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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. | | | | | |
|  | | | | | | |
| **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](mailto: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 |  | |
|  | | | | | | |
| **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 | |