

Gerontology support for Age-related residential care

REFERRAL GUIDELINE (January 2020)

Who to refer

Older adults being discharged to or living in Age-related residential care (ARRC) with an identified complex need or problem requiring ongoing comprehensive gerontology assessment and care planning

Clinical focus

ARRC residents who have repeated acute exacerbation of chronic condition(s).
Advanced care planning conversations, in partnership with resident, family and care team.
Mentoring ARRC nurses to support ongoing high quality care and increase nursing capability.
Consult and liaison with ARRC sector.

ACCEPTED

- Patients with uncommon / complex conditions where nursing are staff likely to need updating / clinical support
- Admissions related to frequent falling in ARRC or fall related admission/presentation to hospital
- Repeat presentation/acute admission for the same age-related issue
- Admission related to potentially avoidable issues
- High use of GP services
- ARRC requesting support in managing patients with challenging behaviour
- ARRC or primary care provider requesting support

NEGOTIATED ACCEPTANCE – Please email Aloha.sison@waikatodhb.health.nz

- Education/ updating for clinical procedures – please email Aloha

NOT ACCEPTED

- Those needing assessment for level of care only – refer to DSL
- Routine “in-service” of ARRC sector
- Patients under Rest & Recuperation

How to refer

Single Point of Entry Referral Form (R1051HWF)

Waikato District Health Board
Older Persons and Rehabilitation
Single point of entry referral form

Gender: Male Female
Phone: _____
Ethnicity: _____
GP name: _____
Preferred contact: _____
Name: _____
Address: _____
Relationship: _____
Phone - Day: _____
- Mobile: _____
Patient consents to referral? Yes No

Alerts / allergies:
Has the patient got an infectious disease? Yes No
If yes, MRSA ESBL C. Diff V. RE Hep B
Interpreter required? Yes No Language: _____
ACC number (if relevant): _____
Date of injury (for ACC): _____
Community Service Card (if requesting NASC) Yes No
Number: _____ Exp: _____
Does the client have cognitive impairment? Yes No
Does the client have a neurological condition? Yes No
Does the client have brittle social support system? Yes No
Does the client require medication management? Yes No
Does the client need assistance to dress? Yes No
Does the client prefer a Māori assessor? Yes No

Diagnosis: _____
Reason for referral / relevant medical Hx: _____
Current health information and functional status (mobility, assistance required, pain level, falls history, continence, nutrition, wounds, pressure injuries, previous level of functioning in last 90 days, social history): _____
Does the client have communication or hearing issues? Yes No If yes, describe: _____
Please indicate which service is appropriate:
 Inpatient / rehabilitation Convalescent care (acute rehab) ST/ART NASC/DSL
 Outpatient clinic Geriatrician advice review CNS Gerontology R & R

Referral source:
 GP Self Community provider DSL/NASC District hospitals (from Waikato) Private hospital
 Waikato ward Outpatient clinic District hospitals (from Waikato)

Single Point of Entry Referral From (R1051HWF)

- scan and email to rc@waikatodhb.health.nz
- For questions: email aloha.sison@waikatodhb.health.nz
- Or call 027 2176935

Referral form can be found at

www.inspiringpeople.co.nz/resources/74-2/

Add Attention Aloha Sison CNS Gerontology under NASC/DSL