

PURPOSE

- To confirm all referrals received are screened to ensure
 - That ACC eligibility criteria is met
 - The client lives in a geographical region serviced by TCHS
 - The clinical concern is ACC related [or managed alternatively if not]
 - The clinical concern fits within the parameters of care provided by TCHS
- To ensure that best practice quality care can be provided by the nursing team taking into consideration
 - that the care/s required fit within the competency framework currently held by TCHS nurses
 - there are sufficient nurses available to manage the client workload

1. SCOPE

- Applies to all referrals received from external health providers

2. DEFINITIONS

- Referral; If referral from GP, need list of conditions and medications. Need attached DHB discharge summaries if client coming from DHB.
- Any request from an external health care provider for TCHS nursing to provide ACC related clinical care in the community. Referrals can be received via ; Fax / Medtech PMS forms / Healthlink
- Allocation; The process by which clients are assigned to a RN for clinical care, taking into consideration the RNs clinical competencies, their previous experience, workload capability and the geographical area they are working in.

3. RESPONSIBILITIES

- **Administrators**
 - i. Receiving the referrals and submit to CNL/CNC for review if required
 - ii. Manages upload of information and documentation into Patient management System [PMS]
 - iii. Initiating 'card system'
 - iv. Contacting the referrer and client as indicated – see **RED FLAGS**
 - v. Reviewing all referrals; accepting, referring or declining
 - vi. Ensures ACC eligibility criteria is met
 - vii. Checks contact details; address, phone number are correct with client
 - viii. Delegates client allocation to an administrator
 - ix. Supplies a copy of all specialised care referrals to CNL/CNC for review
 - x. Requests further information and follow up with/for CNL/CNC;
 - a) Any safety or behavioural alerts – see **RED FLAGS**
 - b) Negative Wound Pressure Therapy – referrer to be advised to send client home with 2 spare dressings. Identify NWPT i.e. Renasys/PICO/SNAP/Activac

RED FLAGS

Red Flags for referrals/triage at point of entry to service

- Drug/alcohol abuse
 - Verbal/physical – abuse to self/others
 - Non-compliance
 - Mental health behaviours Hx ie psychosis/dementia
 - Gang/drug affiliations/home environment
 - Weapons/ Hx police involvement
 - How did wound happen, ie self harm/gang related
 - Communicable diseases
 - High risk falls
 - Recurrent wounds, identify which MDT involved
 - Meds, ie chemo – protective gear needed etc
 - Dogs
 - Lack of info on referral ie medical history/medications/allergies/ Hx inappropriate behaviour/significant injuries to head etc
 - Terminology that doesn't "fit" the referral vs discharge summary
 - Missing discharge summaries
 - On hold claims (check ACC E Form)
 - Overseas injuries (overseas form must be filled)
 - Multiple wounds; sub injuries without ACC numbers
- **CNL**
 - i. Reviews all complex or specialised care referrals; such as clients with PICC lines, Infusor medication, Negative Pressure Therapy, Red Flags
 - ii. Initiate specialised consumable orders
 - iii. Ensures training available to nurses so clinical competencies meet business needs
 - iv. Ensures RN Clinical Skills regional spreadsheet is current

4. PROCEDURE

- Referrals
 - Referrals received via fax, Medtech or Healthlink
 - Any additional information required requested from referrer
 - Where referral not accepted referrer advised (data collated)
 - Refers to CNL where appropriate with a copy of referral
 - CNL reviews complex or specialised referrals eg Halo pin-sites, PICC line with antibiotic administration, Vac dressings, POAC
 - CNL ascertains any specific requirements related to clinical skills or stock
 - Initiates non-core consumables orders, liaising with Vac supply companies where required
 - Documents any clinical complexities in client notes
 - All referrals accepted signed and dated

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- Referral loaded into system; identify allergies, alerts, first visit date
 - Referral and accompanying documentation scanned into PMS
 - Client card completed; client details, first visit date
 - Card filed in day of first visit
 - Referrer contacted advised referral accepted and date of first visit
 - Client contacted advised that TCHS have received referral and date of first visit.
 - Client advised no set appointment times but can request a preference to morning or afternoon visit
 - Referral, once scanned is stored for 1 week to be checked against ACC package. It is then discarded in secure document disposal bin
- Allocation
 - Client cards filed under day to be seen and in geographical area
 - Nurses name cards for staff rostered to work the following day are pulled & double checked by Admin staff and given to allocator (Business Manager or delegated responsibility) to assign clients for following day.
 - Each day prior cards are filtered into localities
 - Nurses rostered to work assigned to localities dependent on their area of residence
 - Clients distributed to nurses; consideration given to continuity of care / clinical competencies and skills / clinical workload / time availability on road/ complexity of cases
 - Clients are allocated to nurses by senior staff who have undertaken applicable training.
 - Schedules are emailed to the assigned nurse between 4.30 and 5.00pm each day
 - Schedules are stored for two weeks in a locked filing cabinet. Following this period they are disposed of in a secure document disposal bin

5. ASSOCIATED FORMS

- Referral Forms
- Non-Core Consumables Process
- Nursing Clinical Skills Spreadsheet
- Processing Referrals – Administration
- Privacy Policy