



Allied Health Referral Guidelines

The Referral Guidelines have been established to provide a coordinated and efficient procedure for referral management of clients referred to Boab Health Services. It is to be used to enable management of appointment allocation and waiting lists with efficiency and consistency across the Kimberley. This will ensure that clients care is organised within a clinically appropriate timeframe and can be coordinated appropriately within a multidisciplinary care arrangement. This system will also allow Boab Health Services to respond more effectively to community needs, and improve communication between health services.

Who can refer?

Referrals are accepted from any health professional who has gained the consent from the client to have the requested Allied Health clinician involved in their care. Self-referrals are also accepted in line with the principles of self-management; however it is best practice and encouraged that all clients have a multidisciplinary care plan that has care coordination provided by their GP, Remote Area Nurse, or Nurse Practitioner.

How do I refer to the allied health service?

To facilitate efficient allied health consultation comprehensive clinical information is required. The preferred referral format is the specific Boab Health Service referral forms that are available for each discipline (**Diabetes Educator, Podiatrist, Dietitian and Paediatric Nutritionist**). Although referrals will be accepted via alternative formats (e.g. MMEEx referral forms, MR52), Boab Health referral forms are a guide to the clinical information required and are available from our website at www.boabhealth.com.au. The referrer may be contacted to supply further information if the referral is inadequate and processing/triaging is not possible.

- Referrals will be accepted via:
 - **Post** (all referrals should be directed to the Broome office PO Box)
 - **Fax: 08 9192 7999** (all referrals to Broome office)
 - **MMEx** ("Boab Health Allied" account / not to individual clinicians)
- Separate referral forms are required for each discipline referral .
- Referrals should be addressed to the discipline required and not to individual clinicians.

Please include all of the general referral information outlined in the Boab Health referral forms, plus any other available information, including:

- previous therapies that have been used to treat the disease
- presence of any complications and details when screening last performed
- current health care goals, and any progress or difficulties
- smoking and alcohol history
- any recent relevant pathology

Diabetes Education:

- Require pathology - HbA1c, FBE, ELFTs, TFT, TSH, Fasting Lipids - Chol, LDL, HDL, Tg, Urinary protein / microalbumin
- If T1DM (or suspected): diabetes autoantibodies, C-Peptide

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Authorised by	Quality Committee	Date Reviewed	16/6/2014
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Dietitian / Paediatric Nutritionist:

- Pathology specific to referral diagnosis
- Growth charts for all Paediatric Nutritionist referrals
- Social History for all Paediatric Nutritionist referrals

Podiatrist:

- DART form if completed
- Radiological imaging and/or reports if applicable
- Wound swab results if applicable

What is involved?

It is essential to provide the client with an understanding of what is involved before referring. Our services are client focused and involve strategies to improve health behaviours. This involves not simply 'talking about' problems, but an active process of self-management. We teach skills to solve problems and address thinking behaviours that have maintained or lead to the individuals condition or issue. Clients are expected to take an active role by learning about their condition and working toward agreed goals and behaviour change.

Diabetes Educators:

- Diabetes educators are highly skilled professionals integral to the multidisciplinary diabetes care team who focus on helping people with and at risk for diabetes and related conditions. They can help achieve behaviour change goals that will lead to better clinical outcomes and improved health status. Diabetes educators apply in-depth knowledge and skills in the biological and social sciences, communication, counselling, and education to provide self-management education/self-management training for their individual clients, as well as, the planning, implementation and evaluation of diabetes education programs with groups or communities.

Podiatrists:

- Podiatrists are skilled health professionals who specialise in the prevention, diagnosis and treatment of conditions and injuries of the feet and lower limbs. This includes the management of diabetic foot disease and other chronic conditions that cause peripheral neuropathy and peripheral vascular disease. Podiatric intervention includes diabetic foot assessment, foot ulcer management, biomechanical assessment, orthotic treatment, skin and nail disorders including toenails surgery.

Dietitian:

- Dietitians apply the art and science of human nutrition to help people understand the relationship between food and health and make dietary choices to attain and maintain health, and to prevent and treat illness and disease. This includes client centred nutrition care for individuals by planning appropriate diets and menus and educating people on their individual nutritional needs and ways of accessing and preparing their food, as well as, the planning, implementation and evaluation of nutrition programs with groups and communities.

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Referral Priority / Criteria

The referrer is responsible for assigning the appropriate priority to referrals. If the referral is received without a priority, the allied health professional receiving the referral will assign a priority according to the information provided. Due to the remoteness of some clinics and timing of visits, clinicians may have to make alternative arrangements if the client cannot be seen within the priority timeframe including video conferencing and interim clinical guidance. **Please refer to the Allied Health Referral Priority / Criteria Guide below.**

What happens once I have made a referral?

Appropriate and timely communication between allied health clinicians, referring health professionals and the client is vitally important when providing health care information. On receipt of the referral you will receive a letter or email (via MMEEx) of acknowledgement including current waiting times. Following each consultation, referrers will receive a copy of the consultation notes or summary that outlines the care provided and the plan of care the client has agreed to. Clients may require multiple appointments to attain the required knowledge of their condition and achieve their behaviour change goals. Clinicians will make regular contact with clinics and specialist clerks to coordinate client lists prior to their scheduled clinics.

When will the client be discharged from the service?

Clients will be discharged from our referral list if:

- The client is unable to be contacted after 3 months from the referral date.
- The client has not been seen by the relevant allied health clinician within 12 months from the referral date.
- The client has had three consecutive DNA's, without an adequate explanation.
- The client requests to be discharged.
- The treatment is completed, patient/client goals are met, or the original reason for referral has been resolved to a level considered adequate or safe, or further consultations are recommended every 12 months for general review.

Once a client is discharged, the clinician will notify the referrer that the client has been discharged and will require another referral to access the service in the future.

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Allied Health Referral Priority / Criteria Guide

Diabetes Educator	Podiatrist	Dietitian / Paediatric Nutritionist
Target Clients (Clients outside this target group may be deemed inappropriate for referral)		
T2DM, T1DM, GDM, Diabetes in Pregnancy, IGT or IFG	Clients with complex lower limb complications and/or at risk of limb loss	Clients deemed suitable by the referrer and willing to engage in dietetic consultation
Urgent Referral (within 7 days) Note: Contact the relevant clinician for immediate management		
<ul style="list-style-type: none"> Pregnancy (T1DM or T2DM) GDM new diagnosis T1DM new diagnosis Discharge following recent ketoacidosis or hyperglycaemic coma Acute infected foot ulcer 	Acute complication <ul style="list-style-type: none"> Current foot ulcer Current foot infection Charcot / neuroarthropathic joint Acute ischaemia 	<ul style="list-style-type: none"> Pregnancy (T1DM or T2DM) GDM new diagnosis Enteral feeding Dysphagia
Priority 1 (within 30 days)		
<ul style="list-style-type: none"> Poorly controlled T1DM or T2DM (HbA1c > 10%) Major or problematic hypoglycaemia Insulin initiation Diabetes and coeliac disease 	<ul style="list-style-type: none"> High risk foot <ul style="list-style-type: none"> Diabetes and previous foot ulcer or toe/ lower limb amputation. Dialysis patient with previous foot ulcer or toe/ lower limb amputation Or two or more of these risk factors: <ul style="list-style-type: none"> Peripheral vascular disease Peripheral neuropathy Significant foot deformity 	<ul style="list-style-type: none"> T1DM new diagnosis End stage renal failure on dialysis Failure to thrive / growth faltering Liver disease Diabetes and coeliac disease Anaemia Obesity/Diabetes in children.
Priority 2 (within 90 days)		
<ul style="list-style-type: none"> Newly diagnosed T2DM Uncontrolled T1DM or T2DM (HbA1c > 8%) Diabetes associated with recent diagnosis of micro or macro-vascular disease Difficulties with diabetes self-management Diabetes with 'high risk foot' Preconception planning 	Diabetes or dialysis patient with one or more of these risk factors: <ul style="list-style-type: none"> Peripheral vascular disease Peripheral neuropathy Significant foot deformity Hansen's Disease Ingrown toenail Biomechanical injury 	<ul style="list-style-type: none"> Poorly controlled T1DM or T2DM (HbA1c > 10%) Antenatal care Infant and child feeding Renal disease (Chronic Kidney Disease, Transplant) Cardiovascular disease, Dyslipidaemia, Hypertension Chronic non-healing wounds Digestive Disorders, Food allergies, Inflammatory bowel disease, Overweight/Obesity
Priority 3 (within 12 months)		
<ul style="list-style-type: none"> Stable T1DM or T2DM IGT or IFG 	Diabetes foot assessment, no previous history of foot ulcer / amputation	<ul style="list-style-type: none"> Stable T1DM or T2DM IGT or IFG

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Note: These are guidelines only and will depend on the allied health visiting schedule and individual services available at each facility, as well as individual variables that may influence clinical urgency.

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