

ALLIED HEALTH REFERRAL GUIDELINE

SOCIAL WORK

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: Social Work 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	WEEKEND	CALL BACK
<ul style="list-style-type: none">• Social assessments (depth of assessment will reflect the level of client's needs)• Risk assessments and safety planning• Care and protection concerns• Family violence concerns• Family meetings• Specialist assessments. For example, renal, stroke and oncology• Grief, loss, adjustment and brief counselling• Advance care planning	<p>No social work input available on the weekends.</p> <p>Working hours for social work is Monday to Friday, 8am to 5pm.</p>	<p>No social work input available on the weekends.</p> <p>Working hours for social work is Monday to Friday, 8am to 5pm.</p>

REFERRAL CRITERIA

PREGNANCY CHOICE COUNSELLING	OUTPATIENTS	COMMUNITY
<p>For women who are experiencing an unplanned pregnancy.</p>	<ul style="list-style-type: none">• Renal• Paediatric patients with chronic long term conditions• Antenatal patients• Postnatal patients up to six weeks• Oncology patients• OPHRS• ICATT• EICATT	<p>Long Term Conditions - cardiology and diabetes only.</p>

EXCLUSIONS

INPATIENTS	WEEKEND	CALL BACK
<ul style="list-style-type: none">• The Social Work Team does not have any access to petty cash to provide patients with Financial assistance.• The Social Work Team does not have the resources to transport patients home when they are ready for discharge.• The Social Work Team will not have any input for long standing psycho-social issues prior to admission such as marital problems unless it has a direct influence on the patient's medical recovery and discharge planning.	Not applicable.	Not applicable.

HOW TO REFER

INPATIENTS	WEEKEND	CALL BACK
Access to social work services is by electronic referral for inpatients.	Not applicable.	Not applicable.

EXCLUSIONS

PREGNANCY CHOICE COUNSELLING	OUTPATIENTS	COMMUNITY
Not applicable.		Other than Long Term Condition - cardiology and diabetes top 2%.

HOW TO REFER

PREGNANCY CHOICE COUNSELLING	OUTPATIENTS	COMMUNITY
<p>Referrals are to be made via the Sexual Health Clinic, 188 Powderham Street, Phone: 0508 SEXHEALTH (739 432) Fax: (06) 757 8316.</p>	<p>Referrals to be made in writing on "Referral to Allied Health Services" form.</p>	<p>Long Term Condition referrals can only be received via GP on e-referral system or via "Referral to Allied Health Services" form.</p>

PRIORITISATION

INPATIENTS

- **Urgent** – to be seen within two hours of referral
- **Semi urgent** – to be seen within eight hours of referral
- **Routine** – to be seen within 48 hours of referral

WEEKEND

No weekend service.

CALL BACK

No call back service.

PRIORITISATION

PREGNANCY CHOICE COUNSELLING

1. **'A' Priority – Urgent** - phone contact within 24 hours of receipt of referral and face to face contact within two days.
2. **'B' Priority – Semi Urgent** - written contact within two days of receipt of referral and face to face contact within 14 working days.
3. **'C' Priorities – Routine** - written contact within five days of receiving referral. Face to face contact within 30 working days.

OUTPATIENTS

1. **'A' Priority – Urgent** - phone contact within 24 hours of receipt of referral and face to face contact within two days.
2. **'B' Priority – Semi Urgent** - written contact within two days of receipt of referral and face to face contact within 14 working days.
3. **'C' Priorities – Routine** - written contact within five days of receiving referral. Face to face contact within 30 working days.

COMMUNITY

1. **'A' Priority – Urgent** - phone contact within 24 hours of receipt of referral and face to face contact within two days.
2. **'B' Priority – Semi Urgent** - written contact within two days of receipt of referral and face to face contact within 14 working days.
3. **'C' Priorities – Routine** - written contact within five days of receiving referral. Face to face contact within 30 working days.

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:

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:** [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]
- 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