

South Australian Brain Injury Rehabilitation Service

Brain Injury Rehabilitation Unit

Eligibility Criteria and Triage Process

Neuroscience & Rehabilitation

GUIDELINE

Title: BIRU Eligibility Criteria and Triage Process

TARGET AUDIENCE

All Brain Injury Rehabilitation Unit (BIRU) service users/referrers included but not limited to LHNs referring into BIRU, Private Hospitals, GP and Community Services within South Australia and hospitals interstate.

PURPOSE

The SA Brain Injury Rehabilitation Service (SABIRS) is a state-wide service that includes an inpatient rehabilitation unit, community rehabilitation service and outpatient services. SABIRS' vision is to be a recognised service of excellence in brain injury rehabilitation. This document aims to clearly define the criteria for admission to the BIRU inpatient unit. In addition, this guideline provides insight into streamlined and transparent process for referral and triage.

OVERVIEW

BIRU is located at the Repat Health Precinct (RHP) and comprises a 24 bed inpatient rehabilitation service, including 4 low stimulus rooms with a private courtyard for complex behaviour management. BIRU provides specialised, Brain Injury rehabilitation services with the aim of maximising functional ability and successful transition of patients from inpatient rehabilitation to community living options. This is achieved in partnership with the patient's local community service providers. Access to beds is available for public patients, as well as compensable and private patients.

STRUCTURE

The BIRU inpatient unit streams patients into 2 streams:

1. Rehabilitation

Incorporates patients who can actively participate in rehabilitation and interact with the rehabilitation team

2. Patients with Prolonged Disorders of Consciousness (PDOC)

Caters to the needs of patients who as a result of the severity of their brain injury have limited ability to interact with their external or internal environment. These patients are classified into the categories of Unresponsive Wakefulness (vegetative state) or Minimally conscious state.

TARGET PATIENT GROUP

Patients targeted for the BIRU inpatient rehabilitation service will have:

- sustained a brain injury of moderate or severe nature

- a diffuse brain injury of non-progressive pathology including but not limited to traumatic brain injury a severe vascular incident such as subarachnoid haemorrhage, hypoxic brain injury, poisoning including alcohol and substance use (where a patient's presentation/behaviours is best met in a specialised brain injury unit)
- ongoing care needs that are able to be safely managed within the resources available on the subacute RPH site.
- behaviours of concern (BOC) as a result of a new brain injury, that can be managed with the resources of the BIRU inpatient service and RHP subacute site and must also have rehabilitation goals that are able to be addressed within the resources of the unit.
- the potential to benefit from interdisciplinary intervention to improve function, decrease disability, decrease level of care/caregiver burden, and the patient has defined goals for rehabilitation.
- one or more of the following complex needs:
 - a severe cognitive impairment and/or behaviours of concern including post-traumatic amnesia (PTA)
 - a tracheostomy
 - enteral feeding (eg. PEG or NET, whereby the NET is not at risk of being pulled out by the patient)
 - require a low stimulus environment
 - a prolonged disorder of consciousness
 - complex co-morbidities in addition to the Acquired Brain Injury (ABI) e.g. wounds, orthopaedic injuries
 - a patient requiring short term re-admission for time-limited and goal directed rehabilitation that cannot be provided in the community or outpatient setting
- The patient (or relevant alternate decision maker) agrees to participate in rehabilitation.

Patients who are not eligible for the service include:

- Rehabilitation needs are able to be met on a standard accessible rehabilitation unit (i.e. does not require a specialised brain injury rehabilitation environment)
- Individuals with progressive neurological conditions (e.g. multiple sclerosis), degenerative disorders (e.g., dementia, Parkinson's disease) only
- No identified goals for rehabilitation

REFERRAL AND TRIAGE PATHWAY

To enable the SABIRS triage team to effectively manage a referral, a patient's decision making capacity needs to be clearly documented.

Referrals utilising the BIRU EMR consult order or referral form for non EMR users are received from acute hospitals or community referral sources across SA, Australia and at times overseas. The referral provides necessary information in order to ensure the BIRU service can accurately assess the patient's needs and potential to benefit from rehabilitation.

All referrals, both internal and external to CALHN, are received by the CALHN SABIRS Triage Nurse Consultant. The following is an outline of the process:

1. The referrer identifies the patient as suitable for BIRU. The referrer ensures the patient and family are informed, patient capacity is determined and patient/enduring power of attorney consents to referral to the BIRU service.
2. The referrer will complete a BIRU consult order/email referral form and send to SABIRS Triage generic inbox (Health.BIRUNurseConsultantReferrals@sa.gov.au)
3. SABIRS Triage Nurse Consultant will review/assess the referral to determine if the referral meets the BIRU eligibility criteria and will make the decision to accept or decline within one business day of referral.
4. For any complex patient, the Triage Nurse Consultant will contact the BIRU Medical Triage Consultant for assessment and decision to accept or decline within one business day of referral.
5. The referrer will be contacted and informed via phone call (within one business day) of the outcome of the referral (accepted/declined / pending information) and the outcome will be documented in EMR as
 - Eligible and wait listed (accepted) or
 - Eligible, pending achieving further rehab readiness goals, developed collaboratively between patient, BIRU and the referring team (document in EMR by SABIRS Triage Team), or
 - More information required – to be discussed with referring team and outcome within one business day, or
 - Face to face medical assessment required (decision within three business days), or
 - Does not meet criteria or unable to manage within subacute service, declined.
6. The referring team will inform the family/patient of the outcome of the referral.
7. Where a referral is declined, the SABIRS Triage Nurse Consultant will provide the referrer with recommendations of any alternative services, for example
 - referral to SABIRS BIRCH or referral to another rehabilitation stream.

8. The SABIRS Triage Nurse Consultant puts eligible and ready patients on a waitlist and where able, identifies a proposed transfer date to BIRU. The SABIRS Triage Nurse Consultant and BIRU Nurse Unit Manager will identify any risks, behavioural triggers and strategies or considerations including any additional resources required prior to patient transfer to BIRU.
9. For all accepted patients through nurse led triage, the referring nursing team will complete an e-form for Statewide Interfacility Transfer process to provide visibility accept or decline within one business day of referral.
10. For medically reviewed and accepted patients, the referring medical or surgical team will complete an e-form for Statewide Interfacility Transfer process to provide visibility accept or decline within one business day of referral.

Escalation regarding decision making:

In instances whereby a consumer/family or the referrer does not agree with the outcome of a referral decision the escalation is as follows:

- 1) Complex case conference (including with family, where required). To support a complex decision, a case discussion will be held between the referring team, BIRU team and, where required, appropriate senior leadership team member of the Neuroscience and Rehabilitation program to facilitate a decision making using a patient centred approach.
- 2) Escalation to Neuroscience and Rehabilitation Medical Lead

Wait List Prioritisation:

- Once eligible, patients are added to the wait list for admission to BIRU.
- Priority will be given to the patient who has been on the wait list the longest.
- The exception to this is where the next patient cannot be safely managed within the unit's resources given the needs of existing patients on the ward (for example a large number of 1:1 specials or patients requiring high levels of care).