

OUTPATIENT REFERRALS - MANAGEMENT IN PHYSIOTHERAPY DEPARTMENT - SCH POLICY®

DOCUMENT SUMMARY/KEY POINTS

- This document provides staff and referring clinicians with information regarding:
 - Accepted referral sources
 - Eligibility criteria
 - Models of care including priority grouping
 - Discharge, review and re-entry criteria

CHANGE SUMMARY

- (New policy developed from existing SCHR physiotherapy department management of outpatient referrals document)

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.

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 April 2018	Review Period: 3 years
Team Leader:	Department Head	Area/Dept: Physiotherapy

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Background

The physiotherapy department at SCH 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 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. Senior 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 (LGA) 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 are not accepted 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
- 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 PD2014_020.
- If patients/families are not eligible to receive services at SCHR they will be supported to access appropriate local services or providers.
- If a referral is received for a child who is eligible for NDIS for a non-acute condition then they will be encouraged and assisted to access an appropriate NDIS provider. SCHN is not currently an NDIS registered provider for any services, but we will not deny a service to any child, if they are unable to access services locally.

There are often significant waiting times for appropriate local or community based general paediatric physiotherapy services that are considered to be detrimental for the child's wellbeing and ongoing physiotherapy management. In this case, the referral will be accepted at SCH and prioritised for services as per these guidelines. The child will no longer receive SCH physiotherapy services when the community service becomes available.

All patients should have care for as long as required however they may receive a reduced service or different service delivery model throughout the duration of the care, based on priority guidelines. These restrictions are only implemented in situations of unexpected and limited capacity to respond to referral service demands or if they are Medicare ineligible. Examples of different service delivery models;

- Extend waiting time for lower priority groups
- Refer to private physiotherapy services

Intake Procedure

The administrative staff enters all required information about newly received written and telephone referrals on the physiotherapy outpatient database. This includes:

- Parental permission for the referral
- Child and parent personal details including Medicare number
- Background information e.g. language spoken, referring agent
- Reason for referral/presenting concern

- Other services/professionals involved in the child's care
- Allocation of a priority rating

If the referral is made by telephone, the administrative staff will inform the referrer about the service e.g. allocation process, possible 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 weekly and assigned a treating therapist and an appointment.

Models of Care

- Individual assessment and intervention.
- 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 minimise the risk of harm and maximise the efficiency and effectiveness
- Utilising the specialist skills of staff members.

NSW Health Priority Populations

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

- Children with Aboriginal or Torres Strait Islander background (Aboriginal Health Impact Statement and Guidelines, 2007);
- Children in Out of Home Care arrangements (Memorandum of understanding between Community Services and NSW Health, 2006);
- Children referred by Community services with a Best Endeavour Request for Services (section 17) (Children and Young Persons (Care and Protection) Act 1998 No 157);
- Refugees (NSW Health NSW Refugee Health Plan 2011-2016);
- Children referred by Child Wellbeing Units (Primary Health and Community Partnerships (2009) Keep them safe: A share approach to wellbeing 2009-2014).

Physiotherapy Priority Groups

Priority groups have been determined according to the age of the child 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 acute musculoskeletal 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 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 six to twelve years of age without a Priority A or B condition Young people thirteen to sixteen years of age (still at school) 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
- Child or carer has requested discharge
- Physiotherapy intervention is no longer a priority for the family
- It has become evident that the child is eligible for physiotherapy from a local disability service provider (e.g. Cerebral Palsy Alliance, Lifestart)
- Client no longer resides in the NHN of SESLHD
- Client is older than 18 years and requires to transition to adult services.

- Did Not Attend (DNA) according to the following process:
 - 1st appointment scheduled. Reminder text message sent Friday week before appointment is due.
 - If DNA, appointment is rescheduled. Reminder text message as per first appointment.
 - If DNA, appointment is rescheduled and reminder text message is sent.
 - If DNA for third appointment – parent is telephoned and discharge letter sent.

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 prioritised for services as per these guidelines.

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

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