



Rehabilitation Service Categories

1. Specialist Rehabilitation Medicine Service:

A Specialist Rehabilitation Medicine Service will include the following characteristics:

1. It is directed by a Rehabilitation Physician and each patient's clinical management is under the supervision of a Rehabilitation Physician.
2. There are clear, written criteria for admission as an inpatient and outpatient to the program.
3. The services provided are interdisciplinary, co-ordinated and integrated; and are supported by resources and professional staff commensurate with the rehabilitation program objectives.
4. Services for patients are determined by individualised and documented initial and periodic assessments of functional ability.
5. The program pursues negotiated rehabilitation goals within appropriate timeframes.
6. There is a formal planned discharge procedure and liaison that ensures continuity with community services.
7. There is continual evaluation of the program and its outcomes.

Details on Governance, Staffing, Facilities & Equipment, Policies & Procedures and Quality Management Activities are included in the booklet "*Standards 2005 – Adult Rehabilitation Services in Public and Private Hospitals*" available from The Australasian Faculty of Rehabilitation Medicine.

2. Other Medically Directed Rehabilitation Services:

Other medically directed rehabilitation services will ideally include the following characteristics:

1. Each patient's clinical management is under the supervision of a medical practitioner with training or special interest in rehabilitation.
2. There are clear, written criteria for admission as an inpatient and outpatient to the program.
3. The services provided are interdisciplinary, co-ordinated and integrated; and are supported by resources and professional staff commensurate with the rehabilitation program objectives.
4. Services for patients are determined by individualised and documented initial and periodic assessments of functional ability.
5. The program pursues negotiated rehabilitation goals within appropriate timeframes.
6. There is a formal planned discharge procedure and liaison that ensures continuity with community services.
7. There is continual evaluation of the program and its outcomes.

Ratified by Faculty Council November 2006