

## SALHN Sub Acute Triage Hub Referral Form

External referrals only - not for SALHN staff use

Please email completed form to: subacutetriagehub@sa.gov.au

Phone: 0484 676 011 or 8404 2326 Once referred, please allow triage *24 hours* before calling

to follow up referral.

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	Service Requesting:
esiding suburb	her
Admission Diagnosis and reason for admission	on
Baseline Function	
1obility: Aids:	Equipment:
ransfers: Aids:	
ADLs:	
Current Function	Equipment:
Aids:	Equipment:
ADLs:	
Cognitive Concerns	
retails:	
Behavioural Challenges	
retails:	
Goals	

If sending referral from a non EMR location, please provide: latest blood results, medication chart, 3 days of notes to read engagement and progression, 3 days of behaviour charts, recent OT/PT Assessment, 7 step pathway and if accepted a medical D/C summary is required.

## Eligibility criteria:

SALHN catchment area, Diagnostic and treatment investigations complete, documented discharge diagnosis, clearly documented follow-up plan for ongoing treatment and investigations.

Inpatient Rehabilitation	Wards located at FMC and RHP provide an intensive rehabilitation program of at least two hours daily.
Home Rehab	An intensive home-based interdisciplinary rehabilitation service which enables early discharge from hospital as an alternative to an inpatient rehabilitation admission. Patients must have a home environment that is suitable for therapy.
Virtual Rehabilitation	Home–based multidisciplinary hospital care that is goal directed, accessible and using a 'virtual first' approach. Patients must have a home environment that is suitable for therapy.
GEM	Wards located at RHP and NHS, GEM provides care for older adults that are affected by Geriatric Syndrome/s that will benefit from Multi -D, Geriatrician led restorative care.
GEM in the Home	Provides sub-acute hospital level multidisciplinary care, goal directed therapy, and support to older people in the comfort of their own environment.
SADU	Located at RHP and provides specialist best practice management of changed behaviours resulting from Dementia, or Delirium on a background of cognitive impairment which is unable to be managed elsewhere. ITO or Section 32 A/B/C required.