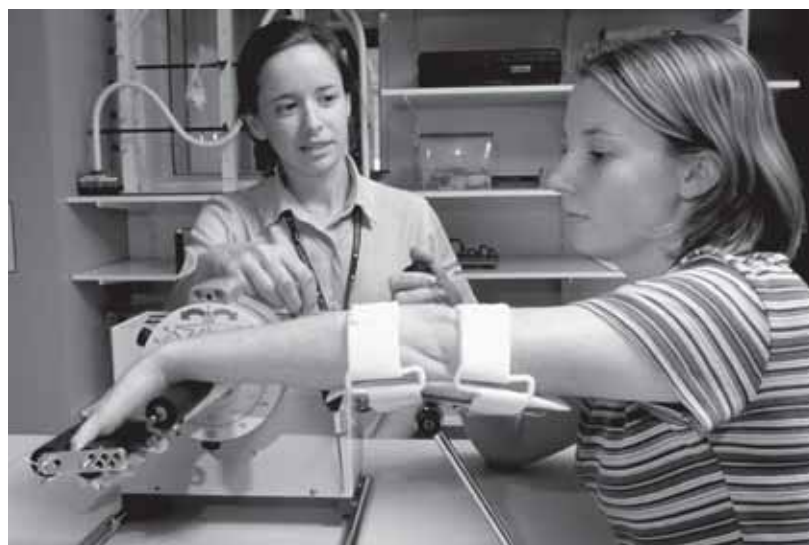


Appendix 12 Waiting List and DNA Policy Framework



Waiting List and DNA Policy Framework for Allied Health Outpatient and Community Health Services

This policy framework is designed to inform policies developed at a local or district level. It provides guidelines to specify the requirements to be included in district policies.

Introduction

The Director-General's Allied Health Recruitment and Retention Taskforce Report (1999-2000) was the impetus for the production of this policy framework for allied health staff in Queensland Health to use when managing outpatient waiting lists and non-attendance for appointments (DNA) at hospital outpatients and in community settings. Recommendation 12 of the Taskforce report is to improve allied health workload management. Management of waiting lists and of client/patient non-attendance at booked appointments is a significant aspect of workload management.

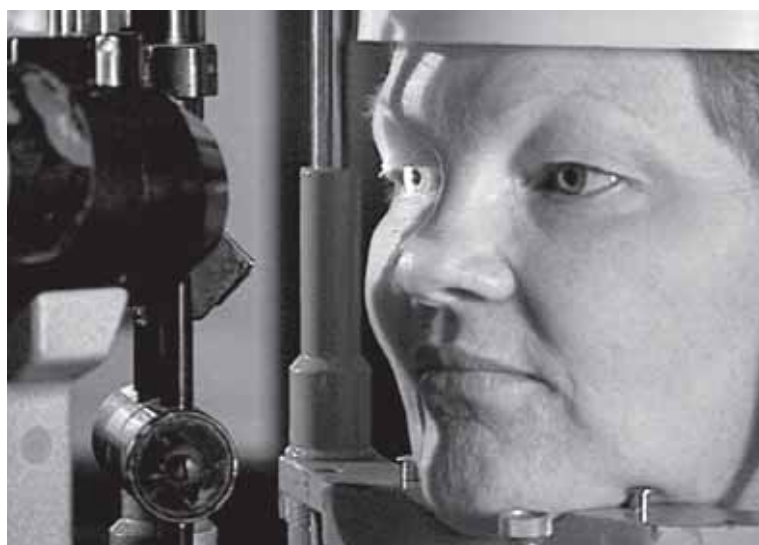
The policy framework aims to help allied health services change from allocation of appointment by order of receipt of referral to an accountable system based on prioritising by urgency and evidence. It provides processes, strategies and resources for managing waiting lists and DNA within current staffing and resource levels. In this policy framework DNA is used as a generic term to cover all situations where a client/patient does not attend a booked appointment, and does not notify the outpatient service before or at the appointment time. Other terms are also used in this context – e.g. failed to attend (FTA).

The policy framework provides a basis for attainment of Queensland Health principles of equity, quality, and respect for individual consumers. It is to be used to enable management of appointment allocation and waiting lists and the processes relating to DNA with efficiency and consistency across the state.

This policy framework is to be understood within a broader conceptual framework of associated strategies within the whole of Queensland Health. Therefore as the Service Capability Framework (SCF) is implemented and definite operational structures around non-admitted patient data begin, definitions of outpatients, referral systems, DNA and other

demand management components of health service delivery will become more precise. Consequently this policy framework for managing waiting lists and DNA will be fluid to some extent.

This framework specifies the requirements to be included in policies developed at District level.



Process for Introducing Waiting List and DNA Guidelines

It is common for allied health departments or teams to conceptualise the need for a defined system to manage referral, waiting time and DNA, however beginning the process is hampered by knowing how to start. The following process is one method for use in developing and introducing a waiting list and DNA policy:-

- **Decide** at the appropriate staff forum (for example staff meeting, team meeting, supervision with line manager) that the guidelines are to be written and introduced, and document in the minutes of this meeting.
- Organise and conduct a **planning session** to determine the extent and sequence of the waiting list management process to occur. Sole practitioners might dedicate some management times to complete this initiative and/or schedule times to meet with mentors or line managers for support and advice.
- **Notify stakeholders** that a review with the intention of introducing a transparent procedure is to occur. Stakeholders include (but are not limited to) referring sources, other allied health practitioners, agencies to whom clients are referred after discharge from the service, client/patients groups, other community members. There is some evidence that an accurate understanding of the actual clinical practice a service unit undertakes influences the referral rate (Keating, Syrmiss, Hamilton & McMahon 1998).
- Gather the **initial data** which establishes the extent of the service and the waiting times at present. Organise the information into a format suitable for presenting and talking about to others who are not expert in your service area. This is to be used to provide an evidence base to justify the change in your procedures. Some services might use the risk identification and management procedure to establish the need for a waiting list policy.
- **Plan and develop the new policy statement** for the service/district. This might involve a process over several sessions, and include meetings with stakeholders and information sessions from others more skilled in the process. Complete written protocols and information sheets associated with the waiting list and DNA policy.
- **Schedule a launch** of the guidelines in whatever format suits your service area. The aims of a launch are to notify relevant associated services and stakeholders that a change is being implemented, and to reward personnel who have been involved for their commitment to the process. Sole practitioners should have a public launch or notification where possible, and/or include in Performance Appraisal and Development process.
- Establish that the initial introduction of the waiting list and DNA management **procedure is a trial process** and include a date for review. Methods for feedback and questions about the procedure should be included in the initial launch.





Policy A

Allied Health personnel within Queensland Health will administer services to hospital outpatients and in community settings using interventions and organisational procedures which maximise client/patient health outcomes and efficiency of services.

Policy B

Allied Health facilities within Queensland Health will maintain clinical processes which support the provision of quality, evidence-based services to hospital outpatients and in community settings prioritised by urgency.

Policy C

Allied Health facilities within Queensland Health will have administrative processes in operation which support the provision of quality services to hospital outpatients and in community settings.

Policy A

Allied Health personnel within Queensland Health will administer services to hospital outpatients and in community settings using interventions and organisational procedures which maximise client/patient health outcomes and efficiency of services.

A.1. Scope

This policy applies to all Queensland Health facilities providing outpatient and community services, in all practice and/or caseload areas except mental health, delivered by the following professional groups:-

- 1 Audiologists
- 2 Dietitians and Nutritionists
- 3 Occupational Therapists
- 4 Physiotherapists
- 5 Podiatrists
- 6 Prosthetists & Orthotists
- 7 Psychologists
- 8 Social Workers
- 9 Speech Pathologists
- 10 Other allied health professional groups as appropriate

The following allied health services are included:

- hospital outpatient departments
- outreach services from hospitals
- community health units and teams
- public health units
- other services where patients/clients are not admitted and where assessment and intervention are provided by members of the designated allied health disciplines.

Mental Health Services are not included as parameters of service delivery differ from those of other Queensland Health Allied Health hospital outpatient and community services.

A.2. Compliance

Compliance with this policy framework is expected of all allied health staff in Queensland Health. Other Queensland Health personnel with whom allied health employees work in the provision of the service (for example: in an administrative, support, collaborative, supervised, volunteer, student or other designated client/patient-care relationship) should also adhere to the requirements of this policy framework. The policy framework should inform policies developed at a local level.

A.3. Client/patient Focus

Clients/patients and carers are the primary focus of allied health services in hospital outpatient and community settings.

- Clients/patients and carers should be informed, educated, supported and respected throughout the length of their involvement in waiting for and receiving outpatient services.
- Clients/patients and carers should be actively involved in the allied health care management and participate in goal setting and decision making.
- Clients/patients should receive information that provides the opportunity for them to understand client/patients' rights and responsibilities, consumer advocacy and processes for providing feedback and lodging complaints.

A.4. Cooperative Networks

Outpatient and community services to client/patients are provided by Allied Health personnel within Queensland Health in cooperation with other government and non-government services so that the client/patient has the most effective treatment in the context of the most effective management of the available resources.

There is no requirement by Queensland Health that clients receive intervention from only one service at a time. However communication between services is expected to ensure no duplication of services.

A.5. Quality Improvement

Services to hospital outpatients and in community settings provided by allied health disciplines are to be constantly evaluated and improved within a quality framework.

Quality frameworks exist within Queensland Health at statewide, zone and district levels and provide the resource for constant monitoring of allied health services to hospital outpatients and in community settings. An example is the *Queensland Health Quality of Health Services Framework* available at www.qheps.health.qld.gov.au/hsd/procurement/publications/asf/9120dmp.htm.

A.6. Risk Management

Decisions made with respect to organisation and provision of outpatient and community services provided by allied health professional groups will be made in the context of a risk management framework. The acceptable risk management framework is in the Queensland Health *Integrated Risk Management Framework for Clinical and Corporate Services*. More information is available at <http://qheps.health.qld.gov.au/hssb/risk/home.htm>

A.7. Privacy Standards

The implementation of this policy framework should be conducted with attention to the principles in IS42A – the State Government’s new information privacy standard. Information about this standard can be accessed at <http://qheps.health.qld.gov.au/privacy/home.htm>



Policy B

Allied Health facilities within Queensland Health will maintain clinical processes which support the provision of quality, evidence-based services to hospital outpatients and in community settings prioritised by urgency.

Scope

This policy applies to all allied health facilities within Queensland Health that provide outpatient and community services to clients/patients.

Compliance

Compliance with this policy is expected of all allied health staff and other personnel with whom the service is provided in an administrative, support, collaborative, supervised, volunteer, student or other designated client/patient care relationship.

B.1. Policy Statement:

Allied Health outpatient and community services will be evidence-based with informed consideration of all treatment options and approaches.

Evidence-based practice is the integration of best research evidence with clinical expertise and client/patient values. Queensland Health encourages evidence-based practice to be used in all services. Intervention should be used if there is evidence to support it or no evidence against it. Intervention which has been demonstrated to be ineffective should not be offered.

Decisions to undertake assessments and treatments and the timing of client/patient access to treatment within allied health outpatient services are made with due consideration of expected benefits, clinical risks, and opportunities for alternative treatment contexts (e.g. sole discipline, multidisciplinary team).

B.2. Policy Statement:

All client/patient referrals will be reviewed and a clinical urgency category assigned.

All referrals received by an allied health service, whether an individual-discipline service or a multidisciplinary team service, will be categorised on the basis of clinical urgency as the first action. Categorisation by urgency is to facilitate equitable and timely access to appropriate services according to urgency of need.

Allied health services use one or the other of these categorisation schedules. Categorisation schedules can be adapted to meet local needs.

Schedule A

Category 1	Urgent, to be seen within one working day from receipt of referral.
Category 2	Semi-urgent, to be seen within 10 working days of receipt of referral.
Category 3	Non-urgent, to be assigned next available appointment.

Schedule B

Category 1	urgent, requiring appointment within five working days.
Category 2	non-urgent and requiring an appointment according to the regular system of availability/waiting list.
Category 3	appointment provided to instruct in self-management activities and a date for review booked.
Category 4	assessment and treatment not required (inappropriate referral which is redirected, or reason for referral resolved).

These schedules for urgency categories will have specific criteria identified and documented at the local service level.

Criteria vary according to the urgency category and to the discipline or team involved. For example, speech pathology may categorise based on type of condition (swallowing difficulties are often the highest urgency assigned), physiotherapy may prioritise based on respiratory function or recency of plaster removal. Some examples of existing criteria are included in the Strategies Toolbox.

Referred clients/patients who are unable to be supplied with an appointment within a pre-set time for that category, should be placed on a waiting list so that assignment of these appointments can be managed with equity. Each allied health outpatient service should determine a cut-off time beyond which referred clients/patients are assigned a waiting list position rather than an appointment date.

B.2.1. Responsibility for Categorisation

The allied health staff member accountable for service delivery in the particular discipline or team is responsible for the appropriate categorisation of all referrals. The task of categorisation may be delegated to a nominated officer where a clearly defined schedule of categorisation exists and where there is a defined sequence of processes.

The nominated officer may be another member of the discipline to whom the client is referred, a trained intake officer or team, or another trained staff member.

The urgency category should be defined within one working day of receipt of referral where the service unit is using Schedule A, and within 5 working days where the service unit is using Schedule B.

B.3. Policy Statement:

Allocation of outpatient appointments for allied health services will be prioritised primarily on the basis of clinical urgency.

Allocation of outpatient appointments to clients/patients requiring allied health services is based on prioritisation according to clinical need. This process may be complex, influenced by a range of operational and resource factors, and specific to each service area or District.

The prioritisation process should occur in a documented, systematic manner so that urgent clients/patients are treated sooner, and waiting time to assessment and / or treatment is the minimum.

Where factors other than clinical urgency of the client/patient influence the waiting time for an appointment, it must be possible to demonstrate that no client/patient with similar characteristics has a different urgency category or a longer waiting time for first appointment.

B.3.1. Prioritisation within Clinical Urgency Categories

Factors (not ranked) which may influence the prioritisation of referred clients/patients to an urgency category, or to a further rank within an urgency category, are:

- Level and frequency of pain
- Safety of client/patient (or parent/carer in the case of some children)
- Co-morbidity, or potential for consequent disability or impairment
- Ability to perform roles
- Ability to retain or re-establish independence
- Level of threat to developmental integrity

- Need to care for dependents and/or level of stress of parents when client is a child
- Social and community support
- Access to centre (distance from treatment centre; available transport; available accommodation; regular visits to outlying centre conducted by allied health professional).
- Urgency according to referrer if justified.
- Evidence about outcomes of interventions according to timeliness

When selecting clients/patients from the waiting list for the next available appointment, clients/patients with the same urgency category who have waited longer should receive priority when all other factors are equal.

If clients/patients have had previous appointments postponed for clinical reasons (for example resolution of an acute health issue required before allied health service) or because of hospital or centre-based reasons (such as staff illness), they should be afforded priority in rescheduling for the next available appointment

B.4. Policy Statement:

All allied health services will operate a clinical monitoring system to ensure appropriate management of clients/patients on the outpatient waiting list.

Clinical monitoring of clients/patients on waiting lists is required regularly to assess changes in the client/patient's clinical status that may affect their urgency rating. Monitoring is usually provided by the referrer, but may be by the service which has received the referral.

The level and type of monitoring required will be determined by the types of clients provided for by the allied health service. For example, hospital-based

outpatients may require more regular monitoring than those on waiting lists for some community services.

A process for monitoring should be developed and documented by each allied health service. Responsibility for monitoring the referred person on the waiting list must be actively decided and recorded. Monitoring need not be a complex process, and may require no more than informing the referred client of who they need to contact if their condition changes.

Active management of clients on waiting lists should be provided via handouts, referral to non-health community services and support groups, education sessions, or other methods appropriate to individual services.

B.5. Policy Statement:

All Allied Health Outpatient and Community Services will be managed to ensure coordination across the continuum of care and appropriate discharge planning.

Allied health outpatient and community services:

- Primarily focus on clients/patients and their family and/or carers
- Regularly consult and liaise with other relevant health care workers
- Are constantly evaluated and improved.

The waiting list flow chart in the Strategies Toolbox, Appendix A, provides an acceptable guideline for the process from referral to discharge.

While in the care of the particular allied health outpatient or community service, the client/patient is managed according to relevant evidence, best-practice principles, and local procedure manuals.

Clients/patients should be discharged from the outpatient or community service when:

- the treatment is completed, patient/client goals are met, or the problem for which the client was referred has been resolved to a level considered safe
- when another facility can more appropriately provide the service
- when the client/patient moves to a different locality.

Clients/patients may require ongoing outpatient or community care, at long or irregular intervals and with intermittent inpatient admissions. These client/patients might:

- have a rare or complex and chronic condition
- have unresolved problems
- be unable to be treated by another service

To optimise continuity of care clients/patients should be seen, wherever possible, by the same clinician or team at each outpatient or community appointment. Documentation should contain sufficient detail to enable continuity of care with a different clinician, where the same clinician or team is not available.



Policy C

Allied Health facilities within Queensland Health will have administrative processes in operation which support the provision of quality services to hospital outpatients and in community settings.

Scope

This policy applies to all Allied Health facilities within Queensland Health that provide outpatient and community services.

Compliance

Compliance with this policy is expected of all allied health staff and other personnel with whom the service is provided in an administrative, support, collaborative, supervised, volunteer, student or other designated client/patient care relationship.

C.1. Policy Statement:

Referrals to allied health outpatient and community services will contain necessary information and acceptance of referrals will be subject to consideration of service location, scope of the service, and client/patient status.

C.1.1 Referral Sources

Clients/patients may be referred for allied health services from a variety of sources. These sources include, but are not restricted to, the following:

- Specialist medical officers within the hospital or community service
- Other allied health professionals within the hospital or community service
- Medical officers and allied health professionals from outside the hospital or community service according to the district policy

- Client/patient self-referral according to district policy
- Community agencies such as Home Assist, Blue Care.

Each allied health service will maintain a written guideline which states any current restrictions on, or additions to, referral sources. This guideline will be made accessible to referrers, clients/patients, and other stakeholders.

C.1.2 Referral Content

Referrals to allied health outpatient services are acceptable in writing and/or verbally according to local policy. Referrals of both types should be recorded, dated, and filed appropriately immediately on receipt.

Where possible, referrals should contain the following minimum information:-

- Client/patient identifying and contact details.
- Referrer's contact details.
- Relevant information about the client/patient's condition and the reason for referral.
- Any particular risks or care requirements to be alert to.
- Date and signature of person accepting referral.

The use of a standardised referral format facilitates adequate referral content. Examples are included in the Strategies Toolbox.

Allied Health outpatient and community services should have in place systems and processes to ensure referrals contain sufficient information to allow categorisation for urgency, prioritisation on the waiting list if necessary, or direction to other services.

- Allied Health services may implement procedures to educate referring practitioners and medical officers with respect to appropriate referral content, to assist triage and categorisation.
- Referring practitioners and medical officers should be provided with regular feedback about the completeness of content in their referrals.
- Services need to have a defined process for managing the receipt of inadequately complete referrals.

C.1.3 Service Location

Clients/patients will be referred to allied health services at a facility convenient to their place of residence, or at a facility linked by district or zonal networks.

Allied health outpatient and community services must have in place a process to identify and manage referrals that should be directed to another facility.

- When a referral is received for a service which is not provided by the facility, the manager of the service is responsible for ensuring designated staff contact the referring practitioner to give this information.
- When a referral is received which could be more appropriately provided closer to the client's/patient's place of residence, designated staff may contact the referring practitioner to arrange transfer of the referral, if agreed by the referrer and client/patient. Guidelines defining the geographical area covered by an allied health outpatient or community service should be in the scope documentation of each service.
- Non-acceptance and / or transferral of a referral should be accompanied by an appropriate letter. Examples are in the Strategies Toolbox.

C.1.4 Compensable Clients/patients

These are clients/patients entitled to compensation that includes the cost of their public and/or private hospital care. The following broad categories exist:-

- Department of Veteran's affairs
- Workcover Qld
- Worker's Compensation (Other)
- Other Third Party
- Motor Vehicle (Qld)
- Motor Vehicle (Other)

Client/patients under these categories should be advised that they qualify for private service provision, and be offered or encouraged towards this choice. The private option may be more time effective for both the client/patient and the allied health outpatient service.

In addition, any clients/patients referred for an allied health outpatient or community service should be educated about their options for private sector if they have private health insurance. The existence of private health insurance does not exclude a client/patient from choosing a Queensland Health service. Overseas visitors often have insurance to cover private medical and allied health treatment.

C.2 Policy Statement:

All Allied Health outpatient and community services will maintain a waiting list system to register essential details about all clients/patients referred to the service who do not receive an immediate appointment.

A waiting list for allied health outpatients contains details about each client/patient who requires an outpatient or community appointment, from the time the service accepts the referral until the initial appointment has been allocated or the client/patient has been removed from the list.

The system may be manual or electronic, according to the resources of the facility. Minimum data required is:

- Client/patient identification details
- Client/patient contact details
- Referring practitioner details
- Date of referral
- Urgency category

Access to the following information will help with audits of waiting lists:

- Presenting problem/s including duration and severity of symptoms
- Relevant investigations, assessments and treatment to date
- Current medication where relevant
- Relevant psychosocial factors
- Any additional factors which will impact on assessment of urgency category

C.2.1 Intake Procedures

Some allied health outpatient and community services will operate an Intake System. This system may be for assigning referrals appropriately within a discipline or for coordination of referrals which are received concurrently for a number of allied health disciplines.

In these circumstances, assignment to a waiting list position may need to be coordinated between disciplines. In this case, a multidisciplinary clinic/team waiting list may be maintained and managed by a designated person.

C.2.2 Privacy

Information contained in the waiting list register about identifying client/patient details must be subject to privacy requirements appropriate for Queensland Health. These privacy requirements can be accessed at <http://qheps.health.qld.gov.au/privacy/home.htm>.

C.3 Policy Statement:

All facilities will maintain and manage a booking system to ensure appropriate allocation of appointments for clients/patients referred to allied health outpatient and community services.

An appointment is scheduled or booked for a client/patient after an urgency category has been assigned by the allied health service, and any sub-categories relating to urgency are decided.

Category one client/patients are assigned an appointment at first contact.

Clients/patients in other categories should be allocated an appointment up to a pre-determined number of weeks in advance. This should be specified in the documents which describe the scope and operation of the allied health outpatient or community service. Advance bookings of appointments should be determined with consideration of:

- 1 The length of time beyond which an appointment may be unnecessary.
- 2 The resources available to manage ramifications of an extensive booked appointment list rather than a waiting list.
- 3 Minimising the possibility of needing to re book appointments, with regard to efficient use of administration officer time.

- 4 The potential for reducing the number of clients/patients who DNA.

Clients/ patients not allocated an appointment should be placed on a waiting list.

C.3.1 Information for Clients/patients about Appointments

At the first appointment for Category One clients/patients, or when booking their first appointment for clients/patients from other urgency categories, each client/patient is informed, both verbally and with a leaflet where possible, of the relevant policies about attending appointments, waiting times, self-management activities, and DNA policies.

Examples of these client/patient information documents are included in the Strategies Toolbox.

C.3.2 Missed Appointments – DNA or Failure to Attend

The aim of a DNA policy is to improve the effectiveness of service provision to clients/patients. Therefore the policy should always be implemented by allied health staff in Queensland Health in such a way that equal opportunity and anti-discrimination policies are not compromised.

Clients/patients and carers must have prior notification of the policy and unforeseen impediments to their attendance must be evaluated individually and respectfully.

Defined procedure. Allied Health outpatient and community services will have a defined procedure for managing DNA. The procedure should be displayed in a public area in their facility and should be included in written material handed to all clients/patients at their first contact with the centre.

The relevant section about DNA should be specifically brought to the attention of the client/patient or carer.

DNA Schedule. Clients/patients who miss two consecutive appointments without notification will be moved to the DNA consequence procedure (next paragraph).

Consequence of DNA. Clients/patients meeting the DNA criteria will either be placed at the bottom of the current waiting list for a replacement appointment or be required to obtain a new referral before being allotted an available appointment by the normal procedure. Local referral guidelines will determine which procedure is suitable in specific facilities.

A flow chart (see Strategies Toolbox) provides a sequence of steps for use in any DNA situation. Clients/patients should be contacted by letter and/or phone after the first DNA occasion and offered a new appointment as soon as possible. Templates of letters to use are in the Strategies Toolbox.

Discretion of allied health professional in DNA procedure. At times clients/patients may be unable to avoid missing an appointment and unable to notify the allied health facility. Clients/patients must be given an opportunity in the first instance to make contact, provide an explanation, and re-establish an appointment. Further DNAs should be managed within the policy, however the professional discretion of the allied health practitioner is the foremost criterion to use to determine clients'/patients' needs and rights within the continuum of care. If discretion is used, it should be ensured that all clients/patients with similar circumstances receive the same standard of management.

C.4 Policy Statement:

All allied health outpatient and community services will administer systems with the intention to maximise efficiency.

C.4.1 Management of Staff Leave

Allied Health outpatient and community services must implement processes to appropriately manage staff leave so that service efficiency is maintained and appointments are planned around pre-determined periods of staff leave.

Adequate notice of planned leave should be provided by allied health professionals, within the relevant awards. Clients/patients should not have appointments booked during these times unless appointments are for interventions which can be provided effectively by another allied health professional or a locum.

Specific processes must be in place to manage planned leave and waiting times, including:

- Timely notification to any administrative staff person, or other team member who has responsibility for managing waiting lists and booking appointments, of the dates for leave and the alternative arrangements for booking appointments
- Regular reviews by the accountable person of the impact of staff leave on waiting list times and postponement of appointments.

C.4.2 Process Improvement

Continuous evaluation and action to improve access, safety, appropriateness, effectiveness and efficiency are fundamental to meeting Queensland Health's *Quality of Health Services Framework*.

Service improvement activities at Queensland

Health facilities may vary according to the size of the facility and the nature of services offered. Consumers should be involved in the process. Criteria for waiting list prioritisation should be continually evaluated in the light of new evidence.

Accountable allied health staff should organise and oversee the development of processes to evaluate aspects of their outpatient and/or community service provision on at least a two monthly basis. Monthly reviews may be more suitable for larger facilities, whereas some facilities may have no waiting lists. The following aspects for evaluation are useful for planning purposes and individual services may choose to include some or all of these:

- Number of referrals received in each service, sub-categorised by type of condition and source of referral
- Number of new cases seen in each service area
- Waiting times for initial appointment by urgency category
- DNA rates in each facility
- Ratio of new cases to follow-up appointments
- Conversion rates from inpatient to outpatient in relevant facilities

These indicators will provide data for workforce and service planning and annual review of business plans for allied health service units.

Provision of feedback to staff within allied health outpatient services regarding change in, or progress towards, these indicators will assist in performance appraisals for development of staff.

Implementing changes to improve services should incorporate principles and tools described in the Queensland Health *Change Management* guides at <http://qheps.health.qld.gov.au/oiu/Publications.htm#change>

C.5 Policy Statement:

All allied health outpatient and community services will manage a system of administrative audit to ensure the waiting list provides an accurate record of clients/patients waiting for appointments.

Allied Health outpatient and community services will implement processes to ensure regular administrative audits are conducted on the waiting list, to include the following:-

- Daily audit for Schedule A category one urgency rating referrals.
- Fortnightly audit for Schedule A category two urgency rating referrals.
- Two monthly audit for Schedule A category three urgency rating referrals.

If Schedule B is used audit times commensurate with the above should be implemented.

Administrative audit will:

- Identify records on the waiting list which are incorrect (eg duplicate; clients/patients treated but not removed)
- Confirm client/patient details to maintain the accuracy of waiting list records (e.g. address).

Client/patient contact as part of the administrative audit process should ascertain:

- The need to update contact details
- That the allied health outpatient appointment is still required (i.e. that another service facility has not already provided an appointment)
- If there is a change in status requiring a review of the urgency category previously assigned.

Waiting list audits are conducted by appropriately designated staff and may involve contact with clients/patients by telephone, letter (see example in Strategies Toolbox) or other methods determined by the service or district.

C.6 Policy Statement:

All allied health outpatient and community facilities will manage processes to ensure clients/patients are removed from the waiting list according to the appropriate 'Reasons for Removal', and under the authorisation of the accountable allied health officer.

Removal of clients/patients from the waiting list or from the schedule of booked appointments is necessary to maintain the accuracy of outpatient information systems. Procedures should be implemented to ensure clients/patients are removed from the waiting list:

- When the client/patient has received and attended an allocated outpatient appointment
- When the client/patient has completed the appropriate course of treatment
- If the client/patient requests to be removed from the outpatient waiting list
- If clinical review or administrative audit ascertains that attendance is no longer required
- If there is confirmed information that the client/patient will be attending elsewhere
- If the offer of an appointment has been declined on two occasions without sufficient reason or circumstances beyond the clients'/patients' control
- When the DNA procedure has been taken to its full extent
- If the client/patient is deceased.

The process of removing a client/patient's name and record from the waiting list and/or appointment schedule should include:

- Documentation of the reason for removal
- A note in the clinical record if appropriate
- Notification to the referral source.

C.7 Policy Statement:

All allied health outpatient services will implement and maintain appropriate communication processes to notify client/patients and relevant health care professionals of significant outpatient waiting list information.

Appropriate and timely communication is vitally important when providing information about outpatient services to client/patients, referring practitioners and other relevant health care professionals. The communication process and methods should be flexible, but accurate, according to the information required and the intended audience.

C.7.1 Methods of Communication

The communication process to notify client/patients and relevant health care professionals of significant outpatient and community services information will accommodate:

- Different styles to suit the message and audience e.g. written, telephone, face-to-face.
- Special needs – interpretation, translation, language and cultural barriers
- Privacy requirements (see website <http://qheps.health.qld.gov.au/privacy/>).

C.7.2 Information to Clients/patients/referrers

Designated allied health practitioner, administrative and/or assistant staff are responsible for providing information to the client/patient (and referrer if appropriate) regarding:

- Appointment offer
- Placement on the waiting list
- Allied health professional who will provide the service
- Time, date and location of appointment, along with any information necessary to bring to the appointment
- The appropriate course of action if any changes occur in the client's/patient's clinical condition

- The appropriate course of action to take if appointments need to be confirmed, cancelled, or rebooked
- Clients/patients rights and responsibilities within Queensland Health and within the specific allied health outpatient or community service
- Any special requirements
- Removal from the waiting list

Documentation of client/patient correspondence will usually be stored in the client's/patient's clinical record.

C.7.3 Information to Referring Practitioners

Prior to referring clients/patients to allied health outpatient or community services, referring practitioners may request access to information about the:

- Status of waiting lists
- Types of allied health services offered
- Estimated waiting times

Allied health staff should respond to requests by potential referring practitioners in order to support the achievement of timely clinical outcomes and referral practices.

C.7.4 Waiting for appointment allocation

Designated staff are responsible for coordinating information to the referring practitioner about:

- Client's/patient's placement on the waiting list
- Estimated waiting time
- Arrangements for clinical review of the client/patient while waiting for outpatient appointment
- Notification about any significant changes in the client/patient's condition
- Date and nature of the appointment

All relevant correspondence will be documented in the client/patient's clinical record.

Strategies Toolbox

Contents

	Page
1 Examples of Prioritisation Tools and Waiting List and DNA guidelines	
A Prioritisation Tool for Community OT Service	69
B Social Work Urgency/Priority Guidelines for Home and Community Care Unit.	70
C Physiotherapy Triage Process and Criteria.	71
D HACC Podiatry Triage, Waiting and DNA processes	75
2 Examples of letter templates for some situations in which a standard letter format will be useful	
A Letter to inform client that they have been designated to another intervention strategy	80
B Letter to inform referrer that the client has been assigned education rather than 1:1 therapy indicated on their referral.	81
C Letter to inform client they have been placed on a waiting list for an appointment for the relevant service.	82
D Letter to inform referrer that client has been placed on a waiting list for an appointment at a relevant service.	83
E Letter to audit clients' continuing need for an appointment	84
F Letter to inform a client of their first DNA and offer another appointment date	85
G Letter to inform client of second DNA and consequent discharge from service.	86
H Letter to inform referrer the client has been directed to a more appropriate service to meet the need for which they were referred.	87
3 Flowchart for Waiting List Policy.	88
4 Flowchart for DNA Policy.	90

1. Examples of Prioritisation Tools and Waiting List and DNA guidelines

A. Prioritisation Tool for Community OT Service

Does/has the referred client:-

1	Have a carer who is experiencing stress, or other difficulty managing the client's care? SCORE 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Live alone? SCORE 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Have a history of falls or of other hazards at home that put them at risk of future falls? SCORE 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Have a chronic condition, for example spinal cord injury, arthritis, chronic fatigue syndrome, vision impairment? SCORE 1 OR Have a progressive neurological/medical disorder, for example multiple sclerosis, motor neurone disease, Parkinson's Disease? SCORE 2 OR Have a terminal condition? SCORE URGENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Have difficulties with activities of daily living such as personal care and household maintenance activities? SCORE 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Need advice on minor home modifications? SCORE 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Need advice on major home modifications? SCORE 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Have been discharged from hospital in the last days? SCORE 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Have relocated or planning relocation? SCORE 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Require pre-admission home visit for joint replacement surgery? SCORE HIGH	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Require any of the following equipment? - Pressure relieving devices SCORE HIGH - Wheelchair – manual or electric SCORE 1 - Hoist SCORE 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Total Priority Score:

Level of Risk: Low (0-3) Medium (4-5) High (6-8) Urgent (above 8)

Name: _____ Signature: _____

Designation: _____ Date: _____

B. Social Work Urgency Guidelines for Home & Community Care Unit

Prioritisation Process:-

- 1 Phone call to screen within 48 hours of receipt of referral OR send contact letter
- 2 Use Ongoing Need Identification (ONI) assessment tool to establish priority rating
- 3 Prioritisation is based on eligibility, risk and need.

SCHEDULE B - CATEGORY ONE

- High risk of abuse resulting in physical, financial, psychological, emotional harm to client.
- Frail or stressed carer, who may also have an illness.
- High risk of losing current accommodation.

SCHEDULE B - CATEGORY TWO

- Liaison required between client's care and/or service providers
- Carer and client conflict about a service
- Social isolation
- Locating appropriate resources that are not available from mainstream disability services

SCHEDULE B - CATEGORY THREE

- Clients currently having Psychiatric or Psychological counselling or counselling by another service
- Clients needing advocacy
- Carers or clients experiencing issues with extended family members who are not in the caring role
- Financial concerns requiring counselling
- Client requiring long term counselling

Some clients in this category may be referred to another appropriate agency at the clinician's discretion.

SCHEDULE B - CATEGORY FOUR

- Assessment and treatment not required
- Inappropriate referral which is redirected
- Reason for referral resolved

C. Physiotherapy Triage Process and Criteria – RBWH OPD

TRIAGE

Date: _____ Physiotherapist: _____

Patient Name: _____

Patient in RBWH District Yes No District: _____

WorkCover / Third Party claim / Vet. Affairs / Pvt. Health Insurance/ Sports insurance

Referring Clinical Unit: _____

Body Chart _____ Current History _____

TRIAGE SCORE	1 point	2 points	3 points	Score
Onset of injury	> 4 weeks	1 – 4 weeks	< 1 week	
Back & LL: Mobility OR Neck & UL: ADL	Independent	Mobile with aids	Unable to mobilise	
Progression	Improving	ISQ	Worsening	
ADL	Independent	Assistance required	Unable to manage	
Sleep	No problems	Interrupted occas.	Interrupted nightly	
Pain Scale 1 -10	1-3	4-7	8-10	
Home support	Not required	Some support required and available	Some support required but not available	
Ability to self manage condition	Able to self manage	Able to partially self manage	Unable to self manage	
TOTAL				/24

Past History/ General Health _____

Investigations _____

Medications _____

Treatment / Exercises/ Advice given: _____

Suitable for: Hydrotherapy / Exercise Class / Education Class

Booked: _____

Next Doctor review: _____

Category: 1 Appt made (Triage Score 18-24)

2 Wait listed (18-24)

3 One off (13-18)

4 Referred on (8-12)

Suitable for Students: Yes No U/G P/G Consent

REQUEST: Medical Chart Previous PT Chart

Interpreter _____

RBWH Physiotherapy OPD Triage Criteria

Category 1

Triage Score 19 – 24

Appointment to be scheduled within 1 week

- Onset of current condition less than 72 hours ago eg. wry neck
- Severe nerve root +/- worsening neurological symptoms/ signs.
- Severe low back pain (limited mobility)
- Acute soft tissue injury eg. ankle / knee sprains
- Acute respiratory infection with productive cough
- Post surgery where treatment is required to maintain progress eg. ACL reconstruction, MUA, shoulder reconstruction.

Category 2

Triage Score 13- 18

Wait listed, average waiting period is 2 – 4 weeks but dependant on demand for services and resources available.

- Onset of current condition less than 4 weeks ago
- Orthopaedic conditions eg removal of plaster, post surgical
- Referral requiring hydrotherapy , exercise class or TENS trial only
- Chronic conditions which are worsening and limiting ADL.

Category 3

Triage score 8-12

Wait listed, average waiting period is 4 - 12 weeks but dependant on demand for services and resources available

- Onset of current condition more than 4 weeks ago
- Functionally independent ADL and mobility
- Recurrence of condition which has previously been treated (except for acute exacerbation)

Specialised conditions:

- Lymphoedema referrals to be triaged by lymphoedema physiotherapists and scheduled for an initial assessment (2-4 weeks wait) or wait listed on a separate lymphoedema waiting list.
- Pelvic floor dysfunction referrals are to be given an information/exercise sheet. Patients with urinary incontinence should be instructed on how to complete the bladder diary prior to attending their first appointment. Patients can be scheduled into the next available appointment on the specialist physiotherapist's schedule (usually 4-6 weeks wait)

D. HACC Podiatry Triage, Waiting and DNA processes

TITLE:	PROVISION OF HACC PODIATRY SERVICES
DESCRIPTION:	To outline guidelines as to the provision of services from the HACC Podiatrist and provide eligibility criteria and prioritisation parameters.
TARGET AUDIENCE:	Podiatry, Nursing staff, Administration staff, Referring agencies.

Policy

Provision of Podiatry services will be restricted to prioritised clients who meet the eligibility and referral criteria.

Expected Outcomes

- Consistency throughout the District for patient eligibility, patient priority, appointment scheduling, and clinic operation.
- Patient priority grouping is compliant with accepted professional consensus (there are no published standards).
- Waiting lists will be developed for the lowest priority classified patients to manage current high client load.
- Patients able to be seen by private podiatrists will be encouraged to do so, particularly those who are categorised as low priority.

Procedures

Patient Bookings: Patient will be prioritised according to their referral needs.

Schedule B –Category One/Urgent:

These patients have a serious condition typically related to diabetes that necessitates prompt assessment and treatment. This may include but is not limited to acute ulceration, trauma, acute Charcot deformity, and infection. Appointment to be given for the next available clinic within five working days.

Schedule B – Category Two/Non-urgent:

All other foot conditions that do not pose any immediate or short term problems and can be reviewed at a suitable time. Examples of this may include a diabetic patient with no history of complications and no current problems requiring an annual assessment. Appointments given according to the regular system of availability depending on the current wait list.

Schedule B – Category Four:

After assessment, access may be denied if the referral is inappropriate and the patient's condition does not warrant ongoing care. This includes patients with no medical problems requiring routine nail care. Patients with no significant medical history requiring corn or callous removal. Referrals deemed as being inappropriate will be directed towards other outside agencies.

Appropriate Diabetic Podiatry Referrals

History of:

- Previous foot ulceration
- Previous partial or total foot amputation
- Poor ability to heal injured skin within normal time frame
- Intermittent claudication
- Rest pain
- Neuroarthropathy
- Neuropathic symptoms

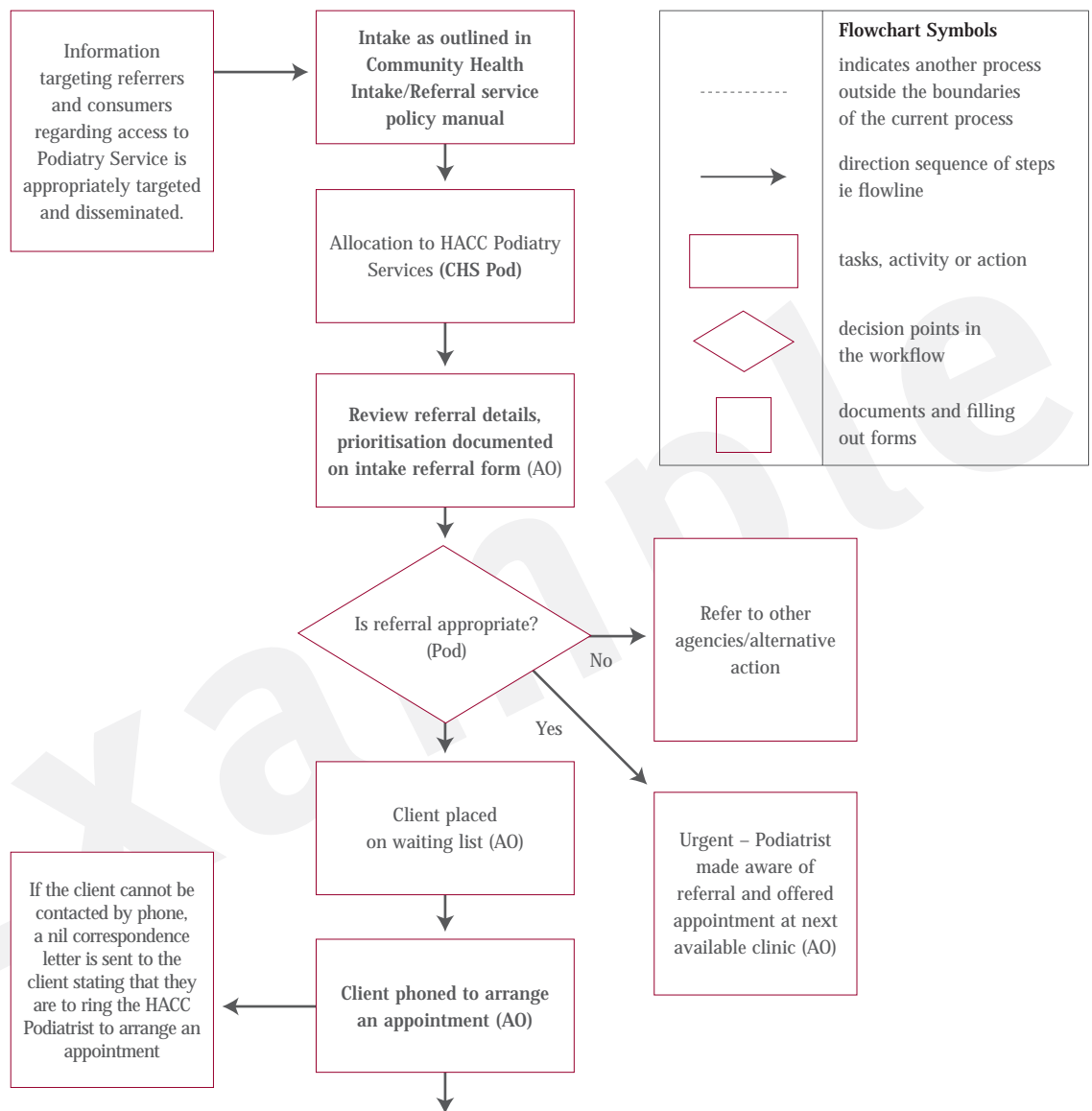
Clinical Signs of:

- Foot ulcer
- Foot abnormality
- Skin pathology
- Warm oedematous foot
- Peripheral neuropathy
- Peripheral vascular disease
- Gait abnormalities, unsteadiness or change of gait
- Muscle wastage in the lower limb
- Restricted joint range of motion

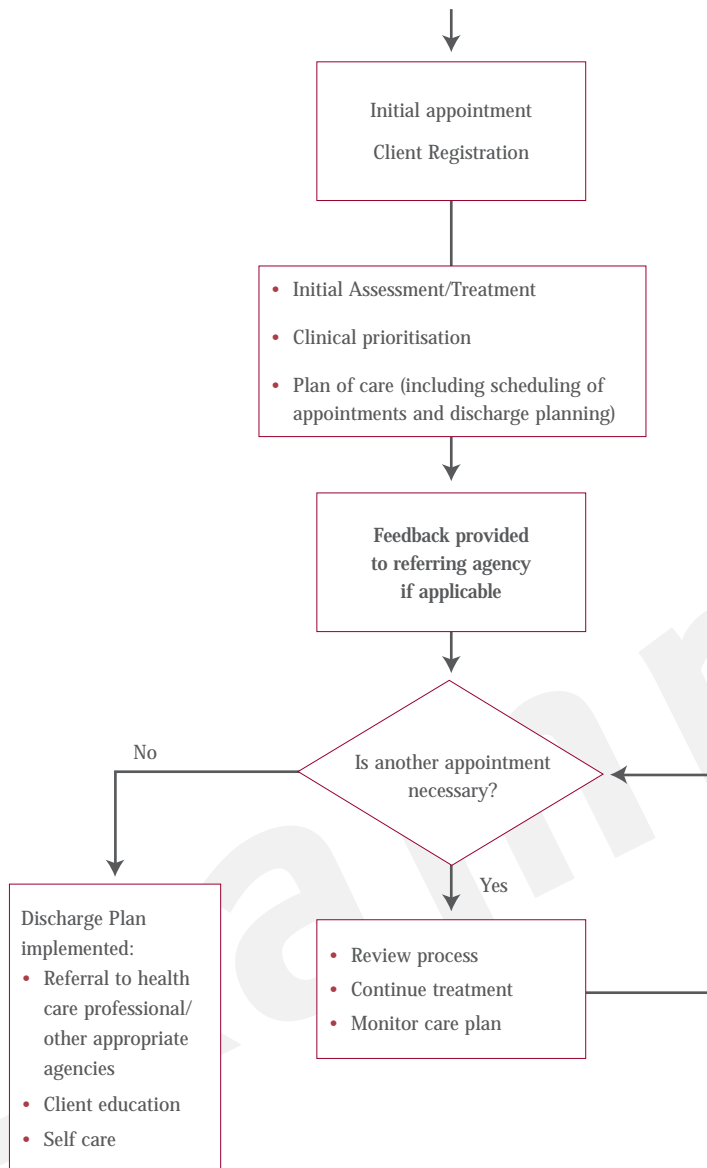
The following flowchart gives an overview of the referral process:

Management of Appointments for Clients OF HACC Podiatrist

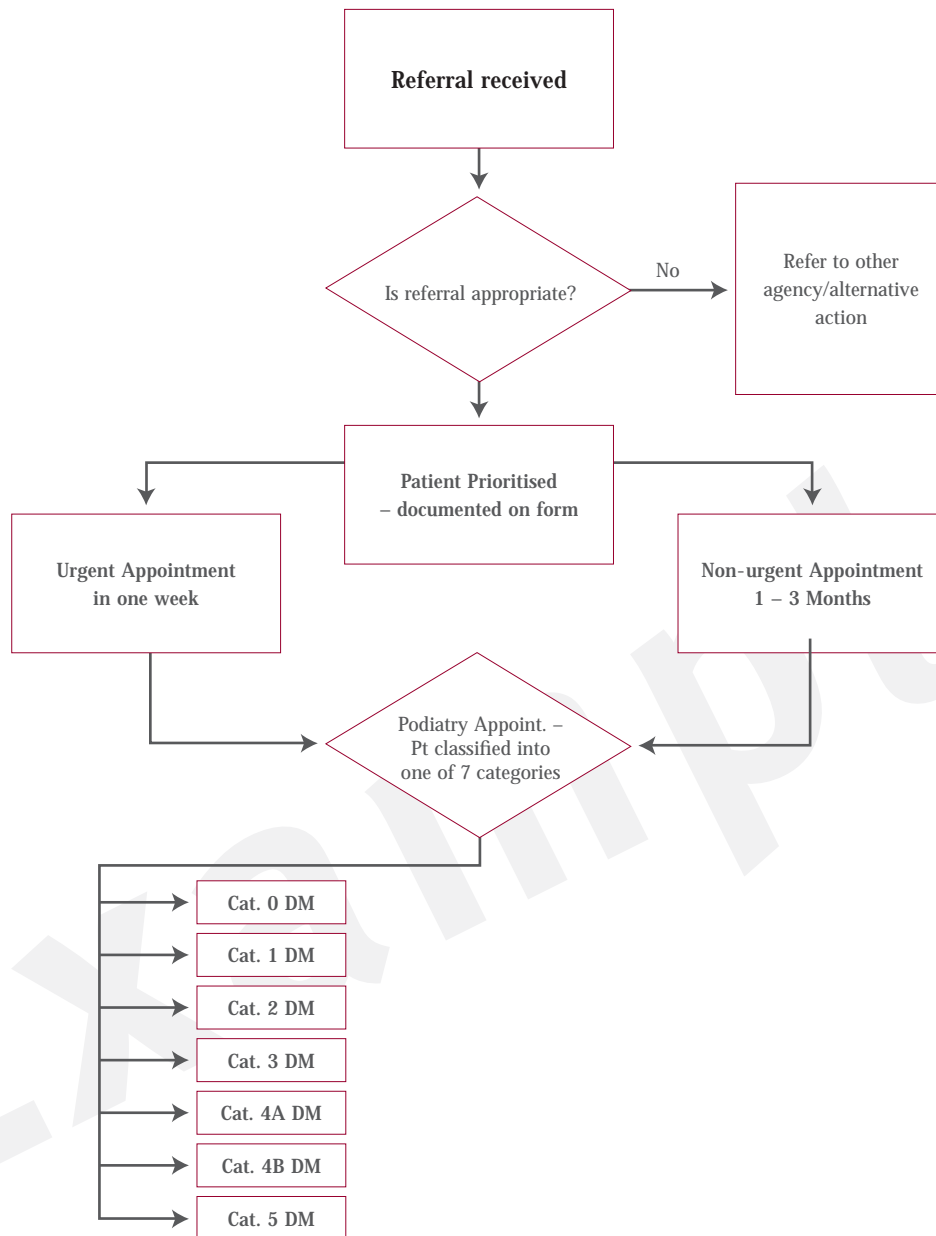
Flowchart of Administrative Processes



Flowchart of Consultation/Clinical Process



Flowchart of Triage Process



2. Examples of Letter Templates

A. Letter to inform client that they have been designated to another intervention strategy than the 1:1 on their referral

APPROPRIATE DEPARTMENT
APPROPRIATE HEALTH SERVICE DISTRICT



Enquiries to: *Name & phone of therapist / contact*

Date

Mr / Ms / Mrs

Dear

We have received a referral from (*insert specialist, GP, AHP*) regarding therapy (or other service) for
.....

Unfortunately we are unable to offer you an individual appointment as we prioritise our outpatients according to (*insert relevant detail eg inpatient priority, urgency rating*).
We would like to offer you to attend the next group education session for

on (date)

at (*place*).

If this date is not convenient, please contact this service as soon as possible to arrange to attend a different group session.

(*source of referral*) has been notified of this change.

Yours sincerely

.....

B. Letter to referrer that the client has been assigned education rather than 1:1 therapy indicated on their referral

APPROPRIATE DAPARTMENT
APPROPRIATE HEALTH SERVICE DISTRICT



Enquiries to: *Name and phone of therapist / contact*

Date

Mr / Ms / Mrs
.....
.....

Dear Dr/other.

We have received a referral for D.O.B.

Our services do not extend to providing individual (*add description of reason for referral here*).

The attached information sheet provides an outline of the types of (*insert discipline*) services provided in this district.

The client has been invited to attend the relevant group education session:
.....
.....

Yours sincerely
.....

C. Letter to inform client they have been placed on a waiting list for an appointment at the relevant service

APPROPRIATE DEPARTMENT
APPROPRIATE HEALTH SERVICE DISTRICT



Enquiries to: *Name and phone of therapist / contact*

Date

Mr / Ms / Mrs
.....
.....

Dear

We have received a referral from (*insert specialist, GP, AHP*) regarding therapy (or other service) for

Your details have been evaluated according to the urgency rating system used by this service. We are unable to supply an appointment date at present.

You have been placed on a waiting list for an appointment, and your position on this list will be reviewed in (*insert appropriate audit length*). We will contact you on this date to confirm your contact details and continuing need.

Should any of your circumstances change in that time, particularly your health status or your contact details, would you please inform this service immediately.

Your referrer (*insert relevant name*) has also been informed of your placement on a waiting list for an appointment.

Yours sincerely

.....



D. Letter to inform referrer that client has been placed on a waiting list for an appointment at a relevant service

APPROPRIATE DEPARTMENT
APPROPRIATE HEALTH SERVICE DISTRICT



Enquiries to: *Name and phone of therapist / contact*

Date
Mr/Ms/Mrs
.....
.....

Dear Dr/other.

We have received a referral for D.O.B.

We have evaluated the details of According to the urgency rating system used by this service we are unable to supply an appointment date at present.

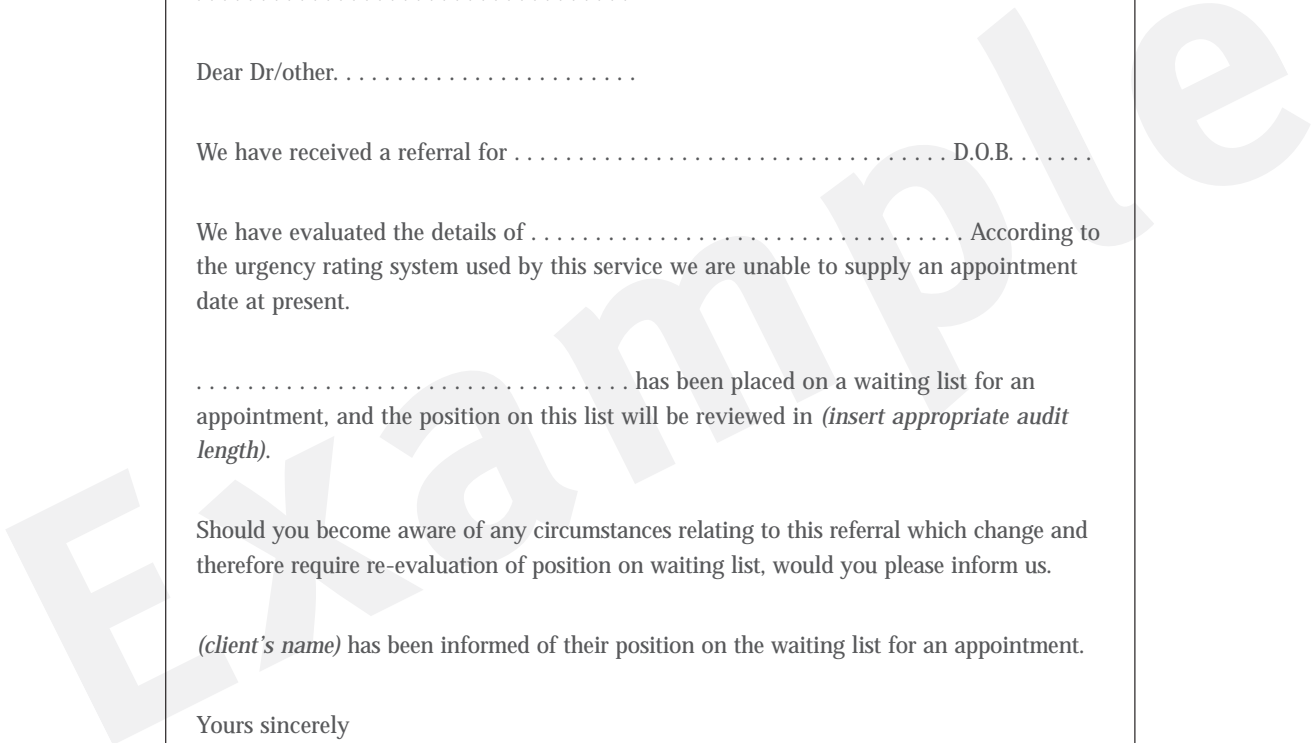
..... has been placed on a waiting list for an appointment, and the position on this list will be reviewed in *(insert appropriate audit length)*.

Should you become aware of any circumstances relating to this referral which change and therefore require re-evaluation of position on waiting list, would you please inform us.

(client's name) has been informed of their position on the waiting list for an appointment.

Yours sincerely

.....



E. Letter to audit clients' continuing need for an appointment at the particular service

APPROPRIATE DEPARTMENT
APPROPRIATE HEALTH SERVICE DISTRICT



Enquiries to: *Name and phone of therapist / contact*

Date

Mr / Ms / Mrs
.....
.....

Dear

We are in the process of updating our waiting list details for clients who have been referred and have not yet been given an appointment date.

Would you please look at the details. If there are any incorrect details, would you please write the correct information on this letter.

INSERT RELEVANT CONTACT AND HEALTH STATUS DETAILS HERE

It is anticipated that you will be on the waiting list for up to
. weeks / months before an appointment is available. We would be happy to provide educational information sheets in the meantime if you require these.

Could you return this letter to the above address. Alternatively you can phone the above number to verify details.

Yours sincerely

.....

F. Letter to inform client of their first DNA and offer another appointment date

APPROPRIATE DEPARTMENT
APPROPRIATE HEALTH SERVICE DISTRICT



Enquiries to: *Name and phone of therapist / contact*

Date

Mr / Ms / Mrs
.....
.....

Dear

Re: Did not Attend

According to our records, you had an initial / review appointment to see a (*insert relevant AH*) on (*day/date*) at (*time*).

You did not attend this appointment, and have not phoned to let us know your circumstances. As we understand you may still need this appointment for
....., could you please phone the number below to make a new appointment or to advise if this is no longer required.

INSERT APPROPRIATE DEPARTMENT AND PHONE NUMBER HERE

If we do not hear from you in 14 days (OR insert a particular date) you will need a new referral should you wish to make an appointment in the future.

Yours sincerely

.....

G. Letter to inform client of second DNA and consequent discharge from service

APPROPRIATE DEPARTMENT
APPROPRIATE HEALTH SERVICE DISTRICT



Enquiries to: *Name and phone of therapist / contact*

Date

Mr / Ms / Mrs

Dear

Re: Second appointment not attended.

According to our records, you have not attended two appointments which had been booked for you, and have not let this department know. The second appointment not attended was on *(insert date and time)*.

The policy of this service is that after two appointments not attended, clients are discharged. Information you were given when booking your first appointment included notification of this policy. Therefore you will need a new referral if you wish to make another appointment for *(insert service originally referred for)*.

This policy aims to reduce the number of unfilled appointments, which can delay others from receiving treatment.

If you require treatment now or in the future, please ensure you obtain a new referral and then phone or come in personally to make another appointment.

Yours sincerely

.....

H. Letter to inform referrer the client has been directed to a more appropriate service to meet the need for which they were referred

APPROPRIATE DEPARTMENT
APPROPRIATE HEALTH SERVICE DISTRICT



Enquiries to: *Name and phone of therapist / contact*

Date
.....
.....
.....

Dear Dr/other.

We have received a referral for D.O.B.

This referral does not relate to a type of intervention that is within our referral guidelines. Therefore we have provided (*client*) with the name/s of other more suitable service/s. We have suggested (*details*).

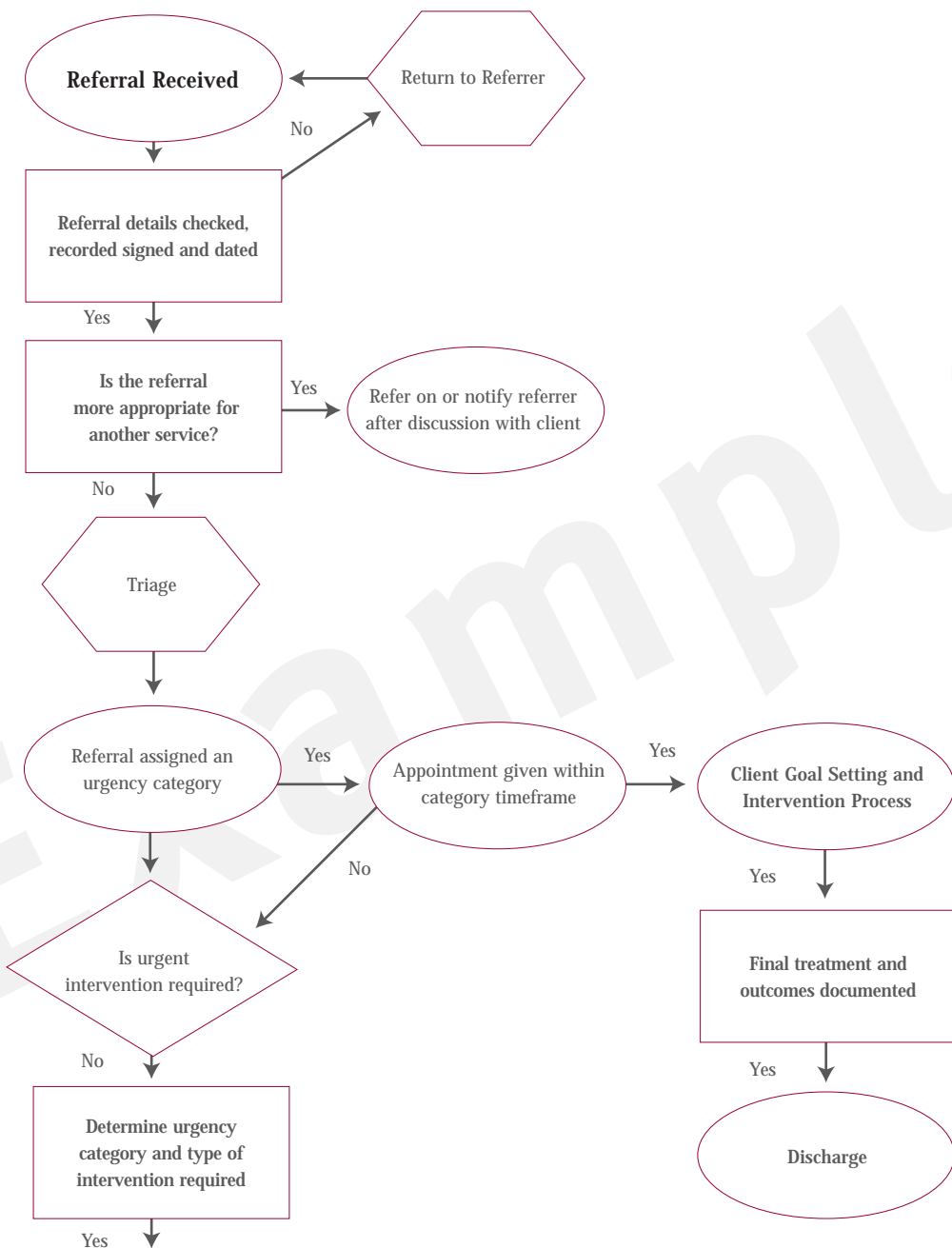
A copy of our referral guidelines is enclosed for your future reference.

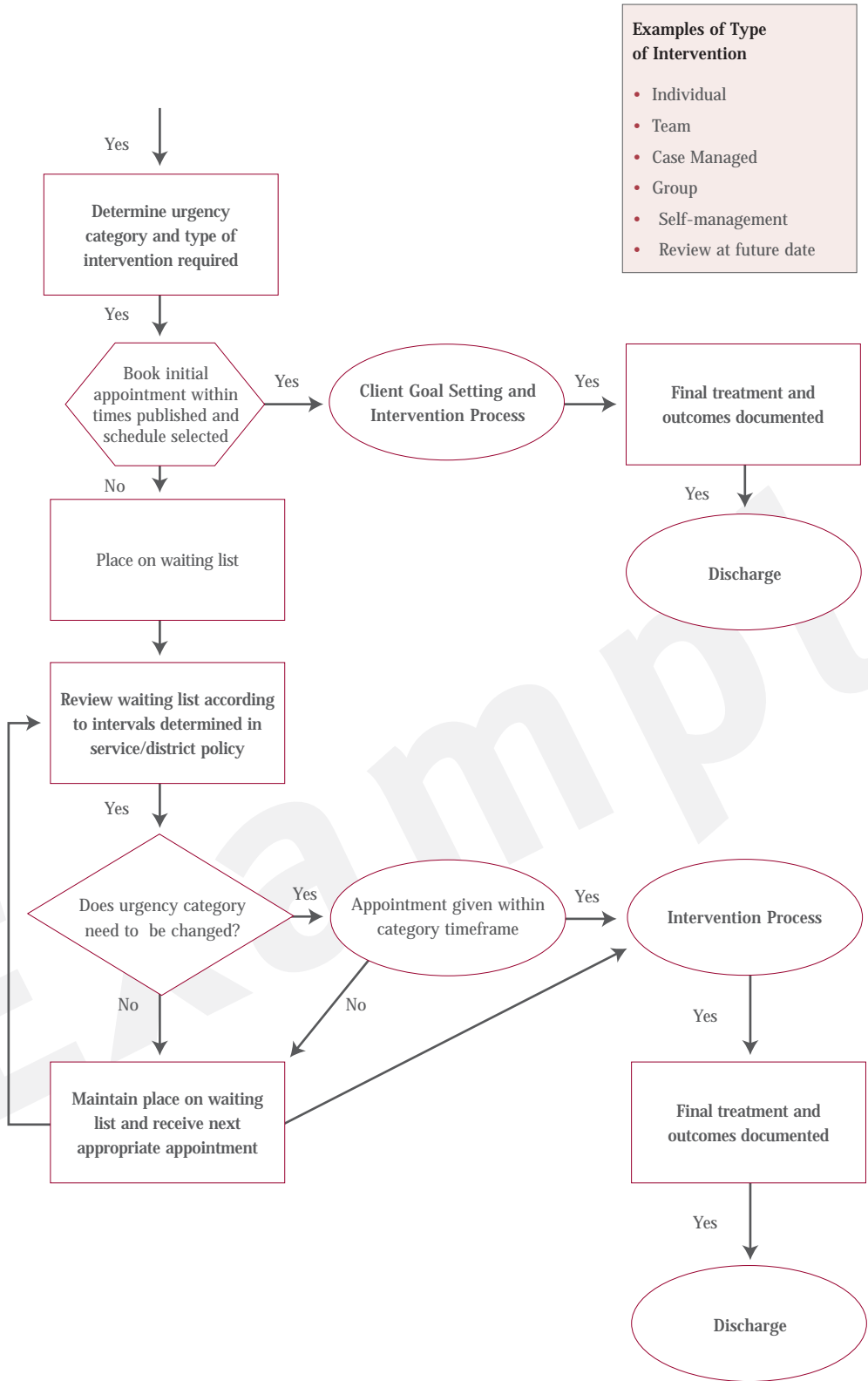
Yours sincerely

.....

3. Flowchart of Waiting List Policy for Allied Health Community and Outpatient Services

To be implemented in the context of equity principles and the use of professional judgement and discretion.





- Examples of Type of Intervention**
- Individual
 - Team
 - Case Managed
 - Group
 - Self-management
 - Review at future date

4. Flowchart of DNA Policy for Allied Health Community and Outpatient Services

To be implemented in the context of equity principles and the use of professional judgement and discretion.

