Guideline

Adult-Paediatric Rehabilitation interface in adolescents aged up to 18 years

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Summary
This Policy Guideline provides guidance for the standardised referral for assessment by the paediatric rehabilitation team from the Women’s and Children’s Hospital for all adolescent (up to 18 years old) inpatients in an adult acute service who require rehabilitation.

Keywords
Adolescents, rehabilitation, adult, paediatric, policy, guideline, women’s, children’s, hospital, rehab

Policy history
Is this a new policy? Y
Does this policy amend or update an existing policy? N
Does this policy replace an existing policy? N
If so, which policies?

Applies to All Health Networks

Staff impact All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology

EPAS Compatible NA

Registered with Divisional Policy Contact Officer Yes

Policy doc. Reference No. G0156

Version control and change history

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Adult-Paediatric Rehabilitation interface in adolescents aged up to 18 years

Policy Guideline
1. Objective

This Policy Guideline provides guidance for the standardised referral for assessment by the paediatric rehabilitation team from the Women’s and Children’s Hospital for all adolescent (up to 18 years old) inpatients in an adult acute service who require rehabilitation.

2. Scope

This Policy Guideline applies to:
- Acute physicians working in SA Health services who are managing adolescents (up to age 18 years) who have been admitted to their service, and who require a rehabilitation assessment
- Paediatric and adult rehabilitation physicians working in SA Health services
- Triage personnel / patient flow coordinators, working in acute and rehabilitation services

3. Principles

This Policy Guideline aligns with the quality principles of:
- Access
- Equity
- Patient Centred

4. Detail

The Paediatric Rehabilitation Department at the Women’s and Children's Hospital is responsible for the provision of intensive rehabilitation for children/adolescents with an acquired (and often catastrophic) reduction in function due to trauma, illness or medical procedures. It provides a comprehensive, interdisciplinary rehabilitation program designed to meet the unique needs of the young person. The service works in partnership with families and aims to assist patients to achieve the highest level of independence physically, socially and psychologically, in order to maximise their quality of life and their participation within their family and community.

Key components of the service include: inclusion of community or hospital school; transition to home, school and the wider community; early referral to ongoing liaison with local community services; neuropsychological evaluation; and ongoing support from social work and psychology.

Adolescents (up to 18 years old) are best cared for in a setting designed to support their specific and unique needs, by staff with training and expertise appropriate to provide the support required. Support includes dealing with adolescent health, rehabilitation and
social issues, a return to school plan and access to developmentally appropriate community services.

Adolescents (up to 18 years old) may receive acute medical care and rehabilitation in an adult hospital without consultation with paediatric rehabilitation.

All adolescent (up to 18 years old) inpatients in an adult acute service who require rehabilitation should be assessed by the paediatric rehabilitation team from the Women’s and Children’s Hospital. See Section 5 regarding responsibility to ensure the patient and family has consented to their referral for assessment by a paediatric rehabilitation specialist.

Subsequent rehabilitation may be carried out in either a paediatric or adult rehabilitation facility following consultation and liaison with the paediatric rehabilitation team.

Should it be determined following assessment by a paediatric rehabilitation specialist, that subsequent rehabilitation is best carried out in an adult rehabilitation facility, the paediatric rehabilitation service shall liaise with the adult rehabilitation service.

5. Roles and Responsibilities

In the event that an adolescent (up to 18 years old) patient admitted to an adult acute hospital has an acquired reduction in function due to trauma, illness or medical procedure, and requires a rehabilitation assessment:

5.1 Responsibility of the acute care physician
Facilitate referral for assessment by a paediatric rehabilitation specialist from the Women’s and Children’s Hospital (see Section 6 below) in a timely manner.

Ensure the patient and family has consented to their referral for assessment by a paediatric rehabilitation specialist.

Ensure effective ongoing communications with the paediatric rehabilitation service to ensure the assessment occurs in a timely manner.

Ensure all personnel affected by this Policy Guideline such as triage personnel/patient flow coordinators are aware of and adhere to the Policy Guideline.

5.2 Responsibility of the adult rehabilitation physician
In the event of receipt of referral of an adolescent to an adult rehabilitation facility, communicate with the referrer to determine if the adolescent has been provided with a referral for assessment by a paediatric rehabilitation specialist.

Facilitate referral for assessment by a paediatric rehabilitation specialist if not already in process (see Section 6 below).

Ensure the patient and family has consented to their referral for assessment by a paediatric rehabilitation specialist.

Ensure effective ongoing communications with the paediatric rehabilitation service to ensure assessment occurs in a timely manner.

Ensure all personnel affected by this Policy Guideline such as triage personnel/patient flow coordinators adhere to the Policy Guideline.
5.3 Responsibility of the paediatric rehabilitation physician
Respond to all referrals by adult acute hospitals for assessment of adolescent patients in a timely manner. Ensure effective communications with the referring service to ensure assessment occurs in a timely manner.

Ensure all personnel affected by this Policy Guideline such as triage personnel/patient flow coordinators are aware of and adhere to the Policy Guideline.

5.4 Responsibility of triage personnel/patient flow coordinators
To be aware of this Policy Guideline and implement associated triage processes in a timely manner (see Section 6 below).

6. References, Resources and Related Documents

Referrals
Referrals need to be made in writing by a medical officer and are directed to the Consultant or Paediatric Rehabilitation Manager. Referrals can be mailed, faxed or phoned to the Paediatric Rehabilitation Department.
Direct Phone: (08) 8161 7367 or 8161 7220
Direct Fax: (08) 8161 8488
Paediatric Rehabilitation Department
Women's and Children's Health Network
Level 1, Women's and Children's Hospital
72 King William Road NORTH ADELAIDE SA 5006

Resources

WCH Paediatric Rehabilitation Inpatient Service, Information for Professionals:

WCH Paediatric Rehabilitation Inpatient Service, Information for Families:

WCH Ambulatory Rehabilitation Service:

7. Risk Management

Risk: Adolescent patients (up to 18 years old) admitted to an adult acute service and have an acquired reduction in function due to trauma, illness or medical procedure, are compromised in their ability to return to home, school and the wider community; due to lack of access to services and support provided by the Paediatric Rehabilitation Department; resulting in ongoing poor health and social outcomes with potential for lasting impacts.

Control: Stakeholders comply with roles and responsibilities as outlined in Section 5 of this Policy Guideline.
8. Evaluation

The Local Health Networks will monitor compliance with this Policy Guideline through regular liaison with paediatric and adult rehabilitation physicians, and data collection.

Overall compliance will be monitored by the Child and Adolescent Health Community of Practice under the leadership of Women’s and Children’s Health Network.