

Disability Service clinic Referral Guideline

Austin Health Disability service clinic holds multidisciplinary meetings with other units as needed to discuss and plan the treatment of patients with long term disability.

Department of Health clinical urgency categories for specialist clinics					
<p>For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.</p> <p>Direct the patient to the Emergency Department for the following reasons:</p> <ul style="list-style-type: none"> • New neurological changes • Seizures • Any sudden change in condition 					
<p>Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen within 30 days of referral receipt.</p>					
<p>Routine: Referrals should be categorised as routine if the patient’s condition is unlikely to deteriorate quickly or have significant consequences for the person’s health and quality of life if specialist assessment is delayed beyond one month.</p>					
<p>Exclusions: Disability service clinic does not provide the following services:</p> <ul style="list-style-type: none"> • People under 18 years of age 					
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<p>People living with long term disability who have complex healthcare needs and are at risk of admission to the Austin Hospital.</p> <p>People who live closer to another health service and have no relationship with Austin Health may be directed to that service.</p>	<p>When to Refer: 6 months or longer after the onset of disability and/or complex healthcare needs.</p> <p>Previous treatment already tried: Community therapy teams are expert in managing disability supports in the patient’s home.</p> <p>If the community team requires specialist healthcare</p>	<p>To be included in referral</p> <ul style="list-style-type: none"> • Reason for Referral • Diagnosis • Clinical history • Medication list • List of Providers involved eg. NDIS coordinator, therapists. <p>Imaging – if not done at Austin.</p> <p>Diagnostics – if not done at Austin.</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: Person living with long term disability at imminent risk of re-admission (not for any of the reasons that would lead to an acute ED admission).</p> <p>Routine: Any patient living with long term disability with a long term risk of presentation to the Austin Hospital.</p>	<p>Assessment and management of multiple old and new sequelae due to living with long term disability.</p> <p>Reports to support people’s ongoing accommodation, equipment, carer and therapy needs.</p> <p>Referrals to allied health as indicated.</p>	<p>Patients can be seen annually or 3-6 monthly if needed.</p> <p>If the risk of re-admission is low, then future reviews may not be offered.</p> <p>Care is expected to be shared with the GP long term.</p>

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	input to keep the person well in the community then a referral to the Disability service clinic is indicated.			Securing patient/family confidence of understanding and self-care.	