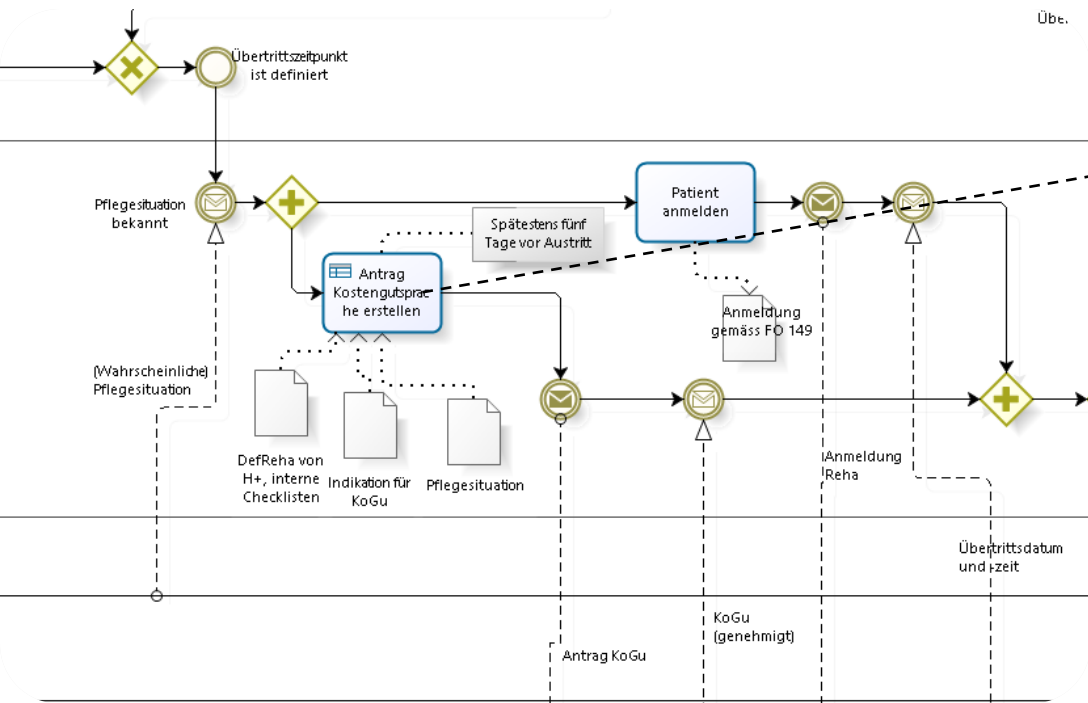


Patient-Radar Decision Tables adopting Decision Model Notation

The Geriatric Rehabilitation case



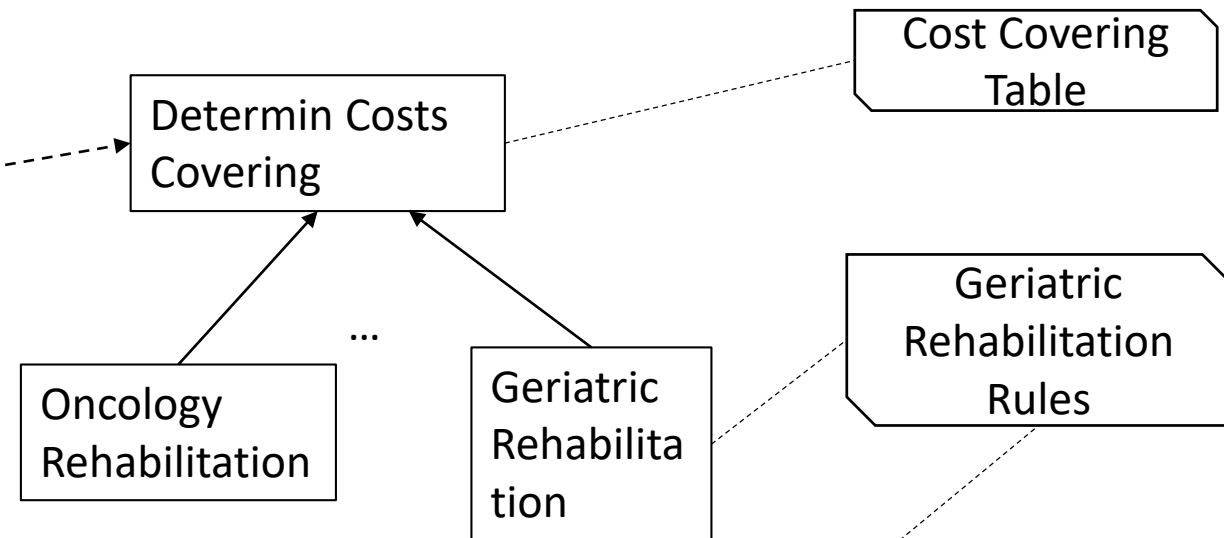
Source: Table Admission Criteria - Inclusion

If patient has age equal or greater than 75 and is polymorbidity (more than one geriatric syndrome) and needs rehabilitation, then the patient must be admitted in the geriatric rehabilitation

Source: Table Admission Criteria - Exclusion

If patient has not completed yet the treatment in the Acute Hospital, then the patient cannot be admitted to a geriatric rehabilitation

If patient has a specific disease, then the patient cannot be admitted to the geriatric rehabilitation



1. Age	≥75				<75
2. Geriatric Syndrome	>1		≤1		-
3. Rehabilitation Required	y	n	-	-	-
4. Acute Hospital Treatment completed	y	-	-	-	-
5. Specific Disease	n	-	y	-	-
1. Accept Geriatric Rehabilitation	x	-	-	-	-
2. Reject Geriatric Rehabilitation	-	x	x	x	x
	1	2	3	4	5

Geriatric Syndromes

- Cognitive limitation (Kognitive Einschränkung);
- Motionless (Immobilität);
- Increasing of fall risk (Erhöhtes Sturzrisiko);
- Incontinence of stool and/or urine (Inkontinenz von Stuhl und/oder Urin);
- Malnutrition and/or sarcopenia (Malnutrition und/oder Sarkopenie);
- Depression or anxiety (Depression oder Angststörung);
- Limited function of the sense organs (Eingeschränkte Funktion der Sinnesorgane);
- Decubitus ulcers (Dekubitalulzera);
- Chronic pain (Chronische Schmerzen);
- Medication problems polypharmacy and/or Non-Compliance (Medikationsprobleme bei Polymedikation und/oder Non-Compliance);
- Social isolation (Soziale Isolation).

Specific Diseases

- Paraplegia;
- Neurological disease;
- Craniocerebral trauma;
- Syndromes that requires cardiovascular, pulmonary or musculoskeletal rehabilitation.

Modularization

- Decomposing knowledge into multiple-table structure

Source: Table Admission Criteria - Inclusion
Rehabilitation Required

1. Patient had an Acute Care Treatment	y		n	
2. Patient was in a n Outpatient Clinic	y	n	y	n
1. Rehabilitation Required	x	x	x	-
2. Rehabilitation Not Required	-	-	-	x
	1	2	3	4

If patient had an acute care treatment or was in an outpatient clinic, then the patient needs rehabilitation.

1. Age	>=75				<75
2. Geriatric Syndrome	>1			<=1	-
3. Rehabilitation Required	y	n	-	-	-
4. Acute Hospital Treatment completed	y	-	-	-	-
5. Specific Disease	n	-	y	-	-
1. Accept Geriatric Rehabilitation	x	-	-	-	-
2. Reject Geriatric Rehabilitation	-	x	x	x	x
	1	2	3	4	5

Rules for discharging a geriatric patient

Source: Table Discharging Criteria - Inclusion

- If patient has health conditions that enable to plan follow-up treatments, then patient is associated with plannable treatments
- If patient has functional capabilities that are sufficient for the future ambient living, then patient fulfils the first rehabilitation requirements
- If patient has reached the rehabilitation (or restorative) potential, then patient fulfils the second rehabilitation requirements
- If patient is associated with plannable treatments and fulfils both the first and the second rehabilitation requirements, then patient is sent either home or to a long-term facility according to physician's
- If patient has more than three daily medical interventions in a row, then patient has health conditions with acute complications (maybe other criteria are existing to determine medical complications)
- If patient has health conditions with acute complications and according to physician's assessment patient requires a re-hospitalization in the acute hospital, then patient is sent to an acute hospital
- If patient has health conditions without acute complications and the rehabilitation clinic is not adequate to cope with the patient's health conditions, then patient is sent to a rehabilitation clinic more adequate for his/her health conditions

Source: Table Discharging Criteria - Exclusion

- If patient has health conditions with temporary complications that are manageable within the same rehabilitation clinic, then patient is not discharged
- If patient has an extended stay in the rehabilitation clinic, then patient is eligible to be discharged in a less intensive facility (e.g. home or a nurse facility)

Decision Table for discharging a geriatric patient

1. Health conditions enable to plan follow-up treatments	y		n	-	
2. Functional capabilities are sufficient for the future ambient living	y		n	-	
3. Rehabilitation (or restorative) potential too low or has been reached	y		-	-	
4. Medical Interventions within two days in a row	<=3		>3 (acute complications)	-	
5. Re-hospitalization in Acute Hospital is needed	n		y	-	n
6. Rehabilitation Clinic is adequate for patient's health conditions	-	n	-	y	
7. Health conditions with «temprary» complications	-	-	-	y	-
8. Patient had an extended stay	-	-	-	-	y
1. Patient is sent Home or to a Long-Term Facility	x	-	-	-	-
2. Patient is sent to the an Acute Hospital	-	-	x	-	-
3. Sent to a Rehabilitation Clinic more adequate	-	x	-	-	-
4. Patient is elegible to be discharged in a less intensive facility (e.g. home or nurse facility)	-	-	-	-	x
4. Patient dischargement is denied	-	-	-	x	-
	1	2	3	4	5

The Intensive Rehabilitation Case

Criteria for managing the interface between **acute hospitals** and **internal medicine and oncology rehabilitation** subject to medical monitoring

Source: Table Admission Criteria – Inclusion

If patient suffers from respiratory failure and do not need invasive ventilation, then the patient is admitted to an intensive rehabilitation

If patient suffers from a persistent infection, then the patient is admitted to an intensive rehabilitation

If patient suffers from a mild psychopathy or a moderate psychopathy or a controlled addiction, then the patient is admitted to an intensive rehabilitation

If patient requires no more than two medical check per day, then the patient is admitted to an intensive rehabilitation

If patient suffers from an infection that requires isolation, then the patient is admitted to an intensive rehabilitation

If patient suffers from a symptomatic anemia, then the patient is admitted to an intensive rehabilitation

If patient suffers from an arrhythmias, then the patient is admitted to an intensive rehabilitation

If patient requires a continuous parenteral drug therapy and/or requires fluid administration, then the patient is admitted to an intensive rehabilitation

If patient requires a continuous parenteral nutrition and/or enteral nutrition, then the patient is admitted to an intensive rehabilitation

If patient requires drainages, then the patient is admitted to an intensive rehabilitation

If patient requires a continuous Chemotherapy, then the patient is admitted to an intensive rehabilitation

If patient suffers from a persistent cognitive impairment, then the patient is admitted to an intensive rehabilitation

If patient suffers from a dysphagia with risk of aspiration, then Patient is admitted to an intensive rehabilitation

If patient suffers from an unstable diabetic metabolism, then the patient is admitted to an intensive rehabilitation

If Patient has limitations in Activities Of Daily Living (ADL), then the patient is admitted to an intensive rehabilitation

Some of the rules for the inclusion have a direct association with some rules for the exclusion to the Rehab.

Inclusion
Rule

Exclusion
Rule

Source: Table Admission Criteria – Exclusion

- If patient suffers from respiratory failure and needs invasive ventilation. then the patient must not be admitted to an intensive rehabilitation
- If patient suffers from a septic infection with hemodynamic instability, then the patient must not be admitted to an intensive rehabilitation
- If Patient suffers from a unstable malign ventricular arrhythmia, then the patient must not be admitted to an intensive rehabilitation
- If patient suffers from a heavy psychopathy or an unstable addiction, then the patient must not be admitted to an intensive rehabilitation

<div> <div>Determin Costs Covering</div> <div>...</div> <div>Oncology Rehabilitation</div> <div>Intensive Reha Rules</div> </div>	1. Respiratory failure <u>with or without</u> invasive ventilation	Without	-	-	-	Without		-	Without							
	2. Infection: <u>Persistent</u> (P) or <u>Septic with Hemodynamisch Reha</u> (SHR)	P	SHR	-	-	P		-	P							
	3. Psychopathy and Addiction: <u>Mild/Moderate and Controlled</u> (MC) or <u>Heavy and Out of Control</u> (HOC)	MC	-	HOC	-	MC		-	MC							
	4. Examination per day	<=2	-	-	>2	<=2		-	<=2							
	5. Isolation due to the type of Infection	-	-	-	-	y	-	-	y	-	-	-				
	6. Symptomatic Anemia	-	-	-	-	-	y	-	-	y	-	-				
	7. Arrhythmias: <u>Under control</u> (UC) or <u>Out of Control</u> (OC)	UC	-	-	-	UC	UC	OC	UC							
	8. Require continous parenteral drug therapy and/or fluid administration	-	-	-	-	-	-	-	y	-	-	-	-	-	-	-
	9. Require continous parenteral nutrition and/or enteral nutrition	-	-	-	-	-	-	-	-	y	-	-	-	-	-	-
	10. Requires drainages	-	-	-	-	-	-	-	-	-	y	-	-	-	-	-
	11. Require a continous chemotherapy	-	-	-	-	-	-	-	-	-	-	y	-	-	-	-
	12. Persistent cognitive impairment	-	-	-	-	-	-	-	-	-	-	-	y	-	-	-
	13. Dysphagia with risk of aspiration	-	-	-	-	-	-	-	-	-	-	-		y	-	-
	14.Unstable Diabetic metabolism	-	-	-	-	-	-	-	-	-	-	-	-	-	y	
	15. Limitations in Activities of Daily Living (ADL)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	y
	1. Patient is admitted to an intensive rehabilitation	x	-	-	-	x	x	-	x	x	x	x	x	x	x	x
	2. Patient is not admitted to an intensive rehabilitation	-	x	x	x	-	-	x	-	-	-	-	-	-	-	-
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15