

ACUTE REHABILITATION TEAM (ART) GUIDELINES - ST GEORGE HOSPITAL

Cross references (including NSW Health/ SESAHS policy directives)	NSW Health Rehabilitation Redesign document final report 21st February 2011
1. What it is	This rule is necessary to inform and outline the process for the acute wards to access the ART rehabilitation service in a more prompt and timely manner for their patients.
2. Employees it applies to	This business rule applies to all acute and rehabilitation wards in St George Hospital (SGH) and includes: <ul style="list-style-type: none"> • Bed management staff • ART team • Allied Health • Nursing staff • Medical staff
3. When to use it	When a SGH inpatient requires referral to rehabilitation services When early commencement of rehabilitation would be beneficial to the patients recovery and outcomes When a SGH inpatient is waiting on an acute care ward for an inpatient rehabilitation bed
4. Why the rule is necessary	To refer and prioritise patients that are suitable for the ART program To clarify, inform and communicate to the wider St George Hospital staff the function and role of the ART team.
5. Who is responsible	Director of Rehabilitation, St George Hospital
6. Process	
6.1 Service Objectives	
The Acute Rehabilitation Team (ART) is an acute rehabilitation service. The philosophy of the Acute Rehabilitation Team is to commence rehabilitation programmes on the acute wards early to minimise hospital related complications but also to commence the rehabilitation phase earlier in the admission with the object of getting the patient discharged from the rehabilitation ward earlier in their overall total hospital admission. Patients may also be discharged from the acute setting without requiring admission to the rehabilitation ward. By improving the patient journey the expectation is that there will be a shorter length of stay for total hospital admission and improved outcomes overall.	
6.2 Referral Process	
1. A referral is made using the accepted rehabilitation form and fax number 9113 3192 , via the Department of Rehabilitation.	
2. The rehabilitation assessing registrar or consultant will consider the skills, equipment and environment required to facilitate the patient's rehabilitation program. If appropriate, therapy will be commenced on the acute care ward whilst other patients may require therapy to commence within rehabilitation ward environment.	

3. The outcome of the rehabilitation assessment will be documented in the patient's notes, clearly stating if the patient is suitable for ART or inpatient rehabilitation. This will also be reflected on the rehabilitation list in the notes section. The ART team will be notified by the rehabilitation assessing registrar or consultant if patients are deemed suitable for ART rehabilitation.
4. The multidisciplinary ART team will communicate their involvement with the Nursing Unit Manager, Allied Health team members and treating medical team involved in the patient's care. It is the responsibility of the ART clinicians to liaise with the acute multidisciplinary care team regarding patient handover.
5. Patients accepted by the ART team will receive acute ward based multidisciplinary rehabilitation intervention with the aim of discharge home either prior to, or soon after, transfer to the rehabilitation ward.
6. Patients not accepted for the ART team intervention will be placed on the general rehabilitation lists (i.e. Calvary or 6 West) as appropriate. The advantages of this model are that the most appropriate person is transferred to the rehabilitation ward to enable an overall increase in the turnover of beds in the rehabilitation ward and reduced length of stay.
7. The Acute Rehabilitation Team will hold a case conference about all of their patients on a twice weekly basis at a time separate from the normal case conferencing of the rehabilitation patients on 6 West. Each patient's progress and discharge plan will then be documented in the patient's notes to ensure communication with the ward staff and treating team.
8. Any delays, issues or queries should be escalated to the Director of Rehabilitation St George Hospital **ph: 91132232**.

6.3 Admission Criteria

1. The highest priority is those patients in St George Hospital acute wards who are suitable for rehabilitation intervention and are waiting a St George inpatient rehabilitation bed (e.g. neurology and trauma).
2. The second priority is those patients in St George Hospital suitable for rehabilitation programmes who are waiting rehabilitation in another facility such as Calvary Hospital, Sutherland Hospital, Illawarra Local Health District Rehabilitation Units or one of the private hospitals.
3. The third priority for the Acute Rehabilitation Team are those undergoing a trial of rehabilitation to see whether they may be appropriate for an inpatient rehabilitation programme.

The preference list is to maintain a manageable case load for the multidisciplinary team members and that goal is in the vicinity of 8-12 patients on the Acute Rehab Team at any point in time, however this figure will vary based on patient acuity and resources. The members of the ART multidisciplinary team are responsible for notifying the Director of Rehabilitation when their caseloads are full.

7. Compliance evaluation

1. Analysis of ART patients patient flow KPI's (i.e. LOS, patient numbers, discharge destination and FIM score etc)
2. 100% of patients accepted for ART team intervention will have clear documentation, be identified on the rehabilitation list and will be identified to the treating multidisciplinary team within 24 hours. This will be evaluated through regular documentation audits.
3. 100% of St George neurological/ trauma patients will be prioritised for ART team intervention and the waiting times for these patients for 6 West rehabilitation beds will be reduced over a 12 month period.

8. External references

I, *Nicole Wedell, Nursing Co-Director – Aged & Extended Care of St George and Sutherland Hospitals and Health Services* attest that this business rule is not in contravention of any legislation, industrial award or policy directive.

Revision and approval history

Date	Revision number	Contact Officer (Position)	Date for revision
Nov 2011	1	A Cooper, NM Aged & Extended Care, and Dr John Estell, Staff Specialist, Rehabilitation, SGH	Nov 2014