while the team considers the client is demonstrating functional gains, a family conference will occur at each of the set intervals. The expected length of stay in this instance is ...... days.

The trial will cease and discharge planning will become the focus of care when the team decides that the client is demonstrating a plateau in functional gain.

I understand that the Sacred Heart Rehabilitation Service works within the Residential Placement Policy (which states that there is first nursing home bed availability). I have sighted this policy and understand it.

The terms expected length of stay, functional gain, and plateau has been explained to me:

**Expected length of stay**- The time frame that a client is expected to be an inpatient participating in rehabilitation. This time frame is determined by the Australian national sub-acute and non-acute programme (AN-SNAP) model.

**Functional gain**- The client demonstrates improvement in activities of daily living that contribute to their independence.

**Plateau**- The client does not demonstrate improvement in activities of daily living that contribute to their independence.

DATE………………………………………

SIGNED…………………………………….. WITNESS (signature)…………………………

NAME………………………………………. NAME……………………………………..