

ALLIED HEALTH REFERRAL GUIDELINE

OCCUPATIONAL THERAPY

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: Occupational Therapy Profession Lead	Version: 1
Date Issued: October 2014	Review By Date: October 2016	Authorised By: Clinical Services Manager – Allied Health
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REFERRAL CRITERIA

INPATIENTS

- A change in ability to manage self care tasks e.g. dressing, washing, eating, toileting
- A change in ability to manage household tasks e.g. preparing meals, housework
- A change in ability to transfer and/or mobilise (bed, chair, toilet etc)
- Difficulties accessing home environment
- New wheelchair user
(Clients who can mobilise short distance inside but feel they need a wheelchair for outdoor use do not meet MOH funding for wheelchair)
- Changes in visual and /or perceptual function
- Changes in cognitive function
- Cardiac rehabilitation
- Seating and/or Pressure issues that require ongoing equipment or education post discharge
- All strokes
- Brain injuries/ post concussion
- 2a - OPHRS
- THJR and TKJR
- #NOF
- Requiring education for energy conservation and stress management

WEEKEND

No weekend service.

REFERRAL CRITERIA

CALL BACK	REHAB OUTPATIENTS	COMMUNITY
<p>No on call service.</p>	<ul style="list-style-type: none"> • To provide ongoing rehabilitation and maximise function for the following types of conditions: <ul style="list-style-type: none"> o Strokes – only requiring OT i.e. not ICATT o Brain Injuries o ACC TI programme referrals – serious injury o Neurological disorder o Cognitive impairment o Patients requiring education for energy conservation and stress management 	<p>A service for those requiring input in their home due to issues relating to safety or difficulties at home, functional decline.</p> <ul style="list-style-type: none"> • A change in ability to manage self care tasks e.g. dressing, washing, eating, toileting • A change in ability to manage household tasks e.g. preparing meals, housework • A change in ability to transfer and/or mobilise (bed, chair, toilet etc) • Difficulties accessing home environment • Recent falls or risk of falls • Pressure issues • New wheelchair user (Clients who can mobilise short distance inside but feel need a wheelchair for outdoor use do not meet MOH funding for wheelchair) • Change in wheelchair or seating requirements • Equipment requests from other DHB's when an OT assessment has occurred

EXCLUSIONS

INPATIENTS

- Patient who are independent on the ward and have all necessary supports in place
- No functional change noted
- Patients who are residents in rest home/Hospital level care who have not had a change in functional condition

WEEKEND

No weekend service.

HOW TO REFER

INPATIENTS

Access to occupational therapy services is by electronic referral for inpatients.
(see appendix 1)

WEEKEND

No weekend service.

EXCLUSIONS

CALL BACK	REHAB OUTPATIENTS	COMMUNITY
No on call service.	<ul style="list-style-type: none"> • Equipment provision or housing modification only • Cognitive assessment that are attributed to dementia - needs referring to MHSOP 	<ul style="list-style-type: none"> • Driving assessment • Scooter assessments • Medical alarms • Support letters for applications for funding of scooters with complex disability needs unless client is well known to service • Services to clients in Southern Cross or other private hospital

HOW TO REFER

CALL BACK	REHAB OUTPATIENTS	COMMUNITY
No on call service.	Via GP e referral process. Referral to Allied Health services form	Via OPHRS HUB process. GP e referral. Referral to Allied Health Service form

PRIORITISATION

INPATIENTS

- **Urgent** – to be seen within two hours of referral, for example
 - o Unexpected discharge planned
- **Semi urgent** – to be seen within eight hours of referral. For example
 - o New strokes
 - o New head injuries
- **Routine** – to be seen within 48 hours of referral. For example
 - o Patients on clinical Pathway

WEEKEND

No weekend service.

PRIORITISATION

CALL BACK	REHAB OUTPATIENTS	COMMUNITY
<p>No on call service.</p>	<ul style="list-style-type: none"> • High risk – ‘A’ Priorities to be seen within one week. Failure to treat may lead to irreversible deterioration, admission, require further surgical or inpatient management, unable to stay in own home. • Medium risk – ‘B+’ Priorities to be seen within two weeks. Failure to treat may lead to deterioration of condition, being unable to undertake ADL’s, significant family/caregiver health stressors, admission for respite. • Low risk – ‘C’ Priorities to be seen within three months. Not deteriorating, but rehabilitation would optimise their function/potential. 	<ol style="list-style-type: none"> 1. ‘A’ Priority – Urgent - phone contact within 24 hours. of receipt of referral and face to face contact within two days. <ol style="list-style-type: none"> a. May result in patient being admitted for symptom control or as a result of injury. b. Experiencing irreversible and fast deterioration of their health or functional status. c. No longer being able to remain in own residence <i>Examples:</i> pressure care, palliative care safety – personal cares wheelchair mobility, history of falls, Post discharge follow up. 2. ‘B’ Priority – Semi Urgent - written contact within two days of receipt of referral and face to face contact within 14 working days. Failure to provide service may result: <ol style="list-style-type: none"> a. Being unable to undertake activities of daily living in a safe manner and there is no help readily available b. Continuing with compromised functional status which is not life threatening but if left permanently unmanaged would lead to more extensive and/or additional problems c. Losing functional skills to a degree that places significant pressure on the family/caregiver which may cause their health to be compromised d. Being admitted to short term care to provide respite for care <i>Examples:</i> Environmental assessments, ADL assessments/rehab, enable funded wheelchairs and housing modifications, rest home discharge. 3. ‘C’ Priorities – Routine - written contact within five days of receiving referral. Face to face contact within 30 working days. Failure to provide input will result in client living with a limited degree of compromised health. Not life threatening but intervention will result in improved functioning or maintenance of condition. <i>Examples:</i> Long term enable equipment.

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

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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:

Physiotherapy Referral

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: [Search]
Referral Type: Allied
Problem 1: Mobility
Problem 2: [Search]
Problem 3: [Search]
Claim Type: HEALTH
HEALTH PURCHASER: PURCHASER
ACC Approval/ PU Order#: [Search]
Preferred Site: Base Main Outpatients De
Clinic Type: Physiotherapy
Clinic ID: [Search]
Slot Type: [Search]
Responsible HCP: LEWC | Mr Charlie Lewis
Case Team: PTOP | PT Ortho/Paeds
Department Code: Physiotherapy
Link to Visit: [Search]
Expiry Date: [Search]
Referral Originator: [Search]
Retain as Usual GP?: []
Primary: []
Reason for Referral: Post Op
Diagnosis 1: [Search]
Diagnosis 2: [Search]
Diagnosis 3: [Search]
Contract Code: Physiotherapy
Sub Contract code: [Search] Score: [Search]
Approved for less visits: [] Contract Expire Date: [Search]
Priority: Semi Urgent
Date of Priority: 09 Jun 2014
Must Be Seen By Date: [Search]
Prioritising HCP: W3B | Ward 3b Ortho&minor Spec
Outcome of Priority: Accepted
Date Letter Sent: 09 Jun 2014
Activate Referral: []
Print New Referral Letter to Patient: []
Print New Referral Letter to Referrer: []
Referral Labels: [] Copies: 1
Printer: Spool Report
Printer: Spool Report
Printer: [Search]
Add Cancel

Occupational Therapy