

# REFERRAL PROCESS AND ADMISSION GUIDELINES FOR ADULT ACUTE AND SUB ACUTE INPATIENT REHABILITATION AND ENHANCED TRANSITIONAL CARE

**Step 1**

If referring to **VGH 5N, RJH 6N or NRGH**, ensure that there is a signed physician's order for Rehabilitation Services on the patient's chart

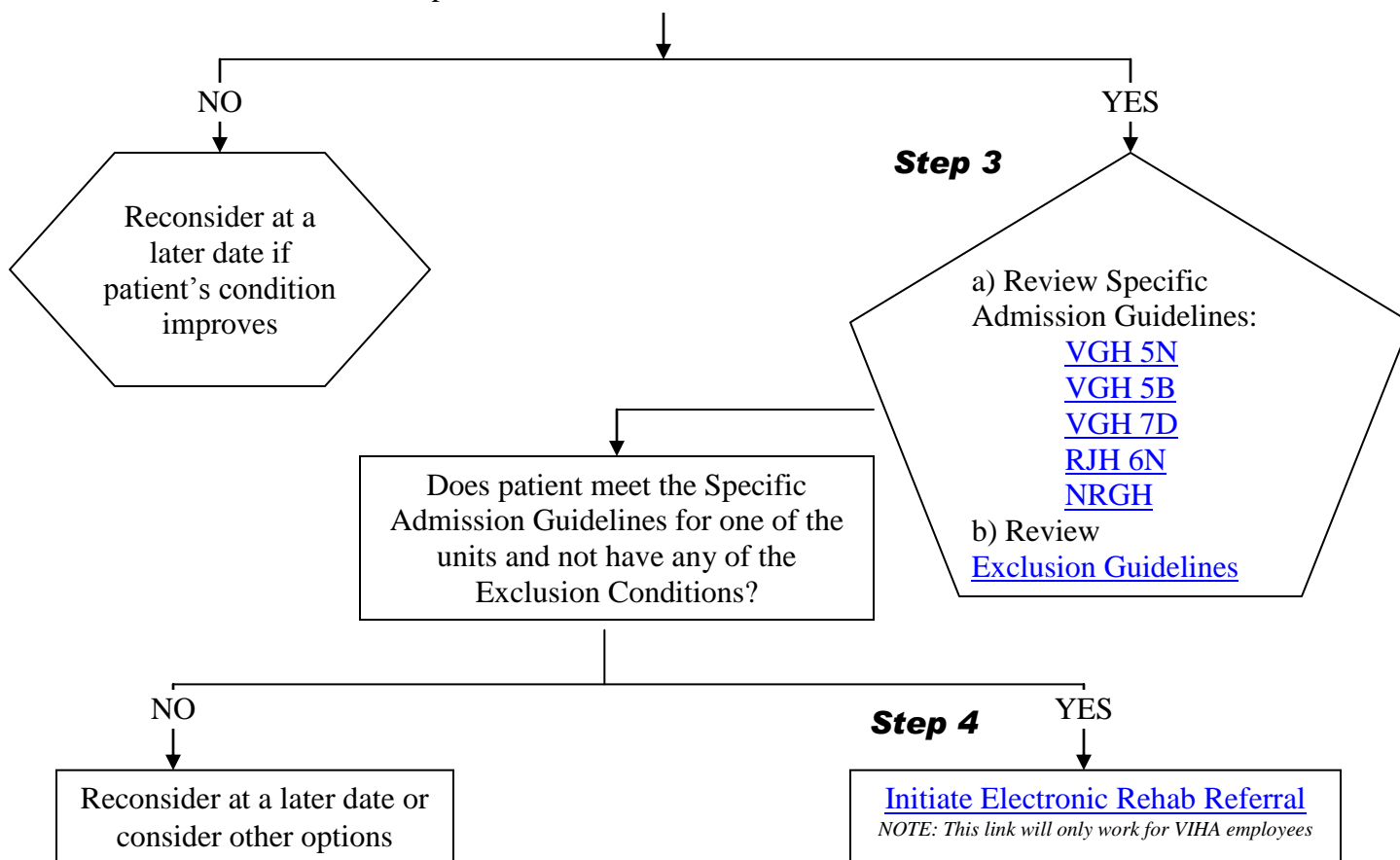
Any team member (in collaboration with the unit CNL) can initiate a referral to **VGH 5B** for patients on a **VGH Medical Unit - 6A/B, 6C/D & 4A/B** and for **VGH 7D** for patients on a **RJH, SPH, VGH Medical Unit**.

Beds permitting, the CNL's on VGH 5B and VGH 7D will contact the CNLs of the respective referring units to solicit referrals for VGH 5B and VGH 7D

**Step 2**

Review the [General Admission Guidelines](#)

Does the patient meet the General Admission Guidelines?



*If at any time during the rehab referral process you would like an update as to the status of the referral, whether the patient has been accepted or not, please contact the specific Rehab Unit:*

**VGH 5N** – (250) 727-4035 (\*14035)  
**VGH 5B** – (250) 727- 4144 (\*14144)  
**VGH 7D** - (250) 727 - 4590 (\*14590)  
**RJH 6N** – (250) 370-7602 (\*17602)  
**NRGH** – (250) 755-7691 (\*52071)

## GENERAL ADMISSION GUIDELINES

### 1. Diagnosis or main medical conditions accepted to inpatient rehabilitation

- **Acquired Brain Injury (ABI)**
- **Stroke (CVA)**  
VGH 5B & RJH 6N e.g. primarily motor strokes with no cognitive or speech issues.
- **Complex Neuromuscular (Cplx N/M)**  
e.g. Multiple Sclerosis; Guillian Barre; Cauda Equina Syndrome; spinal stenosis with neurological deficits; significant neurological complications post-op (backs, spinal tumors, spinal fusions with mobility/pain control issues)
- **Complex Orthopaedic (Cplx Ortho)**  
RJH 6N & NRGH e.g. Multiple Trauma and Fractures; Fractured Hip, TKR or THR with significant co morbid conditions  
VGH 5B e.g. non-surgical fractures (upper extremity, pelvis, hip, etc) that require more time/treatment to ensure a successful discharge
- **Complex Medical/Surgical (Cplx Med/Surg)**  
RJH 6N & NRGH e.g. CABG with significant post op musculoskeletal complications or co-morbid conditions (Rheumatoid Arthritis, diabetes, cellulitis, infection, etc), Chronic Renal Failure  
VGH 5B e.g. ongoing IV therapy; pain management; new diabetics requiring comprehensive diabetic teaching, failure to thrive  
VGH 7D e.g. post acute medical patients who require more intense interdisciplinary services to improve functional abilities required for successful discharge

### 2. Age group accepted to program

- 16 years of age or older

### 3. Medical Stability/Predictability\* Requirements

(\*Degree of severity; degree to which the condition is characterized by or influenced by a range of variables and the degree to which the condition changes or is likely to change)

- Vital signs are stable or manageable
- Disease process and/or impairments are not precluding participation in a rehabilitation program
- Clear diagnosis and co morbidities have been established
- Patients with ARO's may be admitted but admission is subject to private room availability

### 4. Rehabilitation Potential Requirements

The patient

- Must have shown improvement to date and is showing potential to continue to improve and benefit from rehabilitation
- Must demonstrate the ability to learn
- Must express willingness to participate in the rehabilitation program

### 5. Cognitive Requirements

The patient

- Must be able to understand and retain instructions to be considered
- Must be capable of new learning

(Consideration will be given to cognitively impaired patients if they have a supportive caregiver who will learn compensatory strategies to support them)

### 6. Behavioural Requirements

The patient

- Is expected to demonstrate co-operative behaviour
- With acute psychiatric behaviours will not be accepted

## 7. Participant Requirements

The patient

- Must have demonstrated willingness to participate in the program.
- Must be able to tolerate increasing amounts of therapy starting with 30 minutes.
- Is expected to be up and dressed for meals and daily therapy sessions.

## **UNIT SPECIFIC ADMISSION GUIDELINES**

### **VGH 5N (Acute Inpatient Rehabilitation)**

20-bed unit for intensive rehabilitation of adults with functional limitations related to such conditions as

- Acquired brain injury (recent)
- Stroke (recent)
- [Complex Neuromuscular Conditions](#)

### **VGH 5B (Sub-Acute Inpatient Rehabilitation)**

16-bed unit that provides goal-oriented rehabilitation services to adults who have general medical or neurological impairments related to such conditions as

- **Acquired Brain Injury** - Mild head injury not requiring a secure unit
- **Stroke** - Primarily motor strokes with no cognitive or speech issues. May also take other stroke patients on an interim basis for VGH 5N
- [Complex Neuromuscular Conditions](#)
- [Complex Medical/Surgical Conditions](#) - These patients must be consistently mobilizing with maximum 1 person assist. (Exceptions may be made in consultation with PT/OT/Manager based on the patient discharge goals.)
- [Complex Orthopaedic Conditions](#)

Patients must have been referred from a VGH Medical unit (4A/B, 6C/D, 6A/B) and have a realistic discharge plan and location. Patients may be accepted from VGH ER if there is a liaison nurse involved and a confirmed discharge plan in place. Beds permitting, patients may be accepted from RJH Medical Units. This will be done at the discretion of the Manager on 5B in consultation with the MCLs and CNLs of the RJH Medical Units.

### **VGH 7D (Enhanced Transitional Services Program)**

20-bed unit that provides goal-oriented rehabilitation services to adults who have recovered from a medical crisis or illness or have been experiencing a general decline in functional and/or cognitive status.

- Patients must be referred from a medical unit at RJH, VGH, or SPH who are under the care of a medical physician
- Who have a high probability of returning to their home

### **RJH 6N (Acute Inpatient Rehabilitation)**

25-bed unit for intensive (7 days/week) rehabilitation of adults with functional limitations related to such conditions as

- [Complex Medical/Surgical Conditions](#)
- [Complex Orthopaedic Conditions](#)
- Amputee
- Some Stroke - Primarily motor strokes with no cognitive or speech issues

## **Nanaimo Regional General Hospital (Acute Inpatient Rehabilitation)**

21-bed unit for intensive rehabilitation of adults with functional limitations related to conditions such as

- Stroke
- [Complex Orthopaedic Conditions](#)
- [Complex Medical/Surgical Conditions](#)
- [Complex Neuromuscular Conditions](#)
- Amputee

## **EXCLUSION GUIDELINES**

The patient is/has/requires

- Medically unstable/unpredictable
- At risk of elopement
- 1:1 supervision and/or restraints
- Tracheotomy (Unless he/she is self-monitoring. This will be reviewed on a case-by-case basis)
- An infectious disease, i.e. active T.B.
- Behaviours that pose a safety risk to self or others
- Medically complex or psychiatric conditions that interfere with therapy
- Degenerative pre-morbid dementia
- Cardiac monitoring
- Palliative care
- Ventilator support
- Peritoneal dialysis (unless PD trained nurses are available or they are self-monitoring)
- Assessed and awaiting placement (AAP) or expected to require long term care in a facility

*If you are unclear whether the patient does or does not meet the admission criteria, please refer the patient to Rehabilitation Medicine for a consultation and to the CNL on 7D if Enhanced Transitional Services is being requested.*

[1/2/3/4](#)

[Adult Rehabilitation Services Home Page](#)