Considerations for referral to QSCIS Transitional Rehabilitation Program (TRP)

The purpose of this document is to outline the key requirements to prepare a patient with spinal cord injury (SCI) to return to the community with the assistance of TRP. Considering these factors will help to ensure that patients are set up for success while minimising the risk of adverse events and outcomes immediately after discharge. More information about TRP is available at **QSCIS Transitional Rehabilitation Program (TRP)**.
QSCIS QuickStart can assist with advice and consultancy in the lead up to discharge.

Please complete the referral to TRP no later than 2 weeks prior to the estimated discharge date.
If you would like to discuss any aspects of the TRP referral, please contact the TRP Manager at trp@health.qld.gov.au.

More information about the Queensland Spinal Cord Injuries Service and the support available can be found at QSCIS – Queensland Spinal Cord Injuries Service.

Funding	
The patient's funding pathways **must** be established prior to discharge to facilitate the provision of personal/core supports, equipment/consumables, appropriate accommodation options, and post-discharge referrals. 'Core Supports' refer to funding allocated for everyday activities and disability-related needs, covering things like consumables, daily activities assistance, and social/community participation	
☐	**NDIS** – Access request, planning and plan implementation with core supports in place if required for D/C.
☐	**NIISQ/iCare** – Access request and planning with NIISQ/iCare Support Planner must be completed with core supports in place if required for D/C.
☐	**My Aged Care (MAC)** – MAC offers a range of services dependent on age, level of care needs and income/asset thresholds. These include Residential Aged Care (RACH), Supported Living Accommodation, and Support at Home (SaH) packages. Wait times for SaH packages will vary dependent on priority allocation and interim options may need to be explored. Transition Care Programs (TCP) can provide older people with a package of time-limited services on discharge from hospital, that includes specialised restorative care therapy such as physiotherapy and occupational therapy, as well as nursing support and personal care. The QSCIS QuickStart team can provide advice regarding these options, taking into account individual circumstances and local processes, and the availability of TCP in the patient's local area.
☐	**Medical Aids Subsidy Scheme (MASS)** – Applications for equipment should be completed and submitted prior to D/C.
☐	**Long Stay Rapid Response (LSRR)** – may be used for equipment hire / equipment provision if other sources of funding are unavailable.
☐	**Workcover** - Application and planning with Workcover must be completed prior to D/C.

Discharge Supports

Patients with SCI may require personal supports to be in place to facilitate a safe discharge from hospital. This can include regular support for ADLs as well as community access for therapies, medical appointments, shopping. For people with NDIS/NIISQ/iCare funding, an active plan will need to be in place for supports to be provided. Support Coordinators (NDIS) and Support Planners (NIISQ) can assist in linking with care providers. For people with My Aged Care funding, personal supports may be able to be provided via TCP referral with a view to improving independence (with some limitations – for example, TCP will not perform bowel therapies).

☐	**Care Needs:** Establish funding for personal care support workers/community access, establish a care plan for discharge, establish a care provider, complete basic support worker training prior to D/C.
☐	**Key Contacts:** Patient and TRP provided with key contacts for plan, support agency and any other service referrals.

Health Issues

Patients with SCI may have specific health needs that may need to be addressed in order to avoid the development of common secondary health conditions.

☐	**Medications:** Sufficient medication should be supplied on D/C to allow time for patients to see their GP for repeat scripts. Webster packs may be required.
☐	**Continence:** Management plan for bladder and bowel should be established. Continence pads should be avoided, if possible, due to adverse impact on skin health/risk of pressure injuries. Consumables should be ordered and available at D/C for bladder and bowel routines where required.
☐	**Skin Care:** Appropriate bed, mattress, back support, and pressure redistribution cushion(s) must be in place. Ideally, skin should be free from pressure injuries at discharge, but if wounds are present, a plan for management in the community must be established.
☐	**Respiratory:** Management plan for home should be established including equipment and carer training if required.
☐	**Autonomic Dysreflexia:** Education should be provided and management plan developed if required.

Functional Considerations & Equipment

Patients with a SCI may need many pieces of equipment to be in place to facilitate a safe discharge from hospital. QSCIS QuickStart can provide advice and consultancy regarding equipment trials and prescription. If hire equipment is unavailable, TRP may have capacity to loan equipment.

☐	**Transfers:** Appropriate transfer aids and equipment must be in place.
☐	**Mobility:** Appropriate mobility aids for safe household and community mobility must be in place. Falls risk for home and community environments should be considered.
☐	**ADLS:** Appropriate showering & toileting aids and suitable for use in home environment must be in place.
☐	**Communication:** Emergency call systems and technology should be in place if required for safety.
☐	**Equipment Prescription:** Prescription of key equipment (mobility, showering/toileting, transfers, sleep, pressure relief) prior to discharge assists in mitigating risks of adverse events and outcomes. Equipment with long delivery lead times should be ordered prior to discharge to minimise use of interim equipment.
☐	**Hire/Loan Equipment**: Interim loan or hire equipment should be trialled, funded, delivered and set up in preparation for discharge. Interim equipment is frequently sub-optimal and can result in adverse outcomes if used for unnecessarily prolonged periods due to delays in definitive equipment provision.

Discharge/Home Environment	
There are many aspects of a patient's home environment that should be considered and planned for prior to leaving hospital. Interim accommodation or modifications may be required (NDIS, NIISQ, MAC, LSSR funding).	
☐	**Home visit** should be completed to ensure safety and equipment compatibility with environment.
☐	**Day and/or Weekend Pass** prior to D/C strongly recommended, to allow for the opportunity to problem solve any challenges or issues and check equipment compatibility with the home environment.
☐	**Discharge to RACF considerations:** **Equipment** is appropriate equipment available or does this need to be funded/scripted (i.e. appropriate showering, mobility or pressure relieving equipment). Does RACF permit powered mobility devices? LSRR funding may be available to people discharging to RACFs. **Bowel Therapy** - If patient requires enemas/suppositories or digital removal of faeces, is the RACF familiar with/willing to perform this procedure?

Referral to Community Services	
TRP is happy to work in collaboration with other services to ensure that the patient's ongoing rehabilitation needs are met. While TRP can provide some hands-on rehabilitation, this should be supplemented by other services if more intensive support is required. People with SCI often require the coordination of multiple concurrent services to assist them on discharge into the community. Below is a list of potential community referrals to consider when planning for discharge from hospital. Making these referrals prior to discharge will minimise the risk of long periods without appropriate services in place.	
Therapy follow-up: ☐ Physiotherapy ☐ Occupational Therapy (incl. Driving Assessment) ☐ Exercise Physiology ☐ Psychosocial Supports ☐ Multidisciplinary OPD/Day Hospital program ☐ Multidisciplinary community-based rehab program ☐ Back2Work (Spinal Life Australia)	**Medical follow-up:** ☐ Local Rehabilitation Medicine OPD ☐ QSCIS SIU OPD follow-up (if required) ☐ Refer to Continence/Wound Nursing Service - IDC/SPC changes - Wound management ☐ Link with General Practitioner - Send copy of discharge summary

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V2.0 Date: February 2026