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| Paediatric Brian Injury Rehabilitation Referral Process |
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| **Referral to Rural Teams** |
| *The referral process outlined below is the “ideal process” for referring new patients to the BIRD Rural Teams. We understand in some cases this may not be possible.* |
| **1.** | **Phone Call** to the rural team as early as possible in acute admission to inform of the potential patient |
| **2.** | **Referral Form** - Complete the “Paediatric Brain Injury Rehabilitation Referral Form” and email/fax to the correct team.  |
| **3.** | **Team/Family Meeting** – Once discharge is approaching, involve the rural team member in a team/family meeting. This may need to be completed via telephone/Videoconference. |
| **4.** | **Reports/Discharge Summaries** – On discharge send all discharge paperwork and reports to the rural team in a timely manner. |
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| **Referral To Metro Units** |
| **1.** | **Referral Letter** * The metro teams (CHW, SCH, JHCH) requires that all intake comes in the form of a Letter from a Dr/Specialist as per most Medicare billing requirements
* All referral letters MUST HAVE a Rehab Dr’s name as the Addressee (not Dear Intake Officer or Dear Doctor)
* Please Address to:
 |
|  |  | **CHW** |  |
|  |  | **SCH** | Dr Adrienne Epps |
|  |  | **JHCH** | Dr Robert Smith |
| **2.**  | Also send any additional reports/letters/care plans to the team. |
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| **Contact Details for Referrals** |
| Illawarra Brain Injury Rehabilitation Service (Port Kembla) | Contact | Jasmine Xavier |
| Phone | 42238470 |
| Fax | 42238484 |
| Email | Jasmine.Xavier@sesiahs.health.nsw.gov.au |
| Kaleidoscope Paediatric Brain Injury Rehabilitation Team (John Hunter) | Contact | Jennifer Harben |
| Phone | 49257965/0417237629 |
| Fax | 49257909 |
| Email | Jennifer.Harben@hnehealth.nsw.gov.au |
| Mid-North Coast Brain Injury Rehabilitation Service (Coffs Harbour) | Contact | Carol Wright |
| Phone | 66592300 |
| Fax | 66592310  |
| Email | Carol.Wright@ncahs.health.nsw.gov.au |
| Mid-North Coast Brain Injury Rehabilitation Service (Port Macquarie) | Contact | Vicki Solomon |
| Phone | 65843300 |
| Fax | 65843301 |
| Email |  |
| Mid-Western Brain Injury Rehabilitation Service (Bathurst) | Contact | Angela Vass |
| Phone | 63305197 |
| Fax | 63343771 |
| Email | Angela.Vass@health.nsw.gov.au |
| New England Brain Injury Rehabilitation Service (Tamworth) | Contact | Katrina Wakely |
| Phone | 6767 8350 |
| Fax | 6766 9343 |
| Email | HNELHD-NEBIRS@hnehealth.nsw.gov.au |
| Southern Area Brain Injury Service (Goulbourn) | Contact | Natasha Neppl |
| Phone | 48237911 |
| Fax | 48219165 |
| Email | Natasha.Neppl@health.nsw.gov.au |
| South Western Brian Injury Rehabilitation Service (Albury) | Contact | Jane Murtagh |
| Phone | 60419934 |
| Fax | 60419928 |
| Email | Jane.Murtagh@gsahs.health.nsw.gov.au |
| Sydney Children’s Hospital Network - Randwick | Contact | Kylie French |
| Phone | 93821078 |
| Fax | 93820177 |
| Email | Kylie.French@health.nsw.gov.au |
| Sydney Children’s Hospital Network - Westmead | Contact | Helene Chew (Wed/Thurs) |
| Phone | 98452825 |
| Fax | 98450685 |
| Email | helene.chew@health.nsw.gov.au |
| Greater Western Brain Injury Rehabilitation Service (Dubbo) | Contact | Currently no paediatric services available |
| Phone |  |
| Fax |  |
| Email |  |
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| **Eligibility Criteria** |
| Illawarra Brain Injury Rehabilitation Service (Port Kembla) | Age | 5-18 and/or still attending school  |
| Conditions | TBI / non-degenerative ABI after birth  |
| Other Details | The brain injury must be the primary diagnosis and client’s issues should be related to this |
| Kaleidoscope Paediatric Brain Injury Rehabilitation Team (John Hunter Children’s Hospital) | Age | 0-16  |
| Conditions | Acquired and Traumatic Brain Injury |
| Other Details | Medical referral required |
| Mid-North Coast Brain Injury Rehabilitation Service (Coffs and Port) | Age | 5-18 |
| Conditions | TBI |
| Other Details | ABI if capacity available |
| Mid-Western Brain Injury Rehabilitation Service (Bathurst) | Age | 5-16 |
| Conditions | • Prioritise TBI • ABI - will review on case by case basis |
| Other Details | Functional, cognitive and/or psychological rehab goals identified.Capacity of family to self-manage care and rehab |
| New England Brain Injury Rehabilitation Service (Tamworth) | Age | 0-18 |
| Conditions | • Prioritise TBI • ABI will review on case by case basis |
| Other Details |  |
| Southern Area Brain Injury Service (Goulbourn) | Age | From 5 year old to leaving school age |
| Conditions | • Prioritise TBI • ABI - will review on case by case basis• ADHC referral for congenital |
| Other Details | Must have identifiable rehab goals - otherwise on consultancy basis |
| South Western Brian Injury Rehabilitation Service (Albury) | Age | 3-18/ School Age |
| Conditions | Primary diagnosis of traumatic brain injury |
| Other Details | • Referral with an acquired brain injury, other than traumatic brain injury may be considered at managers discretion • resides in the Murrumbidgee Local Health District• Compensable Clients (TAC etc) will be considered from North East Victoria |
| Sydney Children’s Hospital Network - Randwick | Age | 0-16  |
| Conditions | Acquired and Traumatic Brain Injury |
| Other Details |  |
| Sydney Children’s Hospital Network - Westmead | Age | 0-16 |
| Conditions | Acquired and Traumatic Brain Injury |
| Other Details | Western Child Health District  |