



**KWAZULU-NATAL PROVINCE**

**HEALTH**  
REPUBLIC OF SOUTH AFRICA

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**HILLCREST HOSPITAL**  
**Clinical Management**

## **HILLCREST HOSPITAL PACKAGE OF SERVICE**

Hillcrest Hospital admits patients with the following medical conditions who will benefit from in-patient rehabilitation program

### **Musculoskeletal conditions**

#### **Orthopaedic injury**

A serious injury of the skeletal or muscular system (bone fractures, dislocations, amputations, or complicated recovery from major joint replacements

- Fractures: complicated, multiple
- Amputations (closed stump for post amputation rehabilitation)
- Poly-trauma

### **Neurological conditions**

- **Stroke** and nerve-related injury that has resulted in weakness or paralysis.
- **Traumatic brain injury:** Sudden damage to the brain caused by a blow to the head. Any trauma to the skull, brain, or scalp, ranging from minor bumps to serious injury.
- **Spinal cord injury:** Damage to any part of the spinal cord due to a blow or tear to the spine (post-surgery/intervention)

Hillcrest physical rehabilitation hospital offers the following in- and out-patient services.

1. General medical and nursing services
2. Occupational therapy services
3. Physiotherapy services
4. Speech and language therapy services
5. Social work services
6. Outpatient rehabilitation services (Monday to Friday)

**NO 24-HOUR EMERGENCY SERVICES**

**CURRENTLY NO PALLIATIVE CARE SERVICES**

**NO PEDIATRIC REHABILITATION SERVICES**

## ADMISSION CRITERIA

### General Inclusion Criteria for Physical Rehabilitation

1. All acute or recent physical disability (less than 6 months' post-injury/insult) **who requires:**
  - inpatient or outpatient multidisciplinary rehabilitation to achieve functional goals that will prevent hospital admission and/or improve independence;
  - and whose physical disability etiology and mechanisms have been clarified and appropriate prevention interventions started.
2. The patient is **medically stable:**
  - A confirmed diagnosis been identified, although the mechanism or etiology may not be initially clear, such as in cryptogenic stroke; these situations should not cause delays in access to rehabilitation;
  - All medical issues and/or co-morbidities (e.g. excessive shortness of breath, and congestive heart failure) have been addressed;
  - At the time of discharge from acute care, acute disease processes and/or impairments are not precluding active participation in the rehabilitation program;
  - Patient's vital signs are stable;
  - All medical investigations have been completed **or** a follow-up plan is in place at time of referral and follow-up appointments made by time of discharge from acute care.
3. The patient demonstrates at least a **minimum level of function, which includes:**
  - Patient is able to or has stamina to participate in the program demands/schedule;
  - The patient is able to follow at minimum one-step commands, with communication support if required;
  - The patient has sufficient attention, short term memory, and insight to progress through rehabilitation process.
4. The patient or substitute decision-maker **has consented to treatment** in the program and demonstrates willingness and motivation to participate in the rehabilitation program (Exceptions: patients with reduced motivation/initiation secondary to diagnosis e.g. depression such patients must at least be seen by clinical psychologist/psychiatrist)
5. There are no behavioural issues limiting the patient's ability to participate at the minimum level required by the rehabilitation program.

### General Exclusion Criteria for Physical Rehabilitation

- Severe cognitive impairment preventing patient from learning and participating in therapy;
- Patient already receives treatment elsewhere and needs are being met;
- Behaviour is inappropriate putting self or others at risk (i.e. aggressive, etc.);
- Terminal illness with expected short survival;
- Not willing to participate in program.

### REFERRAL PROCEDURE (as of the 1<sup>st</sup> of April 2024)

1. Referrals are done telephonically between doctors/medical officers and or therapists.
2. Referral are done on weekdays between 08h00 and 16h00
3. A referral letter (standard referral form) from treating doctor and reports from the treating therapists are mandatory when the patient has been accepted and coming for admission at Hillcrest Hospital.
4. Numbers to call: Female patients: C ward: 031 761 5895

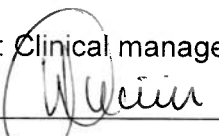
Male patients: B ward: 031 761 5894

Cell number: 078 133 8561 (both males and females)

Medical Manager: 0823803027

Compiled by: Clinical management Team.

Signed by:

  
Dr. NP. Dlamini

Medical Manager