



<p>Team Name: Regional Inpatient Rehabilitation Team</p> <p>Team Lead: Regional Director – Rehabilitation Services</p> <p>Approved by: Regional Lead – Community & Continuing Care</p>	<p>Reference Number: CLI.4110.SG.010</p> <p>Program Area: Across Care Areas</p> <p>Policy Section: General</p>
<p>Issue Date: February 12, 2021</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Inpatient Rehabilitation Unit Criteria for Admission</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

Inpatient Rehabilitation Unit Criteria for Admission

PURPOSE:

To standardize the eligibility criteria for admission to the Regional Centre Inpatient Rehabilitation Unit.

DEFINITIONS:

Interdisciplinary Rehabilitation Team may consist of: chaplains, dietitians, health care aides, nurses, occupational therapists, pharmacists, physicians, physiotherapists, rehabilitation aides, respiratory therapists, social workers, and speech-language pathologists.

IMPORTANT POINTS TO CONSIDER:

Rehabilitation is a process of assisting each client to attain their optimal potential for physical, cognitive, social, emotional and spiritual health. This is provided in a holistic and respectful environment in which the client and family are active participants.

The mission of the Rehabilitation Unit is to assist clients to reach an optimal level of function and quality of life. Within an inter-disciplinary rehabilitation team setting, health care providers use their expertise based on evidence informed collaborative practice to achieve client centered care.

The Rehabilitation Unit provides services to patients with orthopedic conditions (e.g. joint replacements, spinal surgeries, fractures, amputations), patients with neurologic conditions (e.g. stroke, encephalitis, Guillain-Barre syndrome) and geriatric rehabilitation (e.g. deconditioned). Patients with other diagnoses are considered on a case by case basis.

The patient should meet the following criteria prior to being considered an appropriate referral for the rehabilitation program.

1. The patient should be medically stable. Patients requiring complex care and extensive monitoring may not be manageable.
2. The patient is willing to actively participate in their rehabilitation plan.
3. The patient is able to tolerate active involvement with the rehabilitation team.
4. The patient is able to follow commands/cues.
5. There is an expectation that the individual will show improvement in functional status.

NOTE: All referrals will be considered on a 2 week trial period to allow adequate time for assessment and development of a rehabilitation plan. Following this, it may be necessary to repatriate the patient to the original unit/facility if the development of a rehabilitation plan is not feasible.

PROCEDURE:

1. Patients can be referred from other units at the Regional Centres, other facilities or admitted from community.
2. To initiate the referral process, complete the Regional Centre Inpatient Rehabilitation Unit Referral Form (CLI.4110.SG.010.FORM.01) and fax to the appropriate number stated on the form. If the referring facility has questions about suitability of the referral, they may contact the respective Regional Inpatient Rehabilitation Unit for clarification.
3. For inpatients:
 - Rehabilitation inpatient unit staff will contact the referring site to discuss the patient and related eligibility and suitability for the program.
 - If the patient is deemed suitable, inpatient rehabilitation unit staff in consultation with Utilization Facilitator, will contact the referring site representative to confirm bed availability and any special needs the client may have.
 - If a bed is available, inpatient rehabilitation unit staff will contact the referring site to confirm transfer details including the name of the accepting physician.
 - The transferring physician is required to contact the accepting physician to provide a verbal report prior to the client's transfer.
4. If there are no beds available, the referring unit/facility will be verbally advised. It should be recommended to the referring site that the referral be sent to the next closest regional centre inpatient rehabilitation unit. The referral form will be placed on a waitlist at the original site until a bed becomes available. The referral form will remain on the waitlist in the order in which it was received. As appropriate, the waitlist may be prioritized by the rehab team based on acuity/urgency of the referral.
5. All efforts will be made by the referring and receiving facilities to ensure admissions to inpatient rehab units occur Monday to Friday prior to 1500 hrs.
6. If the referral is declined based on eligibility criteria, the reason will be communicated to the referral source.

SUPPORTING DOCUMENTS:

[CLI.4110.SG.010.FORM.01](#) Regional Centre Inpatient Rehabilitation Unit Referral Form

REFERENCES:

Interlake-Eastern Regional Health Authority, *Inpatient Unit Criteria for Admission*

Interlake-Eastern Regional Health Authority, *Inpatient Rehabilitation Unit Referral Form*