

ALLIED HEALTH REFERRAL GUIDELINE

PSYCHOLOGY

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: Psychology Lead	Version: 1
Date Issued: October 2014	Review By Date: October 2016	Authorised By: Clinical Services Manager – Allied Health
Caveat: The electronic version is the master copy. In the case of conflict, the electronic version prevails over any printed version.		

REFERRAL CRITERIA

INPATIENTS

- Risk assessments and safety planning
- Family meetings
- Specialist assessments – Cognitive assessments for capacity assessments or issues related to diagnosis or treatment
- Clinical assessments around mood, thinking or behaviour related to acute or chronic medical conditions
- Interventions around mood, thinking or behaviour related to acute or chronic conditions
- Grief, loss adjustment and brief counselling

OUTPATIENTS

- All adult medical conditions with concerns around mood, thinking or behaviour related to acute or chronic conditions.

EXCLUSIONS

INPATIENTS

- Main presenting problem is a primary mental health condition with a previous history of Mental Health Service use
- Paediatric service

OUTPATIENTS

- Psychosocial conditions not directly related to an acute or chronic medical condition.
- Active ACC Management – please contact ACC to recommend referral to a Psychologist
- Persistent Pain – Please refer directly
- Paediatrics

HOW TO REFER

INPATIENTS

Access to psychology services is by electronic referral for inpatients

OUTPATIENTS

Referrals to be made in writing on the Allied Health Referral Form

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.

TDHB Manual/Department: Allied Health Policies and Procedures	Responsibility: Psychology Lead	Version: 1
Date Issued: October 2014	Review By Date: October 2016	Authorised By: Clinical Services Manager – Allied Health
Caveat: The electronic version is the master copy. In the case of conflict, the electronic version prevails over any printed version.		

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 details:

- 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:** HEALTH
- 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, 2, 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:** Copies 1
- Printer:** Spool Report