

## ALLIED HEALTH REFERRAL GUIDELINE

# ART TEAM

## (ALLIED RESPONSE TEAM)

### STANDARD

It is the referrer's responsibility to obtain patient consent for all referrals and to complete a comprehensive referral using an approved method.

Services will be provided based on the entry criteria outlined in this document, and will be triaged and prioritised accordingly.

Every new patient event must start with a referral. It is mandatory that all Allied Health referrals, including rejected referrals are entered into the patient management system.

Clinicians should exercise their clinical judgment in both picking up and entering a referral themselves or review a patient in a timely manner whilst awaiting a formal referral.

ART team (Allied Response Team) consists of an Occupational Therapist, Physiotherapist and Social Worker.

### CRITERIA/PROCEDURE

Access to Allied Health services for:

- Inpatients – is by electronic referral.
- Outpatient and Community patients – is by GP E-referral or on the "Referral to Allied Health services" form

It is the referrer's responsibility to enter the referral via GP e- referral, IBA Webpas or Referral to Allied Health services form (see appendix 1 detailing referral entry guide).

Referrals will be rejected if criteria are not met, or returned for more information if there is insufficient detail.

The following pages outline:

- Referral criteria.
- Referral exclusions.
- How to refer.
- Prioritisation.

<b>TDHB Manual/Department:</b> Allied Health Policies and Procedures	<b>Responsibility:</b> Art Team Lead	<b>Version:</b> 1
<b>Date Issued:</b> October 2014	<b>Review By Date:</b> October 2016	<b>Authorised By:</b> Clinical Services Manager – Allied Health
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# REFERRAL CRITERIA

EMERGENCY DEPARTMENT	WEEKEND	CALL BACK
<ul style="list-style-type: none"><li>• A change in ability to manage self care tasks e.g. dressing, washing, eating, and toileting.</li><li>• A change in ability to manage household tasks e.g. preparing meals, housework.</li><li>• A change in ability to transfer and/or mobilise (bed, chair, toilet, mobility etc)</li><li>• Observed unsafe or dangerous mobility or transfers</li><li>• Changes in cognitive and/or perceptual function e.g. head injury</li><li>• Pressure issues that require ongoing equipment or education post discharge</li><li>• Concerns regarding social situation and/or safety</li><li>• Care and protection concerns</li><li>• Family violence concerns</li><li>• Trauma/grief/loss</li><li>• Musculoskeletal conditions that require education and advice</li><li>• Recent falls history</li></ul>	<p>No ART weekend service</p> <p>See physiotherapy guideline for physiotherapy weekend criteria</p>	<p>No ART on call service</p> <p>See physiotherapy guideline for physiotherapy on call criteria</p>

## EXCLUSIONS

EMERGENCY DEPARTMENT	WEEKEND	CALL BACK
<ul style="list-style-type: none"> <li>• No change in their functional ability</li> <li>• Functionally independent with all necessary supports in place</li> <li>• Patients who are rest home or hospital level of care and have not had a change in functional status</li> <li>• Mental health clients requiring acute intervention/risk assessment</li> <li>• Transport home issues</li> </ul>	<p>No ART weekend service</p> <p>See physiotherapy guideline for physiotherapy weekend criteria</p>	<p>No ART on call service</p> <p>See physiotherapy guideline for physiotherapy on call criteria</p>

## HOW TO REFER

EMERGENCY DEPARTMENT	WEEKEND	CALL BACK
<ul style="list-style-type: none"> <li>• Twice daily ART round with nurse coordinator</li> <li>• Identify patient ED patient board</li> <li>• Direct discussion with ED staff</li> </ul>	<p>No ART weekend service</p> <p>See physiotherapy guideline for physiotherapy weekend criteria</p>	<p>No ART on call service</p> <p>See physiotherapy guideline for physiotherapy on call criteria</p>

# PRIORITISATION

EMERGENCY DEPARTMENT	WEEKEND	CALL BACK
<ul style="list-style-type: none"><li>• Priority is given to those who are likely to be discharged home</li><li>• Priority is given to those under or close to six hour ED target</li></ul>	<p>No ART weekend service</p> <p>See physiotherapy guideline for physiotherapy weekend criteria</p>	<p>No ART on call service</p> <p>See physiotherapy guideline for physiotherapy on call criteria</p>

## MEASURE

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Audit.

MIU report of rejected referrals.

Review of protocol by council and services annually.

## TRAINING

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Orientation of new Allied Health Staff.

House surgeon rotation orientation.

Allied Health Response Team brochure for new staff.

## REFERENCES/SUPPORTING INFORMATION

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Service specifications for Allied Health: <http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/472>

Webpas – training on entering.

Website – internet.

## HAZARD ID AND CONTROL FOR STAFF

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### NO SIGNIFICANT HAZARD IDENTIFIED FOR THIS PROTOCOL

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## APPENDIX 1- HOW TO ENTER A REFERRAL

### Making a referral to allied health services for inpatients (PT, OT, SW, SLT, Dieticians)

Please enter the following information onto the referral template:

- Date of Referral = click the clock to get today's date
- Referral Source = ward referral
- Referring HCP = your ward name
- Referral Type = ward visit
- Problem 1 = problem you are referring about
- Claim Type = non-Accident or ACC (accident work or non work)
- Health Purchaser = 35 – DHB funded purchaser
- Clinic Type = service you are referring for i.e. PT, OT, SW, SLT, Dieticians
- Responsible HCP = your ward name
- Case Team = name of allied health case team for your ward (please ask your coordinator or a member of allied health staff if you are unsure)
- Reason for Referral = why you are referring
- Contract Code = service you are referring for i.e. PT, OT, SW, SLT, Dieticians
- Priority = your priority for the referral
- Date of Priority = click the clock to get today's date
- Prioritising HCP = your ward name
- Outcome of Priority = accepted

Failing to follow the steps above is likely to lead to referrals not being queued for allied health teams or unwanted auto-generated letters for patients and their GPs.

A sample physiotherapy referral is shown below:

The screenshot shows a 'Physiotherapy Referral' form with the following data entered:

- Date of Referral: 09 Jun 2014
- Date Letter Received: 09 Jun 2014
- Referral Source: Ward Referral
- Inform GP: No
- Referring HCP: W3B | Ward 3b Ortho&minor Spec
- HCP Practice: [Empty]
- Referral Type: Allied
- Problem 1: Mobility
- Problem 2: [Empty]
- Problem 3: [Empty]
- Claim Type: [Empty]
- HEALTH PURCHASER: [Empty]
- ACC Approval: [Empty]
- PU Order#: [Empty]
- Preferred Site: Base Main Outpatients De
- Clinic Type: Physiotherapy
- Clinic ID: [Empty]
- Slot Type: [Empty]
- Responsible HCP: LEWC | Mr Charlie Lewis
- Case Team: PTOP | PT Ortho/Paeds
- Department Code: Physiotherapy
- Link to Visit: [Empty]
- Expiry Date: [Empty]
- Referral Originator: [Empty]
- Retain as Usual GP?: [Unchecked]
- Primary: [Unchecked]
- Reason for Referral: Post Op
- Diagnosis 1: [Empty]
- Diagnosis 2: [Empty]
- Diagnosis 3: [Empty]
- Contract Code: Physiotherapy
- Sub Contract code: [Empty]
- Score: [Empty]
- Approved for less visits: [Unchecked]
- Contract Expire Date: [Empty]
- Priority: Semi Urgent
- Date of Priority: 09 Jun 2014
- Must Be Seen By Date: [Empty]
- Prioritising HCP: W3B | Ward 3b Ortho&minor Spec
- Outcome of Priority: Accepted
- Date Letter Sent: 09 Jun 2014
- Activate Referral: [Unchecked]
- Print New Referral Letter to Patient: [Unchecked]
- Print New Referral Letter to Referrer: [Unchecked]
- Referral Labels: [Unchecked] Copies: 1
- Printer: Spool Report
- Spool Report: Spool Report