

QSCIS referral for a person with a new spinal cord injury

Information for clinicians

The [Queensland Spinal Cord Injuries Service \(QSCIS\)](#) provides specialist support to people over 16 years living in Queensland and northern New South Wales with injury, non or slowly progressive disease or impairment affecting the spinal cord. QSCIS operates under an 'all of life' model, delivering acute and rehabilitation services for spinal cord injury (SCI) in collaboration with Hospitals and Health Services statewide.

The QSCIS continuum includes interconnected sub-services that utilise a range of models to deliver care including QuickStart (in-reach for new-onset SCI); Spinal Injuries Unit (SIU); Transitional Rehabilitation Program (TRP); Spinal Outreach Team (SPOT) and the Spinal Injuries Outpatient Department (SIU OPD).

A new SCI service known as the North Queensland Spinal Cord Injuries Service (NQSCIS) is being piloted for North Queensland residents. NQSCIS is working in collaboration with QSCIS and is currently delivering in-reach, outreach, and outpatient services.

Key Points

- All people with a suspected SCI should be referred to QSCIS as soon as possible.
- The patient's treating SMO must be aware of the referral.
- On average, QSCIS will be in contact with the referrer within 3 business days to help inform the best QSCIS pathway. Sometimes it may take up to 5 days, so please reach out to QSCIS for urgent matters.
- There are 2 pathways for people with a new SCI – admission to the SIU or remain in the local referring HHS. Both pathways involve support by an inreach service.
- The most appropriate pathway for the patient will be discussed with the treating team.
- NQSCIS is a pilot service working in close collaboration with QSCIS and will provide inreach services to SCI patients in North Queensland hospitals.

How and when to refer a person with a new SCI to QSCIS

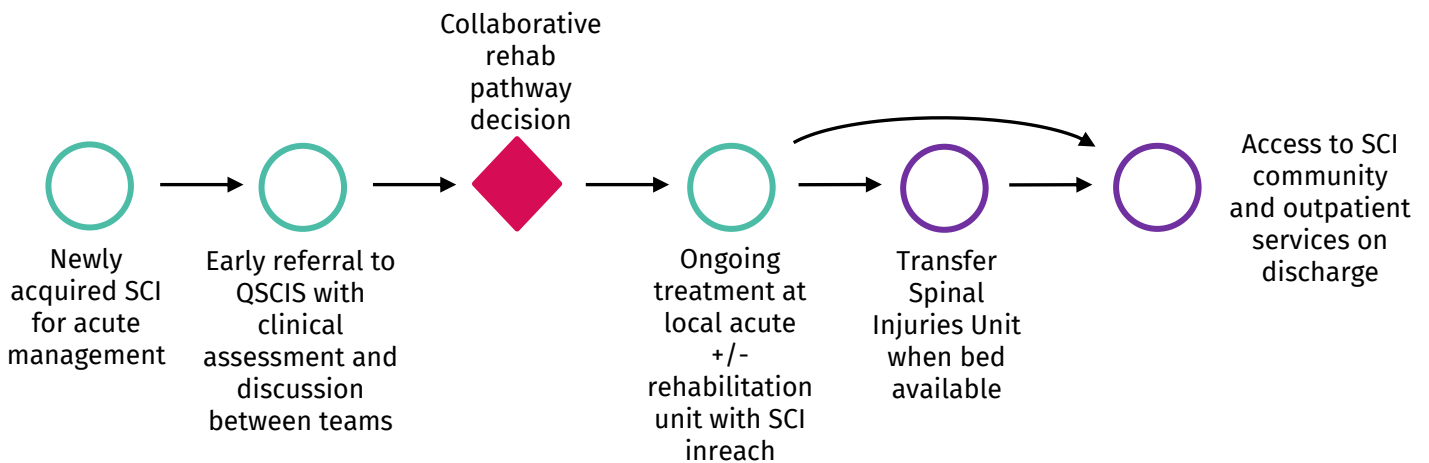
- All people with neurological loss following a SCI require referral to QSCIS. Neurological loss includes impairment of the motor, sensory and/or autonomic nervous systems. Autonomic nervous system impairment includes bladder, bowel and sexual dysfunction.
- Early referral to a spinal injuries' unit is internationally recognised as best practice as it supports optimal patient outcomes.
- “Early referral to QSCIS” means as soon as the diagnosis of SCI is established (or is considered likely). Support for acute care clinicians and education for patients and families can be initiated, even in an intensive care setting. Early consultation with QSCIS also supports determination of the most appropriate rehabilitation pathway for the person.
- To refer to QSCIS, please complete and send the [QSCIS new patient referral form](#). QSCIS accepts referrals from the following clinicians:
 - Treating medical officer
 - Specialist SCI Clinical Nurse Consultant (CNC), (where a designated SCI CNC role exists)
 - Specialist SCI allied health (AH) clinician (where a designated SCI AH role exists)
- For all referrals, **the patient’s admitting Senior Medical Officer must be aware that the referral is being made.**
- Ideally, the International Standards for Neurological Classification of Spinal Cord Injury or ASIA assessment form should be sent at the same time, however, delays to completion of this assessment should not delay the QSCIS referral being sent.
- The completed [QSCIS new patient referral form](#) is emailed to qscis_referral@health.qld.gov.au.
- All referrals across the state are received by QSCIS and QSCIS will notify other local HHS spinal clinicians/teams around the state within 1 business day.
- The referrer will receive an automated email reply from QSCIS acknowledging that the referral has been received. For further information regarding referrals, please contact 07 3176 5061.

What to expect from a new referral to QSCIS

- New referrals are reviewed by the Medical Director of the SIU or a delegated SMO. If the patient meets QSCIS eligibility criteria, a QSCIS medical officer will liaise with the referrer within 3 business days. On occasions where it may take up to 5 days for QSCIS to liaise with the referrer, if the referring team has an urgent matter, please reach out to QSCIS.

- This clinical conversation facilitates information transfer between the local treating team and QSCIS to determine the most appropriate rehabilitation pathway for the person. Where possible, a face to face or virtual QSCIS medical consult will be arranged.
- Accepted referrals are discussed at the weekly QSCIS Admissions and Planning Meeting. Injury factors, medical factors, psychosocial factors and the capacity of the person’s local rehabilitation services are considered to determine the most appropriate rehabilitation pathway. It is acknowledged that the suggested pathway may change if a person experiences neurological recovery, medical complications, or changes in circumstances.
- There are 2 pathways for people with new SCI:
 1. Most patients will require an admission to SIU for a period of acute and rehabilitation management. Specialist SCI in-reach support can be accessed during periods when the person is being managed in their local facility prior to transfer to SIU.
 2. Some patients can receive acute and rehabilitation management for SCI in their local facility/HHS, with in-reach support.

Diagram1: New SCI Referral Pathway for all HHSs



- Following collaboration, the most appropriate rehabilitation pathway for the person will be documented in the **electronic medical record (ieMR) or email to the referring SMO if the ieMR cannot be accessed**. The treating team will be notified of any changes.
- People with new SCI who are considered likely to require an admission to SIU are added to the “SIU waitlist”, by their date of referral. The date of referral is not the only determinant impacting the timing of transfer to SIU. Factors such as multi-resistant organism (MRO) status, patient acuity, the development of secondary conditions, and the perspectives of the local treating teams inform these decisions.

- People who are likely to require transfer from their local hospital to Princess Alexandra Hospital for treatment and rehabilitation in the SIU require routine MRO swabs/samples to assist with bed management and planning. Samples required are VRE (rectal swab), MRSA (groin swab) and ESBL (urine sample). It is requested that these are completed as soon as possible after acceptance of the referral and may need to be repeated closer to the time of transfer if results are not current within the last month.
- People with new SCI who are considered appropriate to receive acute and rehabilitation management in their local facility/HHS are not added to the SIU waitlist, however, ongoing collaboration between the local treating team and the in-reach team facilitates the transfer of new information if changes to the original pathway are indicated.
- A collaborative statewide approach to the management of SCI with clear linkages between QSCIS and all HHSs is evolving. Townsville HHS has launched a new pilot service offering in-reach and outreach services to North Queensland residents. At Metro North Health, Gold Coast Health, and Sunshine Coast Health, there are dedicated SCI clinical roles/teams that assist patients with SCI and the clinicians who care for them locally. These services liaise closely with QSCIS to ensure consistency of care for people with a new spinal cord injury and seamless navigation through the health system where transition between HHSs is required.

How in-reach services can provide support to clinicians

In Queensland there are two in-reach services providing coverage across the following hospital and health services:

QuickStart		NQSCIS Inreach
•Central West	•Sunshine Coast	•Mackay
•South West	•Metro North	•Townsville
•West Morton	•Metro South	•North West
•Darling Downs	•Gold Coast	•Cairns and Hinterland
•Central Queensland	•Northern NSW	•Torres and Cape
•Wide Bay		

Both teams work closely together to provide a high level of specialist knowledge for people with a new SCI. A postcode checker for individual HHS coverage can be found here: [Catchment suburbs - Metro North Health](#).

- In-reach teams offer proactive clinical support to clinicians who are caring for a person with a new SCI, regardless of whether that person is likely to require an SIU admission or receive rehabilitation management in their local facility/HHS. This support can be provided in person or via telehealth and is offered to clinicians across both public and private facilities.

- The type of in-reach support provided depends on the person and local health service capabilities. As a result, in-reach teams aim to be flexible and responsive to the needs of the treating clinicians. For example, clinicians in a tertiary rehabilitation unit will not require the same types of support as those in an acute ward or in an outer-metropolitan, regional or rural area.
- QuickStart and NQSCIS scope of practice:
 1. **In-reach** - means the service is being provided to a person, their family and friends, their treating team, and service providers in a hospital.
 2. **Clinical Support** - means demonstrating, teaching, advising. In certain circumstances, it may mean doing things directly for the person with SCI, their family and friends, treating team and service providers, where it is more efficient to do so.
 3. **Proactive Approach** - means providing support to identify and avoid problems and improve outcomes.
- The in-reach team will document interventions promptly in the ieMR or paper medical record.
- To ensure continuity of care, after the person has been transferred from the care of an acute team to a rehabilitation team, the in-reach team intends to undertake an in-person consultation. A member of the in-reach team will contact the admitting SMO via phone or email to notify them of their involvement to date and discuss the ongoing level of engagement required from the in-reach service.
- An in-reach referral is closed when a person is transferred to SIU or when they are discharged from a local facility/HHS. The person with SCI, their families, and their formal support services have access to ongoing clinical support and education from QSCIS via the service continuum (SIU, TRP, SPOT, SIU OPD).
- All persons with SCI, no matter where they are located upon discharge will receive a service introduction letter to SPOT and will be put on an SMS reminder program regarding SPOT services.
- QSCIS wants to prevent loss of follow-up for people with SCI. People discharged from a local facility/HHS who have been seen by the reach SMO, will, where clinically appropriate, automatically be referred for follow-up in a spinal OPD. In the instance a person with SCI has not been reviewed by the in-reach SMO, the local HHS should make the referral.

Contacting the Statewide Service - QSCIS

QuickStart can be contacted on 0476 526 188 or via QuickStartQSCIS@health.qld.gov.au.

If you have any questions about referrals or other SCI topics, please do not hesitate to make contact with a QSCIS medical officer by calling the Princess Alexandra Hospital on 3176 2111 and asking to speak to the admitting SIU Registrar.

For additional contact details please visit our website at: <https://qscis.health.qld.gov.au/contact/>

Local HHS spinal service contacts:

Local spinal services can be contacted on the numbers listed below:

Health Service	Spinal Service	Contact
Townsville	North Queensland Spinal Cord Injuries Service (NQSCIS)	nqscis@health.qld.gov.au
Gold Coast	Spinal Cord Injuries Liaison Service (SCILS)	GCSCILS@health.qld.gov.au
Metro North	Spinal Cord Injuries Service	Scimnh@health.qld.gov.au
Sunshine Coast	Clinical Nurse Consultant	sc-basci@health.qld.gov.au