

Outpatient Programme Scope of Service 2022

Outpatient Programme Scope of Service 2021 -2022 -2023

The NRH Outpatient Department is located in Unit 6 which is a self-contained standalone unit on the grounds of NRH. Consultant led clinics and Multidisciplinary clinics for the NRH Brain Injury Programme, Stroke Specialty Programme and Spinal Cord System of Care are delivered in and from unit 6.

The Disabled Drivers Medical Board of appeal is facilitated through NRH OPD Unit 6. Consultant only Medicolegal appointments are arranged through OPD.

Hours of Service:

The outpatient department can provide services between 8:00 to 8.00 from Mondays to Saturday.

Facilities

Unit 6 houses:

- Clinical treatment room
- Clinic rooms
- Assessment, therapy, group and multi-use rooms
- Physiotherapy treatment area which includes appropriate equipment and treatment cubicles
- Several of these rooms have the facilities to provide virtual clinics and quiet treatment space through soundproofing
- Some rooms (room 9 & 39) are designated for the provision of Virtual Group Clinics
- There are also two rooms fitted with the appropriate equipment for Orthoptics and Ophthalmology (6 & 7)
- There are also multiple admin and IDT offices in this unit.
- Patient and Staff Toilet facilities
- There is a large open reception desk where all patients check in.

Outpatient Activity

The activity delivered in Unit 6 includes:

Consultant Only Clinics

- Acquired Brain Injury including Stroke
- Concussion/ Mild Traumatic Brain Injury
- Acquired Brain Injury Adolescent Transition Clinic
- Spinal Cord Injury

Consultant Led Multidisciplinary Clinics

- Acquired Brain Injury including Stroke
- Neurobehavioural Clinic
- Spinal Cord Injury
- Spasticity Clinics

Orthoptics and Ophthalmology

Nursing Assessment and support

The OPD Therapy Team consists of:

Occupational Therapy
Physiotherapy
Psychology
Social Work
Speech and Language Therapy
Sexual Health and Wellbeing

This Team provide therapeutic input to:

- Consultant Led Interdisciplinary Clinics
- Therapy Led Interdisciplinary Clinics
- Therapy Rehabilitation Programmes

Activities include:

- Single Discipline or Interdisciplinary Team assessment
 - Vocational
 - Driving
 - Interdisciplinary Assessment
- Group treatment programmes for patients and families including:
 - Graded Repetitive Arm Supplementary Programme (Grasp) Group Programme
 - Meet and Teach, Family support
 - Living with Aphasia,
 - Pilates
 - Wellness Programme
- Advice from specialist neuro-rehabilitation team on equipment, self – management strategies etc.
- Recommendation to allied health professional colleagues or other significant agencies on treatment programme
- Consultation with a Consultant in Rehabilitation Medicine, Orthopaedic Specialist, Plastic Surgery and Neuropsychiatry, Pain Management (Intrathecal Baclofen).
- Redirect and recommendations regarding appropriate agencies if needs cannot be met by the outpatient therapy service
- Onward referral to other agencies

Admission to the Outpatient Therapy Service is based on the preadmission assessment of level of need and the meeting of the programme's admission criteria. Furthermore, the timing of admission to the outpatient therapy service may be influenced by the preadmission assessment of the specificity, intensity of the individual's needs and level

of dependency, in relation to outpatient therapy service's capacity to best meet these specific needs at that time.

Outpatient Programme Scope of Service 2021 -2022 -2023 Single Discipline and Multidisciplinary Programme

Admission Criteria:

To be admitted into an outpatient programme at the NRH, the individual must:

1. Have one of the following:
 - a. Acquired brain injury or disease (ABI), which is an inclusive category that embraces acute (rapid onset) brain injury of any cause, including:
 - i. Trauma (head or post-surgical injury)
 - ii. Vascular accident (subarachnoid haemorrhage)
 - iii. Cerebral anoxia/hypoxia
 - iv. Toxic or metabolic insult (e.g. hypoglycaemia)
 - v. Infection (e.g. meningitis, encephalitis) or other inflammation (e.g. vasculitis).
 - vi. Non-malignant or low-grade brain tumour (see special considerations below)
 - b. Have medical, cognitive, physical, communicative and/or psychological needs related to the acquired brain injury or disease process.

OR

2. Have a spinal cord dysfunction due to trauma or other cause. Patients with any neurological level & ASIA impairment scale spinal cord dysfunction can be considered for admission to the OPD service.

OR

3. Have a peripheral neuropathy resulting in a physical impairment, where the condition is severe enough to warrant outpatient rehabilitation in the NRH whenever the patient cannot avail of specialised rehabilitation elsewhere.
4. Be aged 18 or over - apart from Paediatric team reviews which occur in Unit 6 and are run by the Paediatric Team.
5. Be medically stable and fit to participate in a rehabilitation programme.
6. Be willing and able to participate
7. Have the potential to benefit from specialised outpatient rehabilitation through the utilisation of a single or multi-disciplinary team approach within a specified timeframe.
8. Be under the care of a National Rehabilitation Hospital Consultant in Rehabilitation Medicine.
9. Have their own transport

Special Considerations

- A) There are individuals with other neurological disorders who may benefit from access to specialist neuro-rehabilitation services as part of goal directed referral by an NRH consultant. The referral should identify;
1. The specific patient goal of the referral
 2. The specific outcome expected for the patient referral to outpatient therapy service
 3. Clearly identify the specific gap in current services which the outpatient therapy service is being asked to address within current resources
 4. Have understood that the resources are available to NRH to meet the specific needs for which the patient is being referred (see below for what therapy team can and cannot provide).

Oncology/ Haematology:

Patients with these diagnoses should be considered carefully for outpatient rehabilitation therapy. Referrals should only be progressed to the therapy team after careful consideration of prognosis (which as far as possible should be known through adequate prereferral consideration) and should indicate clear rehabilitation goals and the reason for referral to NRH OPD Therapy.

Exclusion Criteria:

Patients are excluded from the NRH OPD service if other diverse needs make it likely that they will, at the time of referral be unable to benefit from the outpatient programme. e.g., whenever medical or psychiatric or behavioural or drug and substance misuse issues predominate over the physical, psychosocial and cognitive needs of the patient, and/ or these issues present an undue risk to the outpatient department that cannot be mitigated adequately.

Patients will be excluded from NRH OPD services if NRH cannot provide the service requested. NRH OPD team is currently unable to provide:

- Electronic Assistive Technology
- Wheelchair/ OT Equipment Prescription and Provision
- Home and Environmental Assessments
- Personal Care Assessment and Training
- Discharge Liaison OT services
- Access to Lokomat Training
- Fluoroscopic Endoscopic Evaluation of Swallowing (FEES)

There is limited access to some other therapy services including: Hydrotherapy, Horticulture, Therapy Kitchen, Dynavision, Splinting, Orthotics etc.

If a person is deemed to have needs which cannot be best met from NRH services, recommendations will be made to the referring person regarding appropriate services.

Discharge Criteria:

To be discharged from the Outpatient Therapy Service, one or more of the following must be true:

1. The person has achieved their therapy goals.
2. The person has improved to the projected functional level that will allow discharge to another specified environment or service.
3. The person experiences major intervening surgical, medical and/or psychological problems that precludes further benefit from a continuing outpatient rehabilitation programme.
4. The person's ongoing rehabilitation needs can best be met in an alternative environment or service.
5. The person is no longer willing to be an active participant in the outpatient programme.
6. The person is non-compliant with outpatient programme services.
7. The person has the right to make decisions regarding his or her rehabilitative care, and the right to refuse any portion of the outpatient programme, up to and including discharge against informed medical advice. Should the person elect to exercise his or her rights, the rehabilitation team will guide the person and the family through the process.
8. The National Waiting List Management Protocol (2017) for patient-initiated cancellations and Did Not Attend (DNA's) will be applied to all OPD services.