



NRH

**National Rehabilitation
University Hospital**

NATIONAL REHABILITATION HOSPITAL

SPINAL CORD SYSTEM OF CARE (SCSC)

OUTPATIENT SCOPE OF SERVICE

Introduction:

The Spinal Cord System of Care (SCSC) at the National Rehabilitation Hospital (NRH) provides **specialised, interdisciplinary, coordinated and outcomes focussed** rehabilitation to persons with spinal cord dysfunction. The NRH has developed a continuum of care for people with spinal cord dysfunction, encompassing the inpatient rehabilitation phase, outpatient phase and linkages to community services.

Spinal cord dysfunction may result from traumatic injury or non-traumatic injury including such disorders as, spinal cord tumours, benign or malignant, demyelination, vascular or inflammatory disorders. The SCSC Programme also includes the management of patients with peripheral neuropathies, such as Guillain-Barre Syndrome due to the similar principles of the rehabilitation of these conditions.

As a result of these conditions, persons with spinal cord dysfunction may have many needs and face wide-ranging long-term restrictions in their ability to live independently, drive or use public transport, return to work or education, participate in leisure and social activities, fulfil family roles and maintain personal, sexual and family relationships. The spinal cord system of care at the NRH is designed to assist patients and their family/carers to lessen these deficits and to promote greater levels of functional independence, social participation and community reintegration.

Outpatient Rehabilitation Setting

The SCSC Programme outpatient service is located in the NRH Outpatient building in the grounds of the NRH. The SCSC Urology Service is located within the main hospital building.

Hours of Service

The Outpatient SCSC Programme services are usually provided from 8.30am to 5.30pm. Some services are available outside these times by appointment.

Admission Criteria for SCSC Outpatient Programme

The patient must -

Be under the care of a National Rehabilitation Hospital Physician

Be medically appropriate

Be willing and able to participate

Have the potential for functional improvement

Discharge Criteria for SCSC Outpatient Programme

Patients will be discharged from Outpatient Services based on the following general criteria –

Agreed goals have been accomplished

The patient's rehabilitation needs can be met at another level of care.

Patient requires a different level of care due to acute medical or other conditions

Patient is not compliant with programme

Patient requests discharge

Range of Outpatient Services Available to the Person Served

- Activities of daily living training
- Adaptive equipment assessment and training
- Assistive technology assessment and training
- Audiology screening
- Bowel and bladder training
- Clinical psychological assessment and intervention
- Communication assessment and management
- Coping and adjustment to disability
- Dentistry
- Discharge planning
- Driving and community transport assessments and training
- Dysphagia assessment and management
- Family and caregiver training and education
- Fitness and sports
- Hydrotherapy
- Independent living assessment
- Information regarding entitlements and services.
- Medical management
- Mobility training
- Nutritional counselling and management
- Occupational therapy
- Orthopaedic assessment
- Orthotics and splinting
- Pastoral and spiritual services
- Patient Advocacy Service
- Patient and family support system counselling
- Pain management
- Pressure ulcer management
- Pharmaceutical Care
- Physiotherapy
- Podiatry
- Prosthetics
- Psychosocial assessment and intervention
- Radiology
- Referral to appropriate care pathway supports
- Rehabilitation nursing
- Respiratory therapy
- Safety awareness and training
- Sexuality and fertility counselling
- Skin care training
- Spasticity management
- Urology service
- Vocational assessment

SCSC Outpatient Services

- 1. Spinal Cord Dysfunction – Weekly New and Review Consultant Led Interdisciplinary Clinic and Weekly New and Review Medical Only Clinics**
- 2. Urology Clinics**
- 3. Therapy Treatment**

Linked clinics

- | | |
|-----------------------|--------------------------|
| a) Spasticity Clinic | d) Orthoptics Clinic |
| b) Paediatric Clinic | e) Prosthetic Clinic |
| c) Orthopaedic Clinic | f) Sexual Health Service |

1. Weekly New and Review Consultant Led Clinics

Referral pathway:

1. All in-patients are offered an appointment for the Outpatients Clinic at approximately 6 months post-discharge. Once this is dictated into the discharge letter, the SCSC Programme Administration team requests an appointment from the Outpatient Administration team and an appointment is then sent to the patient. Patients can also be seen in a weekly ‘medical’ or doctor only clinic if this is a more appropriate appointment.
2. Patients may also be referred by
 - a. General practitioners:
 - i. Previous patients of the service who have fallen out of the system or who require reassessment.
 - ii. New patients e.g. patients with residual deficits following spinal cord decompression for spinal stenosis, patients with MS of the spinal cord
 - b. Consultant referrals from patients with a relevant neurological disorder: once a letter of referral is received and triaged by the NRH consultant, an appointment is requested and sent to the patient.
 - c. Spinal Cord Injury Liaison Nurse: patients who have been lost to follow-up may contact the SCI liaison nurse if they encounter a difficulty. If she feels it appropriate, then she may request Medical OPD Review and an appointment is sent out without a GP letter of referral. The SCI liaison nurse should follow this up with a letter of referral explaining the indication for review.
 - d. Urology Nurse Specialist: some patients continue to attend the urology service but no other aspect of the SCI service. If these patients run into difficulty and express this to the Urology nurse then she may (verbally) request Medical OPD Review and an appointment is sent out without a GP

letter of referral. Again the urology nurse should follow this up with a letter of referral explaining the indication for review.

Clinic Activity:

Once referred to the outpatient interdisciplinary clinics, all patients are seen by the interdisciplinary team i.e. nurse, physiotherapist, occupational therapist, medical social worker, consultant or specialist registrar in Rehabilitation Medicine over the course of the morning. In the medical only clinic patients are seen by the doctor only.

Outcomes / Coordination of Services:

Following the interdisciplinary clinic, the team meets at the end of the morning to discuss the patient and a plan of action is decided upon.

1. This may be an admission in which case, a copy of the dictated clinic letter is sent to the admissions officer with a request to add the patient to the in-patient waiting list.
2. Physiotherapy or occupational therapy may decide to see the patient for treatment as an outpatient or may refer to a community colleague.
3. If another medical opinion is necessary, then a letter of referral is written by the doctor e.g. for orthopaedic review at the NRH clinic or plastics review at SVUH

2. Urology Clinics.

Referral pathway:

1. Almost all patients are followed up in the urology out-patients after discharge. Post discharge from the NRH the ward clerk contacts the urology secretary for follow-up appointment
2. Letter of referral from any in-house Consultant
3. Letter of referral from doctors in other institutions
4. Letter of referral from General Practitioner
5. Previously reviewed patients may be referred also by some other members of the Interdisciplinary Team i.e: Clinical Nurse Specialist Liaison / Sexual Health service, for follow-up
6. Referrals may be accepted from NRH patients via PHN
7. Patients can self-refer for problem solving issues if attending the service annually

All inpatients may be reviewed by the consultant following a doctor's referral in the medical notes. Patients are generally seen as early as possible. Urodynamics /Procedures requested by Urology Consultant on referral form.

Clinic Activity:

- Clinical assessment by urology nurse specialist
- Clinical assessment by Consultant Urologist
- Urodynamics
- Bowel and bladder management education including information / advice on the management of bowel care through Trans-anal Irrigation.
- Catheter management including change of SP catheter

- Procedure clinic

Outcomes / Coordination of Services

1. To Clinical Nurse Specialist, Liaison / Sexual Health either verbally or written
2. To Rehabilitation Consultants either verbally or written
3. To OPD Physiotherapy / Occupational Therapy either verbally or written
4. To Orthopaedic / Plastic Clinics in consultation with relevant Rehabilitation Consultant. Written referral.
5. Occasionally to other members of Interdisciplinary Team verbally or written
6. To PHN either verbally or written
7. To GP either verbally or written

3. Therapy Services

The purpose of the service is to match the needs of the patient with the therapy services available, given that all available support services are in place to provide it.

The service available is a specialised, comprehensive and customised therapeutic program which reflects that of the inpatient service with regards to the spinal cord injured patient.

Spinal outpatient rehabilitation service is delivered in a variety of locations throughout the National Rehabilitation Hospital (NRH). The main Outpatient Department is located on the grounds of the hospital in Unit 6 and houses assessment, therapy, group and multi-use rooms. The SCSC Urology Service is located within the main hospital building.

The spinal cord system of care at the NRH is designed to assist patients and their family/carers to lessen their deficits and to promote greater levels of functional independence, social participation and community reintegration.

Hours of Service:

The SCSC/OP medical, nursing, rehabilitation and outpatient treatment and care is provided five days-a-week (Monday through Friday), 8:30am to 5:30pm. Some services are available outside these times by pre-arranged appointment.

Admission Criteria:

1. Meet the Scope of Service criteria for admission to the SCSC programme with regard to diagnosis and age
2. Be under the care of a National Rehabilitation Hospital Medical Rehabilitation Consultant
3. Be medically appropriate
4. Be willing and able to participate

5. Have the potential to benefit from specialised outpatient rehabilitation through the utilisation of a single or multi-disciplinary team approach within a specified timeframe.
6. They must also meet admission criteria specific to a single or multi-discipline therapy
7. Patients must have arranged their own transportation to and from the SCSC/OP.

Referrals, once accepted by an NRH consultant, are assessed and triaged at the weekly OPD Triage and Planning Meeting. All relevant members of the team are involved in the planning of the admission of patients to the OPD Therapy Service. If there is a known risk, that complicates the program and/or puts patients or staff at risk, then it may be deemed necessary for additional assessments and/or safety plans to be put in place.

The timing of admission to the SCSC/OP may be influenced by the preadmission assessment of the specificity and intensity of the individual's needs and their level of dependency, in relation to SCSC/OP's capacity to best meet these specific needs at that time. Priority of admission may be given to patients referred from the NRH Spinal Injury Inpatient Programme (SCSC/OP).

Exclusion Criteria:

1. Patients, whose needs cannot be met by the support facilities available, will not be offered that therapy at the NRH, e.g. Complex seating, serial casting and home access visits etc.
2. Patients with SCI are excluded from the SCSC/OP where the patient's individual circumstances contraindicate their participation in the therapy program at that time.
3. Risk factors/contraindications will be evaluated prior to the admission to the programme and may require review. In the event of an episode that jeopardises the safety of the patient and/or staff, the patient will be formally discharged from therapy and a new referral will be required to reinstate the therapy programme. This may include medical, psychiatric, behavioural, drug and substance misuse
4. In patients where cognitive, physical and psycho-social needs predominate over the potential to benefit from specialised Outpatient rehabilitation care, recommendations maybe made to the referring agent regarding other more appropriate services. This includes Functional Neurological Disorder (FND). FND provides an umbrella term for a variety of symptoms of apparent neurological origin but which current models struggle to explain psychologically or organically.
5. Maintenance therapy is not the remit of the SCI/OP therapy service

Outpatient Therapy Service Referral Pathway

A patient can be referred to The Outpatient Spinal Therapy Service at the NRH

1. On completion of their inpatient rehabilitation program.
2. From the MDT Spinal Clinic
3. Medical Clinic Consultant Referral
4. Cross Referrals between OPD NRH colleagues
5. Referrals from NRH Consultants in/outside hospital
6. Orthotic and splinting Services

Therapy Triage:

All external referrals to OPD therapy must be sent to the SCSC Programme using the standard referral form. The referral will be triaged by a consultant within 3 working days. If the referral is considered appropriate for OPD therapy, the documentation will be sent to OPD for inclusion in the Therapy Triage and Planning Meeting. Internal referrals to OPD therapy can go via the SCSC programme or be sent to OPD administration using the standard referral form. Referrals are checked for minimum data set, logged on PAS, HCR created or requested by OPD administration.

Therapy Triage occurs at the weekly OPD IDT meeting resulting in one of the following options:

- Referral accepted and appointment(s) offered
- Referral accepted and placed on waiting list
- Patient needs specialist/risk assessment
- Case unsuitable

New referrals are scheduled an appointment or placed on a waiting list as indicated and as capacity allows. The Outpatient Spinal Therapy Service includes a wide range of disciplines (outlined below). The need for particular disciplines for each patient served is determined by the assessment of the patient's individual medical and rehabilitation needs. Outpatient SCSC Programme Therapy members could include:

- Clinical Psychologist
- Social worker
- Occupational Therapist
- Physiotherapist
- Rehabilitation Medicine Specialist
- Rehabilitation nurse
- Speech and language therapist

Therapy Provision

Therapy provision to the Outpatient service is provided in three formats:

1. Attendance at Interdisciplinary Clinics in an advisory/consultative capacity
2. Single Discipline assessment and intervention i.e. therapy sessions provided by an individual therapist for a single patient and/or group of patients
3. Interdisciplinary assessment and intervention, i.e. therapy sessions provided with a therapist from another discipline. Interdisciplinary therapy sessions are conducted when therapists are working on shared therapy goals with an individual patient/s.

The OPD Therapy Team also refer onto specialist services within the NRH such as vocational or driving assessments if clinically indicated
(See diagram below)



Therapy Activity

The referrals that have met the requirements of the minimum data set, otherwise known as the accepted referrals, will be triaged weekly by relevant members of the team. If the patient is suitable for therapy, they will be offered a single, multi or inter-disciplinary appointment. Triage is an important part of the NRH SCSC Programme continuum of care.

Once placed on the waiting list, patients will be contacted by the administration staff. The waiting list is managed according to a variety of criteria;

- Chronological order
- Interdisciplinary requirement of the patient
- Significant clinical need

Appointment times are scheduled with individual therapists and agreed with the person and their family/carer. Each person's programme of therapy may differ in length.

The duration of the programme will be decided upon and agreed during the assessment phase and reviewed throughout the course of therapy treatment.

Persons may need to see one or more therapists during a single day and this will be facilitated through scheduling and interdisciplinary working.

Persons attending Outpatient Therapy are also seen for routine medical review, however, should an urgent issue arise during treatment then a special medical review with the Consultant in Rehabilitation Medicine will be arranged.

Discharge Criteria for SCSC Outpatient Therapy Programme

1. The patient has met their agreed goal or received the maximum benefit from the therapy programme
2. The patient's ongoing rehabilitation needs can best be met in an alternative environment or service
3. The patient experiences major intervening surgical and/or medical problems that prevents them from participating in their therapy program
4. The patient is no longer willing or able to be an active participant in the outpatient programme
5. The patient is non-compliant with outpatient programme services or wishes to self-discharge.
6. The patient misses their therapy appointments and falls within the **DNA policy** by:
 - Missing 2 consecutive therapy appointments without notification
 - Missing a total of 3 appointments with notification