

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Population and Community Health
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KEY TERMS	Discharge; Fail to attend (FTA); Fail to attend with explanation; Unable to attend (UTA); Deferred Care
SUMMARY	This procedure aims to outline consistent criteria and procedures for SESLHD paediatric occupational therapy, physiotherapy and speech pathology services to implement when discharging community clients.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD PROCEDURE

Discharge Management of Community Paediatric Therapy Clients

SESLHDPR/604

1. POLICY STATEMENT

Provide consistent criteria for discharging community clients from SESLHD Paediatric Physiotherapy, Occupational Therapy and Speech Pathology services.

2. BACKGROUND

To ensure that SESLHD community paediatric Occupational Therapy, Physiotherapy and Speech Pathology services are implementing consistent criteria for discharge of clients.

3. DEFINITIONS

Discharge: When a client's intervention is discontinued and the medical record closed or when a client's name is removed from the waiting list for reasons other than commencing intervention.

Fail to attend (FTA): When the client does not arrive prior to the appointment time and they do not notify the service prior to the appointment of their cancellation.

Fail to attend with explanation: Where a client has missed an appointment without prior warning, but then contacts the service within 24 hours with an explanation of the missed appointment.

Unable to attend (UTA): Carer notifies the service prior to the appointment time that the child will not be able to attend the appointment. An explanation should be sought for the cancelled appointment.

Deferred Care: When assessment or intervention is deferred for a period of time by the carer for personal reasons (e.g. holidays, work commitments, reduced home support).

4. RESPONSIBILITIES

4.1 Employees will:

- Implement SESLHD Discharge procedure and any associated department business rules.
- Seek appropriate supervision for support with implementation.

4.2 Line Managers will:

- Develop and implement department business rules to reflect SESLHD discharge procedure.
- Train and inform staff of SESLHD discharge procedure and associated department business rules, if required.
- Ensure staff compliance with SESLHD discharge procedure through staff supervision.

4.3 Team Leaders/ Service Managers will:

- Ensure staff have received training and are utilising SESLHD discharge procedure and associated business rules.
- Maintain compliance of line managers and employees.

5. PROCEDURE**5.1 What to do in situations of non-attendance**

Each service should have an active strategy to identify and assist vulnerable persons who regularly FTA and UTA appointments, for example carers with a mental illness or developmental disability, clients from a culturally and linguistically diverse background, clients known to Community Services, along with clients with significant needs. Flexible family centred models of service delivery are needed to assist these vulnerable and high need populations in accessing services (e.g. sending appointment reminders, offering services at home/school etc).

Issues of non-attendance should be dealt with specifically and individually with each family. Families must be fully informed that a requirement for ongoing care is to notify the service if they are unable to attend their scheduled appointment. All families should be aware of the consequences should they fail to do so. Communication strategies may include:

- Phone call to families after a missed appointment
- Verbal advice at the next appointment given via the treating clinician or administration support staff
- Written advice after the first FTA appointment
- Text message after the first FTA appointment, if available
- Signage in centres.

If a client's file is closed due to FTA/UTA, the service is required to:

- Record all FTA, UTA, and discontinued care appointments in the client's medical record
- Record the reason for closing the medical record.

5.2 Criteria for discharge following non-attendance

For all criteria listed below, the service should exercise discretion on a case by case basis to avoid disadvantaging clients in cases of a genuine hardship, misunderstanding and other unavoidable circumstances. It is anticipated that strategies are implemented prior to a client's discharge to support their ongoing care. Strategies may include:

- Clients who have two FTA appointments in one episode of care
- Clients who do not present acceptable explanations for FTA on more than two occasions in one episode of care
- Clients who do not present acceptable reasons for UTA on more than three occasions within an episode of care
- Family who discontinue care for an episode of care on more than two occasions (i.e. a more appropriate time for intervention has been trialled on two previous occasions)
- Family is not contactable on two occasions (one by phone, one by letter) to notify them an assessment appointment is available for their child. Should the family contact for service within three months of discharge (or longer with a reasonable reason e.g. overseas, family trauma), then the client should be re-booked with the original date of referral and clinical priority category

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- Families who do not contact for an additional episode of care within one month and have been sent a written reminder or phone call/message to contact
- Where possible, all clients discharged from the service should receive written notification and be informed of how to access services in the future, should they need them.

6. DOCUMENTATION

Not required.

7. REFERENCES

N/A.

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
September 2010	DRAFT	SESLHN/37 Belinda Shoebridge. Approved Trish Bradd, ADAH and CCAS Committee
February 2011	0	Approved by Combined Clinical Council
September 2017	1	Julia Martinovich, Manager of Developmental and Disability Services, Child Youth and Family Service SESLHD
January 2018	1	Processed by Executive Services prior to publishing – minor review
February 2019	1	Executive Sponsor changed to Director Primary and Integrated Community Health
August 2020	2	Updated Executive Sponsor from Director, Primary Integrated and Community Health to Director, Population and Community Health. Approved by Executive Sponsor. Published by Executive Services.