HCH Rehabilitation Service Admission Criteria- Braeside



Policy

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Owner: Felicity Burns

Portfolio Responsible: Hammond Health

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1. Purpose

The purpose for the rehabilitation service admission criteria is to ensure appropriate admission to Braeside Hospital. The Braeside Hospital Rehabilitation Unit provides inpatient and outpatient rehabilitation services to the residents of the South West Sydney community (Fairfield and Liverpool local government areas).

The rehabilitation service is for patients who require sub-acute treatment to restore function following onset or progression of neurological impairments, musculoskeletal impairments, frailty and deconditioning after illness, major amputation; following oncological treatment and debility after major surgery or other significant comorbidities.

2. Scope

This policy provides guidelines for staff who are involved in assessment of patients for rehabilitation and patient management.

3. Policy

3.1 Inpatient Admission and Eligibility Criteria

- Clear, realistic SMART rehabilitation goals (specific, measurable, achievable, relevant and time-based) identified by a Rehabilitation Medicine Physician
- Able to be safely and appropriately cared for in a sub-acute hospital environment
- Capacity to participate in an intensive therapy programme
- Consenting to participate in an intensive therapy programme
- Resident of Fairfield/Liverpool local government areas or realistic expectation of discharge to an in-area residence
- Resident of Campbelltown local government area that requires tertiary rehabilitation service by approval of Director of Rehabilitation



3.2 Ineligible Criteria

- The patient is under the age of 18
- The patient has an acute spinal cord or traumatic brain injury and is eligible for admission to specialist state-wide unit
- The patient has significant burn injury and is eligible for admission to specialist state-wide unit
- The patient has a tracheostomy or is ventilator dependent
- The patient has medical, cognitive or psychiatric needs that prevent participation in an intensive rehabilitation program (including hemodialysis, non-weight bearing status)
- The patient has medical, cognitive or psychiatric needs that place them at risk being cared for in a subacute hospital environment
- There are no or minimal functional improvement goals and the primary reason for admission is discharge planning or identification of suitable discharge destination

3.3 Discharge Criteria

- The admitted patient has achieved a level of function consistent with a safe and sustainable discharge to their identified community destination
- There are no further mutually agreed upon SMART inpatient rehabilitation goals and further functional improvement can safely occur in the outpatient or community setting
- After consultation with the patient, the treating team/admitting specialist are of the opinion that the patient no longer requires hospital overnight admitted care
- The patient has become clinically unstable and/or cannot participate in a rehabilitation program and requires transfer to a higher level of care.
- The patient has capacity for decision making and, after receiving education from the treating team/admitting specialist, accepts the potential risks of community discharge.

4. Risk Assessment/ Key Performance Indicators

- Functional Independent Measure (FIM)
- ACHS Rehabilitation Clinical Indicators
- AROC Data Set

5. Related Documents

5.1 Legislative and other external references

- Australian Commission on Safety and Quality in Health Care (2017). National Standards and Quality Health Service Standards (2nd Edition).
- Rehabilitation Service Admission and Eligibility Criteria-Braeside Hospital
- NSW Agency for Clinical Innovation (2013) ACI Rehabilitation Implementation Toolkit.

5.2 Policies

Nil



6. Consultation Groups

- Rehabilitation Consultants
- Director of Rehabilitation Medicine
- Nursing Unit Manager- Rehabilitation Services
- Director of Medical Services

7. Date for Next Review

• February 2024