

Clinical Services Capability Framework

Rehabilitation Services

Module Overview

Rehabilitation Medicine services provide care for children and adults with a range of functional impairments arising from acute or sub-acute conditions, accidents or congenital abnormalities. Rehabilitation services aim to improve functional status by reducing impairment, activity limitation and participation restriction, thereby enabling people to maximise their independence and quality of life.

Areas of clinical practice may include:

- > neurological conditions (including acquired brain injury and spinal cord injury rehabilitation)
- > musculoskeletal and orthopaedic conditions
- > deconditioning post-acute illness
- > amputations
- > burns
- > occupational injuries
- > cardiorespiratory disorders
- > other complex or chronic conditions.^{1,2}

Management and care within rehabilitation services is provided by multidisciplinary teams with rehabilitation expertise. They work in various settings including inpatient facilities, ambulatory clinics and within the community. Programs include:

- > hospital-based services, including inpatient, outpatient and day hospital programs
- > transitional programs from hospital to home
- > community-based rehabilitation (including facility-based and home-based programs)
- > consultative and outreach services within homes and schools, and facility visits provided in partnership with local providers including rural and remote health clinics and hospitals
- > group programs addressing areas such as mobility, social skills and school transition.

Rehabilitation services may be short-term, long-term or episodic depending upon the nature of the patient's condition. While the demand for rehabilitation spans all ages, it increases with age. Older people are proportionally the largest group accessing these services. Central to the provision of rehabilitation services is the collaboration between multidisciplinary teams, patients and carers. This collaboration guides the development and implementation of care plans, and the process of reviewing a patient's progress against stated goals. Quality rehabilitation activities are patient-focused, educating and enabling patient self-management and taking into account the experiences of patients and those who care for them.

This module focuses on the provision of dedicated rehabilitation services addressing specific functional limitations across multiple physical and psychological domains. Mental health and drug and alcohol rehabilitation are out of scope for this module.

Children have specific needs in health services— refer to the relevant children's services modules.

Rehabilitation services range from Level 1, which may be delivered by a single practitioner to ambulatory clients in their local areas, to Levels 5 and 6, which treat patients with highly complex or specialised needs, and include outreach and statewide services.

The capability level of each rehabilitation service is based on:

- > availability of supporting clinical services required to diagnose, treat and manage presenting conditions
- > established processes and infrastructure to ensure effective communication and collaboration between health services at each level
- > skills, knowledge and experience of staff
- > clinical decision-making processes within the service
- > established processes to facilitate appropriate patient referral and transfers.

Service Requirements

In addition to the requirements outlined in the [Fundamentals of the Framework](#), specific service requirements include:

- > compliance with SA Health policy directives and guidelines that are referenced at:
 - [SA Health Policy Directives](#)
 - [SA Health Policy Guidelines](#)
 - [SA Health Clinical Directives and Guidelines](#)

Workforce Requirements

The CSCF does not prescribe staffing ratios, absolute skill mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments. Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this module should be considered as a guide only. All staffing requirements should be read in conjunction with the *Health Care Act 2008*, Awards and relevant Enterprise Agreements including, but not limited to:

- > SA Health Salaried Medical Officers Enterprise Agreement 2013
- > SA Health Visiting Medical Specialists Enterprise Agreement 2012
- > SA Health Clinical Academics Enterprise Agreement 2014
- > Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013
- > SA Ambulance Service Enterprise Agreement 2011
- > SA Public Sector Wages Parity Enterprise Agreement Salaried 2014

Rehabilitation Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Service description</p>	<ul style="list-style-type: none"> > Ambulatory care for clients who are medically stable and live in the community. > Care predominantly focuses on improving functional capacity and promoting client's independence in activities of daily living. > While care required is of low complexity, it may address short-term, post-acute needs. > May be provided in the home, ambulatory or community setting by individual members of a multidisciplinary or transdisciplinary team who have general knowledge and skills in their discipline services or cross disciplinary skills. 	<ul style="list-style-type: none"> > Ambulatory and/or inpatient care to clients who are medically stable and who generally require low complexity rehabilitation care required. > Care may be provided in home or community settings and/or in healthcare facilities, including multipurpose health centres. > Delivered by nurses and/or allied health professionals in partnership or liaison with higher level service. > capacity to deliver limited multidisciplinary interventions, > May have outreach services from higher level services and could include visiting services and services accessed through telehealth facilities. 	<ul style="list-style-type: none"> > Ambulatory and/or inpatient care to low-risk clients whose rehabilitation needs are not complex—ambulatory care will include outpatient specialist clinics (medical, nursing or allied health) for ongoing treatment or review and may be by visiting arrangement. > Clients may include those in acute or post-acute phases. > May provide secondary prevention services, and/or consultation and support to primary care providers. > May be linked with local community-based rehabilitation teams or similar ambulatory rehabilitation programs. > Participate in national quality benchmarking eg AROC and NSF audit. 	<ul style="list-style-type: none"> > Ambulatory and/or inpatient rehabilitation services to clients with moderately complex care needs. > Provided in general rehabilitation clinics and through multidisciplinary day therapy programs. > Inpatient care provided within a designated unit. > Coordinated by health professional with experience, knowledge and skills in rehabilitation reflecting casemix of the service. > Rehabilitation team caring for adult patients includes rehabilitation physicians and/or geriatricians with skills in rehabilitation. > May provide 'pre-rehabilitation' services prior to surgery. > May provide care for clients who no longer require higher level or subspecialty interventions. > May provide outreach services to lower level services, as well as clinical and professional support and advice through established networks. > Access to hydrotherapy facilities > May provide access to leisure and/or diversional therapy programs. 	<ul style="list-style-type: none"> > Specialty and subspecialty ambulatory and/or inpatient rehabilitation services. > Ambulatory services should include subspecialty rehabilitation outpatient clinics and multidisciplinary day-only therapy programs. > Inpatient care is provided in designated specialty units for clients with complex care needs. > Access to onsite hydrotherapy facilities > Multidisciplinary team also functions as an interdisciplinary team to provide integrated team based care > Programs coordinated by Rehabilitation Physicians with appropriate skills eg prosthetics. > Acts as hub supporting smaller centres using tele-rehabilitation. > Robust transparent processes to involve consumers eg consumer advisory groups. 	<ul style="list-style-type: none"> > Specialist and subspecialist services for clients with care needs of highest complexity. > Provided in designated unit/s with dedicated multidisciplinary teams. > Ambulatory services include complex multidisciplinary day-only treatment, subspecialist outpatient clinics and specialist community outreach programs. > May be statewide or superspecialty service. > Programs coordinated by Rehabilitation Physician with appropriate specialty skills eg spinal cord injury

Rehabilitation Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> > Services for clients either referred, transferred or returned from higher level service to continue treatment in their local environment following subacute or acute episode during which more complex care was required. > Partnership arrangements with local general practitioner/s and other local care providers who may include community health staff, Aboriginal and Torres Strait Islander health workers and school nurses. > Care delivered on-site, and/or remotely in partnership with higher level service. > Documented processes with higher level services enabling clients to have access to other members of wider multidisciplinary team. 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> > Inpatient care managed by medical practitioner (general practitioner). > Care coordinated within team using documented rehabilitation plan. > Service is networked with higher level services to ensure clients have access to other members of multidisciplinary team and to facilitate patient transfer, if needed. 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> > Service accepts clients referred and transferred from higher level services for continuing or less complex care. > Coordinated and documented rehabilitation patient care plan and treatment program—formulated through multidisciplinary consultation—is in place. > Multidisciplinary team members have experience, knowledge and skills in general rehabilitation principles and practice. > Documented processes exist with multidisciplinary rehabilitation specialists (including rehabilitation physicians and/or geriatricians with skills in rehabilitation) through defined networks with higher level services. > Documented processes exist to access medications and clinical advice / services outside business hours. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> > Patient care plans developed collaboratively by multidisciplinary team and include structured ward rounds and multidisciplinary case conferencing arrangements. > Multidisciplinary team with demonstrated experience, and specific knowledge and skills, in delivery of rehabilitation services. > Provides internal consultancy services. > Established partnerships with local community-based rehabilitation teams or similar ambulatory rehabilitation programs to facilitate referral and admission processes. > Affiliations with local, state and/or national professional associations. > Documented process to ensure clients have access to acute and critical care 24 hour/s. > Access to acute or chronic pain service. > Access to orthotic, prosthetic and podiatry services. > Staff engaged with local, state and/or national professional associations 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> > Service has wide geographic catchment, which may include statewide and/or cross border referrals. > Multidisciplinary team has demonstrated experience, and advanced knowledge and skills, in delivery of rehabilitation services pertaining to specialty / subspecialty area. > Children's rehabilitation specialists as required by Level 5 children's rehabilitation services. > Staff engaged with local, state and/or national professional associations. > Access to leisure therapy and outdoor space and/or diversional therapy programs. > Has representation in state, national and/or international professional associations. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > Extensive range of allied health professionals on-site. > Range of diagnostic services relating to individual specialty and/or subspecialty on-site. > May provide specialist and subspecialty statewide consultancy services, and subspecialty outreach services. > Evidence of statewide consultation and leadership role within relevant specialty and/or subspecialty. > Access to pool of specialty equipment pertaining to subspecialty area.

Rehabilitation Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements	<p>As per module overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access to medical practitioner (general practitioner) who may have advanced rural generalist training. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > Access to suitably qualified and experienced nurses including qualifications and/or experienced in rural and remote community nursing, where appropriate. <p>Allied health</p> <ul style="list-style-type: none"> > Access to relevant allied health professionals within 1 week. > Access to social worker or psychologist (by referral) if required. > Provide routine assessment and treatment commensurate with experience, and may provide general services and clinical supervision. 	<p>As per Level 1, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access—24 hours—to medical practitioner (general practitioner) who may have advanced rural generalist training. > Access to a consultant in rehabilitation medicine or physician with experience in the care of older people, either for direct consultation or remotely via telemedicine. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > Suitably qualified and experienced registered nurse in charge of inpatient facilities appropriate to service being provided. > Access—24 hours—to registered nurse. <p>Allied health</p> <ul style="list-style-type: none"> > Access – during business hours - to relevant allied health professionals 	<p>As per Level 2, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access during business hours within inpatient units to medical practitioner (may be visiting arrangement) via telemedicine and / or site visit. > Access—during business hours—to physician and/or geriatrician with skills in rehabilitation. > Access—24 hours—to medical practitioner (general practitioner), who may have advanced rural generalist training. > Access—24 hours—to registered medical specialist, with credentials in internal medicine, general surgery or paediatrics, where relevant. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > Suitably qualified and experienced registered nurses in charge of shifts appropriate to service being provided. 	<p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access 24 hour/s to medical practitioner in advanced training or registered medical specialist. > Access—24 hours—to registered medical specialists with credentials in general surgery and orthopaedic surgery. > Access – during business hours - to registered medical specialist with credentials in rehabilitation and/or geriatric medicine. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > Suitably qualified and experienced rehabilitation nurse manager (however titled) for the service. > Nursing staff may include advanced rehabilitation specialist nurses as described by Australasian Rehabilitation Nurses Association³ or nurses working towards specialist recognition. 	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access—24 hours—to registered medical specialists, with credentials in rehabilitation and geriatric medicine. > May have lead clinician with qualifications and credentials relevant to specific specialty area with responsibility for clinical governance of individual specialty and/or subspecialty units. > Access to registered medical specialists with credentials in cardiology, neurology, endocrinology, gastroenterology and rheumatology within 1 week. > Access to registered medical specialists with credentials in neurosurgery, vascular surgery and urology within 1 week. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > Nursing staff may include rehabilitation specialist nurses. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > Multidisciplinary team has experience, and advanced knowledge and skills, in delivery of rehabilitation services pertaining to specific specialty and/or subspecialty area/s, and may have postgraduate qualifications. <p>Medical</p> <ul style="list-style-type: none"> > Registered medical specialist with credentials in practice of rehabilitation medicine pertaining to subspecialty area. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > Advance practice roles desirable.

Rehabilitation Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements			<p>Allied health</p> <ul style="list-style-type: none"> > Access – during business hours - to allied health professionals, including physiotherapist, occupational therapist, speech pathologist, social worker and dietician. > Access – during business hours – to Allied Health Assistant <p>Other</p> <ul style="list-style-type: none"> > Senior Lead Clinician (allied health or nursing) with rehabilitation experience to program manage and lead rehabilitation service, and link to metro rehab service. 	<p>Allied health</p> <ul style="list-style-type: none"> > Suitably qualified and experienced range of allied health professionals to reflect casemix of service. > Access to clinical psychologist and/or neuro-psychologist with skills appropriate to casemix. > Access to rehabilitation technician for equipment provision, assessment and modification within 1 month. 	<p>Allied health</p> <ul style="list-style-type: none"> > Intensive interdisciplinary coordinated rehabilitation program with a minimum of 2 hours active program. > Allied health professionals with demonstrated advanced level of knowledge and skills. > Range of allied health professionals reflects casemix of specialty and/or subspecialty. > Access - during business hours - to relevant allied health professionals at least 6 days a week. > Access – during business hours – to Allied Health Assistant at least 6 days per week. > Access to orthotic and prosthetic services within 1 week. > Access to rehabilitation technician within 1 week. > Access to psychologists with skills appropriate to casemix within 2 weeks. > Access to podiatry services within 2 weeks. > Access to audiology services within 1 month 	<p>Allied health</p> <ul style="list-style-type: none"> > Allied health professionals include staff with demonstrated specialist-level knowledge and skills pertaining to casemix. > Access - during business hours - to physiotherapist, occupational therapist, speech pathologist, dietitian and social worker 7 days per week.
Specific risk considerations	Nil	> Reliance on telemedicine for critical decision-making support – reliable mechanisms need to be in place	> Reliance on telemedicine for critical decision-making support – reliable mechanisms need to be in place	> Reliance on telemedicine for critical decision-making support – reliable mechanisms need to be in place	> Reliance on telemedicine for critical decision-making support – reliable mechanisms need to be in place	> Reliance on telemedicine for critical decision-making support – reliable mechanisms need to be in place

Support services requirements for rehabilitation services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible										
Anaesthetic								3		4		5
Medical						3	3		4			5
Medical imaging (including swallowing assessment)		1		1		3	3		4		5	
Mental health (relevant section/s)						4	4			5		5
Nuclear medicine								4		4		4
Pathology				1		2		2		4		4
Perioperative (acute pain)								5		5		5
Pharmacy		1		2		3		3	4		5	
Surgical						2		3		4		5

Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF)

In addition to what is outlined in the Fundamentals of the Framework, the following are relevant to rehabilitation services:

- > Australasian Faculty of Rehabilitation Medicine. Standards 2005: Adult Rehabilitation Medicine Services in Public and Private Hospitals. www.racp.edu.au/
- > Australasian Faculty of Rehabilitation Medicine. Standards 2011: Inpatient Adult Rehabilitation Medicine Services for specialist Rehabilitation Units www.racp.edu.au/
- > Australian Government. Australasian Rehabilitation Outcomes Centre Inpatient Data Set Specification. AROC; nd. www.meteor.aihw.gov.au/content/index.phtml/itemId/339513
- > South Australian Government. Statewide Rehabilitation Service Plan 2009 - 2017 www.sahealth.sa.gov.au
- > National Stroke Foundation Clinical Guidelines stroke management 2010. https://strokefoundation.com.au/~media/strokewebsite/resources/treatment/clinical_guidelines_stroke_managment_2010_interactive.ashx?la=en

Reference List:

1. Australasian Faculty of Rehabilitation Medicine. AFRM Position Statement – The Role of the Rehabilitation Physician. AFRM; 2009 www.afrm.racp.edu.au/
2. Australian and New Zealand Society of Geriatric Medicine. Position Statement: What is a Geriatrician? Defining what is a consultant physician in geriatric medicine. ANZSGM; 2005. www.anzsgm.org/documents/WhatisaGeriatrician-final.doc
3. Australasian Rehabilitation Nurses' Association. Position statement: Rehabilitation nursing - scope of practice. ARNA; 2009. www.arna.com.au/

For more information

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