Transfer of care communication plan:
inpatient rehabilitation

This template is provided as a sample of information that the NSW Paediatric Rehabilitation Services (PRS) should consider when reviewing the potential transfer of a rehabilitation inpatient to a local health district (LHD) inpatient setting. If transfer is agreed this information should be shared with both the PRS and LHD teams.

# Patient details

|  |  |
| --- | --- |
| Name |  |
| MRN |  |
| DOB (age) |  |
| Admission date |  |
| Length of stay |  |
| Home location |  |
| Parent and/or carer contact details | Name:  | Contact number: |
| School and year |  |
| Diagnosis |  |
| iCare or NDIS status |  |
| Parent consent to contact LHD | (For example: Mum, Sarah Smith, provided verbal consent on 1/1/22) |

# Transfer of care planning

|  |  |
| --- | --- |
| Estimated transfer date |  |
| Likely therapy required | * Clinical psychology
* Nursing
* Occupational therapy
* Physiotherapy
* Social work
* Speech pathology
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Possible or identified issues | (For example workforce availability, equipment, home setup, local therapy plans) |
| LHD requirements | * Education
* Equipment
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Is transfer to LHD an option? | Yes / No / Need more info (if so, review date: \_\_\_\_\_ ) |
| **Follow up actions required** | **Clinician responsible** |
|  |  |
|  |  |

# Updating process between PRS and LHD

|  |  |  |
| --- | --- | --- |
| PRS contact person (providing update) | Name and role: | Contact details: |
| Update frequency |  |
| Update method  | (For example phone, email, telehealth) |
| LHD contact person (to be provided with update) | Name and role:  | Contact details: |
| Collaborative case conference schedule | * Before transfer, number planned\_\_\_\_\_\_\_\_\_
* After transfer
 |
| Transfer of care communication plan shared with respective teams | Date:  | Clinician responsible: |

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