

# Local Guideline



**Health**  
Hunter New England  
Local Health District

Document Number: GNC RPC 12\_060

## ADMISSION – RANKIN PARK HOSPITAL

Sites where Guideline applies:	GNC RPC Day Hospital
Target audience:	Clinical and Non clinical staff, who provide care to patients / clients.
Description:	
Keywords:	GNC, RPC, Day Hospital, Admission
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Registration Number(s) and/or name of Superseded Documents:	<b>GNC RPC 02_006</b> ADMISSION – RANKIN PARK DAY HOSPITAL

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](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](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](http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf)
4. NSW Health PD 2007\_092 Discharge Responsive Standards (Revised November 2007)  
[http://www.health.nsw.gov.au/policies/pd/2007/PD2007\\_092.html](http://www.health.nsw.gov.au/policies/pd/2007/PD2007_092.html)
5. NSW Health PD 2007\_079 Correct Patient, Correct Procedure, Correct Site.  
[http://www.health.nsw.gov.au/policies/pd/2007/PD2007\\_079.html](http://www.health.nsw.gov.au/policies/pd/2007/PD2007_079.html)
6. NSW Health PD2005\_353 Management of Fall Injury Among Older People policy  
[http://www.health.nsw.gov.au/policies/PD/2005/PD2005\\_353.html](http://www.health.nsw.gov.au/policies/PD/2005/PD2005_353.html)
7. NSW Health GL2005\_062 Clinicians Toolkit for improving patient care.  
[http://www.health.nsw.gov.au/policies/gl/2005/GL2005\\_062.html](http://www.health.nsw.gov.au/policies/gl/2005/GL2005_062.html)
8. NSW Health PD 2005\_406 Consent to Medical Treatment- Patient Information  
[http://www.health.nsw.gov.au/policies/PD/2005/PD2005\\_406.html](http://www.health.nsw.gov.au/policies/PD/2005/PD2005_406.html)
- 9.
10. Add other relevant documents if required.

*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.
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

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therefore does not replace the need for the application of clinical judgment in respect to each individual patient / client / resident.  
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.

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Date authorised: September 2012  
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Review due date: September 2015  
TRIM Number:

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**OUTCOMES**

<b>1</b>	Appropriate admission to Day Hospital
<b>2</b>	To assist in the decrease of hospital admissions or length of stay
<b>3</b>	Enabling patients to remain in the community.
<b>4</b>	Benefits of sharing patient information with appropriate GNC CHIME users
<b>5</b>	Ongoing exercise and education provision through involvement in programmes.

**ABBREVIATIONS & GLOSSARY**

Abbreviation / Word	Definition
ACAT	Aged Care Assessment Team
CAP	Clinical Application Portal
CHIME	Community Health Information Management Enterprise
GNC	Greater Newcastle Cluster
RPC	Rankin Park Centre

**PREAMBLE**

Referrals and admissions to Rankin Park Centre Day Hospital are appropriate and assist in the rehabilitation and assessment of individuals to enable increasing independence in the community.

**GUIDELINE**

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

**INDICATIONS / CONTRAINDICATIONS:**

1. Patients with severe Dementia or delirium who cannot follow instructions or participate in a rehabilitation program are generally not appropriate candidates for the rehabilitation program. Some patients with mild Dementia may benefit from admission to assess their ability for a program
2. Patients referred to the Day Hospital require assessment and treatment by a member of the multidisciplinary team, or a specific referral for the Falls or Parkinson’s Programmes.
3. Patients will be referred to a Geriatrician or Rehabilitation Medicine Specialist except for patients referred for a specific programme.
4. All referrals (other than Medical Rehabilitation patients) are screened by a Geriatrician for suitability for Day Hospital admission.

**5. Referral:**

5.1-Can be made from acute and sub-acute hospitals, community services, ACAT or a Medical Practitioner.  
 -Referrals will be referred to the Rankin Park Centre Day Hospital on the appropriate referral form which will identify the desired goals and inputs required.

Clinical Coordinator to be advised of referral by faxing or sending completed form to the Day Hospital

-Patients who are transitioning from child services to adult services need to have referrals attended as above. As the transition may be complex, each referral will be discussed by the Day Hospital team at Intake or Barriers to Discharge meeting.

6. Admission will be accepted on:

-The basis that the person will benefit from the Day Hospital program otherwise recommendation will be made that the patient be referred to a more appropriate service.

-Having an established medical diagnosis and prognosis in which recovery or potential for functional improvement is anticipated.

-Having clearly defined assessment / rehabilitation goals (realistic and achievable) and an estimated date of review.

-Be medically stable

-Have rehabilitation needs that cannot be met in the community

7. If a patient is accepted, their name is placed on a waiting list in the Day Hospital. If medically unstable this will be documented.

8. The patients are prioritised according to:

-Date of referral

-Clinical Indicator at time of referral

9. A Service Request is made in the CHIME Programme and accepted on the day of admission.

10. The patient's medical record is accessed through CHIME, CAP or John Hunter Hospital Clinical Information Department.

11. The program designed for the patient is reviewed at case conference and/or by the treating therapist

12. The patient's goals are identified and recorded in CHIME.

#### **REFERENCES:**

1. NSW Health PD 2007\_092 Discharge Responsive Standards (Revised November 2007)  
[http://www.health.nsw.gov.au/policies/pd/2007/PD2007\\_092.html](http://www.health.nsw.gov.au/policies/pd/2007/PD2007_092.html)
2. NSW Health PD 2007\_079 Correct Patient, Correct Procedure, Correct Site.  
[http://www.health.nsw.gov.au/policies/pd/2007/PD2007\\_079.html](http://www.health.nsw.gov.au/policies/pd/2007/PD2007_079.html)
3. NSW Health PD2005\_353 Management of Fall Injury Among Older People policy  
[http://www.health.nsw.gov.au/policies/PD/2005/PD2005\\_353.html](http://www.health.nsw.gov.au/policies/PD/2005/PD2005_353.html)
4. NSW Health GL2005\_062 Clinicians Toolkit for improving patient care.  
[http://www.health.nsw.gov.au/policies/gl/2005/GL2005\\_062.html](http://www.health.nsw.gov.au/policies/gl/2005/GL2005_062.html)
5. NSW Health PD 2005\_406 Consent to Medical Treatment- Patient Information  
[http://www.health.nsw.gov.au/policies/PD/2005/PD2005\\_406.html](http://www.health.nsw.gov.au/policies/PD/2005/PD2005_406.html)

#### **APPENDICES:**

**Appendix 1-Day Hospital Referral Form**

**Appendix 2-Physiotherapy-Clinical Indicators**

**Appendix 3-Social Work- Clinical Indicators**

**Appendix 4-Speech Therapy- Clinical Indicators**

**Appendix 5-Occupational Therapy -Clinical Indicators**

**Appendix 6-Nursing – Clinical Indicators111**

**Appendix 1**

Hunter New England Area Health Service

Rankin Park Day Hospital

Phone 4985 5750

Fax 4985 5751

SURNAME _____	UNIT NUMBER _____
OTHER NAMES _____	
ADDRESS _____	
DATE OF BIRTH _____	MO _____

**REFERRAL FORM**

**Referral to Doctor:** \_\_\_\_\_ Ring 4985 5750 for appropriate specialist's name

**Please address this form to the referring specialist and include a list of medications, background history, copy of recent pathology and x-rays.**

**If the referral is from a hospital, please include their Discharge Summary.**

**IF THIS PATIENT IS PRONE TO FALLS PLEASE COMPLETE REQUIRED INFORMATION OVERLEAF ALSO**

Patient's Phone: \_\_\_\_\_ Referral date: \_\_\_\_\_

NOK / Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does patient live alone: Yes  No

If NO, with whom does the patient live \_\_\_\_\_ **Is an interpreter required? Yes  No**

**Language spoken** \_\_\_\_\_

Is the carer able to transport the patient? Yes  No

Local GP: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the GP aware of the referral? Yes  No

Diagnosis: \_\_\_\_\_

Reason for the referral / goals: \_\_\_\_\_

Services organised: \_\_\_\_\_

Equipment at home: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

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Priority: Yes  No

Reason: \_\_\_\_\_

Person referring (print name): \_\_\_\_\_ Provider No. if applicable \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

SURNAME	UNIT NUMBER
OTHER NAMES	
ADDRESS	
DATE OF BIRTH	MO

Hunter New England Area Health Service

PLEASE USE GUMMED LABEL IF AVAILABLE

Rankin Park Day Hospital

Phone 4985 5750

Fax 4985 5751

**FALLS CLINIC REFERRAL FORM**

Falls History:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type / Amount in last 12 months: \_\_\_\_\_

Falls: Slip  Trip  Dizziness  Mechanisms of fall \_\_\_\_\_

Risk: High  Medium  Low

Other relevant information: \_\_\_\_\_

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MMSE: \_\_\_\_\_ Walking aid: Stick  Frame  Nil

Person referring (print name): \_\_\_\_\_ Provider No. if applicable \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix 2

**DAY HOSPITAL WAITING LIST PRIORITIES**

**PHYSIOTHERAPY DEPARTMENT.**

**PRIORITY 1**

Rankin Park Centre Inpatients – preference given to CVA's and patients whose discharge is dependent on Day Hospital intervention.

Patients discharged from other hospitals post CVA.

Patients at high risk of falling or at risk of injury from falling.

**PRIORITY 2**

Patients post Botulinum Toxin A injections from John Hunter Hospital or Tone & Function Clinic.

**PRIORITY 3**

Patients with exacerbation or deterioration of progressive disease process.

Example: Multiple Sclerosis / Motor Neuron Disease / Cerebral Tumours / Parkinson's Disease / CVA / Spinocerebellar Ataxia.

**PRIORITY 4**

Patients with stable, chronic conditions

Low risk individual fallers

Other neurological conditions

Patients referred for Hydrotherapy



Appendix 3

SOCIAL WORK – DAY HOSPITAL CLINICAL INDICATORS  
FOR CASE LOAD MANAGEMENT

Priority	Clinical Category	
1	Physical / Safety Risk	<b>Crisis and/or Mandatory response</b> Child Protection Elder Abuse Domestic Violence Suicidal ideation – immediate support pending Psychiatric Liaison team intervention
	Social / Psychological Support	<b>Emotional</b> Current life crisis – life threatening diagnosis, loss Recent bereavement, grief Low mood or psychological distress Carer stress - immediate need and distress
	Services, Legal, Financial	<b>Practical</b> Urgent need for service e.g. financial, legal Accommodation – unable to return to previous home due to complex needs At risk or has an identified need e.g. physical risk / living alone / falls risk
2	Social / Psychological Support	<b>Emotional</b> Adjustment to change and loss Difficulty dealing with diagnosis Carer Stress – counselling and information Death / bereavement, grief Relationship issues at home e.g. children/parenting, partner Behavioural issues or conflict <b>Education</b> <ul style="list-style-type: none"> <li>· Parkinson’s group</li> <li>· Falls group</li> </ul>
	Services, Legal, Financial	<b>Practical</b> Accommodation issues – ACCR assessment, current housing unsuitable, advocacy with Housing NSW, disability needs Legal issues related to rehabilitation e.g. Guardianship, CTP/Workcover claims, LTCS Work/social/physical activities Assessment and referral for services
3	Physical / Safety Risk	Information about personal alarm systems Information about Elder Abuse
	Services, Legal, Financial	<b>Practical issues</b> e.g. Parking vouchers Assistance with forms/applications other than those identified already as priority 1 or 2 General financial or legal/income/Centrelink inquiries and advocacy, letters for work Carer’s Allowance/Payment Transport Subsidy Information about Residential Aged Care application process

**Appendix 4**

**Speech Pathology– Day Hospital Clinical Indicators for Case Load Management**

Weighting	Priority	Clinical Category
5	1	Recent stroke < 12 weeks. Recent Brain Injury or Neurosurgery < 12 weeks. At risk of admission to hospital Moderate-Severe Dysphagia Moderate-Severe Communication Difficulty Moderate-Severe Saliva Issues At Risk Neurodegenerative Condition
4	2	Recent Stroke 3-6 months Recent Brain Injury or Neurosurgery 3-6 months Mild-Moderate Dysphagia Mild-Moderate Communication Difficulty Stable Neurodegenerative Condition
3	3	Stroke > 6 months High Level Language Stable Chronic Dysphagia
2	4	General decline Mild Communication Difficulty Chronic stable Communication Difficulty (eg/ Chronic Aphasia) Chronic Cough
1	5	Review Clients Mild Saliva Issues Young Person referred from youth services with stable condition

**Clinical Definitions:**

<b>Communication Difficulty includes the following:</b>	<ul style="list-style-type: none"> <li>• Aphasia</li> <li>• Dyspraxia</li> <li>• Dysarthria</li> <li>• Dysphonia</li> <li>• Cognitive Communication Disorder</li> <li>• (R) hemisphere Communication Disorder</li> </ul>
<b>Neurodegenerative Condition includes the following:</b>	<ul style="list-style-type: none"> <li>• Parkinsons Disease</li> <li>• MND</li> <li>• MS</li> <li>• Huntingtons Disease</li> <li>• Progressive Ataxias</li> <li>• Post Polio Syndrome</li> </ul>

**Appendix 5**  
**Occupational Therapy – Day Hospital Clinical Indicators for Case Load Management**

Indicator	Clinical Definition
	<b>Rehabilitation</b>
0	No therapy required.
1	Clients requiring short term rehabilitation (1 hour session once per week for 6 weeks)
2	Clients requiring medium term rehabilitation (1 hour session once per week for 12 weeks)
3	Clients requiring medium term intensive rehabilitation (1 hour session up to 3 times per week for 12 weeks)
4	Clients requiring long term intensive rehabilitation (1-1.5 hours sessions, more than once per week for greater than 12 weeks).
	<b>Equipment</b>
0	Nil equipment required.
1	Simple equipment prescription – sold at RPC, or access locally without trial (eg; easy reacher, bed stick).
2	Multiple equipment prescriptions and/or requiring trial at home (1 only visit) but not custom made (eg; amputee wheelchair, standard wheelchair, simple pressure relieving cushion prescription).
3	Complex equipment – requiring trial at RPC and at home (powered wheelchair, custom manual chair, hoists, beds, all pressure relieving equipment)
	<b>Home Modifications</b>
0	Nil home modifications required.
1	Clients requiring simple modifications – up to 3 grab rails (eg shower, toilet, home access)
2	Clients requiring multiple modifications – removal of a hob, platform steps, > 3 grab rails.
3	Clients requiring complex modifications – ramps, entire bathroom, kitchens, complex access (internal and external), lifts, chair hoists.

The clinical indicator provides information regarding the case load weight for an individual client attending Day Hospital who requires Occupational Therapy intervention.

The clinical indicator for case load management is a cumulative score. That is, clients are given a score from the three categories and these are then added to give a total score – the clinical indicator (CI). The CI is then multiplied by the case mix weighting.

For example, a client will required 6 weeks of one session for 1 hour therapy per week, the prescription of a standard wheelchair and comfort cushion and a ramp for access. The clinical indicator score will be 1+2+3=6. The client suffered from falls and was not attending the group so had a case mix weighting of 3. The case load weight = 6x3=18.

The score can be used as an estimate from information provided from the intake meeting and nursing initial assessment to determine the expected needs of a client prior to admission.

**Occupational Therapy – Day Hospital Case Load Weight for Case Load Management**

<b>Weighting</b>	<b>Priority</b>	<b>Clinical Category</b>
5	1	Recent stroke < 12 weeks. Recent Brain Injury < 12 weeks. At risk of harm to self or carer (eg manual handling). At risk of admission to hospital
4	2	Recent Stroke 3-6 months Recent Brain injury 3-6 months Motor Neuron Disease Post Tone and Function Clinic treatment
3	3	Flag and Track assessment only Stroke > 6 months Multiple Sclerosis Falls not attending the group
2	4	General physical decline eg reduced mobility, post polio syndrome Parkinson's Disease Reduced mobility (not attending the falls group and not at immediate risk of injury). Falls attending the group
1	5	Review Clients Flag and track therapy

**Clinical Definitions:**

<b>Rehabilitation includes the following:</b>	<p>All hands on face to face contact:</p> <ul style="list-style-type: none"> <li>• UL Ax – motor and sensory</li> <li>• Cognitive assessments</li> <li>• Perceptual assessments</li> <li>• UL therapy – motor and sensory</li> <li>• Training in compensation strategies</li> <li>• Cognitive therapy</li> <li>• Perceptual therapy</li> </ul> <p>Referrals to other agencies e.g. Leap Frog Reports</p> <ul style="list-style-type: none"> <li>• functional capacity</li> <li>• insurance</li> <li>• handovers to other therapists/agencies</li> </ul>
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<b>Equipment includes the following:</b>	<ul style="list-style-type: none"><li>• Arranging equipment loan</li><li>• Arranging equipment trial</li><li>• Assessment for equipment</li><li>• Reports requesting equipment eg PADP</li><li>• Collection/pick up of equipment</li><li>• Requests to other agencies such as TAD</li></ul>
<b>Home Modifications:</b>	<ul style="list-style-type: none"><li>• Travel to/from</li><li>• Home visits</li><li>• Home modifications drawings</li><li>• Home modification reports</li><li>• Phone calls relating to home modifications</li><li>• HSNET referral information</li></ul>

**Appendix 6**  
**Nursing – Day Hospital Clinical Indicators for Case Load Management**

Indicator	Clinical Definition
	<b>Rehabilitation/Mobility</b>
1	Patients requiring a lifter and full assist
2	Patients needing moderate to heavy assist and instruction with all aspects of mobility
3	Patients requiring light assist and instruction with all aspects of mobility
4	Patients requiring direction / supervision only in all aspects of mobility
5	Patients requiring direction only
	<b>Nursing Intervention e.g. BGL, Bladder scan, ECG, Blood collection etc</b>
1	Patient needing intervention and monitoring for the entire intervention period
2	Patient requiring ongoing observation and nursing care and intervention due to abnormal reading
3	Patients requiring nursing assessment and base line observations
	<b>Nursing Care Requirements</b>
1	Patients requiring full assist with all aspects of personal care
2	Patients needing moderate to heavy assist and instruction to assist with all aspects of personal care
3	Patients requiring light assist instruction to assist will all aspects of personal care
4	Patients requiring direction only with all aspects of personal care
5	No intervention required

The clinical indicator provides information regarding the case load weight for an individual client attending Day Hospital who requires Nursing intervention.

The clinical indicator for case load management is a cumulative score. That is, clients are given a score from the three categories and these are then added to give a total score – the clinical indicator (CI). The CI is then multiplied by the case mix weighting.

The score can be used as an estimate from information provided from the intake meeting and nursing initial assessment to determine the expected needs of a client prior to admission.

**Nursing – Day Hospital Case Load Weight for Case Load Management**

Priority	Clinical Category
1	If patients present with emergency then this takes priority Collapse/faint/funny turn Chest pain and breathlessness Fall and/or injury High/Low BGL At risk of admission to hospital
2	Recent Stroke < 12 weeks Recent Brain injury < 12 weeks Motor Neuron Disease Falls at risk of immediate injury
3	Flag and Track assessment only Stroke > 6 months Multiple Sclerosis Falls not attending the group
4	General physical decline eg reduced mobility, post polio syndrome Parkinson's Disease Reduced mobility (not attending the falls group and not at immediate risk of injury) Falls attending the group