

ALLIED HEALTH REFERRAL GUIDELINE

SPEECH-LANGUAGE 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: Speech and Language Professional 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

- Dysphagia including:
 - o Acute presentation of new dysphagia
 - o Patients who have failed a dysphagia screen
 - o Exacerbation of long standing dysphagia
 - o Education for secretion management in patients with both oral and non-oral feeding
 - o Observed unsafe or dangerous eating or drinking
- Communication
 - o Acute presentation of aphasia, verbal dyspraxia or dysarthria
 - o Exacerbation of previous aphasia, verbal dyspraxia or dysarthria
 - o Acute or chronic aphonia or dysphonia
- Tracheostomy patients
 - o For speech trials when indicated
 - o Tracheostomy weaning
- Laryngectomy patients
 - o New inpatients requiring education around laryngectomy care
 - o Change of TEP valves
- Acute onset of facial palsy such as Bell's palsy
- All strokes where swallowing difficulties or language difficulties suspected

WEEKEND

There is no weekend service for speech-language therapy. In the case of urgent inpatient dysphagia referrals, please contact a dysphagia trained nurse.

CALL BACK

There is no call back service for speech-language therapy.

REFERRAL CRITERIA

COMMUNICATION OUTPATIENTS	DYSPHAGIA OUTPATIENTS	VOICE OUTPATIENTS	COMMUNITY
<p>Common conditions include but are not limited to:</p> <ul style="list-style-type: none"> • Lee Silverman Voice Treatment program (LSVT) • Laryngectomy valve changes • Rehabilitation post acute event such as stroke, neurosurgery or traumatic brain injury • Patients requiring Augmentative and Alternative Communication devices (AAC) • Progressive neurological disorders such as Parkinson’s disease, MS, multiple systems atrophy 	<p>Common conditions include but are not limited to:</p> <ul style="list-style-type: none"> • Idiopathic dysphagia • Dysphagia relating to chronic or progressive conditions such as Parkinsons disease, previous CVA or motor neuron disease • Rehabilitation <ul style="list-style-type: none"> o As indicated by a modified barium swallow 	<p>To maximise function for acute, newly diagnosed and long standing voice conditions such as:</p> <ul style="list-style-type: none"> • Muscle tension dysphonia • Spasmodic dysphonia • Paralysed vocal cords • Vocal nodules • Functional aphonia • Fluency (i.e. stuttering) 	<p>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 speech-language therapy service or a condition that has good evidence to prove that ‘at home intervention’ is more clinically effective.</p> <ul style="list-style-type: none"> • Patients with acute or chronic dysphagia requiring ongoing intervention or assessment • Patients with acute or chronic communication difficulties requiring ongoing intervention or assessment • Patients with a laryngectomy or tracheostomy requiring ongoing input • Patients requiring Augmentative and Alternative Communication (AAC) devices • Community hospice patients with dysphagia or communication difficulties • Oncology patients with physical deficit • Ongoing rehab post discharge for rest home clients where alternative speech-language therapy is not available.

EXCLUSIONS

INPATIENTS

- Paediatric patients
- Dysphagia where oesophageal cause is suspected or has been identified

WEEKEND

No weekend service.

CALL BACK

No on call service.

HOW TO REFER

INPATIENTS

Access to speech-language therapy services is by electronic referral for inpatients.

WEEKEND

No weekend service.

CALL BACK

No call back service.

EXCLUSIONS

COMMUNICATION OUTPATIENTS	DYSPHAGIA OUTPATIENTS	VOICE OUTPATIENTS	COMMUNITY
<ul style="list-style-type: none"> Where communication difficulties are longstanding and there has been no acute change or need identified for new referral Accent modification 		<ul style="list-style-type: none"> Where patient will not be eligible for assessment by ENT Paediatric patients 	<ul style="list-style-type: none"> Patients able to attend outpatient speech-language therapy services Rest Homes with private speech-language therapists Paediatrics

HOW TO REFER

COMMUNICATION OUTPATIENTS	DYSPHAGIA OUTPATIENTS	VOICE OUTPATIENTS	COMMUNITY
GP eReferral, OPHRS Hub Process, Referral to Allied Health Service form sent directly to service.	GP eReferral, OPHRS Hub Process, Referral to Allied Health Service form sent directly to service.	GP eReferral, Referral to Allied Health Service form sent directly to service. Please note - voice patients are required to be seen by ENT prior to therapy commencing.	GP eReferral, OPHRS Hub Process, Referral to Allied Health Service form sent directly to service.

PRIORITISATION

INPATIENTS

- **Urgent** – to be seen within two hours of referral
 - o Dysphagia where the patient is newly NBM
- **Semi urgent** – to be seen within eight hours of referral. For example
 - o Acute dysphagia
 - o New laryngectomy
- **Routine** – to be seen within 48 hours of referral. For example
 - o Communication assessments
 - o Non-acute dysphagia

WEEKEND

CALL BACK

PRIORITISATION

COMMUNICATION OUTPATIENTS

DYSPHAGIA OUTPATIENTS

VOICE OUTPATIENTS

COMMUNITY

- **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.
 - o Deteriorating rapidly
 - o New and/or un-hospitalised CVA
 - o Urgent ward / GP referrals
- **Medium risk – ‘B’ Priorities** to be seen within one month. Failure to treat may lead to deterioration of condition, being unable to safely manage adequate oral intake, communicate functionally, significant family/caregiver health stressors.
 - o Routine referrals from ward, GP, community
 - o One off assessments requested by ENT
- **Low risk – ‘C’ Priorities** to be seen within three months. Not deteriorating, but rehabilitation would optimise their function/potential.
 - o Longstanding / chronic, not worsening condition
 - o Not an acute exacerbation
 - o Routine review request with new concerns or educational benefit

1. **‘A’ Priority – Urgent** - phone contact within 24 hours of receipt of referral and face to face contact within two weeks. Failure to provide input will result in admission, irreversible deterioration or an inability to communicate functionally or safely manage adequate nutritional intake.
 - a. Acute deterioration of progressive diseases eg MND.
 - b. Referrals from ward, GP or specialist.
2. **‘B’ Priority – Semi Urgent** - written contact within two days of receipt of referral and face to face contact within one month. Failure to assess and manage may lead to deterioration of condition, being unable to safely manage adequate oral intake, communicate functionally, significant family/caregiver health stressors.
 - a. Carer education.
 - b. 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 communication or swallowing. Not life threatening but intervention will result in improved functioning or maintenance of condition.
 - a. Conditions requiring input or therapy programme eg burst of Speech-Language Therapy 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.

TDHB Manual/Department: Allied Health Policies and Procedures	Responsibility: Speech and Language Professional 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 fields and values:

- 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/ PU Order#: [Empty]
- 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]
- 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
- 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
- Printer: Spool Report
- Printer: [Empty]

Buttons: Add, Cancel