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 /	<pre>complex conditions</pre>	where nursing are staf	f likely to need	l updating / o	clinical support
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- 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 <u>Aloha.sison@waikatodhb.health.nz</u>

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

	Patient Label		
Weikete District Health Board	Name:		
Older Persons and Rehabilitation	NH: DOB:		
Single point of entry referral fo			
Email referral to rcc@waikatodhb.health.nz	Alerts / allergies:		
Gender – Male Famale	Alerts / allergies:		
Phone Mobile			
Ethnicity	Has the patient got an infectious disease? Yes No		
GP name	Hyes, MRSA ESBL C. Diff V. RE Hep B		
Preferred contact:	Interpreter required? Yes No Language		
Name	ACC number (if relevant) Date of injury (for ACC)		
Address	Community Service Card (if requesting NASC) Ves No		
	Number Exp		
Relationship	Does the client have cognitive impairment? Yes No		
Phone – Day	Does the client have a neurological condition?		
- Mobile	Does the client have brittle social support system? Yes No Does the client require medication management? Yes No		
Patient consents to referral? Yes No	Does the client need assistance to dress? Yes No		
	Does the client prefer a Māori assessor? Yes No		
Reason for referral / relevant medical Hx			
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Single Point of Entry Referral From (R1051HWF)

- scan and email to rcc@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