

Subject:	Referral to the Sacred Heart Rehabilitation Consultation Service
Area:	Hospital wide
Classification:	Operational
Relevant to:	All clinical staff
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Responsible for Review:	Director of Rehabilitation/Rehabilitation Clinical Nurse Consultant
Approved by:	Patient Safety & Quality Committee
Distribution:	SVH Intranets
Location:	SVH Operational Policies and Procedures manual - Intranet

1.32.1 Outcome

- All referrers will have a clear understanding of the rehabilitation admission criteria and have ready access to rehabilitation information.
- Timely and appropriate liaison will be established with other rehabilitation facilities.
- There will be timely response from referral to consultation and admission to rehabilitation.
- There will be a coordinated approach to rehabilitation referrals and admission to the most appropriate rehabilitation service according to the patient's clinical need.
- Thorough explanation of the rehabilitation process is provided to the patient and their significant others.
- The need for and the goals of a rehabilitation admission are clearly understood

1.32.2 Policy

- The Sacred Heart Rehabilitation Consult Team (SHRCT) will provide consultation services for inpatients (see criteria).
- The SHRCT will review the patient within 24-48 hours (Mon-Fri 0800-1630) of the referral being received by the Rehabilitation Clinical Nurse Consultant (CNC). The consultation service will consider:
 - Advice on acute management
 - Assessment of suitability for inpatient or outpatient rehabilitation services (see table 1)
 - Referral to appropriate services, or recommend discharge and
 - Advice on interventions required on discharge.

- The SHRCT liaises with Care Coordinators and attends weekly specialty meetings and/or rounds (trauma, orthopaedics, neurosciences, vascular and admissions department) to actively participate in timely discharge management.
- The Sacred Heart Rehabilitation Service (SHRS) accepts patients based on exclusion and inclusion criteria (see table 1 and 2). Once a mutual agreement (between the SHRCT and the referring unit) has been made that the patient is considered ready to commence a rehabilitation program, the inpatient service aims for admission to be within one to three days (based on Monday - Friday as admission days). Weekend admissions are available at the discretion of the SHRS, but must be pre-arranged using the referral procedure outlined, at least 24 hours in advance.

Admission time to the rehabilitation unit is Monday – Friday, 0800 – 1530. Admission outside of these hours is to be negotiated with the Nursing Unit Manager and the Director of the SHRS.

1.32.3 Scope of Policy

This policy refers to the appropriate referral process for a patient at SVH. It applies to all referrers to the rehabilitation service.

1.32.4 Definitions

1.32.4.1 Referrer – Any medical staff (or delegate) referring a patient to the SHRCT.

1.32.4.2 Rehabilitation Consultation Team – includes Rehabilitation CNC, Rehabilitation Registrar and Rehabilitation Physician

1.32.4.3 Referral Unit - The current unit or ward where the patient is in.

1.32.5 Referral Procedures to the Consultation Service

The following is an outline of the referral procedure (see Figure 1):

- All referrals are to be directed to the Rehabilitation CNC via pager number 6701 or extension 9513
- A consultation sheet is to be completed by the medical team on the referral unit.
- Referrals will be recorded on the SHR waiting list Database by the Rehabilitation CNC
- The Rehabilitation CNC will discuss referrals with the Rehabilitation Physician/Registrar.
- The SHRCT will visit the patient and attend preliminary assessment separately or together (wherever possible)

1.32.5.1 Patient Assessment:

- **St Vincent's Hospital Patients:**
Patients at SVH will be assessed by the SHRCT.

- **Sydney Hospital Patients:**
Sydney Hospital patients will be reviewed by the Rehabilitation CNC and discussed with the Rehabilitation Physicians.
- **Patients from other hospitals**
Patients from other hospitals are to be reviewed by the rehabilitation team at that site and referral by phone and fax made to the Rehabilitation CNC. The results of these assessments will be reviewed by the SHRCT.
- **Assessment Outcomes:**
Patients will be assessed as either:
 - 1) **Not suitable at the time of referral for rehabilitation**
If the patient is not suitable for inpatient rehabilitation the consultation team will make recommendations and assist with discharge planning of complex patients, where the SHRCT have been involved with the patients' care. The responsibility for appropriate and timely discharge planning will remain with the referral team.
 - 2) **Appropriate for a trial of rehabilitation**
If the patient is appropriate for a trial of rehabilitation, the patient will be referred to a rehabilitation unit to provide that trial. SHRS has a trial of rehabilitation policy (Sacred Heart Clinical policy 10.13).
 - 3) **Appropriate for rehabilitation intervention**
Please note: all patients are referred to the most appropriate rehabilitation unit. Therefore, not all patients are admitted to SHRS.

In the cases where the patient is appropriate for inpatient rehabilitation the Rehabilitation registrar will make the referral **to the most appropriate Rehabilitation Services**. If an inpatient program is recommended, all communication and confirmation of bed availability and transport arrangements after the referral is made will be the responsibility of the referral units.

1.32.5.2 Admission to Sacred Heart Rehabilitation Unit

- In the cases where the SHRS Unit is the appropriate service, acceptance and tentative date of admission will be advised by the SHRCT and should be confirmed with the NUM of the Rehabilitation unit.
- Potential admissions to the SHRS are recorded in the multidisciplinary communication book maintained on 3 North. Alternatively the Rehabilitation CNC/ Rehabilitation Registrar/ Rehabilitation Physician will discuss future admissions at weekly case conference.
- Consultation with the Sacred Heart Palliative Care service will be considered for patients referred with history of End-stage organ disease or Cancer.

Figure 1 Referral flow chart for the Sacred Heart Consultation Service

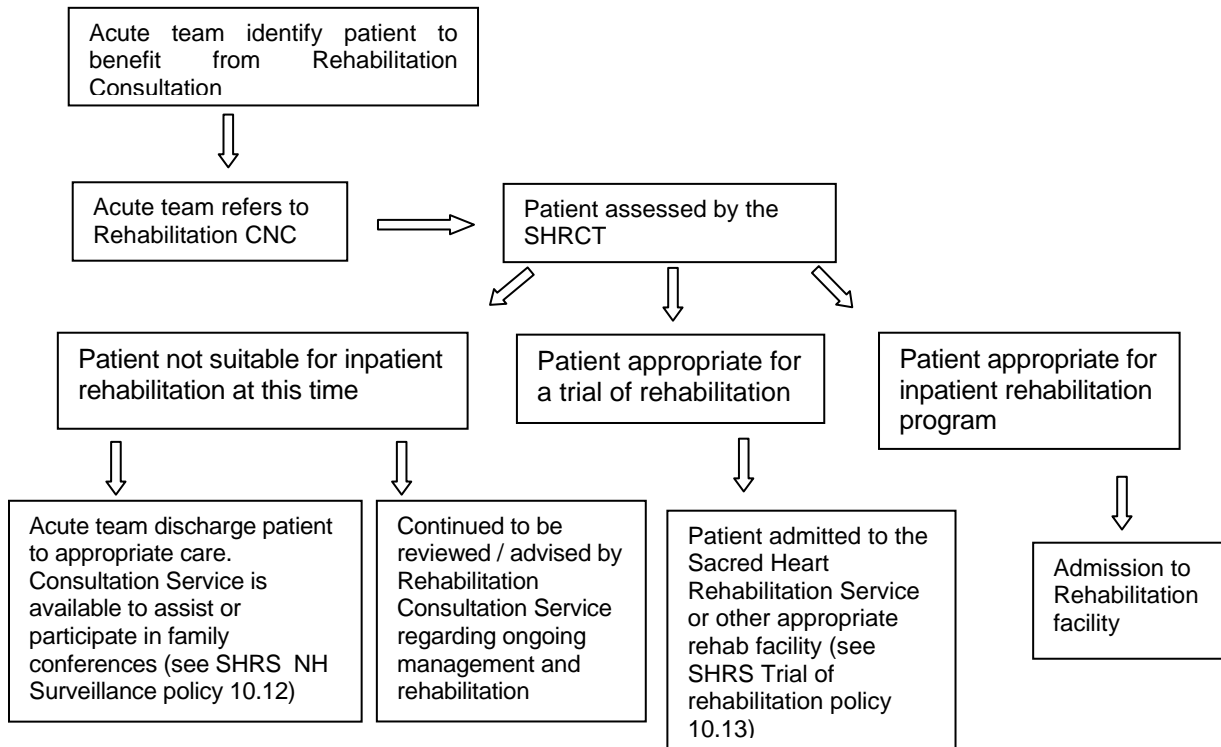


Table 1 Inclusions & exclusions to inpatient rehabilitation services for all patients referred

Inclusion Criteria	Exclusion Criteria
>16<75 years of age OR >75 if reviewed by the Geriatric team and referred to the SHRCT (for further review)	<16>75 years of age >75 years assessed by the Geriatric Rehabilitation Service
Medically / Surgically stable (as mutually agreed by both teams)	Medically unstable
Achievable functional goals	Patient not able to participate in multi disciplinary rehabilitation program

Table 2 Inclusions & exclusions for Sacred Heart Rehabilitation Service ONLY

Inclusion Criteria	Exclusion Criteria
Traumatic Brain Injury (TBI) - mild or moderate only Post Traumatic Amnesia (PTA) <7days Glasgow Coma Scale (GCS) ≥ 9 at scene of accident	Traumatic Brain Injury (severe) PTA ≥7 days; GCS < 9 at scene of accident These patients get referred to a dedicated brain injury rehabilitation unit
Traumatic & non-traumatic spinal cord injuries with no significant neurological loss (>3 strength in lower limbs)	Traumatic & non-traumatic spinal cord injuries with neurological loss (with <3 strength) These patients get referred to a dedicated spinal injury rehabilitation unit
Pre-operative amputee & follow-up. Post operative amputee patients that have achievable rehab goals & NOT for prosthetics use in the future	Post operative amputee patients who are planning to use prosthetics to mobilize These patients get referred to an amputee rehab unit
Rheumatological Disease	Actively inflamed joints in rheumatological disease
Cancer/HIV with prognosis of >4 months	Cancer/HIV with prognosis of <4 months, HIV dementia Thrombocytopenia with platelet counts <20(10 ⁹ /L)
Fractured Neck of Femur / Multi-trauma (able to weight bear on 3 limbs)/ Joint replacements/ single limb trauma	Non- Weight Bearing (NWB) ordered by Orthopedic surgeon >2 weeks from day of referral (and unable to progress in gait retraining with or without aides)
Non-traumatic & / or Degenerative Neurological	Unclear etiology
Chronic Pain	Acute unstable or uncontrolled pain
Organ or bone marrow stem cell transplant	Active infection or rejection

Note:

- * Deconditioned patients will be considered where the hospital stay has led to a decrease in their level of functional independence e.g. prolonged bed-rest, long Intensive Care Unit admission.
- * Patients not covered by the Inclusion criteria will be considered in exceptional circumstances.

1.32.6 Priority for admissions to the Sacred Heart Rehabilitation Service

The following is a list of priority for admissions to the SHRS Service. It is to be used as a guide and is flexible based on a case by case need:

1. St Vincents and Mater Health Services (SV&MHS) inpatients
2. Sydney Hospital inpatients
3. Northern Sector - South Eastern Illawarra Health Service (SESIH) hospital in-patients/ non-residents (patients who are inpatients in hospitals in the SV & MHS area but live outside the SV & MHS area)
4. Non Northern Sector inpatients – SESIH hospital in-patients and residents (patients who are inpatients in hospitals outside the SV&MHS area but live in the SV&MHS area)
5. SESIH residents in the community
6. Other area patients requiring specialty rehab (e.g. transplant).

1.32.7 Compliance

Compliance of this policy is monitored through the Sacred Heart Rehabilitation Case Review meetings

1.32.8 Cross References

- Sacred Heart Rehabilitation Surveillance of Nursing Home Policy 10.12
- Sacred Heart Trial of Rehabilitation Policy 10.13
- Sacred Heart Rehabilitation Morbidity and Mortality Case Reviews 10.17

1.32.8 Reference

- Drouin, J. Exercise in older individuals with cancer. *Topics in geriatric Rehabilitation*. 2004; 20(2) 81 – 92