Aurora Hospital

If there's a way, we'll find it.

Aurora Hospital Convalescent Care

Why Us?

The Three Reasons for Case Managers to Use the Convalescent Care Unit at the Aurora Hospital for Members and their Dependants.

1. A referral to the Convalescent Care Unit means that you will have no comebacks from your member, the doctor or your member's family:

- Our nursing and medical staff provide excellent care.
  - They are dedicated to sub acute and convalescent care.
  - We handpick them and test them for the attitude and skills that we require.
  - We train them and keep on training them to make sure that they know exactly what to do each time, every time.
  - We use world class guidelines and protocols and we never compromise.

- The unit forms part of the Aurora Hospital and patients have access to all the people, skills, equipment and services normally available to all patients at the hospital.

- We have three full time doctors and a 12 member full time therapy team who are on site at Aurora Hospital and available at all times to our convalescent care patients.

2. A referral to our unit means no uncertainty.

- Discharge planning starts even before a patient is admitted and we keep you informed about how discharge planning is progressing.

- We regularly provide you with comprehensive, but to the point updates on how your member is progressing.

- You have free and easy access to our case manager, nursing staff, doctors and the medical records of your member.

3. A referral to our convalescent care unit means no hassles.

- All you need to do if you have a patient that requires convalescent care is one call – we do all the rest.
  From assessing the patient to determine the appropriateness of convalescent care, to dealing with the anxieties that the family may have, to liaising with the doctor.

- We work closely with the doctors.
  - They already trust us and know that their patients are safe with us.
  - We keep them informed and involved if that is what they require.
  - On discharge, we send the patients back to them with all the information they may need.

- We work closely with patients and their families.
  - We meet with them before the patient is transferred and provide them with all the information that they may require.
  - We take them on a tour of the unit and all ancillary facilities if they want to do so.
  - Because of the good reputation Aurora Hospital has in Port Elizabeth and the Eastern Cape, we are often known to families and patients.
  - If they required or requested, our designated doctor meets with the patient's doctor at the acute care hospital bedside for a handover.

- We work closely with hospital case managers.
  - We know the case managers at all the Eastern Cape hospitals well and they know us.

NO comebacks, NO uncertainty, NO hassles

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Aurora Hospital Convalescent Care

Who we are

Aurora Hospital - The Company

Strategic Objective

Aurora Hospital lives to be the rehabilitation and subacute hospital of choice in South Africa.

We will achieve this by providing our client-base with an integrated and team-based healthcare system that is patient and family centered, outcome-oriented and grounded in good science and on real humanity.

If there's a way we'll find it!

Values
Our activity is guided by our single-minded pursuit of 3 anchor values:

- **Health Gain**
  We work together as a team to search for and achieve the best possible state of health ("adding life to years and years to life") for our patients and their families by actively managing their underlying health condition, reversing or improving impairments of function and structure wherever possible, improving activity and participation to best possible levels and assisting them to modify their living environment to remove barriers and facilitate mobility and participation.

- **Person-centeredness**
  We believe in the "primacy of the person". We will consistently focus on working in ways that respect the dignity of our patients, their families, referring doctors, team members and funders. We will go out of our way to ensure that it is always easy and pleasant to work with us. We will stop at nothing to understand and respond to the needs, feelings, expectations and fears of our clients (families, referring doctors, case managers & funders) and patients – and our team members.

- **Resource Effectiveness**
  We always make use of the right people, make sure that we do the right things and in the right way, in the right place, at the right intensity and for the right amount of time to achieve best possible effectiveness and efficiency for the hospital and the team itself, for our patients and families, for our referring doctors and for the funders who we work with.

Capacity
We will maintain an average occupancy of 80-90% for our 50 inpatient beds, ensuring that we are appropriately staffed, maintain a safe and facilitative physical hospital environment, provide clear leadership, guidance and training to all team members, allow opportunities for and then reward innovation and exceptional team performance and make use of appropriate technology and tools at all times.

Focus
We provide in and outpatient physical rehabilitation, convalescent care, palliative care and medical care for people with disabilities.

Leadership
Our leaders will lead by inspiring trust, clarifying purpose, developing, implementing and maintaining systems that are aligned with our purpose and unleashing the talent and potential of all team members.

Management
Our managers will manage by developing and maintaining clear strategic objectives that are realized through documented organisation, management, people, marketing and systems strategies, which are regularly monitored and reviewed by the hospital board.

Team
Rehabilitation, convalescent and palliative care are complex, heart-rending and exhausting activities that are best conducted by an interdisciplinary team in which the roles and responsibilities are well-defined, but where there is sufficient flexibility to allow for individual needs and preferences.

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The Aurora Hospital Rehabilitation and Therapy Team

The Aurora Hospital Rehabilitation and Therapy Team

The Aurora Hospital rehabilitation and therapy team is a group of rehabilitation professionals working together under the direction of the medical doctors to design, implement and monitor a rehabilitation programme to meet each patient's specific and individual needs.

The team is made up of full-time hospital employees and a group of dedicated, on-site rehabilitation therapists, who are contracted as a group practice to provide specialised rehabilitation and subacute therapy to patients at Aurora Hospital on an inpatient and outpatient basis. All team members are required to attend appropriate continuing medical education events on a regular basis and to ensure that they are optimally equipped with knowledge, skills and experience relevant to the field of practice at the hospital.

The whole team is closely coordinated through regular team meetings, a common medical record and note keeping system and through ROMS (Rehabilitation Outcome Management System), the innovative ICF based rehabilitation and subacute data capture, communication, planning and monitoring system that has been developed at the hospital over the last decade and is now also being utilised at a number of other hospitals around the country.

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A few key members of the team are:

The convalescent care coordinator

The convalescent care coordinator is a registered nurse who has extensive experience of both acute and subacute inpatient care and has worked in a funder case management capacity. She is responsible for making initial contact with the patients and families who are referred to Aurora Hospital for convalescent care and for actively managing the process of communication with the funder case managers, obtaining authorisation and continuing to liaise with the case manager throughout the course of the admission. She is also responsible for designing the nursing and therapy care plan in conjunction with the rest of the team and ensuring that the family is closely involved at all times. She ensures that a sensible and appropriate discharge plan is drawn up and that all role players buy into the plan and execute it within the convalescent care stay.

The patient counsellor

The patient counsellor, who is a social worker and is the patient's and family's representative while in the hospital. She provides emotional support to patient and family, providing information, assisting with planning and implementation of discharge arrangements and organising follow up visits and services.

The 3 rehabilitation doctors

The 3 rehabilitation doctors, who have a special interest in physical rehabilitation, palliative care and subacute care and direct the overall rehabilitation program, while taking responsibility for day-to-day medical care of all inpatients at Aurora Hospital. These doctors maintain close communication with the referring doctors and provide regular feedback throughout the stay, ensuring that wherever necessary they are consulted and involved in the ongoing decision-making process.

The team of nurses and care givers

The team of 10 registered rehabilitation nurses, five enrolled nurses and 60 care givers combine traditional nursing care with rehabilitation nursing to teach the patient and family how to handle day-to-day care needs, help them to practice what they learn in therapy and assist in carrying out difficult tasks while they are at the hospital.

The 6 full-time physiotherapists

The 6 full-time physiotherapists help patients to strengthen muscles and limbs, improve balance and posture, help with problems related to pain, stiff muscles and stiff joints and assist with breathing problems, while assisting patients in regaining independent mobility whenever possible.

The 3 full-time occupational therapists

The 3 full-time occupational therapists help patients to use their available strength, endurance, balance and posture to undertake the day-to-day tasks of bathing, dressing, eating, writing and all other activities of daily living. They can also help patients to choose and source any equipment (splints, cushions, wheel chairs etc) that you may need and to assess their home and work situation.

The 2 full-time speech and swallowing therapists

The 2 full-time speech and swallowing therapists assist with establishing safe and effective swallowing, facilitating a return to independent communication by overcoming difficulties in remembering, talking, reading, writing, listening and thinking.

The care workers

The care workers assist the nurses with patient care and support them and help them to carry out the exercise programs while they are in hospital.

The rehabilitation aides

The rehabilitation aides assist the rehabilitation therapists to take patients to their rehabilitation sessions, standby to help the therapists with difficult tasks and assist patients by helping them practice activities.

The clinical psychologists

The clinical psychologists provide psychological assessment, counselling and support in conjunction with the social worker. They may also help with treatment of cognitive and behavioural problems after brain injury.

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Aurora Hospital Definition of and Criteria for Levels of Subacute Care

Aurora Hospital Definition Of And Criteria For Levels Of Subacute Care

1. Introduction

There is a need for clear definition of levels of care in the subacute care arena because of the wide variation in patient needs across a broad continuum of conditions.

Patient needs vary in terms of:

- The degree of sophistication of the facility required to house and treat the underlying condition.
- The level of medical practitioner care and supervision required.
- The level and sophistication of ordinary nursing care required.
- The level and sophistication of specialised rehabilitation nursing care required.
- The level and sophistication of rehabilitation therapies (physiotherapy, occupational therapy, speech therapy, psychology, biokinetics and social work) required.
- The nature and sophistication of mobility equipment and assistive devices required.

The team at Aurora hospital has carefully and objectively defined 5 levels of subacute care so that appropriate levels of care can be chosen in a transparent and objective manner for any patient being referred to Aurora Hospital.

This document describes the 5 levels of care and the criteria that are used at Aurora Hospital for selecting appropriate levels of care.

2. Criteria for Levels of Care

Level of Care	Diagnosis Criteria	Nursing Acuity	Rehabilitation Acuity
Inpatient Rehabilitation	Any one of the 13 defined conditions requiring rehabilitation present.	4.5-8 hours of ordinary and rehabilitation nursing required daily.	Two or more rehabilitation modalities required for a total of at least 3 hours of rehabilitation daily.
High Care Level Inpatient Rehabilitation	Any one of the 13 defined conditions requiring rehabilitation present.	More than 8 hours of ordinary and rehabilitation nursing required daily.	Two or more rehabilitation modalities required for more than 60-90 minutes daily.
Convalescent Nursing Care	Any other diagnosis present.	Less than 4 hours of ordinary nursing care required daily.	Less than 30 minutes of rehabilitation therapy required daily.
Convalescent Mobilisation Care	Any one of the five relative indications for inpatient rehabilitation present.	Less than 4 hours of ordinary and rehabilitation nursing care required daily.	Two or less modalities of rehabilitation required for less than three hours daily.
Palliative Care	Presence of incurable disease or condition.	Less than 5 hours of ordinary nursing care required daily.	-

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2.1 Inpatient Rehabilitation

All of the following criteria must be met:

1. The activities of Inpatient physical rehabilitation are directed toward treatment of one of the specific diseases, injuries or congenital anomalies listed in the conditions for which inpatient physical rehabilitation is indicated.
2. Inpatient physical rehabilitation is expected to result in a significant and measurable improvement in functional capabilities within a reasonable and defined period of time.
3. Inpatient physical rehabilitation is delivered in an appropriate, registered rehabilitation hospital facility and by qualified and appropriately registered rehabilitation professionals.
4. The services provided require the judgement, knowledge, and skill of qualified professionals.
5. For admission and continued stay in an acute inpatient rehabilitation facility to be considered medically necessary, all the following criteria must be met:
   a. Functional goals must be described.
   b. The patient is expected to achieve these goals with inpatient rehabilitation and care that cannot be delivered in a less intensive care setting.
   c. The patient must require:
      i. Continuous rehabilitation nursing services (>4 hours per day) - including conventional medical nursing and rehabilitation nursing interventions.
      ii. If the patient's nursing acuity is more than 8 hours daily and a significant measure of physiological instability still exists, the patient then warrants High Care Rehabilitation – which should ordinarily be required for no more than 10 days[1].
      iii. Close supervision by a medical practitioner with experience and expertise in rehabilitation medicine.
      iiii. Multi-disciplinary rehabilitative services (2 or more) for more than 3 hours per day.
6. The patient should ideally have a supportive family, who will be prepared to engage in the rehabilitation and care process.

2.2 Convalescent Care

ALL of the following criteria should be met:

1. The patient requires an active treatment regimen for a specific disease, injury or congenital anomaly other than those listed as being conditions for which Inpatient Physical Rehabilitation is indicated.
2. The patient must require Convalescent Care Mobilization and/or Convalescent Care Nursing, meeting criteria under items 2.2.1 or 2.2.2 below.
3. The patient should require less than 4 hours of skilled nursing from a registered or enrolled nurse per day.
4. The services must be provided under the supervision of a medical practitioner and must be delivered by and require the judgment of qualified and appropriately registered professionals (RN's EN's, Physiotherapists, Occupational Therapists, Speech Therapists, Psychologists & Social Workers).
5. The services must be medically necessary at a frequency and intensity that requires an inpatient level of care and that cannot be provided in a less-intensive setting (e.g., frail care unit, office, outpatient, or home setting).
6. Services must be expected to result in significant and measurable improvement in the patient's medical condition or functional capabilities within a reasonable and defined period of time.

1 In many instances there is clear and unequivocal research-based evidence for early transfer to dedicated rehabilitation units – at a point where the patient is not yet physiologically stable or able to participate in active rehabilitation because outcomes generated due to the provision of comprehensive care delivered by specialised interdisciplinary teams within the dedicated high care and general rehabilitation wards are superior to those realised in acute and non-specialised hospital. There is a strong argument for early transfer into rehabilitation hospitals and units that are properly set up, equipped, staffed and licensed to accommodate patients who are still relatively unstable, but not longer require surgery or investigation.

2.2.1 Convalescent Nursing Care

- The need for, and length of stay in, Convalescent Care Nursing depends on the patient's medical condition and the type, amount and frequency of skilled nursing services provided.
- The patient must require services that meet the following criteria:
  - Services can only be provided by a registered or enrolled nurse AND
  - Services are required at a frequency and/or intensity that cannot be provided in the home setting through intermittent home health skilled nursing visits.
  - Skilled nursing services are indicated when the patient requires medically necessary nursing care on a continuing daily basis as evidenced by the need for the constant presence, on-site availability and supervision of a skilled nurse for the purpose of monitoring and evaluation for a medical condition that requires changes in management.

2.2.2 Convalescent Mobilisation Care

Convalescent Care Mobilization is appropriate for the provision of medium intensity rehabilitative therapies when ALL of the following criteria are met:

- The patient has one of the conditions defined as being a relative indication for rehabilitation.
- The patient requires rehabilitative therapy(ies) at a frequency and intensity of at least 5 days per week for at least 60 minutes per day. Physiotherapy must be indicated for the patient's condition and must be provided a minimum of 30 minutes per day.
- The rehabilitative therapies are intended to treat a recent documented decline in functional status due to illness, injury, disease or surgical procedure.
- The member requires at least minimum assistance for at least two of the following:
  - bed mobility
  - transfers
  - ambulation for household distances (20m) and/or if non-ambulatory, wheelchair use at household distances (20m).
- There is the expectation that the patient's functional capabilities will improve significantly in a reasonable and predictable period of time.

In addition:

- Patients (except those with conditions listed as requiring Inpatient physical rehabilitation) who, as a result of a procedure, will be non-weight bearing for several weeks (e.g. 6-8 weeks), at least a short term Convalescent Care Mobilization stay for the purpose of learning transfers is indicated.
- For continuing stay in Convalescent Care Mobilization the patient must demonstrate measurable and significant gains in rehabilitative therapy as evaluated on a weekly basis. Serial weekly progress notes, including objective documentation on a week-to-week basis of the most recent functional status and measured progress toward goals must be provided.

2.3 Palliative Care

Palliative care services are indicated for the care of the terminally ill patient if:

- Definitive surgery, radiotherapy or chemotherapy is no longer indicated.
- There is a doctor-prescribed treatment plan.
- Treatment by appropriately qualified/licensed personnel are required.
- Inpatient Respite Care should be provided when the patient is admitted to a hospice unit for no greater than 5 days to provide relief to the regular family caregivers.
- General Inpatient Hospice Care is indicated when the patient requires admission to a hospice unit for round-the-clock care.

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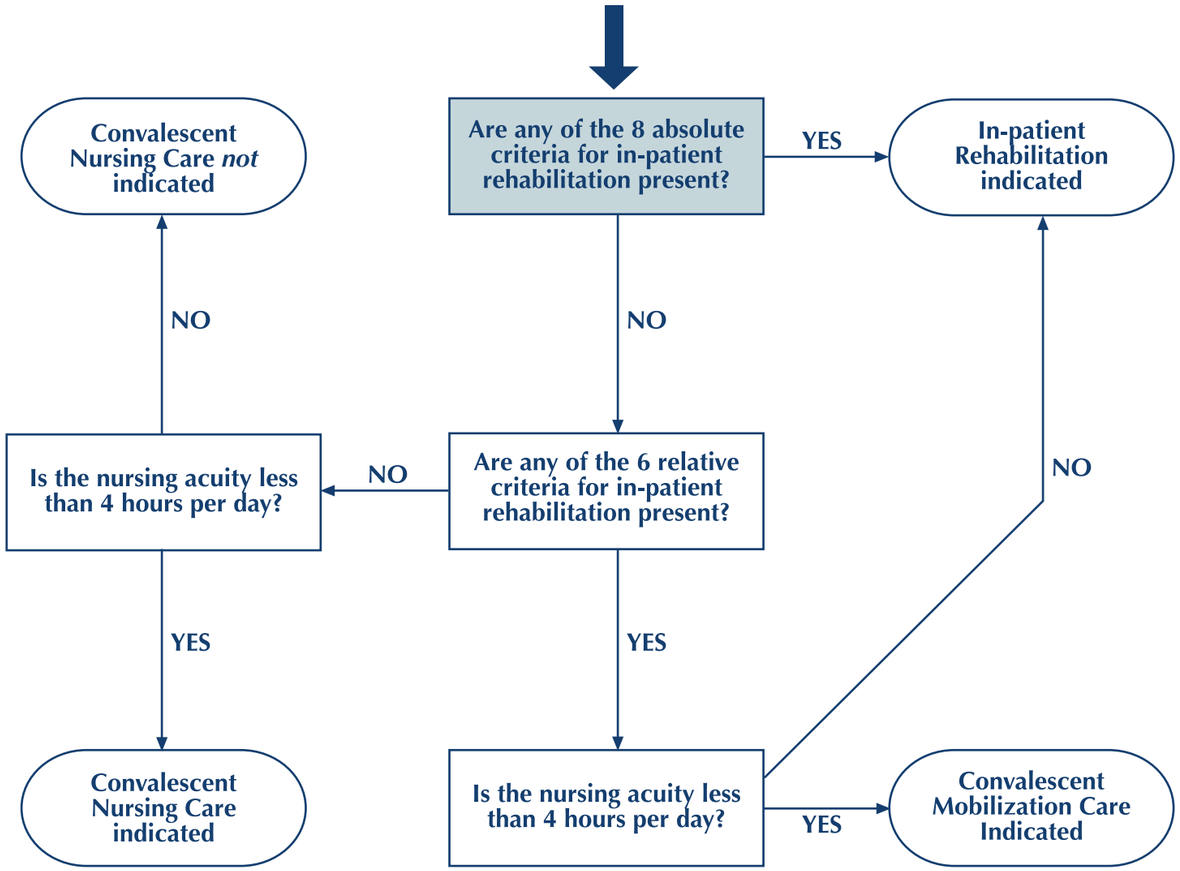
3. Algorithm for selection of an Appropriate Level of Care



4. Indications for Rehabilitation

Absolute Indications (If present rehabilitation is indicated)

1. **New stroke.**
2. **New spinal cord dysfunction.**
3. **New brain injury.**
4. **Exacerbation or crisis due to disabling neurological disorders:**
    a. Multiple sclerosis
    b. Motor neuron disease
    c. Polyneuropathy
    d. Muscular dystrophy
    e. Parkinson's disease
5. **Burns.**
6. **Active polyarthritis:**
    a. Polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies,
    b. Resulting in impairment & in restriction of participation, which has not improved with outpatient rehabilitation.
    c. Or where there was a severe flare up immediately before admission and there is potential for improvement with rehabilitation.
7. **Systemic vasculidities with joint inflammation:**
    a. Resulting in impairment & in restriction of participation, which has not improved with outpatient rehabilitation.
    b. Or where there was a severe flare up immediately before admission and there is potential for improvement with rehabilitation.
8. **Severe or advanced osteoarthritis:**
    a. Involving two or more major weight bearing joints (elbow, shoulders, hips, or knees, but not counting a joint with a prosthesis).
    b. With joint deformity, loss of range of motion, atrophy of muscles surrounding the joint and impairment & in restriction of participation, which has not improved with outpatient rehabilitation, but has the potential to improve with more intensive rehabilitation.

(A joint replaced by a prosthesis is no longer considered to have osteoarthritis, or other arthritis, even though this condition was the reason for the joint replacement.)

Relative Indications (If present and nursing acuity is more than 4 hours per day or if the patient has any one of the following, then rehabilitation is indicated)

a. Bilateral knee or bilateral hip joint replacement surgery.
b. Extreme obesity (BMI >/= 35).
c. Age 70 or older.
d. Pre-existing significant neurological impairment (e.g. CVA, SCI, Polio, Brain Injury, Cerebral Palsy).
e. Pre-existing multi-system disease in more than 2 organ systems.
f. Post-operative complications requiring management in the ICU/HCU for more than 7 days.

1. **Knee or hip joint replacement.**
2. **Fracture of femur (hip fracture).**
3. **Congenital deformity.**
4. **Amputation.**
5. **Major multiple trauma.**
6. **Major cardiovascular or neurosurgery.**

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5. Assessment of Nursing Acuity

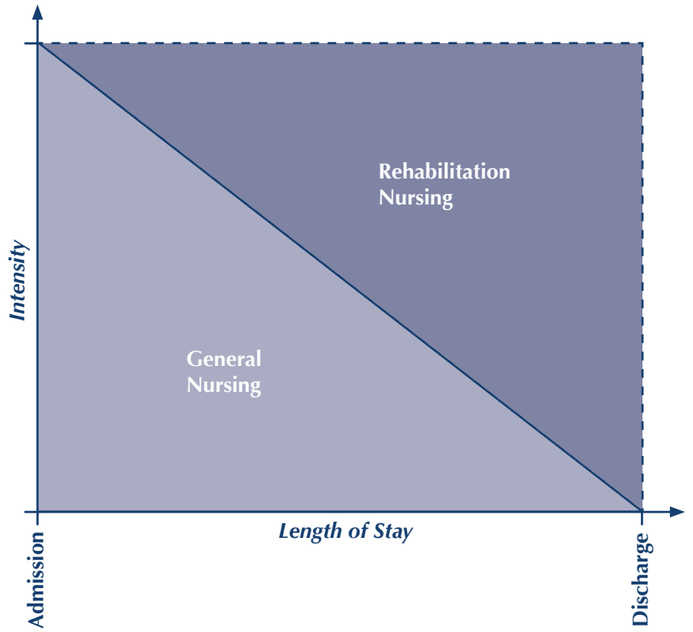
Nursing acuity is assessed in an objective, transparent and reportable manner. Aurora Hospital has defined its own standard for measuring acuity directly and makes consistent use of this tool.

It is important to note that nursing acuity comprises of at least 2 important components – and for any one patient the relative load of these may vary though the course of an admission, but result in a relatively stable total nursing acuity. The 2 components are:

1. Traditional general medical or surgical nursing acuity.
2. Specialized rehabilitation nursing acuity.

Ordinarily as the general acuity drops, the rehabilitation nursing acuity increases.

A copy of the Aurora Hospital nursing acuity screening tool is attached.



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The Admission, Referral and Discharge Systems

The Referral System

Referral of a patient to Aurora Convalescent Care Unit, is hassle-free and one phone call, e-mail or fax away.

1. Referral will be received by the Convalescent Care coordinator by phone, e-mail or fax.

   Phone: (041) 368 7285
   Fax: (041) 368 7286
   E-mail: info@aurorahospital.co.za

2. Referral will come from either:
   Fund case manager, treating doctor, hospital case manager, ward sister or family.

3. Once the referral has been received, Aurora Hospital will take responsibility for all activity, including authorization and transfer, as well as keeping the fund, family, patient and doctors informed during the process of assessment and admission.

The Admission System

1. Receive referral: phone, e-mail etc, from doctor, hospital case manager, ward sister of fund case manager.
2. Contact hospital case manager and make appointment to do acuity and assess patient - within 4 hours of referral.
3. Do acuity / assessment in hospital / speak to ward sister - within 6 hours of referral.
4. Visit or speak telephonically with the referring doctor - within 8 hours of referral.
5. Discuss assessment with Aurora doctor and create admission document - within 8 hours of referral.
6. Contact family and discuss possible transfer - within 8 hours of referral.
7. Discuss transfer with fund and obtain an authorization number - within 24 hours of referral.
8. Arrange for transfer to Aurora - within 36 hours of referral.
9. Do individual care plan for patient, as per policies and procedures – within 6 hours of authorisation being received.
10. Send initial report to fund and admitting doctor within 48 hours of admission.

Discharge Planning

1. Discharge planning starts on admission, or even first contact with the patient.
2. It involves the Convalescent Coordinator, family, patient and, if necessary, the Social Worker.
3. It may involve temporary or permanent placement assistance if needed.
4. It may involve a home visit if needed.

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Policy Regarding Rehabilitation Therapy Referrals

Physiotherapy

At Aurora Hospital we strive to improve and maintain our patients' levels of mobility and physical activity – recognizing that this is an important aspect of health.

On admission, all patients will be assessed by an on-site physiotherapist.

An appropriate physiotherapy programme is then implemented according each patient's needs and according to the doctor's orders.

Physiotherapy is billed separately from daily accommodation rate.

Occupational Therapy

The on-site occupational therapists will assess all patients over the age of 60 years for signs of impaired cognitive (thinking) skills, comprehension skills and coordination and implement an occupational therapy programme should this need be indicated.

The occupational therapists will assess equipment needs in all patients and will assist in providing these, where indicated, e.g. wheelchair, walker, transfer board etc.

The occupational therapists are also available to perform home visits to assist with environmental modifications, wherever this is appropriate.

Occupational therapy is billed separately from daily accommodation rate.

Speech / Swallow Therapist

The on-site speech / swallowing therapist will assess patients only where the need is indicated, e.g. patients who have a history of previous stroke, brain injury or where there is any indication of danger of aspiration during swallowing.

Should it be deemed necessary an MBS will be arranged by the speech therapist on request from the treating doctor. This is not a standard procedure for all admissions and is only performed where medically indicated – and in accordance with our early recognition of dysphagia program.

Speech therapy is billed separately from daily accommodation rate.

Counselling Psychologist

Should a patient be in need of counselling, the on-site psychologist will consult with the patient. The psychologist does not consult with every patient, but only on referral from the doctor or convalescent coordinator.

Psychology fees will be billed separately from daily accommodation rate.

Social Worker

The social worker will assist with patients in need of the following services, on referral from the Convalescent Care coordinator:

- Placement in permanent facility.
- Assistance with financial matters, e.g. Claims.
- Addressing social issues at home or within the family.