Policy

Policy Directive: compliance is mandatory

Specialist Outpatient Services Clinical Urgency Category Policy Directive

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Summary

The Specialist Outpatient Services Clinical Urgency Category Policy Directive establishes standard clinical urgency categories to be applied by all specialist outpatient services across SA Health for the triage of public patients and Privately Referred Non Inpatient referrals from 1 July 2016.

It describes the respective clinical urgency categories, and elements to be considered in assignment of the appropriate category.

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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 impacted	*All Staff, Management, Admin, Students; Volunteers*
EPAS compatible	*Yes*
Registered with Divisional Policy Contact Officer	*No*
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Document control information

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27/05/16	V1.0	Portfolio Executive	Original version

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1. Objective

The *Specialist Outpatient Services Clinical Urgency Category Policy Directive* establishes standard clinical urgency categories to be applied by all specialist outpatient services across SA Health for the triage of public patients and PRNI referrals.

The Policy Directive describes the respective clinical urgency categories, and elements to be considered in assignment of the appropriate category. Responsibility for clinical urgency categorisation rests with the public hospital clinician with responsibility for triaging referrals received.

This Policy Directive is to be administered in conjunction with the *Specialist Outpatient Services Patient Focussed Bookings Guideline, the Referral to Specialist Outpatient Services Guideline,* and the *Specialist Outpatient Services Waiting List Management Policy Guideline.*

2. Scope

This Policy Directive applies to all SA Health Local Health Networks, staff involved in the management of specialist outpatient services and clinicians responsible for the triage of referrals to specialist outpatient services.

The Policy Directive applies to all referrals for public patients and PRNI patients; with the exception of referrals for obstetric services. Further details of this exemption are provided in section 8 of this policy.

Excluded from the scope of the Policy Directive are private patient referrals.

3. Principles

The following principles underpin this Policy Directive:

- The provision of outpatient services will be based on clinical need. Referrals will be assessed and triaged based on referral criteria and the clinical information provided.
- Patients require access to timely treatment and should be seen and assessed in line with the clinically indicated time.
- Clinical urgency categorisation will reflect patient's clinical needs, and not be influenced by the availability of hospital resources.
- Consistency of practice in urgency categorisation, and active management of waiting lists will support effective demand management and appropriate prioritisation of patients.

4. Detail

4.1 Purpose of clinical urgency categorisation

The purpose of clinical urgency categorisation is to ensure that access to specialist outpatient services is provided to patients are according to clinical need, thereby ensuring equity of access. The establishment of a standard clinical urgency categorisation system for use by all specialist outpatient services provides for consistency in practice and patient access across SA Health, regardless of the geographical location of the service.

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Through the application of standard clinical urgency categories it will also allow for more robust analysis of demands for services, to inform service planning and resource allocation, and greater consistency and transparency in performance reporting.

4.2 Clinical urgency category assignment

Responsibility for the triage of referrals and assignment of a clinical urgency category is with the SA Health clinician.

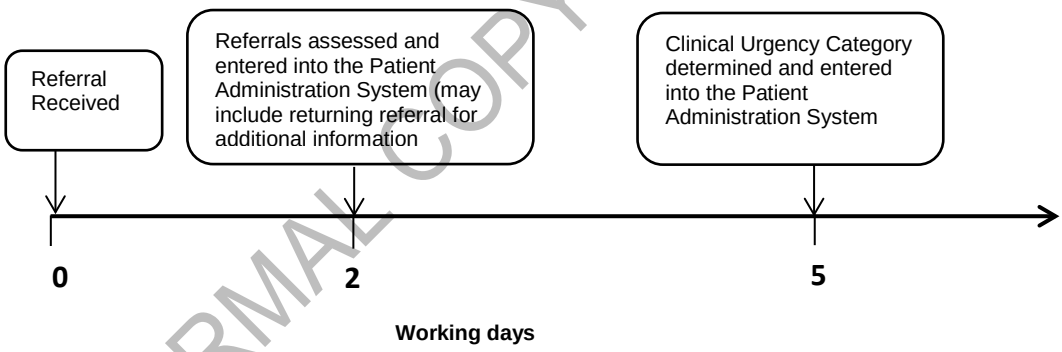
Clinical urgency categories are to be assigned based on the clinical need of the patient, as detailed in the referral, and should not be influenced by the availability of hospital or workforce resources. Consideration should also be given to psychosocial factors (for example Aboriginal and Torres Strait islander status, patient's under the Guardianship of the Minister) that could result in the patient being at greater risk of deterioration.

Where referral criteria or guidelines on usual urgency categories have been developed, the assigned urgency category should align with these criteria/guidelines. If a referral is not aligned to established referral criteria or urgency categorisation guidelines, the triaging clinician should contact the referring clinician to discuss the appropriateness of the referral to the service and alternative care and management options.

4.3 Timeframe for urgency category assignment

Referrals accepted by a specialist outpatient clinic must be categorised according to their degree of clinical urgency and entered into the Patient Administration System within 5 working days of their receipt, where hospital information systems enable this to occur. Figure 1 sets out the best practice timeframe for the entry and urgency categorisation of referrals to specialist outpatient clinics.

Fig 1: Best practice timeframes for the entry and urgency categorisation of outpatient referrals



4.4 Clinical urgency categories

There are three endorsed standard clinical urgency categories for the triage of specialist outpatient referrals.

In order for a patient to be allocated a particular clinical urgency category, the patient must meet all criteria for that category. If a patient does not fulfil all of the criteria for Category 1, then Category 2 must be considered. If the patient does not fulfil all of the criteria for Category 2, then the patient must be allocated Category 3 status.

Category 1: appointments clinically indicated within 30 days

The patient's clinical condition will:

- Require more complex or emergency care if assessment is delayed; and
- Have a significant impact on quality of life if access is delayed beyond 30 days.

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Category 2: appointments clinically indicated within 90 days

The patient's clinical condition has the potential to:

- Require more complex care if assessment is delayed; and
- Have some impact on quality of life if care is delayed beyond 90 days.

Category 3: appointments clinically indicated greater than 90 days

The patient's clinical condition is unlikely to:

- Deteriorate quickly; and
- Require more complex care if assessment is beyond 90 days.

4.5 Rapid Access Appointment (immediate - within 72 hours)

For patients requiring immediate access to an outpatient clinic (within 72 hours of referral), the Rapid Access Appointment can be used to facilitate access.

Rapid Access Appointments do not form a component of a specialist outpatient service waiting list, but are established as a type of appointment to aide immediate access to specialist outpatient services for those patients that are not appropriate to be wait-listed. Responsibility for the assignment of Rapid Access Appointments is with the SA Health outpatient service clinician.

The type of patients that may be appropriate for allocation of a Rapid Access Appointment include clinically appropriate patients diverted from public hospital Emergency Departments, as well as patients referred by General Practitioners with a clearly demonstrated urgent need for specialist assessment and commencement of care.

Assessment and care facilitated via a Rapid Access Appointment may avoid the need for a future presentation to an Emergency Department or a hospital inpatient admission.

4.6 Re-categorisation of patients

The re-categorisation of referrals previously triaged for access to a specialist outpatient service should occur only as a reflection of a change in clinical urgency, and must only be undertaken by an SA Health specialist clinician.

Patients should be advised that if their condition has changed (for example their condition has deteriorated) they are required to attend their primary health care practitioner for review and supporting information regarding their change in clinical condition should be provided to the outpatient service.

Should a clinical review of a referral result in the decision to change the assigned clinical urgency category, written advice about the category change and the reasoning behind it must be communicated to the patient and the referrer, and be recorded in the patient's medical record and on the service waiting list.

4.7 Processes to support clinical urgency categorisation

Local Health Networks and hospitals are responsible for ensuring local processes are in place to support clinical urgency categorisation in line with the provisions of this Policy Directive, including:

- Where SA Health or LHN/hospital referral criteria or urgency categorisation guidelines have been developed, processes to ensure urgency categorisation is reflective of and aligned to established criteria/guidelines.
- Continuity of timely triage and clinical urgency categorisation at all times, including during times of clinician leave.
- Processes for the regular clinical review of patients on specialist outpatient service waiting lists including the review of the assigned clinical urgency category.

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5. Roles and Responsibilities

Chief Executive Officers, Local Health Network are responsible for ensuring that all staff involved with the provision of outpatients services are informed of this Policy Directive.

Chief Operating Officers, Local Health Networks are responsible for ensuring the required processes outlined in this Policy Directive are in place to support clinical urgency categorisation.

Clinicians involved in the triage of referrals for specialist outpatient services are responsible for ensuring the urgency categorisation of referrals is undertaken in line with criteria established in this Policy Directive, including that urgency category assignment is completed within five days of receipt of the referral. Clinicians are also responsible for ensuring urgency categorisation is aligned to and consistent with any established referral criteria and/or urgency categorisation guidelines, and for contacting referrers to discuss referrals that do not align to established referral criteria or guidelines.

6. Reporting

Local Health Networks and hospitals are responsible for monitoring and reporting at the local level on the effective triage and allocation of clinical urgency categories in line with the provisions of this Policy Directive, and other established referral criteria or clinical urgency categorisation guidelines.

Local Health Networks will be required to report waiting list information to the Department for Health and Ageing including the number of patients, by specialist outpatient service, waiting for an initial appointment in each clinical urgency category as well as the number of patients exceeding the clinically indicated waiting time, and activity information on the number of patients seen.

7. EPAS

EPAS will be configured to enable capture of the standard clinical urgency categories for specialist outpatient services.

8. Exemption

Due to the time critical nature of obstetric services, obstetric outpatient services are excluded from the clinical urgency categories and associated timeframes outlined in this policy directive.

Obstetric outpatient services should be provided in line with the *National Evidence-Based Antenatal Care Guidelines* and the Australian College of Midwives *National Midwifery Guidelines for Consultation and Referral*.

9. National Safety and Quality Health Service Standards

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

A risk management approach underpins the delivery and management of specialist outpatient services throughout the public health system. Local Health Networks and Hospitals are responsible for ensuring the assignment of clinical urgency categories in line with the provisions of this Policy Directive, to minimise risks associated with delayed or inappropriate access for patients based on their clinical needs.

11. Evaluation

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

12. Definitions

Clinical Urgency Category denotes the clinically indicated timeframe for an appointment.

SA Health Outpatient Clinician refers to a range of clinicians employed to provide services at a specialist outpatient service, including medical practitioners, nurses and allied health professionals.

Referral means a written request for a specialist outpatient service.

Specialist Outpatient Service means a planned non-admitted specialist service provided by a specialist or expert clinician.

13. Associated Policy Directives / Policy Guidelines

- *Specialist Outpatient Services Policy Directive (2012)*
- *Referral to Specialist Outpatient Services Guideline (2012)*
- *Patient Focused Booking System Guideline (2012)*
- *Specialist Outpatient Services Waiting List Management Guideline (2014)*

14. References, Resources and Related Documents

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