

Local Guideline



John Hunter
Children's Hospital
CHILDREN, YOUNG PEOPLE AND FAMILIES



Health
Hunter New England
Local Health District

PAEDIATRIC REHABILITATION INPATIENT SERVICE

Sites where Local Guideline applies	JHCH
This Local Guideline applies to:	
Adults	No
Children up to 16 years	Yes
Neonates – less than 29 days	No
Target audience	All staff working with children at the JHCH
Description	The document provides guidance regarding the correct referral process for the Paediatric Rehabilitation Inpatient Service at JHCH.

[Go to Guideline](#)

National Standards	1 5
Keywords	Paediatric, Rehabilitation, Rehab,
Document registration number	JHCH 15.3
Replaces existing document?	No
Registration number and dates of superseded documents	JHCH 15.3 2015

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

- [NSW Health Directive IB 2020_010 Consent to Medical and Healthcare Treatment Manual](#)
- [NSW Health Directive PD2017_032 Clinical Procedural Safety .pdf](#)
- [NSW Health Directive PD2016_039 Care Type Policy for Acute, Sub-Acute and Non-Acute and Mental health admitted patient care](#)

Local Guideline note	This document reflects what is currently regarded as safe and appropriate practice. This guideline does not replace the need for the application of clinical judgment in respect to each individual patient. If staff believe that the guideline should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patients' health record.
Position responsible for the Local Guideline and authorised by	JHCH Clinical Quality and Patient Care Committee
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PURPOSE AND RISKS

The process of inpatient rehabilitation for paediatric patients within JHCH relies on the collaboration of both acute and non-acute services. Inpatient services at JHCH are supported by HNEkidsRehab to provide timely and appropriate inpatient rehabilitation.

This document aims to clarify the process for a patient to be referred to the Paediatric Rehabilitation Inpatient Services. It demonstrates the mechanisms for patients to receive appropriate care at the right time, and to describe the systems involved in providing rehabilitation care in the inpatient setting.

The document is required to educate key stakeholders about the collaboration between JHCH inpatient wards and HNEkidsRehab. It provides clear communication to all staff about the roles and responsibilities of all teams.

Risk Category: *Communication & Information;*

GLOSSARY

Acronym or Term	Definition
AROC	Australasian Rehabilitation Outcomes Centre
CNC	Clinical Nurse Consultant
HNEkidsRehab	Paediatric Rehabilitation Service
JHCH	John Hunter Children's Hospital
NUMs	Nurse Unit Managers
PBIRT	Paediatric Brain Injury Rehabilitation Team

GUIDELINE

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

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; HNEkidsRehab 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
- Utilizes resources from the Australian Rehabilitation Outcomes Centre (AROC) to ensure rehabilitation and outcome measures are benchmarked across other centres
- Provides data for benchmarking to AROC to improve clinical rehabilitation outcomes.

REFERRAL CRITERIA

1. Determine medical stability:

- A clear diagnosis has been established, or appropriate investigations are underway by the managing team.
- 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. Determine if a patient is a candidate for inpatient rehabilitation:

- There is reason to believe that 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/caregivers have consented to rehabilitation referral.
- The patient demonstrates 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 medically unstable
- The patient is requiring only single discipline allied health input
- There are significant behavioural and / or psychiatric issues which significantly limit the patient or families ability to participate in the rehabilitation program
- The primary diagnosis is conversion disorder, functional neurologic disorder or somatoform symptom disorder.

THE PAEDIATRIC REHABILITATION INPATIENT SERVICE:

The service is provided by:

- Ward staff including: NUM's, nurses and ward clerks.
- Allied Health staff including: Occupational Therapy, Physiotherapy, Child Life Therapy, Music Therapy, Art therapy, Neuropsychology, Social Work, Speech Pathology, Dietetics, and Psychology
- Paediatric Rehabilitation Medicine Physicians
- 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
- Children's Complex Pain Service
- Paediatric Palliative Care
- Paediatric Medicine
- Paediatric Neurology

- Paediatric Oncology
- Paediatric Endocrine
- Neurosurgery
- Hunter Genetics
- Paediatric Gastroenterology
- Paediatric Respiratory
- Child Protection

REFERRAL PROCESS

Inpatient- Acute for REHABILITATION

1. Contact **Paediatric Rehabilitation Medicine Physician** via JHH switchboard
2. Write referral in patient notes

Inpatient- Acute for Paediatric Brain Injury Rehabilitation Team

1. Contact **Dr Rob Smith** via JHH switchboard
2. Write referral in patient notes

Inpatient – for outpatient rehabilitation review

1. Complete [HNEKidsRehab Referral form](#) and send to **RIMS (02) 49236517**
2. Patient will be discussed at intake meeting.
3. For further verbal handover please contact appropriate **CNC on 0439516377 (Rehab) or 0417237629 (PBIRT)**

Outpatient

1. Complete [HNEKidsRehab Referral form](#) and send to **RIMS (02) 49236517**
2. Patient will be discussed at intake meeting.
3. For further verbal handover please contact appropriate **CNC on 0439516377 (Rehab) or 0417237629 (PBIRT)**

Any general enquiries regarding inpatient referrals can be directed to the

- **HNEKidsRehab PBIRT CNC (0417237629) for patients with a brain injury**
- **Rehab CNC (0467711997) for all other patients.**

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* (Appendix1) 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. June 2020.

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.

GTA Rehab Network, (2009) Inpatient Rehab/LTLD Referral Guidelines, Toronto.

<http://www.gtarehabnetwork.ca>

HNELHD Policy Compliance Procedure: [Episodes of Care-Identifying the Focus of Inpatient Care PD2014_010:PCP 1.](#)

NSW Health PD2014_010 Care Type Policy for Acute, Sub-Acute and Non-Acute Patient Care
[NSW Health Directive PD2016_039 Care Type Policy for Acute, Sub-Acute and Non-Acute and Mental health admitted patient care](#)

FEEDBACK

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

CONSULTATION

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APPROVAL

CYPFS CPGAG – April 2020

JHCH CQ&PCC – June 2020

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/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:
enters data into iPM and
Arranges for the Care Type Notification form to be scanned into DMR
- Team members complete:
Required assessment measures
Multidisciplinary Care Plan

Recommendations

To progress the administrative side of the care type change process the 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:

Thizbe Wenger / Gai Lovell – Service Manager, HNEkidsRehab (0409659529)

Dr Sharon Ryan – Director of Medical Services and Senior Staff Specialist Paediatric Palliative Care (0417 896 275)

References:

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