TARANAKI DISTRICT HEALTH BOARD

ALLIED HEALTH REFERRAL GUIDELINE

PHYSIOTHERAPY

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:** Physiotherapy Advisor/ Coordinator	**Version:** 1
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Caveat: The electronic version is the master copy. In the case of conflict, the electronic version prevails over any printed version.		

PHYSIOTHERAPY

REFERRAL CRITERIA

INPATIENTS

- Respiratory conditions with
  - Difficulty clearing secretions
  - Deteriorating arterial blood gases or oxygen saturations
  - Deteriorating respiratory condition
- Spirometry to monitor lung function in an acute neurological condition
- Sputum specimens if unable to be obtained by cough, position change
- Patients with respiratory conditions that require education and advice
- Exacerbation of chronic respiratory, neurological or musculoskeletal problem – being part of or the primary cause for admission
- Post operative
  - Mastectomy, breast WLE and / or axillary node clearance or sentinel node biopsy
  - Upper abdominal surgery
  - Orthopaedic surgery
  - Thoracic surgery
  - Vascular surgery
  - Lengthy general anesthetic
- Musculoskeletal conditions requiring education and advice eg. back pain
- Patients whose mobility is below their normal level eg. post fall
- Observed unsafe or dangerous mobility
- All strokes
- Maternity - 3rd and 4th degree tears, SIJ and pubic symphysis pain
- Post MI or cardiac surgery
- Blanket referrals
  - ICU
  - Ward 2A
- Hands (refer to hand criteria)

WEEKEND

This is an acute service and the patients seen on weekends are those that would deteriorate without physiotherapy intervention and those requiring physiotherapy to facilitate a safe discharge. Examples of patients seen in the weekend:

- Day 1 upper abdominal, thoracic, breast or orthopaedic surgery
- Patients who have had a prolonged general anaesthetic
- Ventilated patients
- Patients who have the potential of retained secretions or with atelectasis
- Chest trauma where respiratory system is compromised
- Acute respiratory patients that have retained secretions
- Acute stroke initial assessments
- Mobility assessments or mobility cares when the patient is not cleared for nursing staff to mobilise
- Initial mobilisation post orthopaedic surgery

CALL BACK

A physiotherapist is available for call back services Monday to Friday 1630 – 0800 hours, and weekends / public holidays when the physiotherapist is offsite (onsite 0800 – 1100 hours). Referral must be via consultant, registrar or ICU nurse or pre arranged by the physiotherapist.

- Patients with acute respiratory conditions who would deteriorate without physiotherapy treatment (i.e. if left until the next working day)
  - Secretions not cleared by cough, position change, suctioning (RN care) or facilitated by adequate pain relief
  - Deteriorating arterial blood gases or oxygen saturations below set parameters
  - Deteriorating chest x-ray (except pulmonary oedema, pleural effusion or pneumothorax)
- Urgent spirometry to monitor lung function in an acute neurological condition
- Urgent sputum specimens if unable to obtain by cough or position change
- Patients requiring mobility assessment and provision of physiotherapy equipment for immediate discharge (i.e. that day)

REFERRAL CRITERIA

MUSCULOSKELETAL OUTPATIENTS

Musculoskeletal Physiotherapists have expertise in the treatment of a diverse range of musculoskeletal conditions. These include but are not limited to:

- Musculoskeletal injuries and conditions
- Back and neck pain
- Headaches and whiplash
- Occupational injuries
- Antenatal and postnatal
- Pre and post-operative rehabilitation
- Osteoarthritis
- Rheumatological conditions
- Sports injuries
- Chronic pain management
- ACC and non ACC related injuries
- Cardiac and pulmonary rehabilitation
- Lymphoedema management
- Hyperventilation syndrome / breathing disorders
- Outpatient respiratory conditions

HAND THERAPY

Hand therapists are registered physiotherapists and occupational therapists who have undertaken postgraduate study to specialise in the assessment and treatment of lower arm pathology. Common conditions treated include:

- Acute trauma
  - Tendon and nerve repairs, fractures and crush injuries
- Soft tissue injuries
  - Wrist, thumb and finger sprains
- Tendon pathology
  - Tennis and golfers elbow
- Neuropathy
  - Carpal tunnel syndrome and cubital tunnel syndrome
- Rehabilitation
  - After elective surgery
- Scar management
  - After surgery and burns
- Arthritis
  - Osteoarthritis and rheumatoid arthritis
- Vocational rehabilitation
- Work site assessments and return to work programmes for clients with upper limb injury

REHAB OUTPATIENTS

To provide ongoing or full rehabilitation to maximise function for acute, newly diagnosed and long standing conditions such as:

- Vertigo/vestibular disorders
- New or un-hospitalised CVA – requiring only physio input (i.e. not for ICATT)
- ACC TI programme referrals – serious injury including; spinal cord injury, head injury, multiple injury or amputation
- Concussion with physical symptoms
- Amputees – new or old – vascular or traumatic
- Non traumatic spinal cord injury: spinal infarct or compression with ongoing physical deficit
- Neurological disorders: congenital, long standing, new onset
- Neurosurgical patients with ongoing physical deficit
- Balance disorders; central or peripheral
- Neurological hand assessment/splinting
- Facial palsy
- Chronic fatigue
- Connective tissue disorders i.e. dermatomyositis or overlap syndrome

COMMUNITY

A service for those requiring input in their home due to issues relating to safety or difficulties at home, limitations with travel to the hospital physio service or a condition that has good evidence to prove that 'at home intervention' is more clinically effective.

- Mobility assessments including provision/ advice on walking aids
- Falls risks
- THJR/TKJR
- MND @ home or in hospice
- Parkinson's disease and other conditions along this spectrum such as MSA, Lewy body disease
- Community hospice patients with acute mobility problems
- Oncology patients with physical deficit
- Progression of home exercise on d/c
- Enable funding of walking aids – for new mobility problems or post hospital discharge
- Marginal discharges from acute wards
- Carer education re: manual handling, passives etc
- Ongoing rehab post discharge for rest home clients not accepted by ICATT and no 'in house' physio

EXCLUSIONS

INPATIENTS

- Respiratory issues due to undrained pneumothorax or pleural effusion, CHF, pulmonary oedema
- Patients independent with sputum clearance

WEEKEND

- Patients that are transferring safely with nursing staff
- Respiratory issues due to undrained pneumothorax or pleural effusion, CHF, pulmonary oedema
- Patients independent with sputum clearance

CALL BACK

- Patients that are not for immediate discharge (i.e. that day)
- Respiratory issues due to undrained pneumothorax or pleural effusion, CHF, pulmonary oedema
- Patients that could be followed up by an outpatient or community service

HOW TO REFER

INPATIENTS

- IBA webpas (see appendix 1)

WEEKEND

- IBA webpas (see appendix 1). Case team PTWO.
- Phone call via operator
- Case team PTWO

CALL BACK

- Phone Call via operator
- Referral must be via consultant, registrar or ICU nurse or pre arranged by the physiotherapist. Contact the physiotherapist via the operator.

EXCLUSIONS

MUSCULOSKELETAL OUTPATIENTS	HAND THERAPY	REHAB OUTPATIENTS	COMMUNITY
• Self referrals • Staff referrals • ACC referrals from GP's unless the patient is a community service card holder • 'C' referrals • Continence / Women's Health	• Neurological upper limb problems should be referred to rehab outpatients • Staff members who are non – ACC need to get a referral from their GP	• 'C' referrals • Eating disorder referrals • Weight loss referrals • Exercise plans • All TIA screens need to go through ICATT • Patients accepted for ICATT input	• Patients able to attend outpatient physiotherapy services • Hospice inpatients (excluding Motor Neuron Disease) • Rest Homes with private physio • Neuro paediatrics (CACC patients)

HOW TO REFER

MUSCULOSKELETAL OUTPATIENTS	HAND THERAPY	REHAB OUTPATIENTS	COMMUNITY
• Via "Referral to Allied Health services form" • GP e-referral	• Via "Referral to Allied Health services" form • GP e-referral • Fax • Letter • Email physio.referrals@ tdhb.org.nz	• Via "Referral to Allied Health services" form • GP e-referral	• Via OPHRS AH Hub • GP e-referral • "Referral to Allied Health services" form sent directly to service

PRIORITISATION

INPATIENTS

- **Urgent** – To be seen within two hours of referral
  For example:
  - Deteriorating respiratory condition
  - Urgent discharge (within the next two hours)
- **Semi urgent** – to be seen within eight hours of referral.
  For example:
  - Therapist dependent ongoing respiratory conditions
  - Day one post op thoracic or upper abdominal surgery, vascular with lengthy GA, orthopaedic surgery eg joint replacement, # NOF, spinal surgery, mastectomy
  - Day 1 strokes
- **Routine** – to be seen within 48 hours of referral.
  For example:
  - Other pre-op out/in patients eg vascular, orthopaedic
  - Continuing therapist/nurse dependent chest and mobility patients
  - Progression mobility aids to support discharge

WEEKEND

- **Urgent** – To be seen within two hours of referral
  Fro example:
  - Deteriorating respiratory condition
  - Urgent discharge (within the next two hours)
- **Semi urgent** – to be seen within eight hours of referral.
  For example:
  - Therapist dependent ongoing respiratory conditions
  - Day one post op thoracic or upper abdominal surgery, vascular with lengthy GA, orthopaedic surgery eg joint replacement, # NOF, spinal surgery, mastectomy
  - Day 1 CVA's

CALL BACK

- Patients will be seen within 30 minutes, unless otherwise advised or discussed (e.g. awaiting pain relief)

PRIORITISATION

MUSCULOSKELETAL OUTPATIENTS	HAND THERAPY	REHAB OUTPATIENTS	COMMUNITY

Musculoskeletal Outpatients / Hand Therapy / Rehab Outpatients

- **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
  - Deteriorating rapidly
  - Post hand/tendon surgery
  - CRPS – post injury or fracture
  - Requiring splinting post POP removal
  - TKJR
  - Acute significant neurological signs (reflex loss, myotomal weakness)
  - Acute onset vertigo/vestibular disorders
  - New and/or un-hospitalised CVA
  - Urgent ward / GP referrals
  - Marginal ward discharges / falls risk.
  - ACC TI programme referrals
- **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
  - Acute THR
  - Acute post – op eg. Rotator cuff repair, fractures
  - Post fracture after immobilisation period
  - Acute/severe antenatal and post-natal
  - Patients requiring ongoing rehab after discharge from hospital
  - Amputees
- **Medium risk** – 'B' Priorities to be seen within one month.
  Failure to treat may lead to deterioration of condition, being unable to undertake ADL's, significant family/caregiver health stressors, admission for respite
  - OA/RA
  - Significant obesity posing healthcare burden/risk (eg. Needing bariatric care or driving uncontrolled diabetes)
  - Routine referrals from ward, GP, community
  - CVA screening
  - One off assessments requested by orthotist
- **Low risk** – 'C' Priorities to be seen within three months.
  Not deteriorating, but rehabilitation would optimise their function/ potential
  - Longstanding / chronic that is not worsening
  - Not an acute exacerbation
  - Weight loss
  - Exercise programme review with no functional change
  - Routine review request with no particular new problem

Community

1. **'A' Priority – Urgent** - phone contact within 24 hrs of receipt of referral and face to face contact within two days. Failure to provide input will result in admission, irreversible deterioration or an inability to stay in own home.
   - High risk of falling.
   - Acute deterioration of progressive diseases eg MND.
   - Marginal discharges from inpatient wards.
   - Post op.
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 in an inability to undertake ADL's safely, further decline in function, increased pressure on carers or admission to care facility for respite.
   - Impaired mobility.
   - At risk of developing soft tissue shortening.
   - Carer education.
   - Newly diagnosed patients with progressive conditions eg MND/ Parkinsons.
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.
   - Conditions requiring input or exercise programme eg burst of physio or home check.

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.

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

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:
Referral Type: Allied
Problem 1: Mobility
Problem 2:
Problem 3:
Claim Type:
HEALTH PURCHASER:
ACC Approval/ PU Order#:

Department Code: Physiotherapy
Link to Visit:
Expiry Date:
Referral Originator:
Retain as Usual GP?
Primary
Reason for Referral: Post Op
Diagnosis 1:
Diagnosis 2:
Diagnosis 3:
Contract Code: Physiotherapy
Sub Contract code: | Score:
Approved for less visits | Contract Expire Date:

Preferred Site: Base Main Outpatients De
Clinic Type: Physiotherapy
Clinic ID:
Slot Type:
Responsible HCP: LEWC | Mr Charlie Lewis
Case Team: PTOP | PT Ortho/Paeds

Priority: Semi Urgent
Date of Priority: 09 Jun 2014
Must Be Seen By Date:
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:

Add | Cancel

Physiotherapy