
TITLE : REHABILITATION SPECIALTY SERVICES**DISTRIBUTION:** METROPOLITAN PUBLIC HOSPITALS IN WESTERN AUSTRALIA

1. Purpose

The purpose of this bulletin is to describe the services provided through Parkinson's Disease, Memory, Falls, Anti-Spasticity and Late Effects of Disability specialty services and clinics.

2. Background

The rehabilitation for older people initiatives are targeted at enabling older people to better self manage their aged related disabilities and to reduce the frequency of attendances at public hospital inpatient and outpatient services, particularly visits to emergency departments and unplanned admissions.

3. Quality

The service is to:

- Provide a framework for outcome measures for all clients
- Provide a framework for client satisfaction indicators
- Meet relevant clinical standards

4. Project Descriptions

4.1 Parkinson's Disease – admitted and non-admitted patients

Parkinson's related services are to be coordinated through the Parkinson's Disease Specialised Units at Osborne Park Hospital and Fremantle Hospital and Health Service to provide:

- Diagnosis, assessment and intervention using a multi-disciplinary team approach;
- Specialist inpatient rehabilitation;
- Specialised therapy using a multi-disciplinary team approach with linkages between inpatient and outpatient services;
- Advice and support to other providers of care to people with Parkinson's Disease;
- Linkages to specialist nursing advice and support in the community through the Parkinson's Nurse Specialists.

Following referral and assessment, the following criteria should be utilised for inpatient admission to the Parkinson's Disease Specialised Inpatient Units:

- Management of side effects, motor fluctuations, dyskinesia, and commencement of Apomorphine;
- Rehabilitation and assessment of motor function, intensive physiotherapy and motor planning, and speech/swallowing/dietary advice;
- Management of hallucinations and nightmares;
- Post-operative management and assessment following transfer from other hospitals;
- Introduction of Liquid Sinemet;
- Adjustment of medication and commencement of new medications e.g. COMT inhibitors; and
- Management of co-morbidities and prevention of deconditioning including late/end stage of severe cases.

All other WA metropolitan public hospitals who provide rehabilitative care for admitted and non-admitted patients with Parkinson's Disease will continue collating and forwarding activity reports to the HMDS through the usual mechanisms.

4.2 Memory Clinics and Memory Services

Memory clinics and memory services operate out of the Departments of Geriatric Medicine day hospitals and are to:

- offer assessment and management advice to people with memory problems and their families;
- provide a focus for best practice for various medical and allied health professions in the area of cognitive impairment and dementia; and
- provide linkages for patients and families to a multi-disciplinary team and to community support services as required.

4.3 Falls and Balance Clinics

Falls and Balance Clinics operate out of the Departments of Geriatric Medicine (DGM) day hospitals and provide a multi-dimensional assessment, intervention and a targeted management approach to individuals requiring specialist falls management. The clinics are to:

- provide a multi-disciplinary coordinated approach that targets the multi-factorial causes of falls.
- utilise specialised assessments and recommend intervention for individuals who are at risk of falling.
- reduce the risk factors related to falls experienced by older people.
- provide education and awareness of falls risk factors and falls prevention strategies.
- improve an individual's psycho-social function.

4.4 Anti-Spasticity (Botox) Clinic

The anti-spasticity (Botox) clinic operates from the Shenton Park Campus of the Royal Perth Hospital (RPH-SPC) and aims to improve the musculoskeletal mobility of individuals through injection with botulinum toxin.

A sessional Neurologist will assess and treat individuals with support from a Rehabilitation Medicine Specialist and a Neurophysiology Technician.

It is anticipated that 20% of new referrals will require 1 treatment only while 80% require repeated treatments which may be 4 monthly, 6 monthly or yearly, depending on response and clinical indication. Only a small number require more than 1 to 3 years treatment.

4.5 Late Effects of Disability Clinic

The Late Effects of Disability clinic operates from RPH-SPC and aims to improve the musculoskeletal mobility and cardio-pulmonary fitness of individuals who have a childhood or acquired disability, but report a progressive loss of functional mobility status relating to one of the following;

- musculo-skeletal disorders;
- cardio-pulmonary deterioration;
- balance problems;
- worsening mobility status; or
- neuro-physiological dysfunction.

Examples of these include post-Poliomyelitis; Adult Cerebral Palsy, Spina Bifida, Muscular Dystrophy and Downs Syndrome; Stroke and Guillian Barre Syndrome.

5. Program Management

5.1 Reporting Requirements

5.1.1 Admitted patients

The Departments of Rehabilitation and Aged Care at Osborne Park Hospital and Fremantle Hospital and Health Service are required to provide quarterly reports to the Rehabilitation, Aged and Continuing Care Directorate for every patient that meets at least one of the Parkinson's Disease Specialised Inpatient Unit admission criteria listed in section 4.1. These reports must be provided within twenty one (21) days of the end of the quarterly period.

Quarterly activity reports should include all information outlined in the Admitted Patients Information Reporting Guidelines for Parkinson's Disease Specialised Inpatient Units. The information required is described on page 6 and includes:

- UMRN
- Date of admission
- Date of discharge
- Length of stay

- Date of Birth
- Gender
- Postcode
- Diagnosis
- Criteria for admission
- Hospital

This information should be forwarded quarterly to:

Rehabilitation Program
 Rehabilitation, Aged and Continuing Care Directorate
 2nd Floor 'C' Block
 Department of Health
 189 Royal Street,
 EAST PERTH WA 6004

5.1.2 Non-admitted patients

All metropolitan public hospitals' Departments of Rehabilitation and Aged Care and RPH-SPC will be required to provide quarterly reports to the Rehabilitation, Aged and Continuing Care Directorate for every non-admitted patient attending the outpatient specialty clinics listed in section 4. These reports must be provided within twenty one (21) days of the end of the quarterly period.

Quarterly activity reports should include all information outlined in the Non-Admitted Patients Information Reporting Guidelines for Outpatient Specialty Services Medical Clinics listed in Section 4. These reports are not to include nursing or allied health attendances or occasions of service. The information required is described on page 7 and includes:

- UMRN
- Date of Service
- Date of Birth
- Gender
- Postcode
- Diagnosis
- Hospital
- Clinic

This information should be forwarded quarterly to:

Rehabilitation Program
 Rehabilitation, Aged and Continuing Care Directorate
 2nd Floor 'C' Block
 Department of Health
 189 Royal Street,
 EAST PERTH WA 6004

Six monthly reviews of information collected will be forwarded to all metropolitan public hospitals' Departments of Rehabilitation and Aged Care and RPH-SPC.

5.2 Auditing of Records

Providers are advised to refer to the following Technical Bulletin for information regarding auditing: Technical Bulletin 12/6 - Auditing of Hospital Records and Procedures.

ADMITTED PATIENTS INFORMATION REPORTING GUIDELINES FOR PARKINSON'S DISEASE SPECIALISED INPATIENT UNITS

UMRN	Date of admission	Date of discharge	Length of Stay	Date of Birth	Gender	Postcode	Diagnosis	Criteria for admission	Hospital
Client Identifier (Unique Medical Record Number)	Date patient admitted to hospital	Date patient formally discharged from admitting hospital, statistically discharged within hospital to another episode of care not related to this admission for PD, or death	Calculated from admission and discharge dates for this episode of care	Date of birth of patient	1 = Male 2 = Female 3 = Indeterminate	Postcode of residence of patient	Or equivalent clinical description	<p>1=Management of side effects, motor fluctuations, dyskinesia, and commencement of Apomorphine</p> <p>2=Rehabilitation, assessment of motor function, intensive physiotherapy and motor planning and speech/swallowing/dietary advice</p> <p>3=Management of hallucinations and nightmares</p> <p>4=Post-operative management and assessment following transfer from other hospitals</p> <p>5=Introduction of Liquid Sinemet</p> <p>6=Adjustment of medication and commencement of new medications e.g. COMT inhibitors</p> <p>7=Management of co-morbidities and prevention of deconditioning including late/end stage of severe cases</p>	Hospital where patient is admitted

NON-ADMITTED PATIENTS INFORMATION REPORTING GUIDELINES

(Outpatient Specialty Services including Falls, Memory, Parkinson's Disease, Anti-Spasticity and Late Effects of Disability clinics)

UMRN	Date of service	Date of Birth	Gender	Postcode	Diagnosis	Hospital	Clinic
Unique Medical Record Number	Date service provided at clinic	Date of birth of patient	1 = Male 2 = Female 3 = Indeterminate	Postcode of residence of patient	Or equivalent clinical description	Hospital providing the service	Name of Clinic (e.g. Falls, memory, etc)