

OUTPATIENT REFERRALS - MANAGEMENT IN PHYSIOTHERAPY DEPARTMENT - SCH POLICY®

DOCUMENT SUMMARY/KEY POINTS

- This document provides referrers to the Sydney Children's Hospital Physiotherapy Department with information regarding:
 - Referral sources
 - Eligibility criteria
 - Models of care, including priority grouping
 - Discharge, review and re-entry criteria

For additional information see

SCHN Intranet page under resources "Overseas and/or Medicare Ineligible Patients":

https://intranet.schn.health.nsw.gov.au/files/attachments/207/acceptance-admission-and-treatment-medicare-ineligible-patients-schn_5.pdf

SCHN Practice Guidelines

Distinguishing between health and disability (NDIS) supports

<https://www.schn.health.nsw.gov.au/policies/pdf/2021-035.pdf>

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st January 2022	Review Period: 3 years
Team Leader:	Deputy Manager	Area/Dept: Physiotherapy - SCH

CHANGE SUMMARY

- Document due for mandatory review. Changes have been made throughout the document, thus the whole document should be read by appropriate staff.

READ ACKNOWLEDGEMENT

- All Sydney Children's Hospital Randwick (SCH) Physiotherapy Department staff and administrative staff, should read and acknowledge they understand the contents of this document.
- Staff are directed to adhere to the practices set out within this Policy. Where there is any discrepancy, staff should discuss the situation with the Physiotherapy Manager to seek clarification and approvals for exceptions to the Policy if necessary. This document reflects current safe practice, however, there may be factors which cannot be covered by a single Policy. This document does not replace the need for the application of clinical judgement and manager's discretion.

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Background

The physiotherapy department at Sydney Children's Hospital Network (SCHN) - Randwick is part of a Network of health services for children ranging from primary care community-based teams through to complex multidisciplinary tertiary services.

The Sydney Children's Hospital (SCH) Physiotherapy department functions as:

- a paediatric referral centre for children requiring general paediatric physiotherapy management who reside in the local catchment area for SESLHD/SCH Randwick (Appendix 1)
- a tertiary paediatric referral centre for children who reside outside this catchment area and who attend SCH tertiary level paediatric specialist clinics. Physiotherapy staff trained and experienced in complex paediatric clinical conditions are employed to manage these children.

Referral Policy

Referrals are accepted from health or other professionals and parents as a result of direct concern. Parental permission should be sought for the referral when the referring agent is not the child's primary carer.

Physiotherapists accept referrals for patients who live locally requiring general paediatric physiotherapy and for patients with complex paediatric clinical conditions who attend SCH tertiary level paediatric specialist clinics.

Children requiring general paediatric physiotherapy management who live outside the local area should be managed by their local physiotherapy service and that access should be facilitated by local health professionals

Eligibility Criteria

- Children 0 – 16 years of age (i.e., prior to their 16th birthday).
 - New referrals received for young people after their 16th birthday will be transitioned to appropriate adult services.
 - Ongoing clients with chronic and complex conditions may access services until the date of their 18th birthday or until they finish school.
- Children and young people who reside within the Northern Health Network (NHN) boundaries of SESLHD.
 - The NHN is bounded by a specific geographic area, generally corresponding to local government areas (LGAs) and council maps are used to identify boundaries.
 - Out of area clients are considered on a case-by-case basis under exceptional circumstances and must be approved by the physiotherapy department manager.

- Tertiary criteria
 - Referrals are accepted for patients with complex paediatric clinical conditions who attend SCH tertiary level paediatric specialist clinics

Further Eligibility Considerations

- Referrals for children and young people currently receiving services from an alternative practitioner, such as a chiropractor or osteopath, or from another physiotherapy provider for the same condition will be reviewed at intake and the referrer will be informed that concurrent, and multiple, service providers are not advised whilst attending SCH Physiotherapy for treatment
- Medicare ineligible patients will be charged for outpatient physiotherapy services as per NSW Ministry of Health Policy Directive Act 1997 – Scale of fees for hospital and other health services PD2021_025.
- If patients/families are not eligible to receive Physiotherapy outpatient services at SCH they may be supported to access appropriate local services or providers.

If a referral is received and physiotherapy assessment determines that a child is eligible for National Disability Insurance Scheme (NDIS), or meets NDIS Early Childhood Early Intervention (ECEI) access requirements, then they will be assisted to access an appropriate NDIS provider. SCHN is not currently an NDIS registered provider for any services.

Refer to SCHN Practice guideline: “Distinguishing between health and disability (NDIS) supports” for NDIS Eligibility Requirements

All patients receive care for the duration that is clinically indicated, and the service delivery model throughout the duration of the care is based on priority guidelines. Examples of different service delivery models include;

- Reduce waiting time for higher priority groups
- Offer and provide telehealth services
- Refer to private physiotherapy services

Intake Procedure

The administrative staff enter all required information about newly received written and telephone referrals on the Allied Health Outpatient Intake form and the physiotherapy outpatient database. This includes:

- Single or multiple referrals for Occupational Therapy (OT), Physiotherapy (PT), Speech Therapy (ST)
- Child and parent personal details including Medicare number
- Approval for Parent/Carer contact by email
- Standard vulnerability identification questions

Are there any court orders in place? YES / NO Details:

Interpreter Required YES / NO Language:

Is this child in out of home care YES / NO Details:

Does the child (or family) identify as Aboriginal or Torres Strait Islander: YES / NO

Is this child a Refugee/ Asylum Seeker: YES / NO

NDIS Involvement: Applied/ Approved/ Active (Please circle)

Support agencies involved (e.g. FACS, Barnardos, Benevolent Society, Brighter Futures) YES / NO

- Other support agencies /professional services involved in the child's care e.g., NDIS, FACS, Barnardos, Benevolent Society, Brighter Futures, OT, SP, Developmental Clinics
- Reason for referral and referrer's name
- Allocation of a priority scale

If the referral is made by telephone, the administrative staff will inform the referrer about the service e.g. allocation process and service waiting time. Information about alternative services will be provided to families if the referral does not meet our eligibility criteria.

All eligible referrals are reviewed regularly (at a minimum on a weekly basis) by the senior outpatient physiotherapist and assigned to the appropriate physiotherapy clinical team with consideration of reason for referral, priority rating and identified vulnerability triggers. The treating physiotherapist will arrange an appointment time and an eMR scheduled booking.

Models of Care

- Individual assessment and intervention. (Face to face or Telehealth)
- Multidisciplinary assessment, consultation and/or intervention.
- Group intervention.

Service delivery models are selected with consideration to:

- Available clinical evidence
- Managing service demands within resources to minimize the risk of harm and maximize the efficiency and effectiveness
- Utilizing the specialist skills of staff members.

SCHN Priority Populations

Children from the following population groups will be prioritized for service within each of the Priority Groups:

- Children with Aboriginal or Torres Strait Islander (ATSI) background
- Children in Out of Home Care (OOHC) arrangements
- Children known to a support agency (e.g. NGO support services- Barnardos, Anglicare, Department of Communities Justice (DCJ)
- Are of refugee or asylum seeker background
- Children referred by Child Wellbeing Units
- Children of families known to be in financial stress or have low income

SCH Physiotherapy Priority Groups

Priority groups have been determined according to the age of the child, identified vulnerability risk and the severity and complexity of the presenting issue.

Priority Group	Presentation	Timeframe
A	<ul style="list-style-type: none"> • Babies and children under two years of age • Babies, children and young people with identified vulnerability risk • Babies, children and young people with acute musculoskeletal, respiratory and/or neurological conditions • Babies, children and young people requiring acute post-operative or post-trauma physiotherapy 	0 – 2 weeks
B	<ul style="list-style-type: none"> • Children two to three years of age without a Priority A condition • Children and young people of any age who require assessment and consultation to support their timely transition and efficient access to school services 	2 – 4 weeks
C	<ul style="list-style-type: none"> • Children three to five years of age without a Priority A or B conditions 	6 – 8 weeks
D	<ul style="list-style-type: none"> • Children and young people over the age of five and up to sixteen years without a Priority A or B condition 	8 – 10 weeks

Discharge Criteria

Children and young people will be discharged from the physiotherapy department outpatient service according to the following criteria:

- Reason for referral is no longer an issue
- Therapy goals are achieved
- Child is no longer responding to intervention, and appropriate referrals to other health providers or agencies are made if indicated
- Child or carer has requested discharge

The child is eligible and has been transitioned to physiotherapy services under ECEI or NDIS

- Client no longer resides in the NHN of SESLHD
- Child/Young Adult is transitioning to adult services.
- Did Not Attend (DNA) according to the following process:
 - 1st appointment scheduled. Reminder text message sent
 - If DNA for 1st appointment Parent/ carer is contacted and another appointment is scheduled. Reminder text message as per first appointment.
 - If DNA for 2nd rescheduled appointment Parent/ carer is contacted and a 3rd appointment scheduled, with reminder text message and email If DNA for third appointment – parent/ carer is telephoned and if no response is received a discharge letter will be sent to the parent/carers and the referrer cc'd.
 - All DNA steps will be recorded in the patient's electronic medical record
 - Special considerations will be made for children and families with identified vulnerability risk. In these cases where there is failure to attend, the treating physiotherapist will continue to make contact with the referrer, case manager or support agency to best support attendance.

Re-entry to service post discharge

New referrals received for clients who have been discharged from our outpatient service will be accepted and the client will be prioritized for services as per this Policy.

Information sheets and forms

- Information sheets and forms are available on the intranet site under Resources:
 - https://intranet.schn.health.nsw.gov.au/files/attachments/207/acceptance-admission-and-treatment-medicare-ineligible-patients-schn_5.pdf
- [Speech Therapy, Occupational Therapy, Physiotherapy Outpatient Referral form](#) – Appendix 2

Appendix 1

LIST OF SUBURBS IN NORTHERN SECTOR OF SESLHD

(MUNICIPAL COUNCILS OF SYDNEY, SOUTH SYDNEY, BOTANY, RANDWICK, WOOLLAHRA, WAVERLEY)

Suburb	Postcode	Suburb	Postcode
Australia Square	2000	Kings Cross	2011
Banksmeadow	2019	Lugar Brae	2024
Barangaroo	2000	Lurline Bay	2035
Beaconsfield	2015	Malabar	2036
Bellevue Hill	2023	Maroubra	2035
Ben Buckler	2026	Mascot	2020
Bondi	2026	Matraville	2036
Bondi Junction	2022	Mill Hill	2022
Botany	2019	Millers Point	2000
Brickfield Hill	2000	Moore Park	2021
Bronte	2024	Paddington	2021
Bunnerong	2036	Pagewood	2035
Camp Cove	2030	Phillip Bay	2036
Centennial Park	2021	Point Piper	2027
Charing Cross	2024	Port Botany	2036
Chifley	2036	Potts Point	2011
**Chippendale	2008	**Pyrmont	2009
Church Hill	2000	Queens Park	2022
Circular Quay	2000	Railway Square	2000
Clovelly	2031	Randwick	2031
Cockle Bay	2014	Rose Bay	2029
Coogee	2034	**Rosebery	2018
Daceyville	2032	Rushcutters Bay	2011
Darling Harbour	2000	South Head	2030
Darling Point	2027	South Sydney	2000
Darlinghurst	2010	St James	2000
Dawes Point	2000	Surry Hills	2010
Diamond Bay	2030	Sydney	2000
Double Bay	2028	Sydney Cove	2000
Dover Heights	2030	Tamarama	2026
East Botany	2019	Taylor Square	2010
East Sydney	2010	The Rocks	2000

Eastlake	2018	**Ultimo	2007
Edgecliff	2027	Vaucluse	2030
Elizabeth Bay	2011	Victoria Park	2017
Garden Island	2000	Walsh Bay	2000
Goat Island	2000	Waterloo	2017
Haymarket	2000	Watson's Bay	2030
Hillsdale	2036	Waverley East	2024
Kensington	2033	Woollahra	2025
Kingsford	2032	Woolloomooloo	2011
La Perouse	2036	Yarra Bay	2036
Little Bay	2036	**Zetland	2017

** Shared with Central Sydney

Appendix 2

- [SP-OT-Physio Referral form 2020](#)

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