

# Inpatient Rehab Referral Guidelines

## Table of Contents

Introduction.....	3
Inpatient Rehab Referral Guidelines - Quick Reference Guide .....	4
Inpatient Rehab Referral Guidelines:	
Determining if a patient is a <u>candidate</u> for inpatient rehabilitation .....	5
Determining <u>Medical Stability</u> .....	5
Determining <u>Rehab Readiness</u> .....	5
Determining Timing of <u>Submission of Application</u> for Rehab .....	6
Determining <u>Number of Referrals</u> to be Submitted .....	6
Determining Timing of <u>Responses to Referrals</u> .....	7
Appendix: Alternate Level of Care (ALC) Designation .....	8

## INTRODUCTION

The *Inpatient Rehab Referral Guidelines* are intended for general application across multiple rehab populations in need of regular or low tolerance long duration (i.e. slow stream) inpatient rehabilitation.

To optimize the rehab referral process, these guidelines are organized around patient-specific criteria related to the determination of patients suitable for rehab, their medical stability and readiness for rehab.

The benefits of these guidelines are:

- to ensure that rehab referrals are submitted in a timely and appropriate manner
- to minimize the number of days that patients are waiting in Alternate Level of Care (ALC).

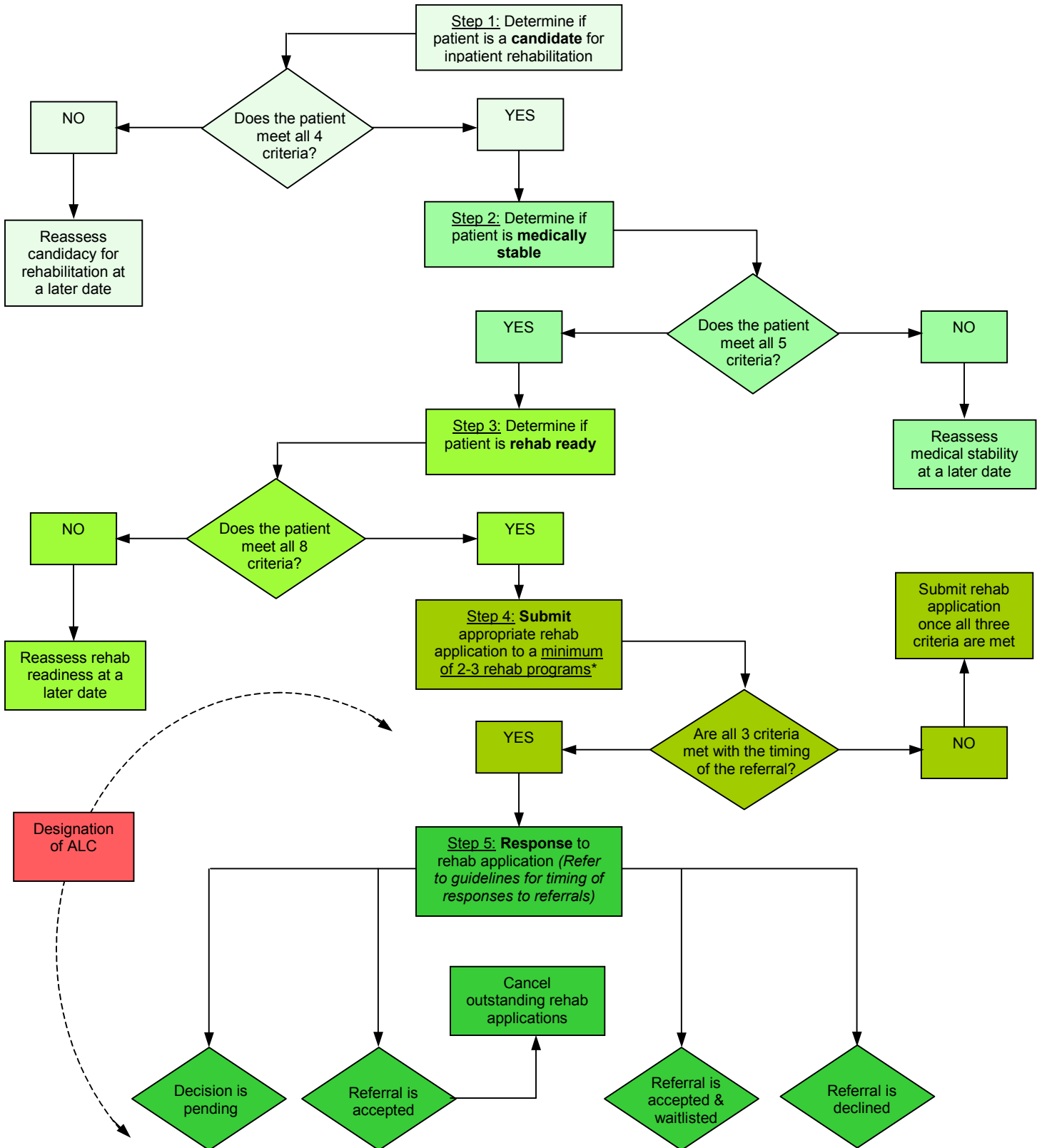
Application of each and every component of these guidelines should result in the submission of rehab referrals before a designation of ALC is made.

(Further information regarding ALC designation can be found in the Appendix.)

Recognizing that each rehab program has its own set of admission criteria, **these guidelines are to be considered in their entirety and used in conjunction with the specified admission criteria of individual inpatient rehabilitation programs.**

Detailed information about the admission criteria of individual rehab programs can be found using the admission information tool, *Rehab Finder*, available on the GTA Rehab Network website (see: [www.gtarehabnetwork.ca](http://www.gtarehabnetwork.ca)).

# QUICK REFERENCE GUIDE FOR INPATIENT REHAB REFERRALS



\* Submission of the rehab application to a minimum of 2-3 rehab programs may not be required in hospitals with internal rehab beds.

## INPATIENT REHAB REFERRAL GUIDELINES

### Determining if a patient is a candidate for inpatient rehabilitation ...

- ✓ Patient demonstrates by documented progress the potential to return to pre-morbid/baseline functioning or to increase in functional level with participation in rehab program.
- ✓ 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 rehab program/service.
- ✓ Goals for rehabilitation have been established and are specific, measurable, realistic and timely.
- ✓ The patient or substitute decision-maker has consented to treatment in the program and demonstrates willingness and motivation to participate in rehab program.  
(Exception: patients with reduced motivation/initiation secondary to diagnosis e.g. brain injury, depression).

### Determining Medical Stability ...

- ✓ A clear diagnosis and co-morbidities have been established.
- ✓ At the time of discharge from acute care, acute medical issues have been addressed; disease processes and/or impairments are not precluding participation in rehab program.
- ✓ Patient's vital signs are stable.
- ✓ No undetermined medical issues (e.g. excessive shortness of breath, falls, congestive heart failure).
- ✓ Medication needs have been determined.

### Determining Rehab Readiness ...

- ✓ Patient meets the criteria of a rehab candidate as defined in guideline above.
- ✓ Patient meets the criteria of medical stability as defined in guideline above.
- ✓ All medical investigations have been completed *or* a follow-up plan is in place at time of referral and follow-up appointments made by time of discharge.
- ✓ Patient's special needs have been determined.
- ✓ Patient is able to meet the minimum tolerance level of rehab program as defined by the admission criteria of rehab program.
- ✓ There are no behavioural or active psychiatric issues limiting patient's ability to participate in rehab program.
- ✓ Treatment for other co-morbid illnesses/conditions does not interfere with patient's ability to participate in rehab (e.g. dialysis or active cancer treatment resulting in fatigue or frequent absences from unit during rehab treatment sessions).
- ✓ Patient's discharge options following rehab have been discussed.

### Determining Timing of Submission of Application for Rehab ...

- ✓ Patient meets the criteria of a rehab candidate as defined in the guideline above.
- ✓ Patient meets the criteria of medical stability as defined in the guideline above *or* patient's date of medical stability can be identified within the next 1-2 days of submission of application.
- ✓ Patient meets the criteria for rehab readiness as defined in the guideline above *or* the date for rehab readiness can be identified.

**Note I:** Referrers should notify rehab facilities of the cancellation of the referral in the event that the referral is no longer required (e.g. patient is accepted elsewhere).

**Note II:** Timing of ALC designation is based on patient meeting the criteria for rehab candidacy, medical stability and rehab readiness.

### Determining Number of Referrals to be Submitted ...

- ✓ Organizations should send referrals to a minimum of 2-3 rehab programs as appropriate.<sup>1</sup>

Detailed information about the admission criteria of individual rehab programs can be found using the admission information tool, **Rehab Finder**, available on the GTA Rehab Network website (see: [www.gtarehabnetwork.ca](http://www.gtarehabnetwork.ca)).

This web-based resource provides a comprehensive listing of all publicly-funded and fee-for-service rehab programs/services provided by hospitals and access centres that are members of the GTA Rehab Network.

**Rehab Finder** allows you to search for rehab programs by:

- Patient Population (including age)
- Organization
- Service Setting
- Special Needs
- Geographical Region

Information on **Rehab Finder** includes:

- Description of the program
- Admission and Exclusion criteria
- Application process and forms
- Information about wait list management
- Contact details

<sup>1</sup> Please note that a minimum of 2-3 applications may not be required in hospitals with internal rehab beds.

## Determining Timing of Responses to Referrals ...

- ✓ Responses to referrals should be given within 2 business days of receipt of application.
- ✓ Responses to referrals should be specific to one of the following response categories:
  - **Decision is pending** because:
    - i) referral form is incomplete
    - ii) patient's current status precludes a decision at this time
  - **Referral is accepted.** (Provide date of admission)
  - **Referral is accepted and waitlisted.** (Provide estimated date of admission). Reasons for waitlisting due to:
    - i) Current bed availability
    - ii) Current resource availability to accommodate complex patient needs
    - iii) Infection control issues
  - **Referral is declined** (Please be as specific as possible)

## APPENDIX

### **Alternate Level of Care (ALC) Designation:**

The following information has been drawn from the Canadian Institute for Health Information's (CIHI) Discharge Abstract Database (DAD) Abstracting Manual.<sup>2</sup>

### **An ALC patient:**

- ✓ has finished the acute care phase of his/her treatment but remains in the acute care bed
- ✓ no longer requires services that must be delivered in an acute care hospital setting
  - ALC guidelines are only applicable to active treatment/acute care discharges
  - ALC designation is not used for extended/chronic care, residential care, intermediate/personal care, or day care surgery cases
  - ALC requires a medical decision to be made by the attending physician or authorized hospital designate to determine when the patient no longer requires acute care services
  - ALC status is often identified through a collaborative interdisciplinary approach

### **ALC Codes:**

There are a number of Diagnosis (ICD-10-CA) codes that can be applied to ALC patients. Please refer to the CIHI Discharge Abstract Data Abstracting Manual for information regarding specific coding.

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<sup>2</sup> CIHI Discharge Abstract Data Abstracting Manual, Chapter 10:1 – 10, April 2003