

Module overview

Please note: This module must be read in conjunction with the *Fundamentals of the Framework* (including glossary and acronym list).

Rehabilitation services provide care for children and adults with a range of functional impairments arising from acute or sub-acute conditions, accidents or congenital abnormalities. Rehabilitation services aim to improve functional status by reducing impairment, activity limitation and participation restriction, thereby enabling people to maximise their independence and quality of life.

Areas of clinical practice may include:

- neurological conditions
- musculoskeletal and orthopaedic conditions
- deconditioning post-acute illness
- amputations
- burns
- occupational injuries
- cardiorespiratory disorders
- other complex or chronic conditions.^{1,2}

Management and care within rehabilitation services is provided by multidisciplinary teams with rehabilitation expertise. They work in various settings including inpatient facilities, ambulatory clinics and within the community. Programs include:

- hospital-based services, including inpatient, outpatient and day hospital programs
- transitional programs from hospital to home
- community-based rehabilitation (including facility-based and home-based programs)
- consultative and outreach services within homes and schools, and facility visits provided in partnership with local providers
- group programs addressing areas such as mobility, social skills and school transition.

Rehabilitation services may be short-term, long-term or episodic depending upon the nature of the patient's condition. While the demand for rehabilitation spans all ages, it increases with age; older people are proportionally the largest group accessing these services. Central to the provision of rehabilitation services is the collaboration between multidisciplinary teams, patients and carers. This collaboration guides the development and implementation of care plans, and the process of reviewing a patient's progress against stated goals. Quality rehabilitation activities are patient-focused, educating and enabling patient self-management and taking into account the experiences of patients and those who care for them.

This module focuses on the provision of general rehabilitation services. Although other CSCF modules contain information about rehabilitation subspecialties, including cardiac, respiratory, mental health, and drug and alcohol rehabilitation, these subspecialties are out of scope for this module.

Children have specific needs in health services—please refer to the relevant children's services modules.

Rehabilitation services range from Level 1, which may be delivered by a single practitioner to ambulatory clients in their local areas, to Levels 5 and 6, which treat patients with highly complex or specialised needs, and include outreach and statewide services.

The capability level of each rehabilitation service is based on:

- availability of supporting clinical services required to diagnose, treat and manage presenting conditions
- established processes and infrastructure to ensure effective communication and collaboration between health services at each level
- skills, knowledge and experience of staff
- patient care needs
- clinical decision-making processes within the service
- established processes to facilitate appropriate patient referral and transfers.

Service networks

In addition to the requirements outlined in the *Fundamentals of the Framework*, specific network requirements include:

- provision of effective, appropriate and accessible rehabilitation services challenged by the:
 - need for services across a patient's life span
 - variety of services required
 - range of complexity of need
 - population distribution
 - workforce availability
- outreach services, particularly to rural and remote areas where services are limited
- service networks between each service level, including:
 - provision of effective and appropriate patient care
 - clarification of responsibilities in relation to the provision of clinical services, and professional support and education
 - a hub-and-spoke model that may be used to build service networks
 - localised networks to support provision of general rehabilitation
 - other networks servicing wider geographic areas and designed to meet the needs of clients requiring highly specialised or very complex care (e.g. children's and burns rehabilitation)
- higher level and specialist services may provide outreach services in accordance with network arrangements and local needs
- outreach services facilitate a multidisciplinary approach to care and clients have access to specialist rehabilitation staff, particularly those living outside metropolitan areas
- outreach teams work in consultation and collaboration with local providers and may operate in ambulatory or inpatient settings. Their caseload may include:
 - spinal
 - acquired brain injury
 - children's services
- access to other community-based rehabilitation teams who facilitate access to general rehabilitation services for clients living in the community.

Service requirements

In addition to the requirements outlined in the *Fundamentals of the Framework*, specific service requirements include:

- use of assistive devices, which may include hoists, wheelchairs and other walking aids
- space to store and allow for the use of these items within the patient's home and in outpatient and inpatient areas

- wheelchair accessibility must be considered, and toilet and shower areas must be able to accommodate aids as well as care assistants
- large open spaces in designated and specialist units, and any additional equipment required to enable patients to undertake physical and occupational therapy tasks and to practise the activities of daily living
- support for provision of other care activities, such as speech therapy, counselling, psychological assessment and patient education
- provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.

Appropriate, safe, quality rehabilitation care across the continuum relies on the ability of providers to integrate their services with a range of other services and supports (Table 1). While many of these services and supports are needed in general rehabilitation, specialty and subspecialty areas have specific needs. Networking helps facilitate access to many of these supports and services; however, documented communication and referral pathways and/or partnership agreements may be necessary to ensure timely access to others.

Table 1: Services supporting safe, quality rehabilitation

Access to the following services:	
Acquired brain injury rehabilitation	<ul style="list-style-type: none"> • Alcohol and drug rehabilitation services • Brain Injury Association of Queensland • Spasticity management services • Driver assessment services
Amputee rehabilitation	<ul style="list-style-type: none"> • Interim and definitive prosthetic rehabilitation services
Burns rehabilitation	<ul style="list-style-type: none"> • Specialised scar management services
Children's rehabilitation	<ul style="list-style-type: none"> • Education services for school-aged children • Spasticity management services
Geriatric rehabilitation	<ul style="list-style-type: none"> • Aged Care Assessment Teams • Dental and denture services • Falls and balance clinics • Geriatric Evaluation Management services • Low vision and health services • Driver assessment services
Spinal injuries rehabilitation	<ul style="list-style-type: none"> • Alcohol and drug rehabilitation services • Spinal Injuries Association • Spasticity management services • Driver assessment services
Other	<ul style="list-style-type: none"> • Continence management service • Department of Communities • Queensland Civil Administration Tribunal • Medical Aids Subsidy Scheme (MASS) • Mental health services • Orthotic services • Prosthetics services • Rehabilitation Appliances Program (RAP) • Rehabilitation engineering • Surgical footwear services • Workforce re-entry services

Workforce requirements

In addition to the requirements outlined in the *Fundamentals of the Framework*, specific workforce requirements include:

- multidisciplinary teams, such as:
 - nurses
 - allied health professionals
 - general practitioners
 - rural generalist practitioners
 - registered medical specialists
 - a range of operational and technical staff (to provide care under direction and supervision of health professionals)
- emerging positions within the rehabilitation workforce, such as nurse practitioners, specialist allied health practitioners and related assistant care providers, need to be considered in order to facilitate integrated delivery of care and optimise the resources used to provide services locally and across the state
- at Level 4 and below, children's rehabilitation may be provided by a paediatrician, paediatric neurologist or developmental paediatrician with experience in rehabilitation, and working as part of the children's rehabilitation service network
- Australasian Rehabilitation Nurses Association identifies 42 competency elements under seven standards reflecting key domains or areas of rehabilitation nursing³, with services providing specialist and subspecialty rehabilitation expected to implement these competencies when organising and providing nursing care
- allied health workforce required to support rehabilitation services may include, but is not limited to:
 - audiologists
 - dietitians
 - leisure therapists
 - music therapists
 - occupational therapists
 - orthotists
 - pharmacists
 - physiotherapists
 - podiatrists
 - prosthetists
 - psychologists
 - rehabilitation engineers
 - social workers
 - speech pathologists
- technical and clinical support staff working under supervision of rehabilitation services workforce may include, but are not limited to:
 - enrolled nurses
 - allied health assistants
 - diversional therapists
 - Aboriginal and Torres Strait Islander health workers
- resources required to support data collection and analysis, quality processes and research activities in line with local, corporate and service-level expectations and responsibilities.

Rehabilitation Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Service description</p>	<ul style="list-style-type: none"> □ provides ambulatory care for clients who are medically stable and live in the community. □ care predominantly focuses on improving functional capacity and promoting client's independence in activities of daily living. □ while care required is of low complexity, it may address short-term, post-acute needs. □ may be provided in the home, ambulatory or community setting by individual members of multidisciplinary team who have general knowledge and skills in their discipline services. 	<ul style="list-style-type: none"> □ provides ambulatory and/or inpatient care to clients who are medically stable and generally rehabilitation care required is of low complexity. □ care may be provided in home or community settings and/or in healthcare facilities, including multipurpose health centres. □ delivered by nurses and/or allied health professionals in partnership or liaison with higher level service. □ capacity to deliver limited multidisciplinary interventions, □ may have outreach services from higher level services and could include visiting services and services accessed through telehealth facilities. 	<ul style="list-style-type: none"> □ provides ambulatory and/or inpatient care to low-risk clients whose rehabilitation needs are not complex— ambulatory care will include outpatient specialist clinics (medical, nursing or allied health) for ongoing treatment or review and may be by visiting arrangement. □ clients may include those in acute or post-acute phases. □ may provide secondary prevention services, and/or consultation and support to primary care providers. □ may be linked with local community-based rehabilitation teams or similar ambulatory rehabilitation programs. 	<ul style="list-style-type: none"> □ provides ambulatory and/or inpatient rehabilitation services to clients with moderately complex care needs in acute or post-acute phases. □ provided in general rehabilitation clinics and through multidisciplinary day therapy programs. □ inpatient care provided within a designated unit. □ coordinated by health professional with experience, knowledge and skills in rehabilitation reflecting casemix of the service. □ rehabilitation team caring for adult patients includes rehabilitation physicians and/or geriatricians with skills in rehabilitation. □ may have dedicated allied health staff. □ may provide care for clients who no longer require higher level or subspecialty interventions. □ may provide outreach services to lower level services, as well as clinical and professional support and advice through established networks. □ may provide access to leisure and/or diversional therapy programs. 	<ul style="list-style-type: none"> □ provides specialty and subspecialty ambulatory and/or inpatient rehabilitation services. □ ambulatory services may include subspecialty rehabilitation outpatient clinics and multidisciplinary day-only therapy programs. □ inpatient care is provided in designated specialty units for clients with complex care needs. □ may have access to hydrotherapy and independent living unit. 	<ul style="list-style-type: none"> □ provides specialist and subspecialist services for clients with care needs of highest complexity. □ provided in designated unit/s with dedicated multidisciplinary teams. □ ambulatory services include complex multidisciplinary day-only treatment, subspecialist outpatient clinics and specialist community outreach programs. □ may be statewide or superspecialty service.

Rehabilitation Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> □ services for clients either referred, transferred or returned from higher level service to continue treatment in their local environment following subacute or acute episode during which more complex care was required. □ partnership arrangements with local general practitioner/s and other local care providers who may include community health staff, Aboriginal and Torres Strait Islander health workers and school nurses. □ care delivered on-site, and/or remotely in partnership with higher level service. □ documented processes with higher level services enabling clients to have access to other members of wider multidisciplinary team. 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> □ inpatient care managed by registered medical practitioner (general practitioner). □ care coordinated within team using documented rehabilitation plan. □ service is networked with higher level services to ensure clients have access to other members of multidisciplinary team and to facilitate patient transfer, if needed. 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> □ service accepts clients referred and transferred from higher level services for continuing or less complex care. □ coordinated and documented rehabilitation patient care plan and treatment program—formulated through multidisciplinary consultation—is in place. □ multidisciplinary team members have experience, knowledge and skills in general rehabilitation principles and practice. □ documented processes exist with multidisciplinary rehabilitation specialists (including rehabilitation physicians and/or geriatricians with skills in rehabilitation) through defined networks with higher level services. □ documented processes exist to access medications and clinical advice / services outside business hours. □ access to psychiatric consultation-liaison team within 1 week. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> □ patient care plans developed collaboratively by multidisciplinary team and include structured ward rounds and multidisciplinary case conferencing arrangements. □ multidisciplinary team with demonstrated experience, and specific knowledge and skills, in delivery of rehabilitation services. □ provides internal consultancy services. □ established partnerships with local community-based rehabilitation teams or similar ambulatory rehabilitation programs to facilitate referral and admission processes. □ affiliations with local, state and/or national professional associations. □ access to Aboriginal and Torres Strait Islander support service, where required. □ documented process to ensure clients have access to acute and critical care 24 hour/s. □ access to acute pain service within 1 week. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> □ service has wide geographic catchment, which may include statewide and/or crossborder referrals. □ multidisciplinary team has demonstrated experience, and advanced knowledge and skills, in delivery of rehabilitation services pertaining to specialty / subspecialty area. □ both rehabilitation physicians and geriatricians with skills in rehabilitation within adult rehabilitation services. □ Children's rehabilitation specialists as required by Level 5 children's rehabilitation services. □ staff engaged with local, state and/or national professional associations. □ access to leisure therapy and/or diversional therapy programs . □ access to orthotic services within 1 week. □ access to prosthetic services within 1 week and available within 2 weeks. □ access to clinical measurement services within 2 weeks. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> □ extensive range of allied health professionals on-site. □ range of diagnostic services relating to individual specialty and/or subspecialty on-site. □ may provide specialist and subspecialty statewide consultancy services, and subspecialty outreach services. □ evidence of statewide consultation and leadership role within relevant specialty and/or subspecialty. □ has representation in state, national and/or international professional associations. □ access to pool of specialty equipment pertaining to subspecialty area.

Rehabilitation Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
				<ul style="list-style-type: none"> □ access to orthotic and podiatry services within 2 weeks. □ access to prosthetic services within 1 week and available within 1 month. □ access to clinical measurement services within 1 month. 	<ul style="list-style-type: none"> □ access to psychologists with skills appropriate to casemix within 2 weeks. □ access to podiatry services within 2 weeks. □ access to audiology services within 1 month. □ access to persistent pain service within 1 month. □ access to rehabilitation engineering services within 1 month. 	
<p>Workforce requirements</p>	<p>As per module overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ access—during business hours—to registered medical practitioner (general practitioner) who may have advanced rural generalist training. <p>Nursing</p> <ul style="list-style-type: none"> □ access to suitably qualified and experienced registered nurses including qualifications and/or experienced in rural and remote community nursing, where appropriate. □ access to child health and school nurses within 1 week. <p>Allied health</p> <ul style="list-style-type: none"> □ access—during business hours—to allied health professionals, including physiotherapists, occupational 	<p>As per Level 1, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ access—24 hours—to registered medical practitioner (general practitioner) who may have advanced rural generalist training. <p>Nursing</p> <ul style="list-style-type: none"> □ suitably qualified and experienced registered nurse in charge of inpatient facilities appropriate to service being provided. □ access—24 hours—to registered nurse. <p>Allied health</p> <ul style="list-style-type: none"> □ access—during business hours—to dietician and social worker or health practitioner with competencies in case management and counselling. 	<p>As per Level 2, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ access during business hours within inpatient units to registered medical practitioner (may be visiting arrangement),. □ access—during business hours—to rehabilitation physician and/or geriatrician with skills in rehabilitation. □ access—24 hours—to registered medical practitioner (general practitioner), who may have advanced rural generalist training. □ access—24 hours—to registered medical specialist, with credentials in internal medicine or paediatrics, where relevant. □ access—24 hours—to registered medical specialist 	<p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ access during business hour/s to registered medical practitioner or advanced or basic trainee in rehabilitation or geriatric medicine. □ access 24 hour/s to registered medical practitioner in advanced training or registered medical specialist. □ access—24 hours—to registered medical specialists with credentials in general surgery and orthopaedic surgery. □ access to registered medical specialist with credentials in rehabilitation and/or geriatric medicine. <p>Nursing</p> <ul style="list-style-type: none"> □ suitably qualified and experienced nurse manager (however titled) for the service. 	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ access—24 hours—to registered medical specialists, with credentials in rehabilitation and geriatric medicine. □ may have lead clinician with qualifications and credentials relevant to specific specialty area with responsibility for clinical governance of individual specialty and/or subspecialty units. □ access to registered medical specialists with credentials in cardiology, neurology, endocrinology, gastroenterology and rheumatology within 1 week. □ access to registered medical specialists with credentials in neurosurgery, vascular surgery and urology within 1 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> □ multidisciplinary team has experience, and advanced knowledge and skills, in delivery of rehabilitation services pertaining to specific specialty and/or subspecialty area/s, and may have postgraduate qualifications. <p>Medical</p> <ul style="list-style-type: none"> □ registered medical specialist with credentials in practice of rehabilitation medicine pertaining to subspecialty area. <p>Nursing</p> <ul style="list-style-type: none"> □ dedicated nurse practitioner desirable. <p>Allied health</p> <ul style="list-style-type: none"> □ allied health professionals include staff with demonstrated specialist-level knowledge and

Rehabilitation Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>therapists and speech pathologists within 1 week.</p> <ul style="list-style-type: none"> □ provide routine assessment and treatment commensurate with experience, and may provide general services and clinical supervision. <p>Other</p> <ul style="list-style-type: none"> □ access to Aboriginal and Torres Strait Islander health workers, where appropriate. 		<p>with credentials in general surgery.</p> <p>Nursing</p> <ul style="list-style-type: none"> □ suitably qualified and experienced registered nurses in charge of shifts appropriate to service being provided. <p>Allied health</p> <ul style="list-style-type: none"> □ access—during business hours—to allied health professionals, including physiotherapist, occupational therapist, speech pathologist, social worker and dietician. □ access to audiologist, orthotist, podiatrist, prosthetist and psychologist within 1 week. □ allied health staff may have mixed caseloads or rotate through clinical areas. 	<ul style="list-style-type: none"> □ suitably qualified and experienced nurses on staff in the unit. <p>Allied health</p> <ul style="list-style-type: none"> □ suitably qualified and experienced range of allied health professionals to reflect casemix of service. □ access to psychologist with skills appropriate to casemix. □ access—during business hours—to rehabilitation engineer within 1 month. 	<p>week.</p> <p>Nursing</p> <ul style="list-style-type: none"> □ nursing staff may include advanced rehabilitation specialist nurses as described by Australasian Rehabilitation Nurses Association⁴ or nurses working towards specialist recognition. <p>Allied health</p> <ul style="list-style-type: none"> □ allied health professionals with demonstrated advanced level of knowledge and skills pertaining to casemix. □ range of allied health professionals reflects casemix of specialty and/or subspecialty. □ access during business hours to physiotherapist, 7 days a week. □ access during business hours to social worker, 7 days a week. 	<p>skills pertaining to casemix.</p> <ul style="list-style-type: none"> □ allied health professionals demonstrate high-level activity in setting statewide standards. □ access to rehabilitation engineer within 1 week.
Specific risk considerations	□ Nil	□ Nil	□ Nil	□ Nil	□ Nil	□ Nil

Support services requirements for rehabilitation services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetic						3		3		4		5
Medical						3		3		4		5
Medical imaging		1		1		3		3		4		5
Medication		1		2		3		3		4		5
Mental health (relevant section/s)						4		4		5		5
Nuclear medicine								4		4		4
Pathology				1		2		2		4		4
Perioperative (acute pain)								5		5		5
Surgical						2		3		4		5

Table note: *On-site* means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Legislation, regulations and legislative standards

Refer to the *Fundamentals of the Framework* for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF v3.2)

In addition to what is outlined in the *Fundamentals of the Framework*, the following are relevant to rehabilitation services:

- Australasian Faculty of Rehabilitation Medicine. Standards 2005: Adult Rehabilitation Medicine Services in Public and Private Hospitals. www.racp.edu.au/
- Australian Government. Australasian Rehabilitation Outcomes Centre Inpatient Data Set Specification. AROC; nd. www.meteor.aihw.gov.au/content/index.phtml/itemId/339513
- Australian Health Ministers Advisory Council, Care of Older Australians Working Group. Age-friendly Principles and Practices: Managing older people in the health services environment. www.health.gov.au/
- Allied Health in Rehabilitation Consultative Committee. Guidelines for Allied Health: Resources required for the provision of Quality Rehabilitation Services version 10, July 2007.
- Queensland Government, Royal Australasian College of Surgeons. A Trauma Plan for Queensland. Queensland Health, Department of Emergency Services, RACS; 2006. www.health.qld.gov.au/qipc/docs/trauma-plan.pdf
- Queensland Government. Disability Services Plan 2007-2010. Queensland Health; 2007. www.health.qld.gov.au/publications/disability_plan/default.asp
- Queensland Government. Health Systems Review Final Report: September 2005. Queensland Health; 2005. www.health.qld.gov.au/health_sys_review/final/default.asp
- Queensland Government. Preventive health issues for populations in Queensland. Queensland Health; 2004. www.health.qld.gov.au/hdq/documents/23867.pdf
- Queensland Government. Queensland Health's Directions for Aged Care 2004-2011. Queensland Health; nd. www.health.qld.gov.au/publications/corporate/agedcare/287817_ACCRU_5.pdf
- Queensland Government. Queensland Strategy for Chronic Disease 2005-2015. Queensland Health; 2005. www.health.qld.gov.au/chronicdisease/documents/strat2005to15_full.pdf

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1. Australasian Faculty of Rehabilitation Medicine. AFRM Position Statement – The Role of the Rehabilitation Physician. AFRM; 2009 www.afrm.racp.edu.au/
2. Australian and New Zealand Society of Geriatric Medicine. Position Statement: What is a Geriatrician? Defining what is a consultant physician in geriatric medicine. ANZSGM; 2005. www.anzsgm.org/documents/WhatisaGeriatrician-final.doc
3. Australasian Rehabilitation Nurses' Association. Position statement: Rehabilitation nursing - scope of practice. ARNA; 2002. www.arna.com.au/position.html