

# REFERRAL TO SCHN SERVICES (INPATIENT AND OUTPATIENT) FROM ANOTHER LOCAL HEALTH DISTRICT PROCEDURE <sup>®</sup>

## DOCUMENT SUMMARY/KEY POINTS

- The best interest of the patient is the primary principle of care.
- SCHN services will assist referring practitioners to find a solution especially if their preferences cannot be accommodated.
- Referring clinicians have a right to receive a consistent, professional and transparent explanation on our referral criteria.
- SCHN clinicians have a responsibility to maintain their tertiary skills by predominantly managing tertiary patients.
- At most times, SCHN clinicians should ideally aim to align referrals within the SCHN catchments:
  - **At CHW:** the Western Child Health Network (WCHN)
  - **At SCH:** the Greater Eastern & Southern Child Health Network (GESCHN).
- Other factors such as patient/family or referring practitioner preference will always be considered but not necessarily direct the outcome.
- Patients from the Northern Child Health Network catchment may be referred to either of the SCHN sites until John Hunter Children's Hospital (JHCH) has developed its spectrum of sub-specialty services.
- When there is increased activity at either of the SCHN Hospitals, patient preference, geographical issues and referral preference **may be overridden** to optimise the best patient outcomes for the system as a whole.
- The override process will be managed primarily by the relevant SCHN Patient Flow teams in consultation with the DCO or Executive On-Call.
- *Please see also the [SCHN Referral Process Decision Flowchart](#).*

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> March 2017	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Nurse Manager	<b>Area/Dept:</b> Patient Flow

## CHANGE SUMMARY

- Due for Mandatory Review

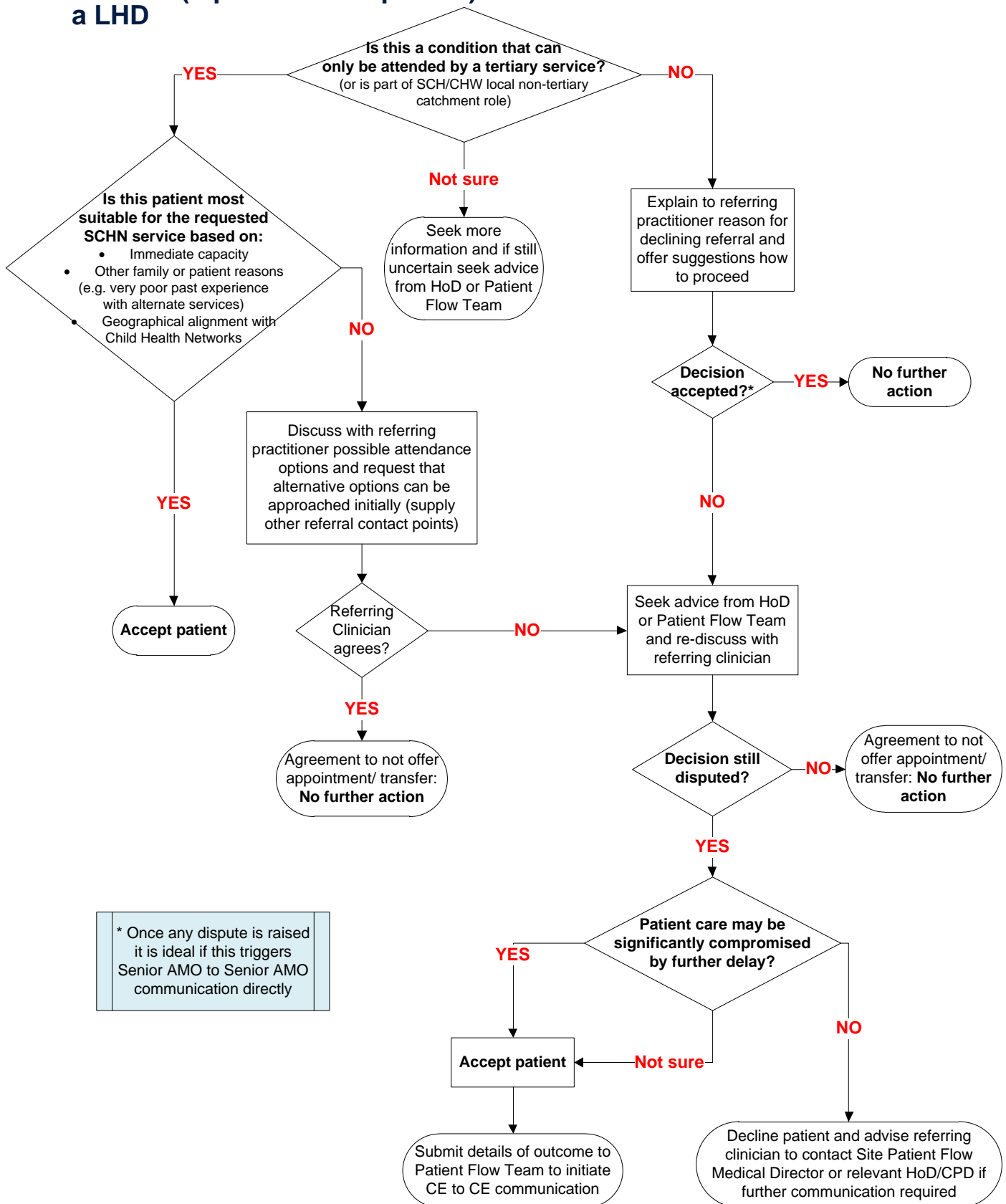
## READ ACKNOWLEDGEMENT

- All Medical staff are to read and acknowledge they understand the contents of this document.
- Patient Flow staff and Nursing staff who manage referrals are to read and acknowledge they understand the contents of this document.

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## Referral Process Decision Flowchart

### Referral (Inpatient & Outpatient) Services of SCHN from Clinician in a LHD



\* Once any dispute is raised it is ideal if this triggers Senior AMO to Senior AMO communication directly

## Guiding Principles

Please see also the [SCHN Referral Process Decision Flowchart](#).

The following principles should be adhered to when a patient is being referred to a SCHN inpatient or outpatient service from a clinician from a Local Health District (LHD):

- The best interest of the patient is the primary principle of care.
- SCHN services will assist referring practitioners to find a solution.
- Application of any agreed referral criteria rigidly may create unnecessary tension. Common sense and goodwill needs to be part of all negotiations.
- Referring clinicians have a right to receive a consistent, professional and transparent explanation on our referral criteria. SCHN clinicians also have a responsibility to maintain their tertiary skills by predominantly managing tertiary patients in keeping with their additional training in specific fields and in keeping with the specialist job description to which they were appointed. This matching of patients with hospital roles (and its clinicians) is a fundamental premise on which all services are planned, funded and developed. District child health services are geographically positioned and resourced to deliver services locally for common uncomplicated health conditions. Tertiary services deliver highly specialised care in a smaller number of more centralised services. Both tertiary and non-tertiary services are equally important in the system and must work together to achieve the best total population health outcomes.
- Accepting inappropriate non-tertiary referrals on a repetitive basis will eventually, if not the case already, cause SCHN access problems for patients who have very few other options. In addition, accepting an inappropriate referral:
  - Demonstrates to the community (and referring clinicians) we do not believe those sites/clinics should be delivering non-tertiary services.
  - Potentially de-skills those local district services over time and undermines the confidence the local community has in their local clinicians.
  - Takes pressure off local LHD managers to preserve and/or support the development of their child health services.

## Procedure for Peak Activity Management and Routine Referrals

One of the many reasons SCHN was formed as a Network was to enhance the better distribution of activity between the 2 sites in busy periods. *During these times patient preference, geographical issues and referral preference may be overridden to optimise the best patient outcomes for the system as a whole.*

- The **referral process during times of peak activity** will be managed by the relevant Patient Flow teams through good communication and pre-agreed protocols in consultation with the Director of Clinical Operations or SCHN Executive On-Call.
- At other times, SCHN clinicians should ideally aim to align referrals within the SCHN catchments. For the vast majority of clinical services, The Children's Hospital at Westmead (CHW) and Sydney Children's Hospital (SCH) [at Randwick] can support nearly all patients from within their respective zones of Western Child Health Network (WCHN) and Greater Eastern & Southern Child Health Network (GESCHN). **If referring practitioners choose the alternative SCHN location**, then this should at least be raised with the referring practitioner and, if time permits, the intake AMO of the relevant service from the other site contacted to see if a bed or outpatient option there might be suitable and available. *Supporting the referring practitioner to get the patient seen in the preferred location of the SCHN is the ideal but this is neither enforceable or an absolute requirement of the SCHN.* Many other patient factors may appropriately influence that final decision and should be considered in reaching the best outcomes for the individual circumstances of the family.
- In regards NSW patients from the Northern Child Health Network catchment, it is clear that John Hunter Children's Hospital (JHCH) wishes to gradually broaden and develop its spectrum of sub-specialty services over the next 20 years but at this point in time many patients from that region will still be referred to either of the SCHN sites. SCHN is partnering with JHCH in this development and each service will have a different threshold on how to deal with patients from each specialty from that northern region.
- Patient referrals from interstate (other than ACT) or internationally are to be considered by the relevant Patient Flow Manager before that patient is accepted by any clinical service. Refer to **SCHN policy [Acceptance for Admission of Overseas and/or Medicare Ineligible Patients](#)** for more information.

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