

Guideline

Outpatient Activity Transfer Policy Guideline

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Summary This Policy Guideline details a set of principles and business rules for outpatient service project moves that have been agreed collaboratively between the Department for Health and Ageing and Local Health Networks. Specifically, the principles and business rules provide guidance for the selection and transfer of appropriate patients.

Keywords Policy, Guideline, Elective, Surgery, Activity, Transfer, Patient, Service, Move, Projects

Policy history Is this a new policy? *Y*
Does this policy amend or update an existing policy? *N*
Does this policy replace an existing policy? *N*
If so, which policies?

Applies to *All SA Health Portfolio*

Staff impact *All Staff, Management, Admin, Students; Volunteers*

EPAS Compatible *NA*

Registered with Divisional Policy Contact Officer *No*

Policy doc. Reference No. G0164

Version control and change history

Version	Date from	Date to	Amendment
1.0	05/06/2016	current	Original version

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5/6/16	V.1	Portfolio Executive	Original version

Endorsements

Date	Endorsed by
5/6/16	Deputy Chief Executive, System Performance and Service Delivery

Approvals

Date	Approved by
5/6/16	Portfolio Executive

Outpatient Activity Transfers Policy Guideline

1. Objective

SA Health is committed to ensuring equitable and timely access to appropriate, high quality outpatient services across South Australia. This Policy Guideline details a set of principles and business rules to guide the selection and transfer of appropriate cohorts of patients between Local Health Networks (LHNs) for service move projects that have been agreed collaboratively between the Department for Health and Ageing (DHA) and LHNs.

The principles and business rules are not able to be applied, and transfers of patients cannot be progressed until the volume of service activity to be transferred has been modelled and agreed.

It is important to note that the processes undertaken by the DHA and LHNs to agree on volumes of service activity to be transferred, including the realignment of funding, are informed through application of the Clinical Commissioning Initiation – Process and Guiding Principles, and are out of scope for this Policy Guideline.

2. Scope

This Policy Guideline applies to all SA Health entities, including DHA and LHN administrative and clinical staff, who are involved in planning and undertaking a service move project for outpatient services that has been agreed collaboratively between the DHA and LHNs.

The provisions of the Policy Guideline do not apply to the transfer of individual patients from one LHN to another to minimise wait times. Arrangements for the management of individual patients on a waiting list are outlined in the *Specialist Outpatient Services Waiting List Management Policy Guideline*.

3. Principles

The following principles apply to this Policy Guideline:

- Access to specialist outpatient services will be based on clinical need, and in line with the principle of 'treat in turn' to ensure equity of access. Services will aim to provide access within endorsed clinically appropriate timeframes.
- Clinical urgency categorisation will reflect patient clinical needs, and will not be influenced by the availability of hospital or workforce resources.
- Effective outpatient waiting list management practices facilitate the timely and appropriate assessment and treatment of patients, minimisation of hospital postponements, and maximisation of available resources.
- Comprehensive communication with patients, referrers and referrer representative groups about available services, clinical urgency categories, anticipated wait times and waiting list management processes is essential to developing a shared understanding about the provision of specialist outpatient services and promoting a positive, consumer focused public health system experience.
- A partnership approach between LHNs will further strengthen the timely assessment and treatment of patients, and ensure the management of specialist outpatient services in line with service delineation profiles and agreed catchment areas.
- The transfer of specialist outpatient activity, and the timely access of patients to services, is supported by change management processes that address workforce culture at both the sending and receiving LHNs, as well as established cultural norms in relation to referrer practices.

4. Detail

In the context of this Policy Guideline the LHN that is sending (or decommissioning) the outpatient activity is referred to as the 'sending LHN' and the LHN that is receiving (commissioning) the new activity is referred to as the 'receiving LHN'.

To support implementation of agreed service move projects and the operational transfer of patients, both the sending and receiving LHNs are required to develop localised transition plans detailing specific actions and processes. Included in this planning is the development of templates and/or forms that ensure the accurate and timely transfer of patient information between LHNs and a communication plan for informing identified referrers and patients of the service changes and new referral pathways and processes.

When developing transition plans it is recommended that LHNs give consideration to the set of business rules which address key considerations for the stages leading up to and during the transfer of activity and the criteria for the selection of appropriate in scope patients.

4.1 General business rules

Prior to the transfer of outpatient activity, key service move project variables including the volume and type of activity to be transferred, any relevant postcode catchments and the date of service moves will be agreed collaboratively between the DHA and sending and receiving LHNs. New or revised models of care should be established within the receiving LHN to ensure the service changes are able to be supported, and sufficient auxiliary services such as medical imaging are available to meet demand.

Decision making should be in line with the *SA Health Clinical Services Capability Framework* and commissioning processes, with reference to the full set of rules outlined below:

- Once the outpatient activity to be transferred has been confirmed, the funding attached to the identified activity will be realigned to the receiving LHN by the DHA.
- The outpatient services required under the service move project must be commissioned and operational at the receiving LHN before patients can be transferred. As part of this process, consideration will be given to ensuring that the number of outpatient services scheduled in clinics will meet the demands of the activity transferring.
- Records will be maintained of outpatient transfers by both the sending and receiving LHNs.
- Prior to commencement of the agreed activity transfers, the sending LHN will undertake a communication process with identified referrers, referrer representative groups and Primary Health Networks to provide notification of the service changes and changed referral practices. This will assist in ensuring that future new referrals are sent to the appropriate receiving LHN.

4.2 Patients currently on a specialist outpatient waiting list

- The sending LHN is responsible for auditing the outpatient waiting list and undertaking a clinical review of each patient that is in scope for transfer to confirm that the patient still requires the outpatient appointment and that the appropriate clinical urgency category has been applied. Once confirmed, the sending LHN will ensure that the patient and referring general practitioner are notified of the transfer.
- Upon accepting a patient transfer, the receiving LHN will notify the sending LHN that the patients have been accepted, and that the patients have been added to the receiving LHN outpatient waiting list. At this point, the sending LHN will remove the patients from its outpatient waiting list.
- The receiving LHN will inform individual patients and referrers that the patient has been accepted onto the specialist outpatient waiting list and will provide an indication of the anticipated patient waiting time.
- The receiving LHN will ensure that transferred patients are immediately accepted onto the outpatient waiting list under the nominated urgency category without requiring further clinical review. This will include recognition of the time individual patients were added to the outpatient waiting list and the time patients have already waited.
- The receiving LHN should schedule appointments in accordance with patient focussed booking principles outlined in the *Specialist Outpatient Services Patient Focussed Booking Guideline*.

4.3 New referrals for a specialist outpatient service received after a service move has been operationalised at the receiving LHN

- After a service move has been operationalised at the receiving LHN, any referrals received by the sending LHN that are considered in scope and relate to the service that has been moved, should be returned to the referrer with advice that the service is now provided at a LHN that is closer to the patient's home and the referral has been forwarded to the receiving LHN. This will promote knowledge and understanding of service availability and referral options with referrers. The details of where the referral has been sent should also be provided to the patient.

4.4 Patient Selection Criteria

Selection of patients for transfer as a part of an outpatient service move project is to occur based on agreed service move project variables and the specified in scope criteria below:

In scope patients

- *Waiting list patients* – Patients currently on a specialist outpatient waiting list. This includes patients awaiting an initial appointment and follow up/review patients.
- *Booked patients* – Patients that have an outpatient appointment booking that is scheduled greater than 8 weeks in advance.

Out of scope patients

- Patients that have an outpatient appointment booked at the sending LHN within an eight week period at the time of the service move.

5. Roles and Responsibilities

Chief Executive Officers, Local Health Networks are responsible for ensuring that all staff involved in the delivery of outpatient services are informed about this Policy Guideline.

Chief Operating Officers/ Health Service Divisional Directors are responsible for promoting service planning and provision in accordance with this Policy Guideline when transferring outpatient services from one LHN to another LHN.

Clinicians and Administrative Staff are responsible for ensuring they are familiar with this Policy Guideline, and supporting the transfer of patients from one LHN to another LHN in line with the established business rules.

Department for Health and Ageing is responsible for developing state-wide policy and strategy for the management of outpatient services that supports the timely and appropriate treatment of patients, ensuring the agreed transfer of activity is reflected in commissioning processes and monitoring performance against established measures in the LHN Service Level Agreements.

6. Reporting











Not applicable.

7. EPAS

Not applicable.

8. National Safety and Quality Health Service Standards

The Policy Guideline aligns to the identified Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards identified below:

									
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8	National Standard 9	National Standard 10
Governance for Safety and Quality in Health Care	Partnering with Consumers	Preventing & Controlling Healthcare associated infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood and Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls
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9. Other

Not applicable.

10. Risk Management

A risk management approach underpins the service delivery and management of outpatient services throughout the public health system. LHNs and hospitals are responsible for establishing local guidelines and procedures to support primary and operational risk mitigation.

11. Evaluation

This Policy Guideline will be evaluated and reviewed every five years from date of approval, to ensure it remains current and reflective of best practice in the provision of outpatient services. Review and amendment may occur more frequently if new information becomes available.

12. Definitions

In the context of this document:

- **Specialist outpatient wait list** means the list of patients waiting for outpatient services.
- **Receiving hospital** means the hospital that will be receiving (or commissioning) the outpatient activity as a part of the transfer.
- **Sending hospital** means the hospital that will be sending (or decommissioning) the outpatient activity as a part of the transfer.

13. Associated Policy Directives / Policy Guidelines

- Specialist Outpatient Services Directive.
- Specialist Outpatient Services Waiting List Management Guideline.
- Medicare Billing for Private Non-admitted Patients in SA Health Local Health Network Outpatient Clinics Directive.
- Specialist Outpatient Services Patient Focussed Booking Guideline.
- Specialist Outpatient Services Clinical Urgency Category Policy Directive (under development).
- SA Health Clinical Services Capability Framework 2015.

14. References, Resources and Related Documents

- Clinical Commissioning Initiation – Process and Guiding Principles.