

Local Guideline



Health
Hunter New England
Local Health District

Document Number: GNC RPC 12_064

REFERRAL AND ADMISSION PROCESS FOR RANKIN PARK CENTRE (INPATIENT)

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| Sites where Guideline applies: | Rankin Park Centre inpatient unit |
| Target audience: | RPC clinical and Non clinical staff, who provide care to RPC patients |
| Description: | Referral and admission process |
| Keywords: | GNC, RPC, admission, referral |
| This Local Guideline applies to: | |
| 1. Adults | Yes |
| 2. Children up to 16 years | No |
| 3. Neonates – less than 29 days | No |
| Replaces Existing Guideline: | Yes |
| Registration Number(s) and/or name of Superseded Documents: | GNC RPC 12_027 Admission Criteria RPC Inpatient |
| Relevant or related Documents, Legislation, Australian Standards, Guidelines, etc: | |
| 1. | Correct patient, Correct procedure, correct site. NSW Ministry of Health. http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_079.pdf |
| 2. | Consent to Medical Treatment. NSW Ministry of Health. http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_406.pdf |
| 3. | Infection Control Policy. NSW Ministry of Health. http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf |
| 4. | Disability – People with a disability: Responding to Needs during Hospitalisation. NSW Department of Health. http://www.health.nsw.gov.au/policies/2008/pdf/PD2008_010.pdf . |
| 5. | Advanced Care Directives (NSW) - Using. NSW Department of Health. http://www.health.nsw.gov.au/policies/gl/2005/pdf/GL2005_056.pdf . |
| 6. | Work Health and Safety Act 2011 No 10. http://www.legislation.nsw.gov.au/viewtop/inforce/act+10+2011+cd+0+N/?autoquery=(Content%3D((22occupational%20health%20and%20safety520act%22))) |
| 7. | Work Health and Safety Regulation 2011. http://www.legislation.nsw.gov.au/viewtop/inforce/subordleg+674+2011+cd+0+N/?dq=Regulations%20Under%20Work%20Health%20and%20Safety%20Act%20202011%20No%2010 |
| 8. | Animals – Therapy Companion in Public and Private Hospitals – GL2006_012. NSW Department of Health. http://www.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_012.pdf |
| 9. | Preventative Care. Hunter New England Area Health Service. http://intranet.hne.health.nsw.gov.au/policies/pd/0003/68277/HNEH_Pol_10_01 |
| 10. | Single Gender Accommodation Adult Patient. Hunter New England Area Health Service. http://intranet.hne.health.nsw.gov.au/policies/pd/0008/67769/HNEH_Pol_09_09 |
| 11. | Clinical Handover – Standard Key Principles. NSW Department of Health. http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_060.pdf |
| 12. | Clinical Handover. Policy Compliance Procedure. PD2009_060: PCP1. Hunter New England Local Health District. http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0004/68404/Clinical_Handover |

[PD2009_060_PCP_1.pdf](#)

13. Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals.
http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_015.pdf
14. Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients
http://www.health.nsw.gov.au/policies/pd/2005/PD2005_547.html
15. Client Registration Policy http://www.health.nsw.gov.au/policies/pd/2007/PD2007_094.htm |
16. Client Registration Guideline http://www.health.nsw.gov.au/policies/gl/2007/GL2007_024.htm |

Note: Over time links in these documents may cease working. Where this occurs please source the latest document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

Prerequisites: 1. Knowledge of referral and wait list process.

Guideline Note : This document reflects what is currently regarded as safe and appropriate practice. However in any clinical situation there may be many factors that cannot be covered by a single document and therefore does not replace the need for the application of clinical judgment in respect to each individual patient.

 If this document needs to be utilised in a non RPC area please liaise with the RPC Service to ensure the appropriateness of the information contained within the guideline.

Date authorised: September 2012

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Contact Person: Kathy Bullen Service Manager/DON

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Review due date: September 2014

TRIM Number:

OUTCOMES

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|---|---|
| 1 | Patients referred to RPC are appropriate for admission for rehabilitation. |
| 2 | Timely and appropriate referrals are made to RPC. |
| 3 | Goals for admission and estimated time frame for achievement of goals are clearly defined for patients who are accepted for admission to RPC. |

ABBREVIATIONS & GLOSSARY

| Abbreviation / Word | Definition |
|---------------------|---|
| CNC | Clinical Nurse Consultant |
| DON | Director of Nursing |
| GL | Guideline |
| GNC | Greater Newcastle Cluster |
| ISBAR | Introduction, Situation, Background, Assessment, Recommendation |
| JHH | John Hunter Hospital |
| LMO | Local Medical Officer |
| NFR | Not for Resuscitation |
| NM | Nurse Manager |
| NSW | New South Wales |
| NUM | Nurse Unit Manager |
| PCP | Policy Compliance Procedure |
| PD | Policy Directive |
| RPC | Rankin Park Centre |

PREAMBLE

Rankin Park Centre will ensure that admissions are appropriate and best utilise allocated beds and resources.

Patients considered at 'higher risk' due to complex care needs and / or challenging behaviours will have multidisciplinary preadmission care plan attended to optimise transfer of care.

GUIDELINE

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient

1. Patients admitted to RPC require:

- 1.1. Identified Rehabilitation goals. Rehabilitation goals are defined as goals aiming to minimise disability where there is a reasonable chance of objective (measurable) improvement as a result of exposure to the inpatient rehabilitation team.
- 1.2. Identified Geriatric assessment goals. Geriatric assessment is defined as assessment of elderly patients where medical issues co-exist with rehabilitation issues and where these

medical issues assume an overriding priority such that if treated appropriately and effectively, the rehabilitation goals become substantially enhanced.

- 1.3. An established medical diagnosis and prognosis in which recovery or potential for functional improvement is anticipated or where access to a coordinated inpatient rehabilitation team is necessary to enable transfer of care from hospital to community.
- 1.4. Medical / surgical stability as determined by Rehabilitation /Geriatric medical team.
- 1.5. Rehabilitation / Geriatric assessment needs that cannot be adequately met in the community.
- 1.6. Appropriately completed RPC inpatient referral form.
- 1.7. Potential to cognitively be able to participate in the program.
- 1.8. Patient and family agreeable for transfer.
- 1.9. A trial of rehabilitation may be offered to patients for whom prognosis for recovery is guarded. As part of discharge planning from the transferring facility an understanding is negotiated with the patient / carer / family and referring team as to an alternative discharge plan in the event of an unsuccessful trial. This alternative discharge plan is to be documented in the notes prior to transfer. The trial will be for a set number of weeks (but no greater than four). The patient's progress will be reviewed weekly and if no significant improvement is gained, the trial will cease and discharge planning will commence.
- 1.10. Appropriately registered assistance dogs (Seeing Eye Dogs and Companion Assistance Dogs) that are part of the patients' rehabilitation program are the only animals permitted within RPC as per NSW Health GL 2006_012. Approval must be gained from the Service Manager/DON RPC for these animals prior to admission.

2. Bariatric Patients

- 2.1. To ensure appropriately planned care and management is available for bariatric patients on admission, the following criteria needs to be addressed prior to admission:
 - 2.1.1. Maximum of two (2) Bariatric patients in each of North and South Ward at a time (less if deemed by multidisciplinary team).
 - 2.1.2. Where possible all Bariatric patients are assessed by either CNC, NUM, NM prior to admission
 - 2.1.3. The Bariatric Risk Assessment and Care Plan (Salmat Number HNEMR 163) must be completed prior to the patients admission.
 - 2.1.4. A Multidisciplinary team discussion is initiated by the NUM/NM to ensure appropriate resources are available and appropriate care plan is considered.
 - 2.1.5. If required, referral to psychology and ongoing support should be arranged prior to admission to RPC.
 - 2.1.6. Ongoing medical / surgical support from the acute hospital is required with agreement for review at RPC due to transportation limitations. Advanced Care Planning and Not for Resuscitation discussion need to be conducted with the patient, their significant person and the referring team prior to transfer to RPC.

3. Patients Deemed Not Suitable for Rehabilitation Program

- 3.1. Patients with severe dementia or ongoing delirium who cannot follow instructions or participate in a rehabilitation program are generally not appropriate candidates for rehabilitation. Some patients with mild dementia may benefit from admission to assess their ability to return to their former residence.
- 3.2. Patients who are non-weight bearing, are generally not appropriate for a rehabilitation program until they can weight bear. Exceptions are people who have the potential to be discharged home non-weight bearing or are able to attain rehabilitation goals during the non-weight bearing period. Orthopaedic (or other specialist) appointments / follow up and instructions should be completed and documented prior to transfer.
- 3.3. Acceptance for a trial of rehabilitation may be considered on a case by case basis with the accepting team for patients who have been identified as requiring high level residential care or respite.

- 3.4. Palliative care patients requiring ongoing, frequent medical therapies, (e.g. radiotherapy and chemotherapy) where this would significantly impact on the provision of an inpatient rehabilitation program.
- 3.5. Patients who have been declined admission may be referred to the RPC CNC's for the Flag and Track Program to determine improvement and appropriateness for rehabilitation in the future.

4. Referral Process

- 4.1. The referral must be initiated by the patient's treating medical/surgical team and a written consultation form attended. The Geriatrician or Rehabilitation Physician or delegate (eg Geriatric or Rehabilitation Registrar) assesses the patient and completes the RPC referral form (Appendix 1).
- 4.2. Community referrals need to be arranged via the patients' Local Medical Officer (LMO) and the Geriatrician or Rehabilitation Physician, by contacting their relevant secretaries. The Geriatrician or Rehabilitation Physician or delegate assesses the patient and completes the RPC referral form (Appendix 1).
- 4.3. Out of area hospital referrals are arranged via the treating medical/surgical staff to the accepting physicians by contacting their relevant secretaries or via contact with the Patient Flow Unit.
- 4.4. Admissions will be referred to the RPC on the appropriate referral form, (Appendix 1), which will identify the desired goals and inputs required. Problematic issues and an estimated length of stay are to be documented.
- 4.5. RPC NUM / NM are to be advised of referral by faxing or handing completed form to NUM/NM.
- 4.6. Documentation of Advanced Care Plan, significant contact person, Guardianship orders and Not for Resuscitation (NFR) orders should be provided if possible prior to admission.
- 4.7. Wounds are to be swabbed prior to admission to RPC to confirm MRO status.

5. Waiting List

- 5.1. If the patient is accepted, their name is placed on a waiting list. If they are medically unstable this will be documented on the waiting list. The patients are prioritised according to:
 - 5.1.1. Date of referral
 - 5.1.2. Clinical indication at the time of initial referral
 - 5.1.3. The availability to provide a single room if required
 - 5.1.4. Allied health and ward staffing levels, i.e. dependant upon acuity of admitting wards
 - 5.1.5. Availability of specialised equipment which may delay admission (e.g. bariatric)

6. Transfer to Rankin Park Centre

- 6.1. When a bed becomes available at RPC the RPC NUM/NM will decide which patient will come to the rehabilitation unit based on current ward activity. The referring ward will be notified as soon as possible. All patients should arrive before 3:00pm as to ensure timely admission by the medical officer and team.
- 6.2. Patients for admission on Fridays should arrive before 2:00pm unless previously approved by the NUM/NM of the admitting ward. This ensures medical, allied health and pharmacy services are accessed in a timely manner. Patients with complex issues requiring a high level of support by the multidisciplinary team will not be admitted on Fridays or over weekends due to limited availability of resources, including lower level of medical practitioner cover.
- 6.3. Verbal handover using ISBAR is received and patient medication charts are faxed to the relevant ward at RPC, allowing for RPC staff to access patient medications in a timely manner.
- 6.4. Patients over the age of 70, or over 75 for Stroke patients are admitted under the Geriatric Team. If age related co-morbidities are present the decision will be made following

admission, and after discussion with the Geriatrician and Rehabilitation Physician re admitting doctor at RPC.

- 6.5. In the event of bed crisis issues at JHH, medical approval of discharges may enable admissions outside of these set times(as deemed by the Service Manager / DON), with patients already on the RPC waiting list listed as 'ready' for admission.
- 6.6. If a patient becomes acutely unwell and it is agreed that RPC is not the appropriate facility to provide the care required, then implementation of the Rapid Response Escalation process will occur. If there has been significant change in the patients' medical condition and/or functional status, then before the patient is accepted back to RPC, review by the RPC treating team is to occur following a re-referral to ensure the patient is suitable for rehabilitation.

APPENDIX:

1. RPC Referral form

HUNTER NEW ENGLAND AREA HEALTH SERVICE

PLEASE USE GUMMED LABEL IF AVAILABLE

UNIT NUMBER

RANKIN PARK CENTRE INPATIENT REFERRAL FORM

| | | |
|---------------|------|-------------|
| SURNAME | | UNIT NUMBER |
| OTHER NAMES | | |
| ADDRESS | | |
| DATE OF BIRTH | M.O. | |

HOSPITAL / WARD:

JH465G



HNE023100

BINDING MARGIN - DO NOT WRITE

| | |
|--|---|
| Home phone number: | |
| Next of kin: | Phone number: |
| GP: | Phone number: |
| Referring Ward:: | Contact number for admission: |
| Referral date: | Patient ready at time of referral: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Admitting Doctor: | |
| Diagnosis / Principal Disabilities | |
| | |
| | |
| | |
| | |
| | |
| Admission Goals | 1 |
| | 2 |
| | 3 |
| | 4 |
| | 5 |
| Potentially problematic issues / needs | |
| | |
| | |
| | |
| Challenging behaviours (wandering / aggression) | Are there any challenging behaviours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide details: |
| | |
| Anticipated length of stay in days: | |
| Post-admission review length of stay: | |

JH465G - 07/09 (July 2009)

Geriatrician/Rehabilitation Physician - Signature _____ Date _____

Fax to 14896 - For NORTH WARD PATIENTS (CVA, Neurological, Brain Dysfunction)
 Fax to 14891 - For SOUTH WARD PATIENTS (Geriatric & Amputees)
 AND
 send a hard copy through mail to Rankin Park Centre

RANKIN PARK CENTRE INPATIENT REFERRAL FORM

Admission