ADMISSION TO KILLARA REHABILITATION BEDS

| Cross references (including NSW Health/ SESIAHS policy directives) | • DOH PD2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals.  
• SESIAHS PD107 Discharge and transfer planning for adults and children in acute facilities |
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| 1. What it is | • A guideline to clarify the process for access to Killara Rehabilitation beds at The Sutherland Hospital  
• Where the guideline helps to direct Sutherland Hospital Staff and staff from other Health Care Facilities, in the selection of patients who are appropriate for referral to the Sutherland Hospital Rehabilitation Service  
• And where the guideline can help to advise on the referral process |
| 2. Employees it applies to | • Staff Specialists  
• Medical Officers (MOs)  
• Junior Medical Officers (JMOs)  
• Senior Nurse Managers  
• Nurse Unit Managers (NUMs)  
• Clinical Care Co-ordinators (CCCs)  
• Registered Nurses (RNs) |
| 3. When to use it | • When requesting a patient rehabilitation consultation  
• When requesting transfer to Killara Rehabilitation Ward |
| Note: This policy does not relate to orthopaedic admissions – for any orthopaedic referrals, please refer to the Killara Rehabilitation Fast Track Clinical Business Rule |
| 4. Why the rule is necessary | To clarify the process for access to rehabilitation beds at The Sutherland Hospital |
| 5. Who is responsible | • Dr Conroy, Rehabilitation Staff Specialist at Sutherland Hospital  
• Sutherland Hospital Geriatricians  
• NUM Killara Rehabilitation  
• CCC Killara Rehabilitation  
• RNs Killara Rehabilitation |
| 6. Process | • Rehabilitation is multidisciplinary care, where the primary treatment goal is to improve the functional status of patients who have suffered significant illness or injury and who have the capacity to make decisions about things that affect their daily life.  
• 34 Inpatient rehabilitation beds are provided at Sutherland Hospital Killara ward.  
• These beds can only be accessed via a medical referral to the Rehabilitation Service and acceptance by a Rehabilitation Consultant.  
• Patients admitted under Dr Dedousis, Dr Gonski and Dr Nyi- Nyi do not require approval for a Rehabilitation admission.  
• Outpatient and community-based rehabilitation for appropriate patients is also available. |
6.1 Appropriate patients are those:
6.1.1 With recent impairment of functional ability due to illness or injury;
   - This may be due to diagnoses such as hip fracture, stroke, multi-trauma, brain injury, spinal cord impairment or amputation
   - It may be the result of deconditioning and general debility following prolonged illness
   - It may be associated with co-morbid conditions such as degenerative neurological or musculoskeletal disease, vascular disease, diabetes, renal failure, etc.
6.1.2. Who have prospects for functional gain within a reasonable timeframe and where there is a reasonable expectation that the patient can return home.
6.1.3 Who are able to participate in a rehabilitation program and who have the capacity to follow instruction.
6.1.4 Who are sufficiently medically stable to be managed in the rehabilitation setting.

6.2 Notes about other patients:
   - Patients with moderate to severe dementia and patients with a delirium, as well as patients with multiple active medical issues, will most likely be unable to participate in and benefit from a rehabilitation program and may be more appropriately referred to the Geriatric Medical Service.
   - Where there is no reasonable prospect of functional gain, but the patient and family are requesting discharge home, referral to the Rehabilitation Service may be appropriate so that the patient and family can be advised on the best means of managing the patient’s disability. A family conference may be appropriate if issues arise.
   - Patients who would normally be discharged home from acute wards given adequate discharge planning and simple allied health interventions (such as an occupational therapy home visit or mobilisation with the ward physiotherapist), generally do not require specialised rehabilitation, but referral to community services may be appropriate.
   - Where nursing home placement is the likely outcome the patient will be usually be transferred to another ward rather than the rehab ward.

IF IN DOUBT, PLEASE REFER FOR A REHABILITATION CONSULTATION.

6.3 Obtaining a Rehabilitation Consultation:
   - Obtain the permission of the patient’s Attending Medical Officer (if they are not the ones initiating the referral).
   - Complete a request for Medical Consultation Form, addressed to the Rehabilitation Consultant.
   - Fax through the consultation, to Killara Rehabilitation Ward on 9540 7710 or per internal extension on 37710.
   - You will need to include the patient’s name, age, diagnosis, pre-morbid mobility and location.

6.4 What happens after the Rehabilitation consultation has occurred?
   - Review the outcome of the consultation in the patient’s medical record or on the Medical Consultation form.
   - Note that the rehabilitation consultant may request that certain investigations be performed, or other medical opinions sought, prior to acceptance for a rehabilitation
Please ensure that these investigations are attended to, to avoid unnecessary delays.

- If the patient is deemed **not suitable** for a Rehabilitation bed at the time of Consultation, the rehabilitation Consultant (or registrar) may either **close** the Consultation, or advise that they will **return to review** the patient at a later date.
- This should be recorded on the Consultation form or in the Medical record.
- If the patient is **deemed suitable**, a nursing referral will need to be faxed to Killara Rehabilitation on 9540 7710 or per internal extension 37710.
- If you have any questions about any aspect of the Rehabilitation Consultation, including the patient’s suitability for rehabilitation, contact the Rehabilitation Consultant or Registrar who consulted on the patient.
- Inquiries can also be made to the Killara Rehabilitation NUM on pager #847 or the CCC on pager #383.

### 6.5 Patients returning to Acute care from a Rehabilitation Ward.

- In situations when a patient has required transfer back to another ward from a Rehabilitation Ward, a **NEW REFERRAL** for a Rehabilitation Consultation will be required if the Acute team wants the patient transferred back to the Rehabilitation Ward.
- The need for a new referral is because the patient’s clinical condition and prospects for Rehabilitation may have changed, and because it is difficult for the Rehabilitation Service to track patients when they are back in acute care.

### 6.6 DOCUMENTATION:

- For clarity regarding the patient’s condition and needs, please ensure that all relevant information that may be important to the clinician completing the Rehabilitation Consultation process, is well documented in the patients Clinical Progress notes.

| 7. Compliance evaluation | • Have staff who wished to refer patients to the Killara Rehabilitation Service reviewed these guidelines to assess the appropriateness of the patient being referred? **YES**
| | • Have staff contacted the Killara Rehabilitation NUM, CCC, Medical Team to refer the appropriate patient? **YES**
| | • Has the patient had a Rehabilitation Consultation prior to transfer to Killara Rehabilitation Ward? **YES**
| | • Are ward staff aware that if a patient becomes acutely unwell, that they will be moved out of the Killara Rehabilitation ward for appropriate management? **YES**
| | • Are ward staff aware that if these patients recover, and are deemed rehab-able again, that they will need to go through the referral process once again? **YES**
| | • Are staff aware of the type of patients who do not meet the Killara Rehabilitation criteria? **YES**

| 8. External references | Port Kembla policy- access to a rehabilitation bed PKH-P-CLIN-15
| | Any others e.g. royal ryde … stg … pow … |
I, ______________ (type name of executive sponsor) ______________ (position)
____________ of ______ (site or service) ______________________ attest that this business
rule is not in contravention of any legislation, industrial award or policy directive.

Revision and approval history

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<th>Date</th>
<th>Revision number</th>
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<td>A. Franklin / CPMD Committee</td>
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