TARANAKI DISTRICT HEALTH BOARD

ALLIED HEALTH REFERRAL GUIDELINE

DIETETIC SERVICES

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.

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.

TDHB Manual/Department: Allied Health Policies and Procedures	**Responsibility:** Dietetics Advisor Coordinator	**Version:** 1
Date Issued: October 2014	**Review By Date:** October 2016	**Authorised By:** Clinical Services Manager – Allied Health
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DIETETIC SERVICES

REFERRAL CRITERIA

INPATIENTS

Patients requiring dietetic input

- Paediatrics
  - Diabetes, including insulin pump start up
  - Cystic Fibrosis
  - Food allergies
  - Failure to thrive
  - Burns
  - Metabolic disorders
  - Enteral feeding – PEG, NG
  - Poor wound healing
  - Supplement assessment
  - Eating disorders
  - Long term oncology pts
  - Chronic constipation
- New Type 1 & 2 Diabetes
- Renal patients
  - On CAPD/haemodialysis
  - Electrolyte modification
- Oncology patients with
  - Food issues IP/hospice
  - Head/neck/oesophagus Ca
- TPN assessment
- Commencing enteral feeding
  - NG, NJ, PEG, JPEG
- ERAS
- FTT/ Malnutrition
- Post bowel surgery
- Post upper GI surgery
- New diagnosis or flare up of
  - Inflammatory bowel disease
  - Diverticulitis
  - Irritable bowel disease
  - Coeliac disease
  - Gallstones/Kidney stones
  - Pancreatitis
- Neurological disorders
  - MND, MS, Parkinsons
- Food allergies/intolerance
- Stroke patients with eating issues
- Respiratory disease with decreased appetite/weight
- Dysphagia
- Poor wound healing
- Assessment for supplements
- Poor oral Intake
- Religious/cultural food
- Eating disorders

WEEKEND

- No weekend service
- Limited availability for phone consultation – contact and roster via hospital telephonist

CALL BACK

- Limited on call service
- Dietitian available for phone consultation – contact details and roster via hospital telephonist

REFERRAL CRITERIA

OUTPATIENTS

A service for those patients living at home or in rest homes requiring dietetic input

- Diabetes
  - Complex Type 1
  - Complex Type 2
  - Gestational
  - Pregnancy
  - Pre-Diabetes
- Food allergies/intolerances
- Coeliac disease
- FODMAP's
- Neurological disease
  - MND, MS, Parkinson's
- Oncology/Oncology Unit
  - Decreased appetite
  - Weight loss
- Renal
  - Haemodialysis
  - Peritoneal dialysis
  - CKD Stage 4
  - Pre-dialysis Assessment
  - Transplant
- Home enteral feeding
  - NG, NJ, PEG, JPEG
- Home TPN
- Polycystic Ovary Syndrome
- Prescribing supplements
- Poor oral intake
- Rest Home consultation
- Weight management with comorbidities
- Pre surgery for nutritional support
- Post surgery for nutritional support
- Stroke
- IBS/IFD
- Mental health with nutritional issues
- Liver disease

PAEDIATRIC OUTPATIENTS

A service for paediatric patients living at home or in residential care requiring dietetic input either in PAU or as an outpatient

- Diabetes
  - Type 1
  - Insulin Pump
  - Type2
- Food Allergies/Intolerance
- Metabolic disorders
- Home enteral Feeding
  - NG, NJ, PEG, JPEG
- Oncology
- Failure to thrive
- Renal
- Eating disorders
- Increased nutritional needs
- Fussy eaters
- Overweight
- Introduction of solids & feeding issues
- Nutritional assessment and advice for:
  - Constipation
  - Anaemia
  - Vitamin deficiency

COMMUNITY

Long term conditions

- Chronic diabetes
- Chronic cardiac patients

In the top 2% high risk, high needs patients

EXCLUSIONS

INPATIENTS	WEEKEND	CALL BACK
• Pts referred without consent • Obese pts admitted due to other co-morbidities • Fussy eaters • Pts with a skin infection or cellulitis who are eating well • Pts who have had a routine laparoscopic cholecystectomy	• Patients admitted and discharged over the weekend or outside dietitians' normal work hours	• Patients admitted and discharged over the weekend or outside dietitians' normal work hours • Patients admitted and discharged outside dietitians' normal work hours that could be seen by the outpatient dietitian

HOW TO REFER

INPATIENTS	WEEKEND	CALL BACK
• Access to dietetic services is by electronic referral for inpatients • It is the referrers responsibility to enter all referrals on IBA Webpas or AH professional if clinical judgment indicates a referral • See appendix 1 for how to guide	Contact to be made through the telephone operator	Contact to be made through the telephone operator

EXCLUSIONS

OUTPATIENTS	PAEDIATRIC OUTPATIENTS	COMMUNITY
• Self referrals • Weight loss by personal choice • Undiagnosed Coeliac disease • Ketogenic diets for adult • Pre – diabetes – to be seen at GP practice via Practice nurse • Cardiac lipid disorders/ hypertension – to be seen by long term conditions Dietician in community	• Self referrals • Weight loss by personal choice • Weight loss issues under 5 years old seen at Whanau Pakari	• Any patient not fitting the criteria/ prioritisation as outlined

HOW TO REFER

OUTPATIENTS	PAEDIATRIC OUTPATIENTS	COMMUNITY
eReferrals from GPs.	eReferrals from GPs.	eReferrals from GPs – Dietitian Long Term Conditions.

PRIORITISATION

INPATIENTS

- **Urgent** – to be seen within two hours of referral
  - o Urgent discharge within the next two hours
  - o Assessment for TPN
  - o Assessment for enteral feeding – NG, NJ, PEG, JPEG
  - o Paediatric – allergies
- **Semi urgent** – to be seen within eight hours of referral. For example
  - o New diabetes - all including paediatrics
  - o Patients with oral intake affected by stroke, coeliac disease, COPD
  - o Post gastrointestinal surgery
- **Routine** – to be seen within 48 hours of referral. For example
  - o Overweight patients
  - o Diet education for patients who are not being discharged imminently
  - o New cardiac patients
  - o Non acute exacerbation

WEEKEND

- **'A' Priorities only** – discussion with ward over the phone, unless a new TPN assessment is required

CALL BACK

- **'A' Priorities only** – discussion with ward over the phone, unless a new TPN assessment is required

PRIORITISATION

OUTPATIENTS

- **High risk** – 'A' Priorities to be seen within one week
  - Diabetics – new Type 1, Gestational
  - New home PEG feeds
  - New coeliac disease
  - Oncology – transfers from regional centres, referral from oncology unit
  - Pre surgery patients from pre-admission clinics
  - Substantial unintentional weight loss
  - Diagnosed eating disorder
  - Multiple pregnancies
  - IBD with weight loss
  - Renal – newly diagnosed/ change in treatment
- **Medium risk** – 'B' Priorities to be seen within three-four weeks
  - New Type 2 Diabetes
  - Failure to thrive/malnutrition
  - Assessment for supplements
  - Gastrointestinal including post surgery
    - acute diverticular disease
    - functional gut disorders
    - IBS, FODMAP's
  - General medical with complex co-morbidities including:-
    - COPD
    - Heart disease, Lipid disorders
  - Neurological conditions
    - MND/MS/Parkinson's
  - Stroke patients with eating issues
  - Urology – stones
  - Obstetric patients healthy eating in pregnancy
- **Low risk – 'C' Priorities** - to be seen within three months
  - Alternative food practices – vegan, vegetarian
  - Diabetes – Type2
  - Obesity with co-morbidities

PAEDIATRIC OUTPATIENTS

- **'A+' Priorities – High risk -** to be seen within one week in PAU or outpatients
  - Diabetes – new Type 1
  - Metabolic condition – new diagnosis
  - Severe food allergy with weight los/ FTT
- **'A' Priorities – Medium high risk** - to be seen in three-four weeks
  - Failure to thrive in <1yr olds
  - Eating disorder
  - Severe wight loss
  - Multiple food allergies
  - Coeliac disease
  - IBD
- **'B' Priorities – Medium risk** -to be seen within four-six weeks
  - Diabetes – New Type 2 and reviews
  - Assessment for supplements
  - Underweight > 1yr olds
  - Overweight < 1yr
  - Enteral feed reviews
  - Single food allergy
  - Nutrient deficiency
  - FODMAP's, IBA, Constipation
- **'C' Priorities** – Low risk to be seen within three months
  - Overweight
  - Fussy eaters
  - Possible food allergy
  - Constipation

COMMUNITY

- **'A' Priority** – **Urgent**
  - Those with five year calculated CVD risk of > 20% Or
  - Those with five year calculated CVD risk of >20%
  - And an HBA1c > 86mmol/mol

    Or a BMI ≥30

    Or Total Cholesterol or T.Chol:HDL ≥8mmol/L Or BP ≥170/100Hg
- **'B' Priority – Semi Urgent**
  - Those with five year calculated CVD risk of >15-20% and an HBA1c 64-86mmol/mol
- **'C' Priorities – Routine**
  - Those with five year CVD risk of ≤15% with an HBA1c<64mmol/mol

MEASURE

Audit.

MIU report of rejected referrals.

Review of protocol by council and services annually.

TRAINING

Orientation of new Allied Health Staff.

House surgeon rotation orientation.

REFERENCES/SUPPORTING INFORMATION

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

NO SIGNIFICANT HAZARD IDENTIFIED FOR THIS PROTOCOL

Disclaimer: This document has been developed by Taranaki District Health Board (Taranaki DHB) specifically and exclusively for use within its operations and services by its staff and authorised personnel only. Use of this document and any reliance on the information contained herein by any third party and/or their agents is at their own risk. Taranaki DHB assumes no responsibility or liability, direct or indirect, arising from its use, interpretation or reliance by third parties including their agents.

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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 todays 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 todays 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:

Physiotherapy Referral

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

Add Cancel