Lenmed
Acute Rehabilitation
Admission Criteria

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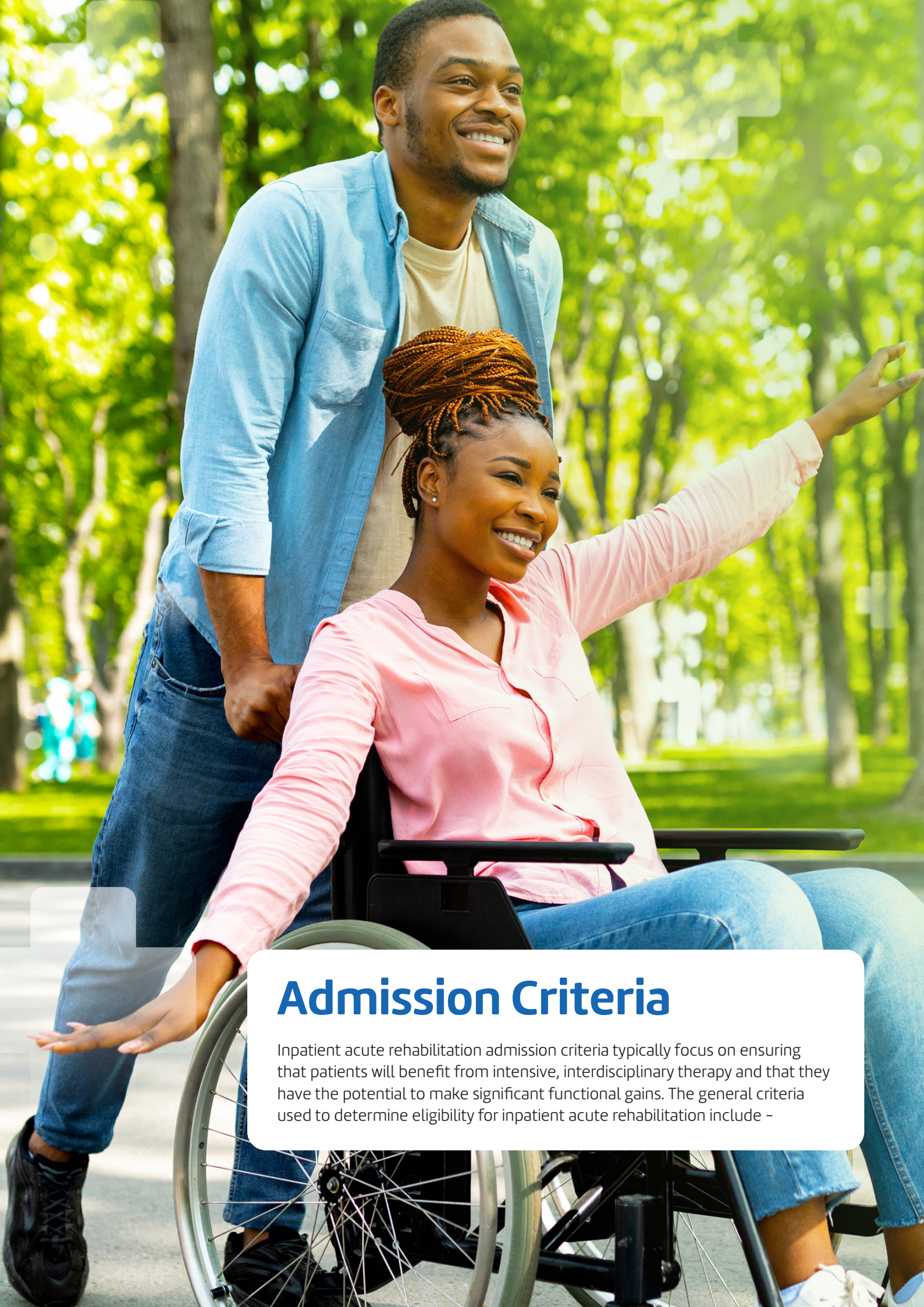

Admission Criteria

Inpatient acute rehabilitation admission criteria typically focus on ensuring that patients will benefit from intensive, interdisciplinary therapy and that they have the potential to make significant functional gains. The general criteria used to determine eligibility for inpatient acute rehabilitation include –

Medical Stability

Stable medical condition – The patient should be medically stable and not require intensive medical or surgical care.

Absence of acute illness – Any acute medical issues should be resolved or managed.

Functional Limitations

Functional deficits – The patient must have significant functional impairments that necessitate intensive rehabilitation.

Potential for improvement – The patient should have a reasonable potential for functional improvement.

Rehabilitation Needs

Interdisciplinary care requirement – The patient should have the potential to tolerate at least three hours of combined physical, occupational, and speech therapy per day, five days a week. (15–20 minutes on initial admission)

Specific therapy needs – The patient should require at least two disciplines of therapy (e.g., physical therapy, occupational therapy, speech therapy).

Cognitive and Physical Ability

Ability to participate – The patient should have the cognitive and physical ability to participate in a rehabilitation program.

Motivation and cooperation – The patient should be motivated and willing to participate in therapy.

Social Support

Adequate social support – The patient should have adequate social support to facilitate the rehabilitation process and discharge planning.

Medical Aid Cover or ability to Cover Costs

Medical Aid Authorisation – The patient's medical aid must authorise and cover the costs associated with inpatient rehabilitation, as this can vary based on the provider and plan. Alternatively, the patient must have the means to cover the costs via private means. Common Diagnoses and Conditions.

Inpatient rehabilitation is often considered for patients who have experienced the following conditions

- Stroke
- Cardiac conditions such as a heart attack (MI)
- Traumatic brain injury (TBI)
- Spinal cord injury
- Amputation
- Major multiple trauma
- Neurological disorders (e.g., Parkinson's disease, multiple sclerosis)
- Orthopedic conditions (e.g., hip fractures, joint replacements)
- Severe arthritis
- Burn injuries

Evaluation Process

1. Referral – Typically, a patient is referred to an inpatient acute rehabilitation facility by the attending doctor, physician or specialist.

- Nurses and therapists identify patient's would be benefit from in-patient rehabilitation. Nurses and therapists to fill out a request for assessment form and the treating doctor is required to approve and sign. There is no cost in the initial assessment by the admission consultant/ doctor/ therapist.
- Family and the patient may request an assessment by an admission consultant for rehabilitation. The admission consultant would thereafter discuss, with the management team, (practice manager, therapy and nursing managers and the doctor) whether the patient was appropriate for in-patient or outpatient therapy. If the patient is an appropriate referral, then a written referral from a doctor would be needed prior to admission.
- Patients can be referred for general in-patient rehabilitation, a short period of care-giver training and orthopedic rehabilitation post-surgery.

2. Initial assessment – An admission consultant would conduct the initial assessment to determine if the patient meets the criteria. If required, the rehabilitation medical officer or a specific therapists could assist with the assessment.

- When admission consultant does the initial assessment, they would need to review admission diagnosis, assess skin integrity, presence of wounds, review medical charts for medical stability, review documentation on pre-exiting medical conditions, medication, and report of functional capabilities by nurses and treating therapists.
- The patient needs to be medically stable. Medical stability refers to medical evaluation of a patient, including physical examination, obtaining vital signs, gathering relevant medical history, radiology and applicable laboratory testing, to determine whether the patient's acute hospital presenting condition has been stabilized, and that there is no serious underlying medical illness or injury that would prevent participation in the rehabilitation process.
- Special considerations for admission:
  - Tracheostomies are in-situ at least 5- 7 days prior to admission and the ward protocol on tracheostomy to be in place.
  - Percutaneous endoscopic gastrostomy needs to be in-situ prior to admission if the patient is unable to swallow.
  - If patient has a nasogastric tube, the referring doctor and speech therapist assessment indicates that there is a potential for the NG tube to be removed within 72 hours after admission.
  - Patient is allowed to be mobilized in bed with appropriate precautions (e.g. brace) post-surgery.
  - Patients with a Central venous line may be admitted where relevant and protocols in place. Doctor and Registered nurse may only be permitted to renew dressing and utilise the line.
- High care admission
  - Patient could require the constant monitoring of vital signs but needs to be medically stable (not require inotropes).
  - Patients need to be able to tolerate at least two types of therapy.
  - Patients need to be medically stable but can be ventilated if being admitted for caregiver training and home ventilation or pulmonary rehabilitation.

3. Management team review – The team evaluates the patient's medical history, current condition, functional status, and potential for improvement.

4. Approval – Once deemed appropriate, the patient is admitted to the rehabilitation facility.

This process ensures that patients who can benefit most from intensive rehabilitation services are admitted and receive the appropriate level of care.

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