

**DESIGNATION OF
COMMUNITY
REHABILITATION
CENTRES**

JANUARY 2002

SECTION 1

**CRITERIA FOR
DESIGNATION OF
COMMUNITY
REHABILITATION
CENTRES**

1. PREFACE

This guide outlines the criteria that Community Rehabilitation Centres (CRCs) need to meet to be designated for funding by the Victorian Department of Human Services. The Department on an annual basis will review the designation status of all CRCs.

The document does not aim to provide quality assurance standards for rehabilitation services. These designation criteria apply to services funded as Community Rehabilitation Centres by the Sub-Acute Program of the Department of Human Services.

Designation aims to facilitate the development of Community Rehabilitation Centres by ensuring that centres provide core services to clients/patients. CRCs funded by the Victorian Department of Human Services will be expected to achieve designation.

A working party with representatives from the field has reviewed and redeveloped the designation criteria.

The designation process applies to two types of centres. Firstly it is for those centres applying for designation status for the first time. Secondly the process will review currently designated CRCs on an annual basis.

New applications for designation

- Centres applying for designation status for the first time can do so at any time of the year.
- **Section 1** of the document outlines the criteria to be used for designation.
- **Section 2** of the document is the designation form to be completed by the Chief Executive Officer or the Coordinator of the Centre when applying for designation for the first time.
- A designation committee consisting of representatives from the field and DHS officers will assess the written application. If the application is successful the designation committee will conduct a site visit to confirm designation status.

Currently designated Community Rehabilitation Centres

- Currently designated CRCs are required to renew their designation on an annual basis. **Section 1** of the document outlines the criteria to be used for designation.
- Centres are required to complete the pro forma in **Section 3** of this document annually by **31 January**.
- The Department will review the centre's service profile annually by **31 January**. *Section 6.1.4 Community Rehabilitation Centre Service Profile* of this document outlines the optimal service profile. In those cases where the CRC's service profile deviates considerably from the optimal service profile the designation committee will conduct a site visit before reconfirming designation status.

2. INTRODUCTION

Community based rehabilitation services are an integral part of the health and welfare system. It is evident that the demand for rehabilitation is increasing as the population ages. By 2020, an estimated 16 per cent of the Australian population will be over the age of 65. As a result, the number of age-related illnesses and disabilities, for example, stroke, fractured neck of femur, arthritis and diabetes, are projected to increase.

Rehabilitation may be defined as the process of restoring a disabled person to his/her fullest physical, mental and social capability through the combined and coordinated use of medical, physical, educational and vocational rehabilitation services.

This document will focus on one type of agency, known as State funded Community Rehabilitation Centres.

3. DEFINITION

In Victoria, Community Rehabilitation Centres provide a multidisciplinary rehabilitation service to enable clients who are disabled, frail, chronically ill or recovering from traumatic injury to achieve and retain optimal functional independence. CRC services target those patients/clients who are amenable to rehabilitation.

CRCs play an important role in providing ongoing treatment to people who have been discharged from hospital and people with acute and chronic conditions who require rehabilitation.

Community Rehabilitation Centres can meet a broad range of rehabilitation needs for clients living in the community, however clients with the following principal diagnoses are not appropriately served by CRCs:

- Principal diagnosis related to sensory impairment, such as vision and hearing.
- Principal diagnosis related to psychiatric impairment.
- Principal diagnosis related to intellectual impairment.
- Principal diagnosis related to vocational impairment.

Services provided by CRCs are available to all people of any age living in the community, with no service restriction by age. However, it is older adults who currently form the majority of clients/patients. The carers of individuals involved in the program, as well as other health professionals and community groups, may also access the expertise of staff of Community Rehabilitation Centres, for advice on the management of an individual.

CRCs have a responsibility to facilitate access to other community and health services when required for the management of people requiring rehabilitation.

The Sub-Acute Program, within the Metropolitan Health and Aged Care Services of the Department of Human Services, Victoria, provides funding for Community Rehabilitation Centres.

4. ROLE

Community Rehabilitation Centres have the following roles:

- Active rehabilitation;
- Community liaison and networking;
- Community development;
- Evaluation and quality improvement; and
- Education and consultation.

For the purposes of this document, the rehabilitation role is important.

Rehabilitation Role

In order to achieve the overall objectives of rehabilitation, the CRC team should be responsible for a number of basic client-related functions that may be defined as follows:

- target services to people who are amenable to rehabilitation;
- conduct assessments which balance the person's physical and mental health with their social, environmental and economic condition;
- devise a goal-orientated and time-limited rehabilitation plan that consists of an individualised package of services consistent with the goals to be achieved and takes into account the personal preferences of the person and carer;
- ensure that the rehabilitation plan is implemented effectively;
- have procedures to re-examine the person's progress periodically and revise the rehabilitation plan to reflect changes in rehabilitation needs or in environmental support factors;
- reinforce the person's informal support network to maximise their potential to function independently; and
- plan, review and implement a discharge plan which provides appropriate follow-up and referral to other services as required.

To achieve these objectives the program must:

- have documentation with aims, objectives and vision statements;
- be multi-disciplinary, co-ordinated and integrated, and supported by a team with appropriate rehabilitation expertise in line with the rehabilitation program objectives;
- conduct joint assessments, case conferences and apply elements of multi skilling and skill sharing and overlap;
- use recognised and validated assessment and outcome measures;
- incorporate program evaluation, including evaluation of patient satisfaction;
- have a structured program format which is goal orientated and time-limited; and
- have appropriate equipment to operate and function smoothly, and to cater to clients' needs in line with service levels.

5. STAFF

Community Rehabilitation Centres should have a commitment to ensuring staff have expertise in rehabilitation services. Mechanisms need to be established and time allocated to enable staff to maintain and expand on these skills. The multidisciplinary nature of the management of people with rehabilitation requirements necessitates a team approach.

Sufficient time must be available to enable interaction between team members, including the conduct of patient-related team meetings and the possibility of conducting joint assessments or interventions.

Community rehabilitation staff should have adequate knowledge, expertise and time to confidently act as a resource to other health professionals involved in the management of people undergoing rehabilitation.

Staff involvement in research and evaluation of patient management encourages the provision of quality care, and the development of best practice management for clients undergoing rehabilitation.

6. DESIGNATION CRITERIA

Community Rehabilitation Centres are expected to provide a range of core services in order to achieve and maintain designated status. In addition to the core services CRCs may also provide secondary and/or specialist services.

6.1 GENERAL SERVICES

6.1.1 Core Services

In order for a CRC to become designated, six core services must be provided to clients/patients accessing the Centre. These are:

- Rehabilitation and /or Geriatric medicine;
- Nursing;
- Occupational Therapy;
- Physiotherapy;
- Social Work; and
- Speech Pathology.

Core services, must be provided by staff members who are directly employed by the Centre or by the Auspicing Health Service.

Other Key Functions

In order for a Centre to function, other key roles must also be provided:

- **Coordination / Management**

The coordination role generally includes administrative and service management functions, and supervision of the day-to-day running of the Centre. Depending on the size and structure of the Centre and the professional discipline of the coordinator, they may also have a clinical role.

- **Administrative Support**

Reception, data entry and management and secretarial support are key administrative roles. Of particular importance is management of clinic appointments and reporting of agency activity. Access to support staff enables the health professionals in the clinic to utilise their time and skills in clinically related activities.

6.1.2 Secondary Services

Secondary services provide an important component of the rehabilitation program for some clients. Where these services are an essential part of the client's rehabilitation program, the clinic has a responsibility to ensure these services are arranged for the client/patient and funded from the Centre's budget. Access to these services on a needs basis should be considered in the development and operation of an effective rehabilitation program.

Patients requiring extensive input from secondary services may be better referred to alternative CRCs with specialist services.

Access to an interpreter for the provision of such services should also be provided on a needs basis.

Secondary services may include:

- Podiatry;
- Dietetics;
- Psychology;
- Neuropsychology; and
- Prosthetics and Orthotics.

6.1.3 Community Rehabilitation Centre Characteristics

The following characteristics have been determined to be appropriate for a CRC.

- Service type is focused on rehabilitation;
- Care plans are developed;
- Assessment process is in place, using validated assessment measures;
- Service protocols are in place;
- Regular reviews are undertaken;
- Team meetings are multidisciplinary;
- Appropriate referral pathways;
- Good working relationship with external providers, eg. GPs;
- Ongoing education programs are in place; and
- Ongoing service evaluation, including Patient Satisfaction Surveys.

6.1.4 Community Rehabilitation Centre Service Profile

The service profile for each Community rehabilitation Centre can be determined by calculating the percentage of contacts provided by the centre for each service provided.

The Community Rehabilitation Centre Designation Redevelopment Committee compiled this profile. To assist in establishing the range of optimal percentage of service contacts the service profile of all current CRCs were analysed. The service profile does not include all the services provided by CRCs. The focus is on those service percentages that are considered appropriate for a CRC and to ensure that the focus of the CRC provision is not on non-core services to the detriment of core services.

Only in those cases where a CRC's service profile differs substantially from the optimal profile will a site visit be required by the designation committee before the designation status can be confirmed.

The Department will analyse and compare the service profile of each CRC against the following profile on an annual basis:

Service Provided	Percentage of Service Contacts
Nursing	Less than 20%
Physiotherapy	More than 40%
Occupational Therapy	More than 15%
Social Work	More than 4%
Speech Pathology	More than 2%
Podiatry	Less than 5%
Recreation / Leisure Integration	Less than 5%
Other	Less than 5%

6.2 SPECIALIST SERVICES

Specialist services may also play an important role in a client's/patient's rehabilitation program. It is expected that these specialist services are additional to a general CRC program, and are only available in a selected number of centres throughout Victoria. They are not essential for a CRC to achieve designation.

All services, must be provided by skilled staff with the necessary equipment or services.

6.2.1 Characteristics of Specialist Services

For a service to be classified as specialist, the following characteristics are essential.

- Provide a "higher level" of service;
- Services are provided by expert consultants;
- Provide secondary consultations;
- Accept referrals from outside of region;
- Conduct research and education programs;
- Staff belong to relevant specialist groups;
- Confer with other similar groups across the State or nationally; and

Specialist services provided can require additional resources and equipment; for example, access to voice analysis, tilt-table, pressure monitors, hoist, patient access to computers, etc. They can also have access to video-teleconferencing (a high priority attribute).

6.3 DATA COLLECTION

Collection of the *CRC Minimum Data Set and Clinical Indicator Set Data* (according to published timelines) for the purpose of activity and performance reports is required as part of the Health Services Agreement of the Community Rehabilitation Centre. Centre based collection and compilation of data should be done in such a way that research and evaluation of the Centre's program and client outcomes are facilitated.

There should be reviews of performance against Performance Indicators on a regular basis.

SECTION 2

**QUESTIONNAIRE FOR
DESIGNATION OF
COMMUNITY
REHABILITATION
CENTRES**

COMMUNITY REHABILITATION CENTRE DESIGNATION FORM

Please complete the following with regard to your Centre:

1. **Name of Community Rehabilitation Centre** _____

2. **Name of Auspice Agency** _____

3. **Name and contact details of a CRC staff member who can be contacted by the Department:**

Name & Title _____

Address _____

Phone No _____ Fax No _____ Email _____

The following questions are purely for information purposes only, and do not impact on the designation process.

4. **Operation of Centre**

Days of operation Hours of operation
per week per week

5. **Service / Facility**

Please tick applicable box Yes No

Is your service sited with other services?

Where different facilities are sited together, are services:

	CHC	Day Centre	Inpatient facility	Other (please specify)
Fully integrated (sharing staff, facilities and infrastructure support)				
Partially integrated (sharing only some aspects of service provision)				
Co-located (located together, but functioning independently of each other)				

Comments, if any.

6. Travel Arrangements

Please tick applicable box *Yes* *No*

- a) Does your Centre fund transportation for applicable clients/ patients to access the Centre?

If yes, what is the method of funding?

Please tick applicable box

Centre owned transport	<input type="checkbox"/>
Taxi vouchers	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

What percentage of the budget is allocated to funding transportation?

- b) What types of transportation do clients/patients use to access the Centre?

Please estimate in percentage terms

Private (self or relative)	<input type="checkbox"/>
Taxis	<input type="checkbox"/>
Local council vehicle	<input type="checkbox"/>
Public transport	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

7. Information Systems

What computer software package does your Centre use to record and manage patient specific information?

APPRAISAL FOR DESIGNATION PROCESS

The following section will be used for the designation process. It is compulsory for Centres to provide all necessary information.

8. Core Services

Does your Centre provide the following core services?

	<i>Please tick applicable box</i>	
	<i>Yes</i>	<i>No</i>
Rehabilitation and/or Geriatric Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Speech Pathology	<input type="checkbox"/>	<input type="checkbox"/>

9. Secondary Services

Does your Centre have access to the following secondary services?

<i>Please tick applicable box</i>	<i>Staff Employed by CRC</i>	<i>Services Purchased by CRC*</i>	<i>Public referrals (otherDHS funding)</i>	<i>Private referrals</i>	<i>Not available</i>
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosthetics and Orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*This refers to any additional services that a CRC may purchase on a needs or consultancy basis.

10. Data Collection

	<i>Please tick applicable box</i>	
	<i>Yes</i>	<i>No</i>
Does your Centre provide data in accordance with Department of Human Services requirements?	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Please tick applicable box</i>	
	<i>Yes</i>	<i>No</i>
Does your Centre evaluate its performance against Performance Indicators on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>

11. Community Rehabilitation Service Model

Please explain your service model, providing details on all of the following. (*Please attach summary*).

- Service type;
- Care plan development;
- Assessment process;
- Assessment measures;
- Service protocols;
- Review process;
- Multidisciplinary team meetings;
- Referral pathways;
- Relationship with external providers, eg. GPs;
- Ongoing education;
- Support networks;
- Management of service evaluation process; and
- Patient Satisfaction Survey.

12. Specialist Services

Please tick applicable box Yes No

Does your Centre provide a specialist service in line with the characteristics described in Section 6.2.1?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If you answered yes, please answer question 13.

13. Specialist Services Offered

Please attach program details for any of the specialist services your Centre provides.

Details are to cover the following areas:

- Program outline;
- Program duration;
- Disciplines involved;
- Additional staff training or expertise required;
- Resources/Equipment used;
- Outcome measures used;
- Research or education programs undertaken; and
- Referral protocols.

14. STAFFING

Please complete the following table in relation to Core and Secondary services provided by CRC staff members.

Discipline	EFT Provided at the CRC	EFT Provided at the CRC on request	EFT Provided off site	Total EFT per week (1 EFT= 38 hours)	Participation in team meetings / consultation with team members (Yes or No)
CORE					
Rehabilitation and/or Geriatric Medicine					
Nursing					
Division 1					
Division 2					
Occupational Therapy					
Grade 1					
Grade 2					
Grade 3					
Physiotherapy					
Grade 1					
Grade 2					
Grade 3					
Social Work					
Grade 1					
Grade 2					
Grade 3					
Speech Therapy					
Grade 1					
Grade 2					
Grade 3					
Administrative Support					
Co-ordinator					
SECONDARY					
Podiatry					
Dietetics					
Neuropsychology					
Clinical Psychology					
Allied Health Assistants					
Orthotist					
Recreation Coordinator					
Other					

15. Accommodation / Facilities

CRCs will vary in size and their components will depend on location, size and the needs of the area in which it is sited. The ideal components of a CRC are listed in the following table as:

- required (the component must be provided);
- shared within (the functional are used to provide the component *may* be used by more than one component within the CRC);
- shared externally (components may also be used by other service provided in the same facility/building); and
- optional (the component may or may not be provided).

Please indicate in the CRC response column, the components which apply to your Centre.

** Please indicate yes or no. Where answer is yes, state whether (a) or (b) applies to your Centre.*

Component	Required	Shared within (a)	Shared externally (b)	Optional	CRC Response *
<i>Vehicle Access</i>					
Parking Facilities for Clients/Staff/CRC Vehicle	✓		✓		
Garage for CRC Vehicle				✓	
Bicycle Rack			✓	✓	
<i>Arrival Areas</i>					
Signage	✓				
Entry Canopy		✓	✓	✓	
External Entrance	✓	✓	✓		
Reception Area - Public	✓	✓	✓		
Waiting Area	✓	✓			
Wheelchair Parking	✓	✓			
<i>Office Areas</i>					
Reception Area - Administrative	✓	✓			
Coordinator's Office	✓				
Record & Other Administrative Storage Space	✓				
Interdisciplinary Office Space or Spaces	✓	✓	✓		
Multi-purpose Meeting Room	✓	✓	✓		
<i>Clinical Areas</i>					
Multi-use Interview Room	✓	✓	✓		
Occupational Therapy Space	✓	✓			
Quiet Area for Cognitive Assessment		✓	✓	✓	
Fully Functioning Disabled Kitchen	✓				
Bathroom and Shower Facilities			✓	✓	
Outdoor Treatment Areas	✓	✓	✓		
Physiotherapy Space	✓		✓		
Individual Treatment Area	✓	✓	✓		
Multi-use Treatment Room	✓		✓		
Other Specialist Space(s)	✓	✓			

Component	Required	Shared within (a)	Shared externally (b)	Optional	CRC Response *
<i>Service Areas</i>					
Service Entry/Loading Bay	✓		✓		
Service Access	✓		✓		
Storage Areas - Equipment, Medical	✓		✓		
Utilities Storage/areas - Linen, Cleaner, Waste, etc	✓		✓		
Toilets for Clients and Visitors	✓		✓		
Adequate circulation spaces/Passageways	✓				
Refreshment Area - Tea, Coffee	✓	✓	✓		
Dining Area - if meals are provided				✓	
<i>Staff Amenities</i>					
Staff Lunch Room	✓		✓		
Staff Toilets	✓		✓		
Staff Shower and Lockers			✓	✓	

Designation form completed by:

Title: _____

Signature: _____

Date: _____

SECTION 3

AGENCY

ANNUAL REDESIGNATION

PRO FORMA

COMMUNITY REHABILITATION CENTRE ANNUAL REDESIGNATION FORM

Please complete the following with regard to your Centre:

1. **Name of Community Rehabilitation Centre** _____

2. **Name of Auspice Agency** _____

3. **Name and contact details of a CRC staff member who can be contacted by the Department:**

Name & Title _____

Address _____

Phone No _____ Fax No _____ Email _____

4. **Please describe any changes that might have taken place in your centre during the past year. These changes could include the following:**

- **Significant staff changes that had an impact on your ability to provide certain core services;**
- **New services / programs now offered**
- **Service / programs that have been discontinued; and**
- **Changes in client / patient demographics.**

	Changes	Impact
Staffing		

	Changes	Impact
Services / Programs		
Client / Patient Demographics		
Other		

Annual Redesignation form completed by:

Title: _____

Signature: _____

Date: _____