

YHC Medical Rehabilitation Services (previously Therapies) Criteria for Outpatient Services:

YHC provides outpatient rehab services for patients with High-Risk Acute Conditions, and Significant Functional Impairments and/or safety concerns.

This document contains the following 3 tables:

Table 1: The referral criteria for the category of “High-Risk Acute Condition”

Table 2: The referral criteria for the category of “Significant Functional Impairment and/or Safety Concern”

Table 3: Patient populations that do not qualify for hospital outpatient rehab services

Table 1. Referral Criteria for High-Risk Acute Condition: began < 3-months from date of referral		
Referral Criteria	Explanation	Common Examples
Hospital Inpatient Admission	The patient had an inpatient hospital stay within 3 months of the referral. The referral reason is directly related to the hospital admission.	<ul style="list-style-type: none"> - Non-operative fractures - Perineal tear during labour/delivery - Acute stroke or brain injury
Surgery	Post-op rehab for patients who had surgery within 3 months of the referral date. AND Pre-op education for TKR and THR.	<ul style="list-style-type: none"> - Joint replacement - Tendon and ligament repairs - Discectomy - Removal of brain tumor
Post-Injection Rehab	Patient requiring rehab immediately following therapeutic injections.	<ul style="list-style-type: none"> - Botox injections for neurological conditions - Corticosteroid joint injections
Recent Removal of Immobilization Device	The patient has had a brace, splint, cast, or sling removed within 3 months of the referral date. The patient is requiring rehab due to a loss of range of motion and/or strength.	<ul style="list-style-type: none"> - Shoulder sling - Hand splint - Walking boot - Spinal brace - Cast crossing the wrist
Bracing/Splinting	The department provides brace and splint fabrication for: <ul style="list-style-type: none"> - Surgeries, rheumatic conditions, neurological conditions, fractures, thermal injuries, congenital anomalies 	<ul style="list-style-type: none"> - Volar wrist/hand splint following tendon repair - Resting splints for rheumatic conditions - Hip dysplasia bracing - Club foot bracing
Thermal Injury (Burn/Frostbite)	The department provides: wound debridement via whirlpool, stretching exercises, splints, and compression garments.	<ul style="list-style-type: none"> - Hand burn from falling onto a fire or hot stove - Frostbite on fingers and toes
Joint Dislocation	Patient has experienced a dislocation within 3 months of referral.	<ul style="list-style-type: none"> - Shoulder dislocation - Patellar dislocation
Fracture or Ligament/Tendon Tear	Patient has experienced a fracture or ligament/tendon tear within 3 months of referral.	<ul style="list-style-type: none"> - Fractures - ACL tears - Meniscal tears
New Diagnosis of Deteriorating Condition	The department will provide disease management education, equipment recommendations, and exercise programs for patients upon initial diagnosis of: <ul style="list-style-type: none"> - Rheumatoid Arthritis, Osteoarthritis, Parkinson’s Disease, Multiple Sclerosis, ALS 	<ul style="list-style-type: none"> - New diagnosis of Parkinson’s Disease requiring education, exercise program, and gait aid.

Table 2. Significant Functional Impairment and/or Safety Concern

Referral Criteria	Explanation	Common Examples
Impaired Mobility	<p>The department provides rehab for patients who are no longer able to move around in their community due to the referral reason.</p> <p>“Mobility” does not refer to joint range of motion”.</p> <p>*The patient must have adequate mobility to enter the outpatient department safely.</p>	<ul style="list-style-type: none"> - Falls Risk - Averse/unable to weightbear - Reduced walking speed posing safety risk when crossing the street - Reduced walking distance impacting community access - Wheelchair user: shoulder injury - Wheelchair user: Equipment no longer meeting needs - Difficulty transferring from wheelchair, car, or toilet - Difficulty managing stairs, curbs, or uneven surfaces
Impaired Cognition	<p>Impaired cognition impacting function and/or ability to live at home safely.</p>	<ul style="list-style-type: none"> - Progressing dementia, patient lives alone, concerns related to safety - Cognitive symptoms impacting ability to safely manage self-care in the home (cooking, med management, accessing other health services) - Screening of cognitive and perceptual skills required for driving
Swallow/ Communication Disorder	<p>The department provides out-patient SLP related to safety concerns:</p> <ol style="list-style-type: none"> 1) Signs of aspiration where SLP intervention is likely to reduce risk of aspiration pneumonia 2) Communication disorders where patient is unable to effectively call for emergency assistance 	<ul style="list-style-type: none"> - Patient with Parkinson’s is coughing during meals - Patient with Parkinson’s no longer has sufficient communication to effectively inform emergency services when dialling 911
Open Wound, or Risk of Wound Development	<p>The department provides:</p> <ul style="list-style-type: none"> - Offloading devices for plantar foot wounds unlikely to heal without offloading - Shoe alterations for severe deformities likely to result in wounds 	<ul style="list-style-type: none"> - Patient has diabetic ulcer on plantar surface of foot. - Patient has congenital deformity in foot that requires custom footwear to avoid pressure wounds
Pelvic Floor Condition	<p>The department provides pelvic floor services for patients with significant continence issues or pelvic pain that is impacting:</p> <ol style="list-style-type: none"> 1) Ability to work 2) Ability to access community 3) Ability to perform IADL 	<ul style="list-style-type: none"> - Patient is unable to control bowel/bladder incontinence sufficiently to feel comfortable going to a store and/or going to work - Patient is unable to participate in sexual intercourse due to pelvic pain
Difficulty with Feeding, Personal Hygiene, Bathing, Showering, Dressing, or Toileting	<p>The department provides rehab programs, including equipment recommendations for patients who are having difficulty completing their ADL.</p> <p>*Although ‘meal prep’ is generally not considered an ADL, we accept referrals for meal preparation concerns due to the inherent risks involved in meal preparation activities and/or the inability to prepare one’s meals.</p>	<ul style="list-style-type: none"> - Patient with rheumatoid arthritis in hands is having difficulty with meal preparation - Patient with MS can no longer use shower safely - Patient unable to complete ADL due to severe pain

Table 3. Services not provided by YHC Medical Rehabilitation Services

Patient Population	Explanation
Patients with a Motor Vehicle or Workers Compensation Insurance Claim	Refer to private practice
Children who qualify for rehab funding through Family Supports for Children with Disabilities	Refer to program or have patient follow-up with their case manager from this program.
Residents of Long Term Care and Reablement (TC1)	LTC and Reablement residents can access rehab services through YG.
Patients in Respite Beds	Patients in need of a respite bed have complex care needs that are beyond the scope of a 1 visit per week outpatient appointment.
Pre-school aged children	Refer to the Child Development Centre
School-aged children requiring accommodations in school	Parent(s) can make a request to the child's school teacher for PT/OT services employed through the Department of Education
Patients requiring job site visits	Refer to private practice
Patients with severe mobility impairments	Patients who are at high risk for severe injury when accessing an outpatient service should be referred to Home Care when appropriate.
Patients needing testing for return to driving	<p>The department provides screening of cognitive and perceptual skills required for driving.</p> <p>Refer directly to YG Motor Vehicle Branch for the Drive Able program offering virtual testing.</p> <p>Driving Rehab for patients with known driving deficits or requiring adaptive aids is available through the GF Strong Outpatient Driver Rehab program in Vancouver.</p>
Patients requiring full battery of neuropsychology testing	Refer to neuropsychology
Return to Sport	Our hospital outpatient rehab services aim to return patients to the level of function required to complete their ADL's. Please refer to private practice for specialized rehab programs aimed at return to advanced activities, such as sport.

<p>Duplicate Referrals</p>	<p>If a patient's status has not significantly changed, a 2nd referral should not be made for the same issue.</p> <p>Patients are discharged when the patient reaches their goal, plateaus with their gains, fails to make gains, or becomes independent in progressing toward their goal.</p> <p>If the patient has a different goal related to the same condition, please indicate the new goal on the referral form.</p> <p>Common Example: Patient with MS attends physio for balance impairment, receives balance exercise program and is discharged from service. Later that year, the patient is experiencing difficulty with stairs, and is referred with the goal of managing stairs independently.</p>
<p>Maintenance Rehabilitation Programs</p>	<p>Our hospital outpatient rehab services aim to empower patients to gain independence with maintaining and/or improving their level of function. All rehab plans must have clear SMART goals and therefore clear discharge criteria. The department does not offer ongoing rehabilitation maintenance programs that encourage dependence on health services.</p>
<p>Chronic Condition Monitoring</p>	<p>Treatment plans are goal-focussed with an expected treatment duration of no more than 3-months. Chronic condition monitoring is not offered through hospital outpatient rehab services.</p>
<p>Soft Tissue Injuries, Pain, and or Dizziness in the absence of significant patient safety concerns, and/or severe functional impairments.</p>	<p>The hospital provides outpatient rehab services for patients with:</p> <ol style="list-style-type: none"> 1. High-risk acute conditions that began less than 3 months from the date of the referral 2. Significant functional impairments or safety concerns <p>Referrals outside these parameters are outside of our outpatient hospital rehab mandate.</p>