

Local Guideline



Health
Hunter New England
Local Health District

Paediatric Rehabilitation Inpatient Service

Sites where Local Guideline applies	John Hunter Children's Hospital
This Local Guideline applies to:	
1. Adults	No
2. Children up to 16 years	Yes
3. Neonates – less than 29 days	No
Target audience:	Clinical staff, who provide care to admitted paediatric patients
Description	The document provides guidance regarding the correct referral process for the Paediatric Rehabilitation Inpatient Service at JHCH.
Keywords	Paediatric, Rehabilitation, Rehab, KPRS, KIRS, JHCH
Document registration number	
Replaces existing document?	No
Related Legislation, Australian Standards, NSW Health Policy Directive, NSQHS Standard/EQUIP Criterion and/or other, HNE Health Documents, Professional Guidelines, Codes of Practice or Ethics:	
<ul style="list-style-type: none"> • NSW Health Policy Directive 2014_036 Clinical Procedure Safety • http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_036.pdf • NSW Health Policy PD 2005_406 Consent to Medical Treatment http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_406.pdf • NSW Health Policy PD2014_010 Care Type Policy for Acute, Sub-Acute and Non-Acute Patient Care http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_010.pdf 	
Prerequisites (if required)	Nil
Local Guideline Note	This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s require mandatory compliance . If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patient's health record.
Position responsible for the Local Guideline and authorised by	Pat Marks, CYPFS General Manager/ Director of Nursing
Contact Person	Jennifer Harben, Clinical Nurse Consultant, PBIRT, KPRS
Contact Details	Jennifer.Harben@hnehealth.nsw.gov.au
Date authorised	05/10/2015
This Local Guideline contains advice on therapeutics	No
Date of Issue	October 2015
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Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

RISK STATEMENT

The process of rehabilitation for Paediatric Patients within JHCH relies on the collaboration of both acute and non-acute Services. This document aims to clarify the process for a patient to be referred to the Paediatric Rehabilitation Inpatient Services to ensure that patient's receive appropriate care at the right time. This includes:

- Criteria in determining medical stability as a prerequisite for referral to the Paediatric Rehabilitation Inpatient Service
- Criteria in determining whether a patient is a candidate for the Paediatric Rehabilitation Inpatient Service
- Exclusion criteria for the Paediatric Rehabilitation Inpatient service
- Identification of services involved in providing inpatient rehabilitation at JHCH
- Referral Process to the Paediatric Rehabilitation Inpatient Service

Risk Category: *Communication & Information;*

GLOSSARY

Acronym or Term	Definition
CNC	Clinical Nurse Consultant
KPRS	Kaleidoscope Paediatric Rehabilitation Service
JHCH	John Hunter Children's' Hospital
NUMs	Nurse Unit Managers

BACKGROUND

Two key documents outline requirements for the provision of paediatric rehabilitation inpatient services within New South Wales (NSW) and Australia:

1. NSW Health Policy PD2014_010 Care Type Policy for Acute, Sub-Acute and Non-Acute Patient Care
2. Australasian Faculty of Rehabilitation Medicine (AFRM), Royal Australasian College of Physicians (RACP), Standards for the Provision of Paediatric Rehabilitation Medicine Inpatient Services in Public and Private Hospitals (2015)

The purpose of this local guideline is to ensure paediatric rehabilitation inpatient services provided within John Hunter Children's Hospital (JHCH) fulfil these requirements.

The provision of paediatric rehabilitation services within JHCH occurs as a partnership in care between JHCH staff and Kaleidoscope Paediatric Rehabilitation Service (KPRS) staff. For the purpose of this local guideline the collective services provided by these staff will be referred to as the Paediatric Rehabilitation Inpatient Service.

GUIDELINE

The Paediatric Rehabilitation Inpatient Service provides comprehensive, multidisciplinary rehabilitation care for children and young people admitted to JHCH experiencing a loss of function or ability due to acquired or congenital conditions.

The Paediatric Rehabilitation Inpatient Service aims to:

- enable these children and young people to achieve the highest level of independence physically, psychologically and socially
- maximise their quality of life and their participation within their family and community
- minimise their long term health care and support needs

The Paediatric Rehabilitation Inpatient Service is provided as a partnership between JHCH staff including allied health, Nurse Unit Managers (NUMs), ward staff and staff specialists; KPRS medical and nursing staff; and patients and their families.

The Paediatric Rehabilitation Inpatient Service:

- Provides advice and assistance in determining which patients may benefit from a multidisciplinary rehabilitation program
- Works with children and young people with a variety of functional impairments resulting from major injury, illness or medical procedures
- Provides initial medical assessment by a Paediatric Rehabilitation Specialist. (Some children and young people will only require a medical consult with the Paediatric Rehabilitation Specialist while others will need an individual multidisciplinary rehabilitation care plan established)
- Provides individual assessment, multidisciplinary treatment and regular review of progress
- Develops comprehensive multidisciplinary rehabilitation care plans including clear goals and documented functional outcome measures
- Reviews each multidisciplinary rehabilitation care plan on a weekly basis with all involved in the rehabilitation care for each child / young person
- Utilises a range of outcome measures including the following:
 - Canadian Occupational Performance Measure (COPM)
 - Functional Independence Measure for Children (WeeFIM)
 - Functional Independence Measure (FIM)
 - Rancho Los Amigos
- Provides timely liaison with appropriate services for ongoing rehabilitation in the ambulatory and community setting
- Supports discharge planning and community reintegration for children and young people seen within the service

CRITERIA:

1. Determining medical stability:

- A clear diagnosis and co-morbidities have been established.
- At the time of the care type change being made from acute care, where acute medical issues have been addressed; disease processes and/or impairments are not precluding participation in the rehabilitation program.
- Patient's vital signs are between the flags or a medical officer has changed the altered calling criteria appropriately.
- Pain management plan in place if required.
- Patient's disease processes and/or impairments are not precluding participation in a rehabilitation program.
- Medication needs have been determined.

2. Determining if a patient is a candidate for inpatient rehabilitation:

There is reason to believe that, based on clinical expertise and evidence in the literature, the patient's condition is likely to benefit from the inpatient rehabilitation program/service i.e. potential to return to premorbid functioning or to increase overall level of function.

- Potential goals for rehabilitation have been identified.
- The patient and their family/care givers have consented to treatment in the program.
- The patient demonstrates a willingness and motivation to actively participate in the rehabilitation program.

- The patient needs a multidisciplinary approach to care (i.e. medical/nursing and 2 or more allied health disciplines are required).
3. Exclusion criteria:
- The patient is undergoing active chemotherapy
 - The patient is receiving acute dialysis
 - The patient has immediate surgical needs
 - The patient is requiring only single discipline input
 - There are significant behavioural and / or psychiatric issues which significantly limit the patient or families ability to participate in the rehabilitation program

THE PAEDIATRIC REHABILITATION INPATIENT SERVICE:

The service is provided by:

- Ward staff including: NUMs, Staff Specialists, nurses and ward clerks
- Allied Health staff including: Child Life Therapy, Music Therapist, Art therapist, Neuropsychology, Occupational Therapy, Physiotherapy, Social Work, Speech Pathology and Dietetics
- Community and Adolescent Mental Health Service Consultant Liaison
- Paediatric Rehabilitation Specialists
- Rehabilitation Clinical Nurse Consultants (CNC)

The Paediatric Rehabilitation Inpatient Service also maintains close working relationships with other specialist services including:

- JHCH CNCs
- Paediatric Orthopaedics
- Paediatric Surgery
- Paediatric Complex Pain Service
- Paediatric Palliative Care
- Paediatric Medicine
- Paediatric Neurology
- Paediatric Oncology
- Neurosurgery
- Hunter Genetics
- Paediatric Gastroenterology
- Paediatric Respiratory

REFERRAL PROCESS:

Referring Doctor to:

1. Call the Paediatric Rehabilitation Specialist to discuss the referral.
2. Complete a General Request Form and place this in the patient's notes.

Any general enquiries regarding inpatient referrals can be directed to the KPRS CNCs on speed dials 67252 or 66945.

Care Type Change:

Care Type Change to a rehabilitation care type will be effected by the Paediatric Rehabilitation Inpatient Service according to the criteria outlined in the Hunter New England Health Factsheet *Care Type Change Paediatric Palliative Care and Paediatric Rehabilitation* (Appendix) and aligned with the HNEH Policy Compliance Procedure (PCP) *Episodes of Care-Identifying the Focus of Inpatient Care PD2014_010:PCP 1*.

IMPLEMENTATION AND MONITORING COMPLIANCE

1. All John Hunter Children's Hospital inpatient ward staff and allied health staff will be given education by their team leader or the Paediatric Rehabilitation CNCs regarding the implementation of the Paediatric Rehabilitation Inpatient Service guideline.
2. Compliance with Paediatric Rehabilitation Inpatient Service guideline will be monitored by the referrals received through the service.

APPENDICES

1. HNEH Factsheet *Care Type Change Paediatric Palliative Care and Paediatric Rehabilitation*. December 2014.

REFERENCES

Australasian Faculty of Rehabilitation Medicine (AFRM), Royal Australasian College of Physicians (RACP), Standards for the Provision of Paediatric Rehabilitation Medicine Inpatient Services in Public and Private Hospitals, Sydney, 2015.

NSW Health PD2014_010 Care Type Policy for Acute, Sub-Acute and Non-Acute Patient Care
http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_010.pdf

HNELHD Policy Compliance Procedure: *Episodes of Care-Identifying the Focus of Inpatient Care PD2014_010:PCP 1*.

GTA Rehab Network, (2009) Inpatient Rehab/LTLD Referral Guidelines, Toronto.
<http://www.gtarehabnetwork.ca>

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

CONSULTATION

Dr Robert Smith, Paediatric Neurologist and Rehabilitation Specialist.

Dr Caroline Hodge, Rehabilitation Paediatrician.

Jenny Martin, Director of Allied Health.

Sandra Stone, NUM Ward J1.

Paul Widseth, NUM Ward J2.

Leanne Lerhle, NUM Ward H1.

Karen Height, KPRS Service Manager.

Sharon Baillie, KPRS Clinical Nurse Consultant.

APPROVAL

CPGAG – 20th July 2015

JHCH CQ&PCC – 22nd September 2015

Care Type Change Paediatric Palliative Care and Paediatric Rehabilitation

Situation

The release of the Care Type Policy for Acute, Sub-Acute and Non-Acute Patient Care PD2014_010, requires care type assignment and change for admitted patients which reflects the overall nature of a clinical service provided to a patient during an inpatient episode of care.

Background

The introduction of Activity Based Funding (ABF) requires Care Type assignment and changes to accurately reflect the clinical service provided to an admitted patient during an episode of admitted patient care.

The care type allocated must reflect the primary clinical purpose or treatment goal of the care provided. When the clinical purpose or treatment goal changes, so must the care type.

The Care Type Policy includes 10 care types: Acute Care; Rehabilitation; Palliative Care; Maintenance Care; Newborn Care; Other care; Geriatric Evaluation and Management (GEM); Psycho-geriatric; and Hospital Boarder.

For paediatric sub-acute admitted patient care, 2 primary care types need to be considered:

- Palliative Care
- Rehabilitation

Assessment

The requirements for Palliative Care and Rehabilitation care type changing are:

Palliative Care- is care in which the primary clinical purpose or treatment goal is optimization of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex, physical, psychosocial and/or spiritual needs.

Palliative care is always:

- Delivered under the management of, or informed by a clinician with specialized expertise in palliative care
- Evidenced by an individualized multidisciplinary assessment and management plan, which documented in the patient's medical record, which covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.

Rehabilitation Care: is care in which the primary clinical purpose or treatment goal is improvement in - the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition.
- the patient will be capable of actively participating.

Rehabilitation is always:

- Delivered under the management of or informed by a clinician with specialised expertise in rehabilitation, and
- Evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record that includes negotiated goals within specified time frames and formal assessment of functional ability.

Care Type Change Process:

- Clinical decision made to change care type
- Referral made to Paediatric Palliative Care Service OR Paediatric Inpatient Rehabilitation Service (By the treating doctor)
- Care Type Change Notification Form completed and signed by the receiving doctor (i.e. Paediatric Rehabilitation Specialist or Paediatric Palliative Care Specialist)
- Care Type Change Notification form provided to Ward Clerk
- Ward Clerk:
 1. enters data into iPM and
 2. Arranges for the Care Type Notification form to be scanned into DMR
- Team members complete:
 1. Required assessment measures
 2. Multidisciplinary Care Plan

An additional data entry process will be required in July 2015 when the Australian National Sub-acute and Non-acute (AN-SNAP) Classification version 4 comes into effect and includes paediatric specific classifications.

Recommendations

To progress the administrative side of the care type change process that following is recommended:

- Liaison with relevant JHCH staff regarding process for care type change
- Care Type Change Notification forms ordered and available on wards J1, J2, H1
- Commencement date 8th December 2014

If you have questions regarding this process please contact: Karen Height – Service Manager, Kaleidoscope Paediatric Rehabilitation Service (0409659529)
Dr Sharon Ryan – Director, Paediatric Palliative Care Service (0417 896 275)

References:

Care Type Policy for Acute, Sub-Acute and Non-Acute Patient Care (PD2014_010)