**Holy Family Hospital Rehabilitation Outpatient Admission Guidelines:**

Out-patient services target adults 55 years of age or older. All referrals are reviewed to ensure they meet the HFH Outpatient Mandate

Guidelines for Acceptance into Rehabilitation Programs: Client must have -
- Ability to learn
- Commitment to attend therapy AND implement a daily home program as directed by the therapist
- Concrete, realistic goals
- Ability to transfer independently or with one person assisting minimally
- Activity tolerance of at least 2 hours
- Medical stability

Before initiating treatment, the therapist assesses the client and together with the client/family/caregiver sets goals. If rehab goals are not identified client may be referred to other services if they are appropriate (see below under Alternative Services).

**Conditions seen in programs:**

<table>
<thead>
<tr>
<th>Neuromusculoskeletal/Neurological</th>
<th>Musculoskeletal</th>
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<tbody>
<tr>
<td>Conditions of the PNS/CNS eg CVA, Guillain Barre, Parkinson’s, MS, brain or spinal cord injury, peripheral nervous system disorders</td>
<td>Joint Arthroplasties, Fractures, Arthritis, Musculoskeletal injury, Amputees for prosthetic training, Lymphedema, polio (late effects)</td>
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<td>Recent falls or safety issues, recent trauma, recent/significant change in functional status</td>
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**Core Services** – Occupational Therapy, Physiotherapy, Speech and Language, Social Work

**Limited services** – Nursing (continence issues only; not currently available), Nutrition

**Special Services** - Driver Rehab Program/Drive Able, Swallowing/Nutrition, Communication Disorders, functional foot assessment, Splinting

**Referral to Psychiatry (Rehabilitation Medicine) is available on request**

**Goals** – To achieve maximum function through:
- Improvement of physical, cognitive, communication and visual-perceptual abilities and adjustment to disability
- Identification of strategies to maintain function
- Modifications/recommendations to improve home safety and accessibility (not addressed by community therapists)
- To educate clients, families and caregivers about their condition while maintaining a healthy lifestyle

*Feb. 19, 2014*
• To promote active community involvement by linking clients with community resources

Guidelines for non-acceptance:
• Clients requiring a mechanical lift for transfer if they have to get out of their chair for therapy
• Worksafe BC referrals
• ICBC clients other than those who have had inpatient rehab for complex orthopaedic/neurological conditions
• Clients who have received Holy Family outpatient services for the same problem in the last year (excluding SLP services or OT pre-driving assessments)
• Clients requiring only a maintenance program
• Clients who have a condition with low complexity or acuity and who only require a single discipline
• Clients who cannot tolerate approximately 60 minutes of therapy (in addition to wait and travel time) without exacerbation of symptoms
• Where viable service options are available in the private or public sector

Discharge Guidelines:
• Goals met
• Plateau in client function
• Client may be set up for review appointments; for the therapist to ensure status has been maintained and/or can be progressed and to make appropriate recommendations
• Client declines further intervention
• Significant change in medical status

Alternative services for clients whose goals are not appropriate for continued attendance at HFH out-patient programs:
• Community based therapists: review/equipment/supervision of home program
• Private therapists – for specific intervention e.g. orthopedic issues, ongoing monitoring of functional ambulation or functional skills
• Maintenance program for use by clients
• Community programs – function to be maintained through client’s participation in community-based exercise groups, recreational activities, and support organizations.