**Canberra Hospital and Health Services**

**OperationalGuideline**

**Acute Support Allied Health Clinical Prioritisation**

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| Contents |

[Contents 1](#_Toc447884573)

[Purpose 2](#_Toc447884574)

[Scope 2](#_Toc447884575)

[Section 1 – Prioritisation Framework 2](#_Toc447884576)

[Category 1 – Immediate Risk 3](#_Toc447884577)

[Category 2 – Significant Risk 3](#_Toc447884578)

[Category 3 – Moderate Risk 3](#_Toc447884579)

[Category 4 - Low risk 3](#_Toc447884580)

[Implementation 4](#_Toc447884581)

[Related Policies, Procedures, Guidelines and Legislation 4](#_Toc447884582)

[References 4](#_Toc447884583)

[Search Terms 4](#_Toc447884584)

|  |
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| Purpose |

The purpose of this procedure is to outline the Acute Support Allied Health clinical prioritisation framework based on clinical risk, need and organisational priorities.

This framework assists Allied Health staff to manage their workload in terms of response to referrals and allocation of resources.

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| Scope |

This document applies to Division of Medicine, Acute Support Allied Health clinical staff. Acute Support Allied Health disciplines include:

* Audiology
* Aboriginal and Torres Strait Islander Liaison Service
* Exercise Physiology
* Physiotherapy
* Nutrition
* Occupational Therapy
* Psychology (Clinical Psychology and Neuropsychology)
* Social Work
* Speech Pathology.

Acute Support disciplines provide services to a range of Clinical Divisions with a focus on acute care at Canberra Hospital.

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| Section 1 – Prioritisation Framework |

The following prioritisation categories provide an overarching framework for discipline specific prioritisation protocols. Referrals will be triaged using the criteria outlined in each discipline-specific protocol.

**NOTE:**

Clinical categories apply to Acute Support Allied Health Caseloads, and timeframes apply to operational hours.

**Prioritisation Categories and response timeframes**

## Category 1 – Immediate Risk

**Inpatients < 4hrs, Outpatients < 24hrs**

* Allied health assessment/intervention will reduce risk of severe deterioration
* Allied health assessment/intervention is required to facilitate safe immediate discharge
* Allied health assessment/intervention is required to prevent a hospital admission
* Severe/critical incident response for patient or family (e.g. sudden traumatic death of relative)
* Immediate safety issue for patient or family (e.g. child protection issue, domestic violence, elder abuse)

## Category 2 – Significant Risk

**Inpatients: 1 working day, Outpatients < 14 days**

* Recent acute event or issues where assessment/ intervention will prevent deterioration of condition
* Discharge planned in 24hrs, intervention required to support safe discharge for those patients medically fit for discharge
* Significant incident response for patient or family
* Safety Issue for patient or family that is not immediate but requires action as may delay discharge / escalate into an immediate risk if not managed

## Category 3 – Moderate Risk

**Inpatients: 2 working days, Outpatients; 14 – 28 days**

* Recent acute event or issue where assessment/intervention will improve functional or health outcome
* Discharge planned in 48hrs, assessment/intervention required to support safe discharge for those patients medically fit for discharge
* Moderate incident response for patient or family

## Category 4 - Low risk

**Inpatients: 3 working days, Outpatients; 28 - 90 days**

* Assessment/intervention may result in functional improvement, no impact on discharge date
* Discharge planned in 3-5 days, assessment/intervention required to support safe discharge for those patients medically fit for discharge
* Support for patient or family may be beneficial.

Acute Support Allied Health do not provide intervention for the following:

* Therapy requested for a pre-existing condition not related to the reason the patient is admitted to TCH
* Preoperative assessment requested for low risk patients
* Intervention requested where limited / no improvement likely.

[*Back to Table of Contents*](#Contents)

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| Implementation |

Prioritisation framework and discipline specific prioritisation protocols will be included in new staff orientation processes and embedded into daily workload management processes within each discipline.

[*Back to Table of Contents*](#Contents)

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| Related Policies, Procedures, Guidelines and Legislation |

**Policies**

* Allied Health Professionals ACT Standards of Practice
* Risk Management Policy
* Risk Management Guideline

[*Back to Table of Contents*](#Contents)

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| References |

Clinical Guidelines for Stroke Management, the National Stroke Foundation Australia, 2010.

‘Allied Health Triage Prioritisation’ Eastern Health, Department of Health Victoria 2010

[*Back to Table of Contents*](#Contents)

|  |
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| Search Terms |

Allied Health, Priority, Prioritisation, Clinical priority

[*Back to Table of Contents*](#Contents)

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| Date Amended | Section Amended | Approved By |
| *Eg: 17 August 2014* | *Section 1* | *ED/CHHSPC Chair* |
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