

Community health priority tools

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Published by Victorian Government Department of Health, Melbourne,
Victoria, Australia.

October 2009

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Published on <www.dhs.vic.gov.au>.

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Introduction

The community health priority tools are a suite of evidence-based tools developed for community health services (CHSs) to help prioritise clients. They provide decision-making support and guide good practice consistently across the state and help ensure that those who most need care receive it quickly.

There are two types of tools:

- The **generic priority tool** assists CHSs to allocate a priority service to clients who belong to identified population groups. These groups include people with the poorest health status and the greatest economic and social need for service as well as those with complex care needs that require a coordinated team approach. It recognises the multiple determinants that influence the health of individuals and communities. It also assists in identifying the appropriateness of the CHS to address people's needs. The generic priority tool should be used as a first step in determining the priority of access for clients.
- The **clinical priority tools** prioritise clients on the basis of their clinical presentation. They should be used once the need for one or more particular services has been identified. Where clients require more than one of these services, all applicable clinical priority tools should be used.

Requirement to use the tools for community and dental health program services

The Department of Health requires that these tools be used for community and dental health program services. It encourages CHSs to use the tools across all their other services, recognising that eligibility criteria, contractual arrangements and the requirements of service agreements must be respected in relation to other programs.

Instructions for use

It is important to read the instructions for each tool contained in this document.

Determining priority of access during Initial Needs Identification (INI)

The priority tools should be used as part of INI, and any subsequent needs identification.

INI is the initial screening process that explores a client's presenting and underlying issues and helps determine if referral to other services is needed. **The INI is not a diagnostic process or detailed assessment.** It aims to

identify the client's needs and determine their level of risk and priority for assessment and service.¹

Needs identification also happens throughout the client journey and often practitioners will identify needs that require them to make referrals to other practitioners either within or external to their agency. The tools should also be used to assist in prioritising cross-referrals between practitioners within an organisation. Where this occurs it is likely that priority for service will be determined on the basis of a client's need for a coordinated team approach as identified through the generic priority tool.

Intake workers without a background in the relevant clinical priority tool should consult with the relevant clinician if unable to determine the level of priority for service.

The priority tools guide the decisions that are required to determine a new client's priority level.

Most of the tools identify three groups:

- high priority—clients with a more immediate need for service who should be seen by a clinician as quickly as possible
- medium priority
- low priority.

The counselling priority tool includes an 'immediate response' category. Its instructions for use provide more specific guidelines regarding the three priority levels.

The counselling, adult physiotherapy and paediatric speech pathology tools combine the medium and low priority categories.

The dental priority tool contains two priority levels (high and low) and the Emergency Care Demand Management System (ECDMS) triage tool contains five categories with recommended maximum waiting times.

Flexibility

Who should use the tools: The priority tools can be used by intake workers or practitioners undertaking the INI for their own discipline, depending on the service access model within the organisation. For further information on service access models see *Service access models: a way forward. Resource guide for community health.*²

1 Department of Human Services 2009, *Victorian service coordination practice manual 2009*, State Government of Victoria, Melbourne, p. 7.

2 http://www.health.vic.gov.au/communityhealth/publications/chs_guide.htm

Adapting the tools: CHSs may adapt the tools in order to respond to local community needs. This should only occur following consultation with the regional Department of Health office as well as neighbouring CHSs and Primary Care Partnership (PCP) partner agencies. In making modifications agencies may add extra criteria, but criteria should not be removed.

The wording and order of the questions: Staff may rephrase a question, use words more suitable to a particular client or apply the tool more flexibly to suit an individual's needs. Some of the information may have already been obtained from referral documentation or from the client directly prior to using the tool.

Integrating the use of other tools: CHSs may be involved in implementing prioritisation tools that have been developed or agreed upon for use at a local or catchment level (for example chronic disease risk tools implemented through the local PCP). These local tools can be integrated with the community health priority tools as per above.

Once the tools have been applied

High priority clients should be seen as quickly as possible. Low priority clients will wait the longest.

All people placed on a waiting list should receive a service. Organisations are required to have a waiting list management system in place to ensure that clients identified as medium and low priority are seen within established timeframes.

Information provided by clients and/or referral sources during INI, including the priority level, should always be documented using the *Service coordination tool template* (SCTT) in the summary and referral information and/or profiles templates. This provides clinical staff with baseline client information to inform their assessment and intervention.

Once a client receives an assessment, the service should tailor their intervention to the client's needs, regardless of the level of priority assigned to them when they entered the service.

Case studies

The case studies at the end of this document illustrate how the priority tools can be applied within different service access models.

Changes to draft tools

The draft priority tools that were released in 2008 have been piloted and evaluated. The evaluators concluded that, with

minor revisions to some of the tools, there was no barrier to the statewide rollout of the tools.³

Several changes have been made to the explanatory text and instructions for each tool to clarify issues and questions that were raised by practitioners during the trial and evaluation.

High, medium and low priority were previously called priority 1, 2 and 3. This change has been made to avoid any confusion with terms used in various software packages.

In the counselling priority tool the previous 'priority 1' rating has been translated to 'immediate response' and the 'priority 2' rating translated to 'high priority'. These labels increase consistency with the generic priority tool and the other clinical priority tools.

A dental priority tool has been introduced to clarify the relationship between the ECMDS, the generic priority tool and prioritisation processes for people who require routine dental care.

Changes were also made to the following questions in the tools as a result of the evaluation and other feedback that has been provided:

Generic priority tool

- Risk and safety
- Complex care
- Addition of intellectual disability and people with a serious mental illness as criteria for high priority

Adult occupational therapy

- Impact of medical conditions on capacity to manage usual activities
- Risk of falling

Adult physiotherapy

- Impact on ability to care for dependents

Paediatric speech pathology

- Age of child

This document presents the community health priority tools with notes to explain each one. For more information regarding the tools, their development and how they can be used as part of a broader strategy to improve client care and organisational systems, see the *Community health service improvement strategy* at <<http://www.health.vic.gov.au/communityhealth/chsis>>.⁴

3 A summary of the evaluation and the department's response is located at: <http://www.health.vic.gov.au/communityhealth/downloads/priority_tools.pdf>.

4 Planned for publication late 2009 or early 2010.

Generic priority tool

Instructions for use

Introduction

The generic priority tool is designed to identify people who require a priority for service because they belong to a population group known to have poor health status, suffer disadvantage or are at risk.

The generic priority tool can be used with all clients accessing the CHS. For programs/services delivered through CHSs that have eligibility criteria, those criteria should be applied first and the generic priority tool can then be used to assist in prioritising eligible clients.

Once the generic priority tool has been applied, one or more of the clinical priority tools may be used as relevant.

Instructions for use

Staff should use the generic priority tool as part of screening clients during the INI. The information required to complete the consumer information page of the SCTT will assist staff to do this.

Staff should remain alert to any signs of risk to the client or others, where immediate intervention and support may be required. CHSs should have a clearly documented and understood policy and approach to managing these clients.

People who are not considered a high priority through the generic priority tool, or who do not require an immediate response, will have their level of priority determined through the relevant clinical priority tool or tools, or through a comprehensive assessment where required.

High priority clients include:

- **People with a risk to their own safety or the safety of others**

These clients require an *immediate* response, within the scope of expertise of the CHS, to meet its duty of care and ensure the safety of the client and others. Where appropriate they should be referred to a specialist provider for crisis response once their immediate needs have been contained.

- **Homeless people and people at risk of homelessness**

Definition: This includes any person who is left without a conventional home and who lacks the economic and social supports that a home normally affords. This includes people living in insecure, unsafe or unaffordable housing who are at risk of homelessness. It also includes people who are in a state of outright homelessness, living in the street, in parks or squats.

Further information about homelessness is available at <<http://www.housing.vic.gov.au/housing-sector-development/targeted-initiatives/opening-doors>>.

- **Refugees**

Definition: A refugee is any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable or, owing to such fear, is unwilling to avail himself/herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence, is unable or, owing to such fear, is unwilling to return to it (*Protecting refugees*, UNHCR, 2003, p. 5).

Further information about refugees is available at <<http://www.refugeecouncil.org.au/arp/faqs.html>>.

- **Aboriginal or Torres Strait Islander people**

Definition: An Aboriginal or Torres Strait Islander person is:

- a person of Aboriginal or Torres Strait Islander descent
- a person who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

Further information on working with Aboriginal communities, clients and organisations is found in *Building better partnerships* (Department of Human Services, 2006), which is available at <http://www.health.vic.gov.au/__data/assets/pdf_file/0006/269601/kooriguide_part_1.pdf>.

- **People with an intellectual disability**

Definition: People with an intellectual disability have:

- an IQ below 70 (average intelligence is an IQ of 100)
- significant difficulty with daily living skills, for example, looking after themselves, communication and taking part in activities with others.

Further information about people with intellectual disabilities is available at <http://www.goforyourlife.vic.gov.au/hav/articles.nsf/pracpages/Working_with_people_with_an_intellectual_disability_in_healthcare_settings?open>.

- **People with a serious mental illness**

Definition: Serious mental illness is a mental illness in which a person's ability to think, communicate and behave appropriately is so impaired that it interferes with the person's ability to deal with ordinary demands of life. Without effective treatment and support, the outcome for the person may be significant impairment, disability or disadvantage. Typically this includes people with schizophrenia or psychosis, bipolar disorder or severe depression.

Further details are available at <<http://www.health.vic.gov.au/mentalhealth/reformstrategy/index.htm>>.

- **People with complex care needs who require a coordinated team approach**

These people are prioritised to ensure the best client outcomes are achieved, and to prevent inefficiencies that occur when services within the CHS and partner agencies are not coordinated. They should be identified on the basis of the complexity of their need for services rather than the complexity of their health condition.

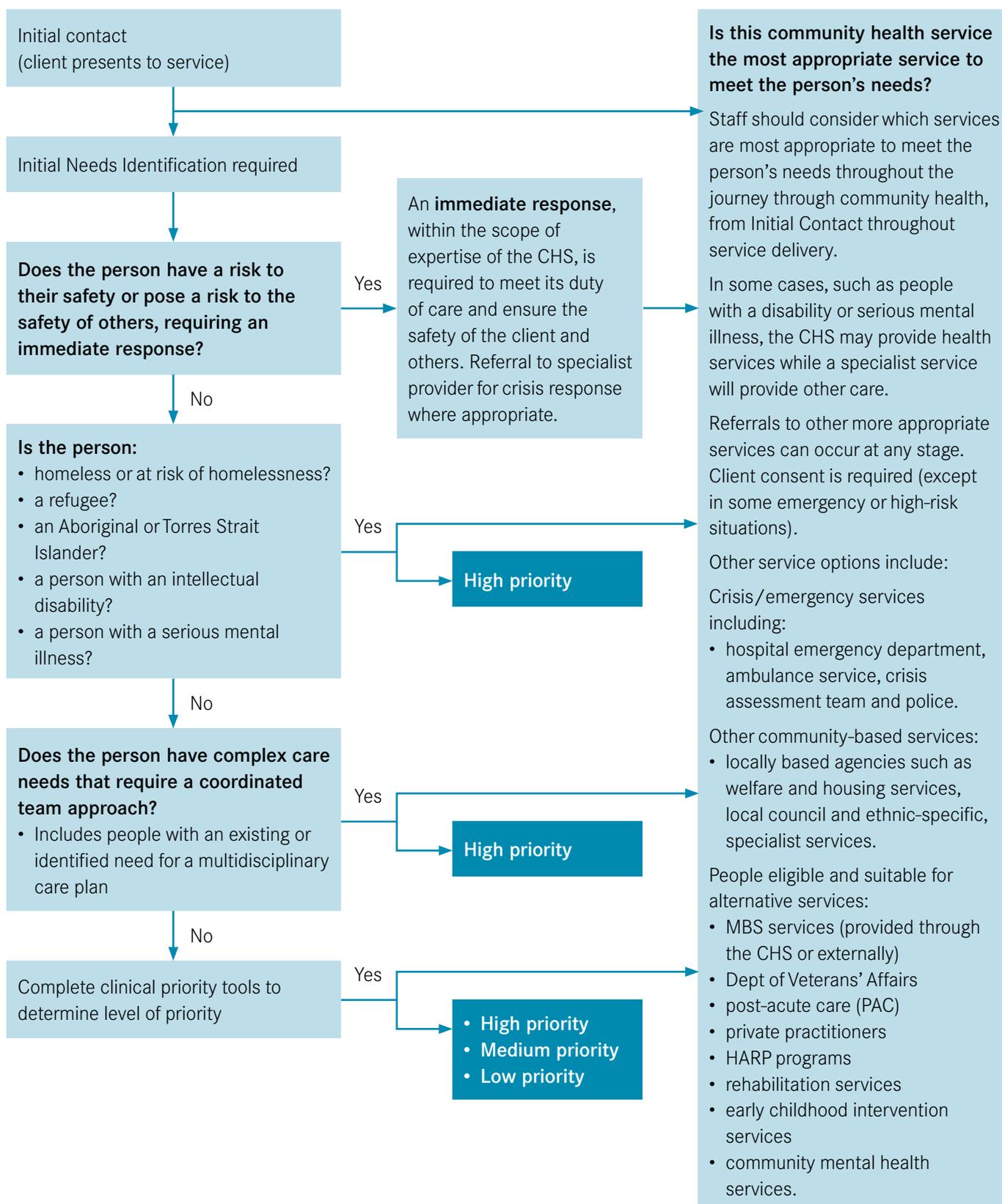
This includes people with an existing or identified need for a multidisciplinary care plan, such as people:

- with inter- or intra-agency care plans, such as team care arrangements (MBS# 723) and GP mental health care plans (MBS #2710) from GPs, disability support plans, and child and family action plans (including care and placement plans) for Child Protection and/or Child FIRST/Family Services clients
- identified through the INI process as requiring a care plan, such as people with multiple services currently in place who would benefit from a care plan, and those presenting for the first time who require multiple services.

Note for dental services: Clients with complex care needs seeking dental services will be eligible for Commonwealth Government MBS services. Due to the high demand for state-funded dental services, agencies should seek to ensure that eligible clients have access to services through this stream.

Further information about the MBS for dental services is available at <[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/B1597A1010C947C3CA257599000203FB/\\$File/200905-Dental.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/B1597A1010C947C3CA257599000203FB/$File/200905-Dental.pdf)>.

Generic priority tool



Counselling priority tool

Instructions for use

Introduction

Counselling services in CHSs aim to improve wellbeing by offering supportive counselling, therapy, practical support, advocacy and referral and links to other services as needed.

Services can be provided on a one-to-one basis and in groups to adults, adolescents, children and families. The aim is to ensure all Victorians have access to affordable, effective counselling that is physically accessible and culturally appropriate.

CHS counselling services can assist with a wide range of issues, such as family and relationship issues, coping with chronic illness, depression, anxiety and related conditions.

Instructions for use

This tool should be used where appropriate once the generic priority tool has been applied. It may be used in conjunction with other clinical priority tools.

This tool is designed to determine the need for counselling and the client's level of priority for service. A series of questions guides the collection of an appropriate level of information required for an intake worker to determine the client's level of priority. Intake workers without qualifications that enable them to practise in a counselling role should clearly advise clients they are not the counsellor, and should not initiate in-depth discussion regarding the client's problems.

The counselling priority tool differs from the other clinical priority tools in having an 'immediate response' category, due to the nature of counselling. It is important that clients with a risk of harm to self or others are identified, and those who require immediate assistance and support receive this from an appropriately skilled and qualified worker.

The counselling priority tool guides the decisions that are required to determine the priority level of a new client. The tool identifies three groups:

- immediate response—the safety or wellbeing of the client or others is at risk and an immediate response is required
- high priority clients—a significant delay in providing a service will exacerbate the situation
- medium/low priority clients—interim supports are available and the situation is stable.

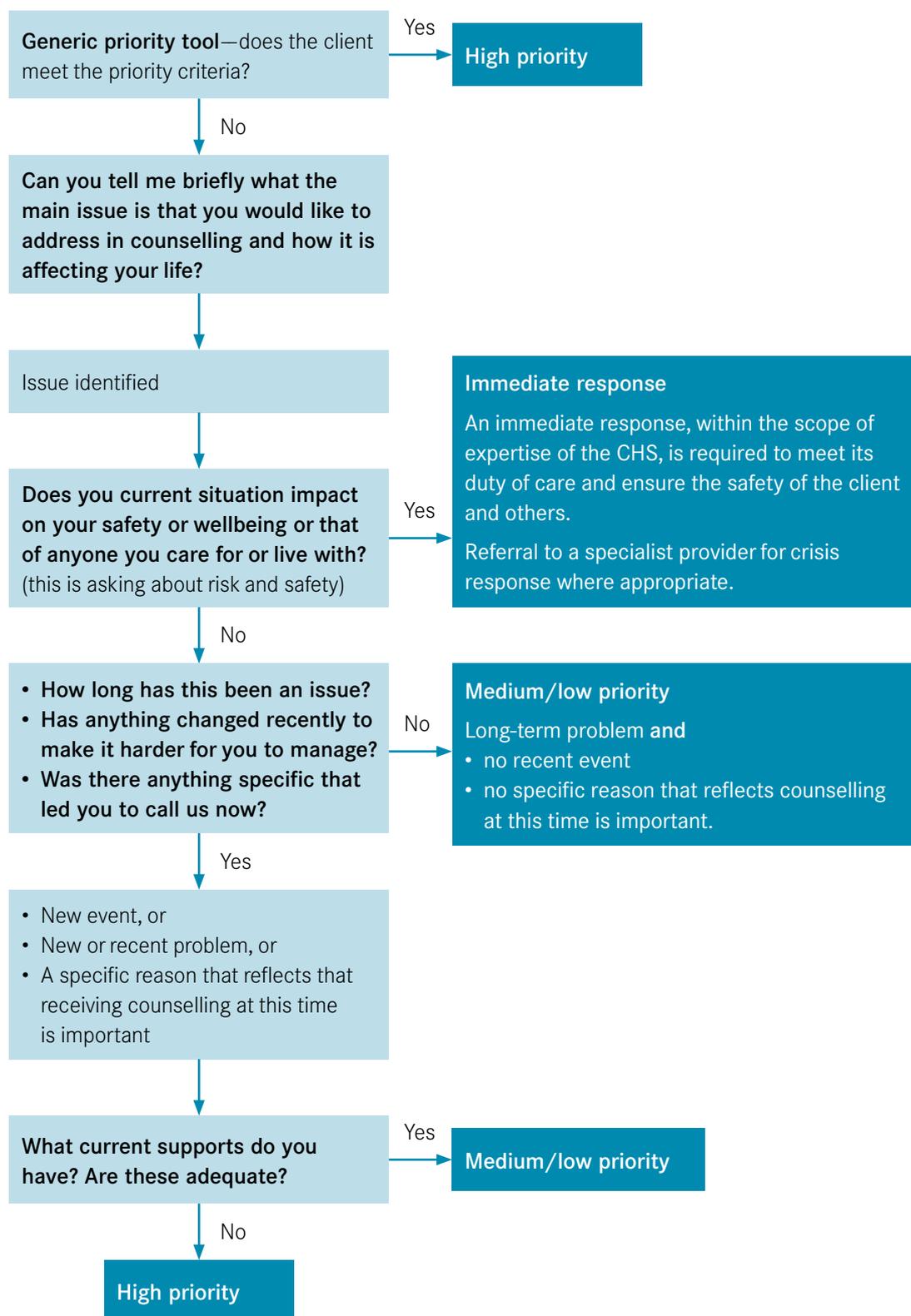
An immediate response is required for:

- clients who are at risk of harm to themselves or others
- clients who have a high level of carer/family stress jeopardising their care/safety at home
- clients who feel unsafe or vulnerable for any reason, for example, elder abuse or domestic violence (physical/financial/psycho-emotional).

Reference

Department of Human Services 2009, *Community health counselling—policy framework and program standards*, State Government of Victoria, Melbourne.

Counselling priority tool



Consider referral to other services, as appropriate.
Consult with a counsellor if unsure of appropriate service to meet client needs, or priority level.

Dietetics priority tool

Instructions for use

Introduction

This priority tool is designed for both adults and children requiring dietetic services.

Dietitians provide nutritional support for individuals and groups in health and illness, incorporating a population/public health nutrition approach to targeted population groups. They provide assistance to clients for conditions including (but not limited to) diabetes, heart disease, hypertension (high blood pressure), arthritis, weight loss, involuntary weight loss and gastrointestinal disorders (such as irritable bowel syndrome, diverticular disease and coeliac disease) as well as general dietary advice to people without any recognisable condition, and to people who need to change their dietary habits.

Instructions for use

This tool is designed to determine the need for dietetic service and the level of priority for service. The tool lists a range of conditions and reasons people have for wanting to see a dietitian. The conditions and reasons are grouped and assigned a priority level.

It should not be necessary for the intake worker to read through all the conditions in the priority tool. When the client identifies a particular condition, the intake worker can allocate the relevant priority level. If they are unsure they should ask the dietitian.

High priority clients include people with:

- diabetes that is newly diagnosed (including gestational diabetes), poorly controlled or commencing insulin or medication
- difficulties swallowing and/or chewing
- significant unintended weight loss
- more than two chronic health conditions, such as high blood pressure, arthritis, emphysema, heart disease and mental health problems
- one of the following diagnosed medical conditions:
 - coeliac disease, inflammatory bowel disease (for example, Crohn's disease or ulcerative colitis)
 - liver problems
 - food allergies or multiple food intolerance
 - eating disorder.

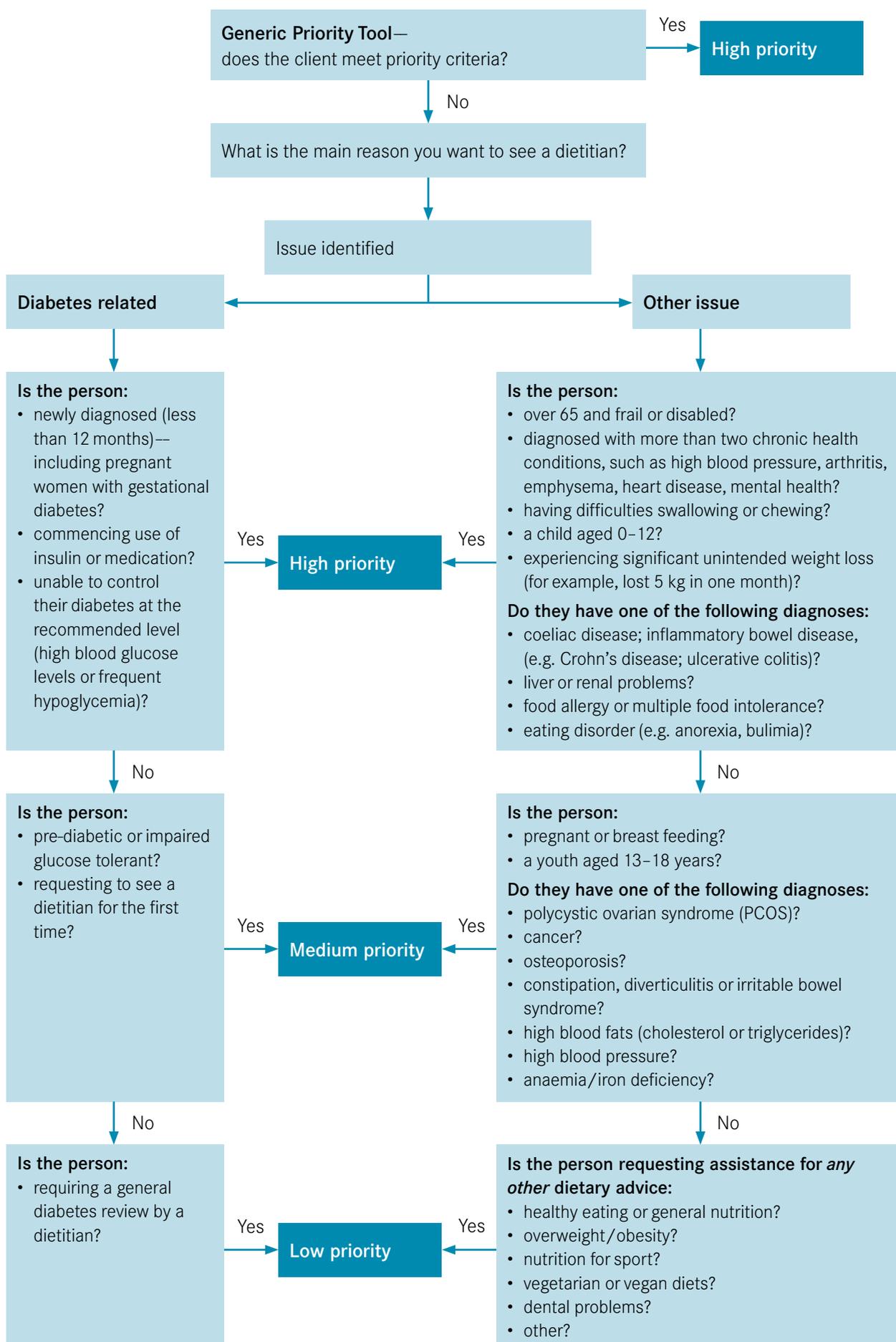
And:

- children 0–12 years
- adults over 65, frail, disabled or diagnosed with more than two chronic health conditions.

Reference

Escott-Stump, S. 2002, Nutritional acuity ranking for dietitian services. In: *Nutrition and diagnosis-related care*, 5th edition, Lippincott Williams & Wilkins, Philadelphia.

Dietetics priority tool



Consider referral to other services, as appropriate. Consult with a dietitian if unsure of appropriate service to meet client needs, or priority level.

Occupational therapy priority tool—adult

Instructions for use

Introduction

This priority tool is designed for adults requiring occupational therapy services. A separate priority tool has been developed for paediatric occupational therapy.

Adult occupational therapy services provide assistance to clients in coping, adapting and overcoming the demands and tasks of their everyday lives. This is done by using normal daily activities and tasks or occupations in a therapeutic way to promote health and maintain a person's wellbeing, which may be affected by disease, disability or injury.

Instructions for use

This tool is designed to determine the need for occupational therapy and the client's level of priority for service. A series of questions guides the collection of an appropriate level of information required to determine the level of priority. Intake workers without a background in occupational therapy should consult with an occupational therapist if unable to determine the level of priority for service.

High priority clients include people:

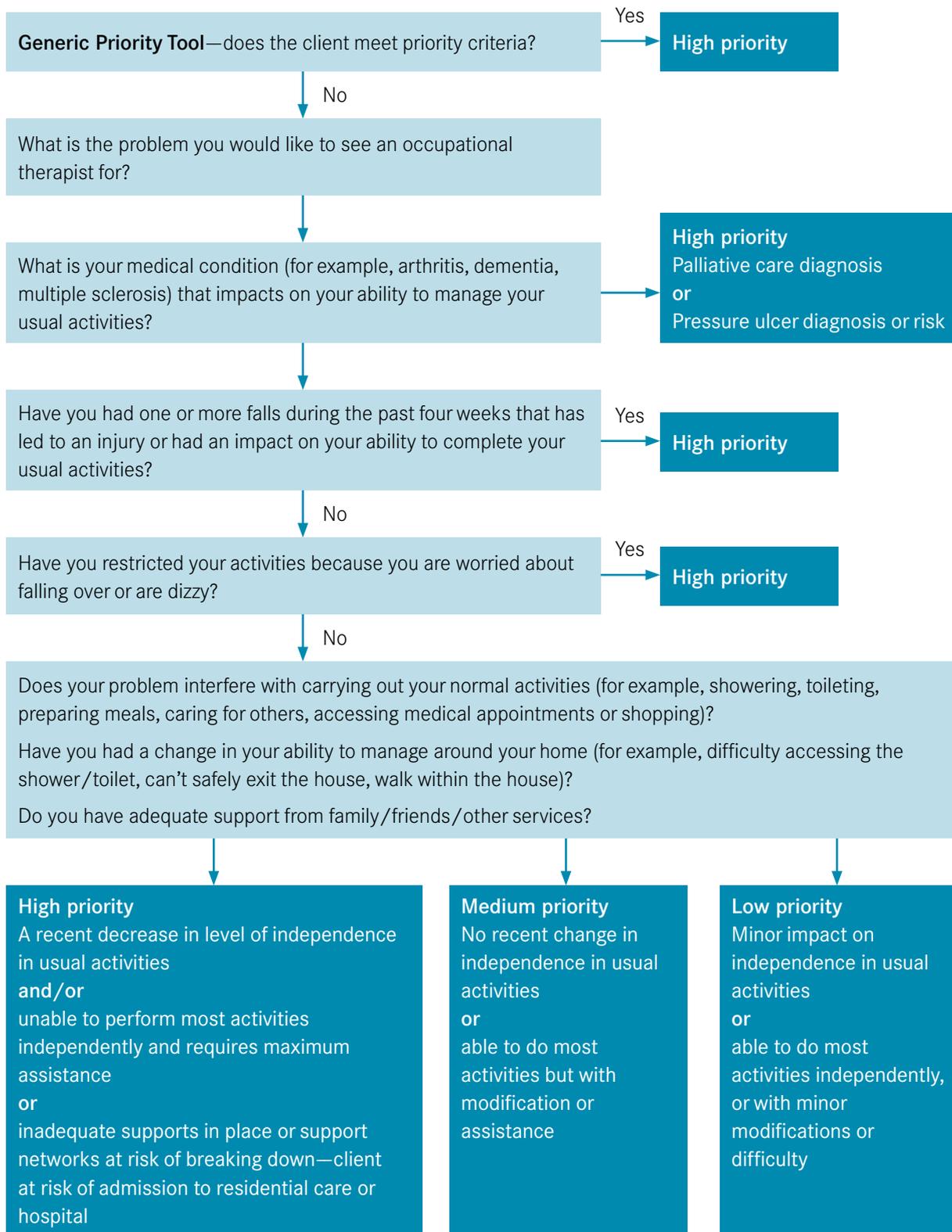
- with a palliative care diagnosis
- with or at risk of developing pressure ulcers
- who have recently experienced a fall that has led to an injury or had an impact on their ability to complete their usual activities
- who have restricted their activities because they are worried about falling over or are dizzy
- with changes to their health that result in decreased independence in usual activities
- who are unable to perform most activities independently and require maximum assistance
- at risk of admission to residential care or hospital due to inadequate supports or support networks at risk of breaking down.

References

Victorian Quality Council. *Pressure ulcer basics*. Available at: <<http://www.health.vic.gov.au/pressureulcers/education.htm>>.

Steultjens, E.M.J., Dekker, J., Bouter, L.M., Jellema, S., Bakker, E.B., van den Ende, C.H.M. 2004, 'Occupational therapy for community dwelling elderly people: a systematic review', *Age and Ageing*, Sep; 33(5): 453–460.

Occupational therapy priority tool—adult



Consult with an occupational therapist if unsure of appropriate service to meet client needs, or priority level. Consider referral to other services, as appropriate.

Occupational therapy priority tool—paediatric

Instructions for use

Introduction

This priority tool is designed for children requiring occupational therapy services. A separate priority tool has been developed for adults requiring occupational therapy.

Occupational therapy services provide assistance to clients in coping, adapting and overcoming the demands and tasks of their everyday lives. This is done by using normal daily activities and tasks in a therapeutic way to promote health and maintain a person's wellbeing, which may be affected by disease, developmental delay or injuries.

Community health paediatric occupational therapy services target children with mild–moderate delays. Children with diagnosed developmental delays, such as autism, cerebral palsy and multiple disabilities, are eligible for services through early childhood intervention services and the Department of Education and Early Childhood Development. These services are best placed to meet the needs of these children and their families, and eligible children should be encouraged to access them.

Instructions for use

This priority tool is designed to determine the need for occupational therapy and the client's level of priority for service. A series of questions guides the collection of an appropriate level of information required to determine the level of priority. Intake workers without a background in occupational therapy should consult with an occupational therapist if unable to determine the level of priority for service.

Agencies can choose the most appropriate assessment and intervention models to meet the needs of their clients. Those that choose to conduct group assessment and/or intervention service models are still required to prioritise new clients, and ensure that, if there is a waiting period, those with the higher priority levels access a service more quickly than lower priority clients.

High priority clients include:

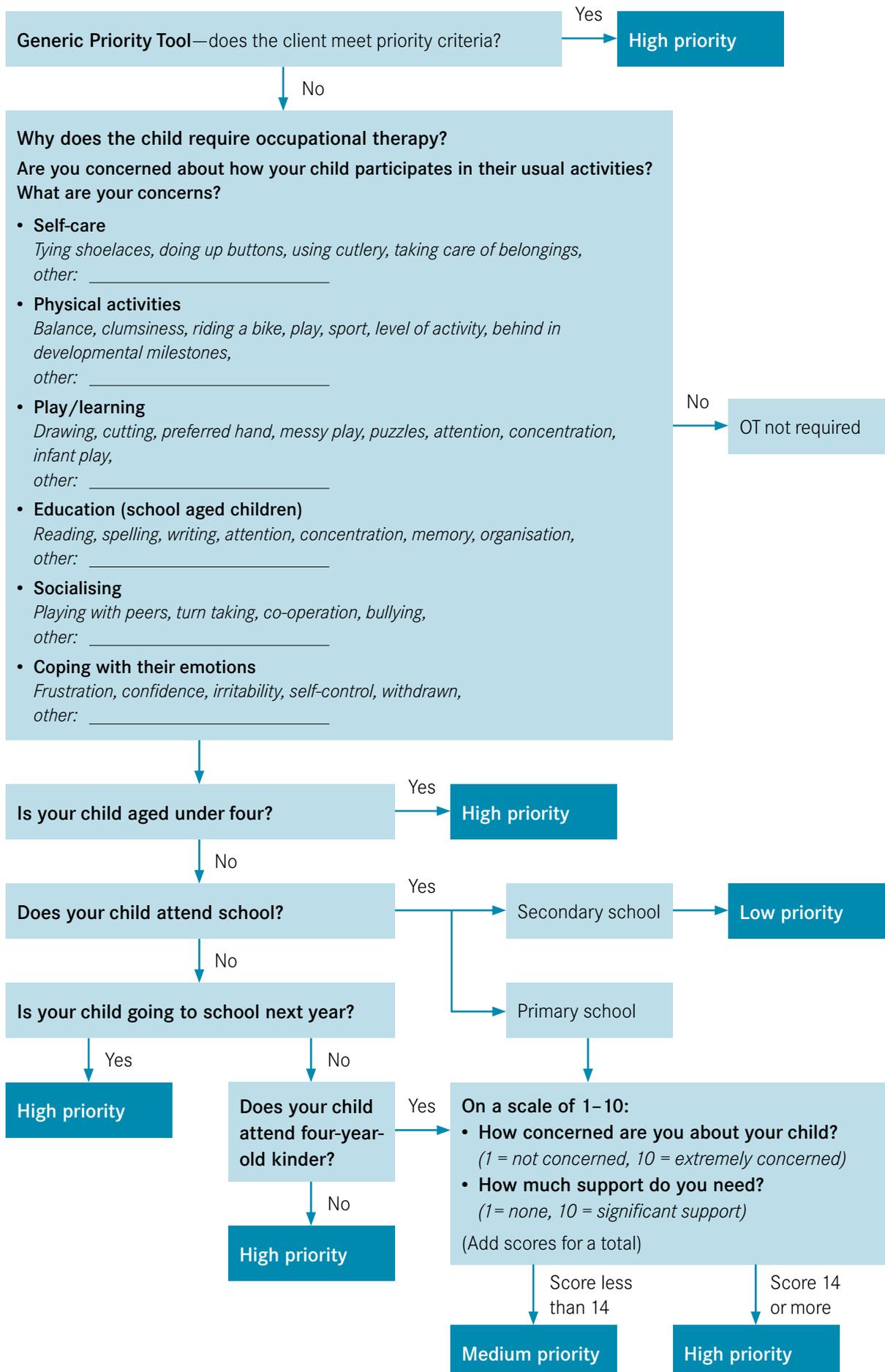
- children with mild–moderate delays, with difficulties participating in usual activities and:
 - starting primary school in the next year
 - not attending any school or kindergarten services
 - cases where the parent reports a high level of concern (by the definition provided) and a high need for additional support.

References

Best Start. Putting Children First—school readiness and school transition issues for children with mild to moderate developmental delay. Available at: <http://www.eduweb.vic.gov.au/edulibrary/public/beststart/projectdocs/frankston_mmdd_devel_delay_knightbridge_2006.pdf>.

Best Start: Department of Education and Early Childhood Development. Available at <<http://www.education.vic.gov.au/ecsmanagement/beststart/what.htm>>.

Occupational therapy priority tool—paediatric



Consider referral to other services, as appropriate. Consult with Occupational Therapist if unsure of appropriate service to meet client needs, or priority level.

Physiotherapy priority tool—adult

Instructions for use

Introduction

Physiotherapy services in CHSs are provided to people experiencing disorders of human movement.

This priority tool is designed to prioritise adults who require physiotherapy. It is not applicable to paediatric physiotherapy services. CHSs that have paediatric physiotherapy services should develop their own systems to prioritise and manage children who present for service.

Instructions for use

This tool is designed to determine the need for physiotherapy and the client's level of priority for service. A series of questions guides the collection of an appropriate level of information required to determine the level of priority. Intake workers without a background in physiotherapy should consult with a physiotherapist if unable to determine the level of priority for service.

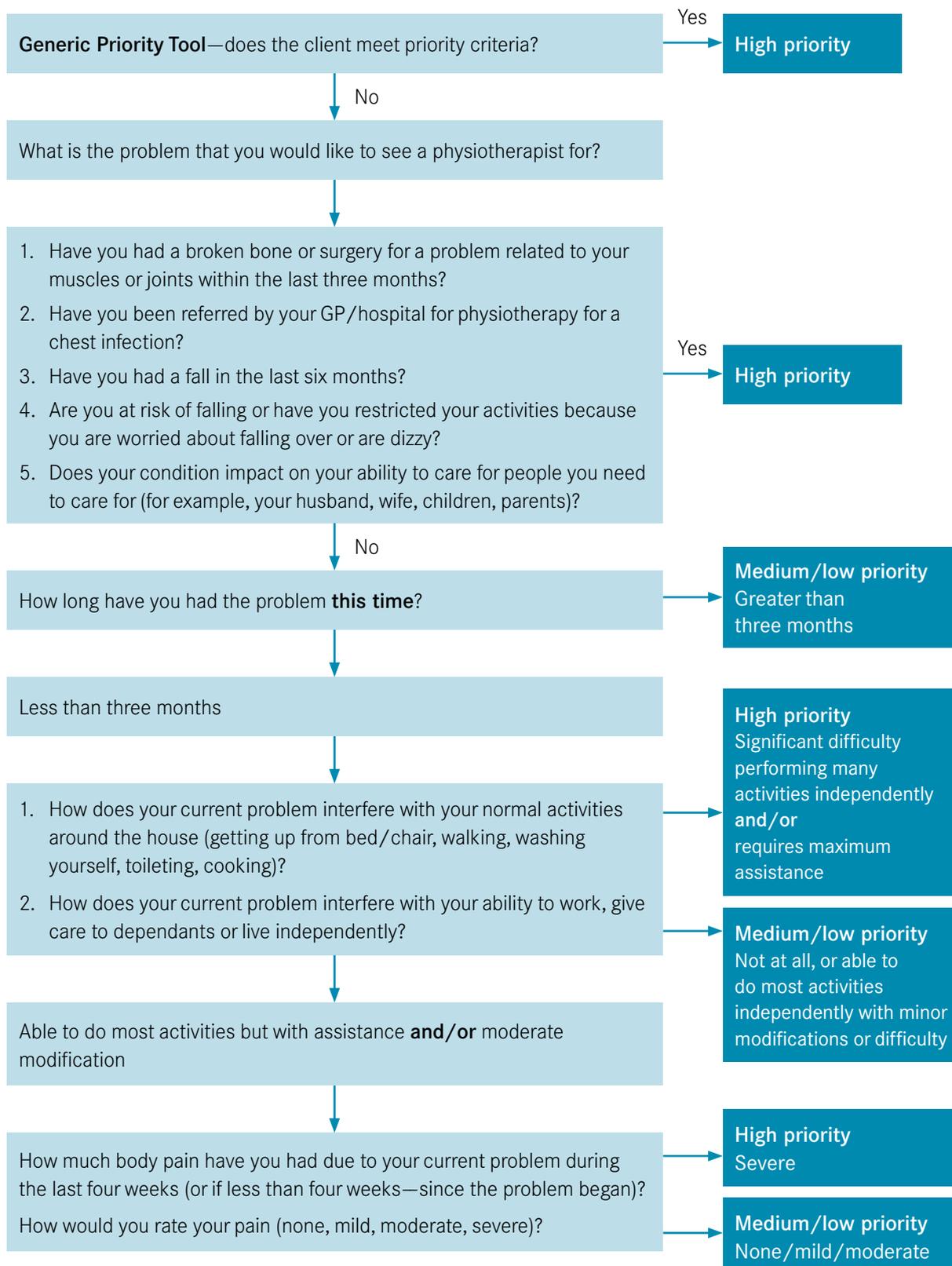
High priority clients include people:

- who have had broken bones or surgery related to muscle or joint problems in the last three months
- with chest infections requiring physiotherapy
- who have experienced a fall in the last six months, or who are at risk of falling or have restricted their activities because they are worried about falling or are dizzy
- with a physical problem that impacts on their ability to care for dependents
- experiencing difficulty performing daily activities independently either:
 - where this difficulty is significant and they require maximum assistance or
 - with moderate difficulty and experiencing severe pain.

Reference

Brown, A. 2006, *Who do I see first? Determining priority of access to physiotherapy in Victorian community health services*, University of Melbourne, Melbourne.

Physiotherapy priority tool—adult



Consider referral to other services, as appropriate. Consult with a physiotherapist if unsure of appropriate service to meet client needs, or priority level.

Podiatry priority tool

Instructions for use

Introduction

This priority tool is designed for both adults and children requiring podiatry services.

Podiatry services involve diagnosing and treating ailments or abnormal conditions of the foot. Podiatrists play an important role in maintaining individual mobility and independence (and therefore the general health of individuals) by alleviating foot conditions, particularly in those aged over 65 of whom an estimated 85 per cent require a range of podiatric services. Podiatrists do this through comprehensive assessment of lower leg and foot health issues and providing an appropriate care plan to meet the identified health outcomes.

Instructions for use

This tool is designed to determine the need for podiatry service and the level of priority for service. A series of questions guides the collection of an appropriate level of information required to determine the level of priority. Intake workers without a background in podiatry should consult with a podiatrist if unable to determine the level of priority for service.

The tool identifies people with uncomplicated medical histories and no identified associated foot pathology as low priority clients.

The tool refers to a *foot health assessment* that, in this context, refers to an assessment that needs to be conducted annually by a podiatrist in order to meet current best practice guidelines for people with diabetes.

High priority clients include people with:

- an area on their foot that is swollen, discoloured or discharging
- a wound that is not healing
- a foot problem such as an ulcer or an infection that has required hospital admission within the last three months
- a history of foot ulcers or lower limb amputation
- a chronic and complex medical condition.

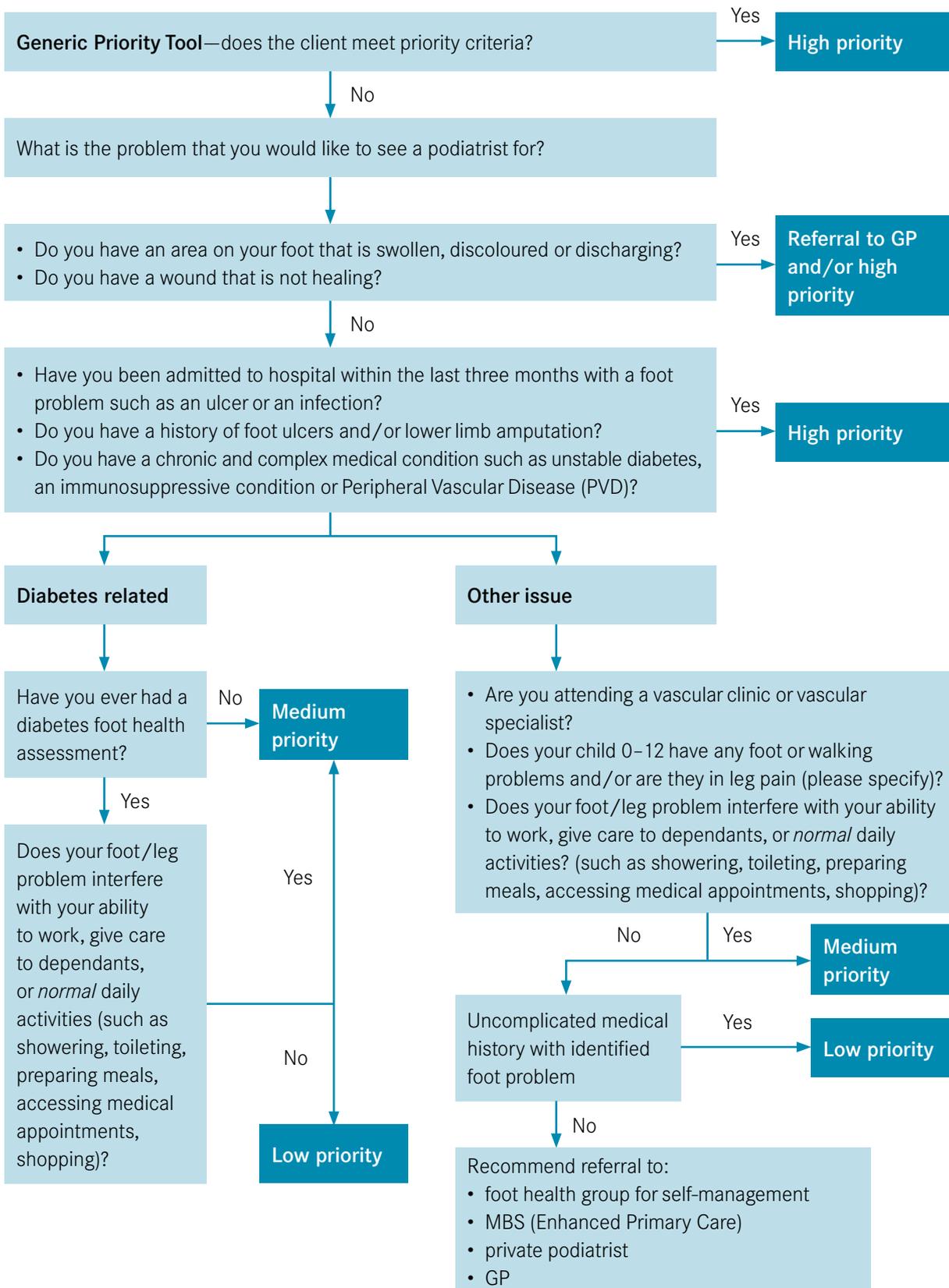
References

Calle-Pascual, A.L., Duran, A. et al. 2001, 'Reduction in foot ulcer incidence: Relation to compliance with a prophylactic foot care program', *Diabetes Care*, 24(2): 405.

Jeffcoate, W.J. and Harding, K.G. 2003, 'Diabetic foot ulcers', *The Lancet*, 361(9368): 1545.

Robinson, J. 1989, *The Aldersgate study*. Flinders Medical Centre, Adelaide.

Podiatry priority tool



Consider referral to other services, as appropriate. Consult with podiatrist if unsure of appropriate service to meet client needs, or priority level.

Speech pathology priority tool—paediatric

Instructions for use

Introduction

As speech pathology services in CHSs primarily work with children, this priority tool **only** relates to children. CHSs that have adult speech pathology services should develop their own systems to prioritise and manage adults who present for service.

Speech pathology services in CHSs are provided for children aged 0–6 years with communication and language delays.

Children with diagnosed or suspected developmental delays, such as autism, cerebral palsy and multiple disabilities, are eligible for services through early childhood intervention services. These services are best placed to meet the needs of these children and their families, and eligible children should be encouraged to access them.

Services for school-aged children are available through the Department of Education and Early Childhood Development.

Instructions for use

This tool is designed to determine the need for speech pathology and the client's level of priority for service.

A series of questions guides the collection of information required to determine the level of priority. Intake workers without a background in speech pathology should consult with a speech pathologist if unable to determine the level of priority for service.

Agencies can choose the most appropriate assessment and intervention models to meet the needs of their clients. Those that choose to conduct group assessment or intervention service models are still required to prioritise new clients and ensure that, if there is a waiting period, those with the higher priority levels access a service more quickly than lower priority clients.

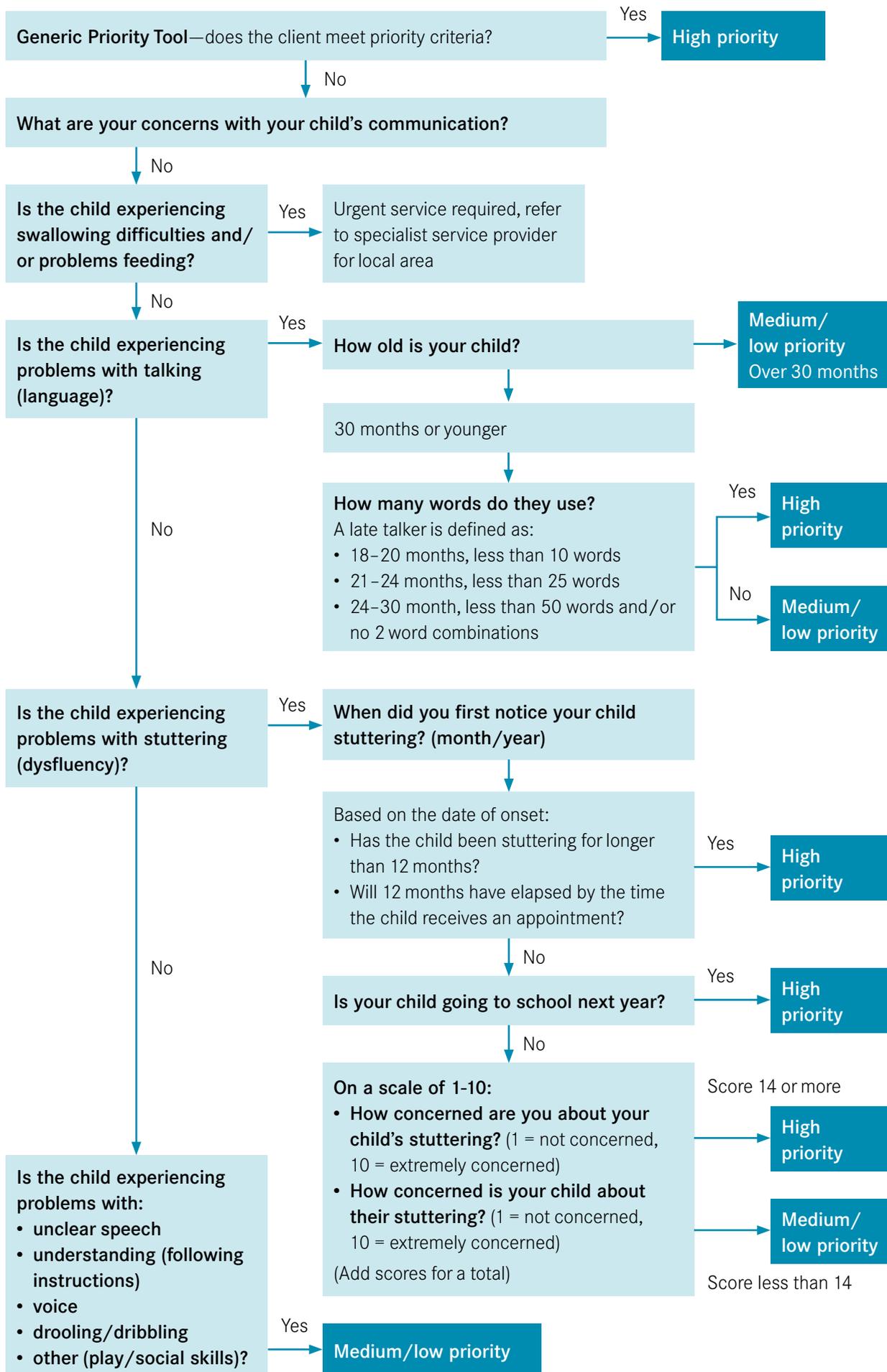
High priority clients include:

- children experiencing swallowing difficulties and/or problems feeding (please note, this is a specialised area of practice; CHSs may elect to refer these children to specialist providers or clinics)
- children 30 months and younger who are considered 'late talkers' (see reference below)
- children who stutter, where at least one of the following applies:
 - they have been stuttering for more than 12 months (or will have been by the time an appointment is available)
 - they are going to school the following year
 - there is a high level of concern from the parent and child about the stuttering (by the definition provided).

Reference

Hanen Early Language Program 2004, *Making Hanen Happen for Target Word®—The Hanen Program for Parents of Children who are Late Talkers*©.

Speech pathology priority tool—paediatric



Consider referral to other services, as appropriate.
 Consult with a speech pathologist if unsure of appropriate service to meet client needs, or priority level.

Dental priority tool

Instructions for use

Introduction

Public dental services provide routine and urgent dental care by teams consisting of dentists, dental therapists, dental hygienists, dental prosthetists and dental assistants. They are responsible for delivering integrated community-based dental care and oral health promotion.

Eligibility

Dental services provided through CHSs target children and disadvantaged adults, and have strict eligibility criteria. Please refer to the Dentistry in Victoria website for current eligibility information at http://www.health.vic.gov.au/dentistry/clients/dental_system.htm.

Instructions for use

This priority tool is designed to determine the need for dental services and the level of priority for service. Intake workers without a background in dentistry should consult with a dental practitioner if unable to determine the level of priority for service.

People seeking urgent dental care are triaged, assessed and managed using the Emergency Care Demand Management System (ECDMS). The ECDMS triage tool is designed so that clients essentially self-assess their priority for emergency care. A series of questions guides the collection of information required to determine the ECDMS priority category. The tool identifies five categories and indicates the maximum timeframe for the client to be clinically assessed for emergency care:

- category 1—emergency care within 24 hours
- category 2—emergency care within one week
- category 3—emergency care within two weeks
- category 4—emergency care within four weeks
- category 5—no emergency care.

ECDMS urgent emergency (category 1) clients include people:

- with a swollen face, neck or mouth
- with bleeding following recent extraction
- unable to open their mouth
- with tooth/gum pain that resulted in waking over night

- aged under 14 who have had an accident leading to problems with teeth or gums
- with swelling or difficulty opening their mouth due to their wisdom teeth
- with intellectual disability
- with immunosuppression
- aged over 80.

People who require routine care should be asked the questions in the generic priority tool. If they do not meet the criteria for high priority, the questions in the remaining item in the dental priority tool should be asked to determine priority for routine care.

High priority dental clients for routine care include:

- children up to 12 years of age, and 13–17 year olds who are, or are dependants of, health care or pensioner concession card holders
- children and young people up to 18 years of age in residential care provided by the Children Youth and Families division (Department of Human Services)
- eligible pregnant women
- others determined to be high priority according to the generic priority tool, except those with complex care needs (see note below*).

These clients should be offered the next available appointment and should not be placed on the waiting list.

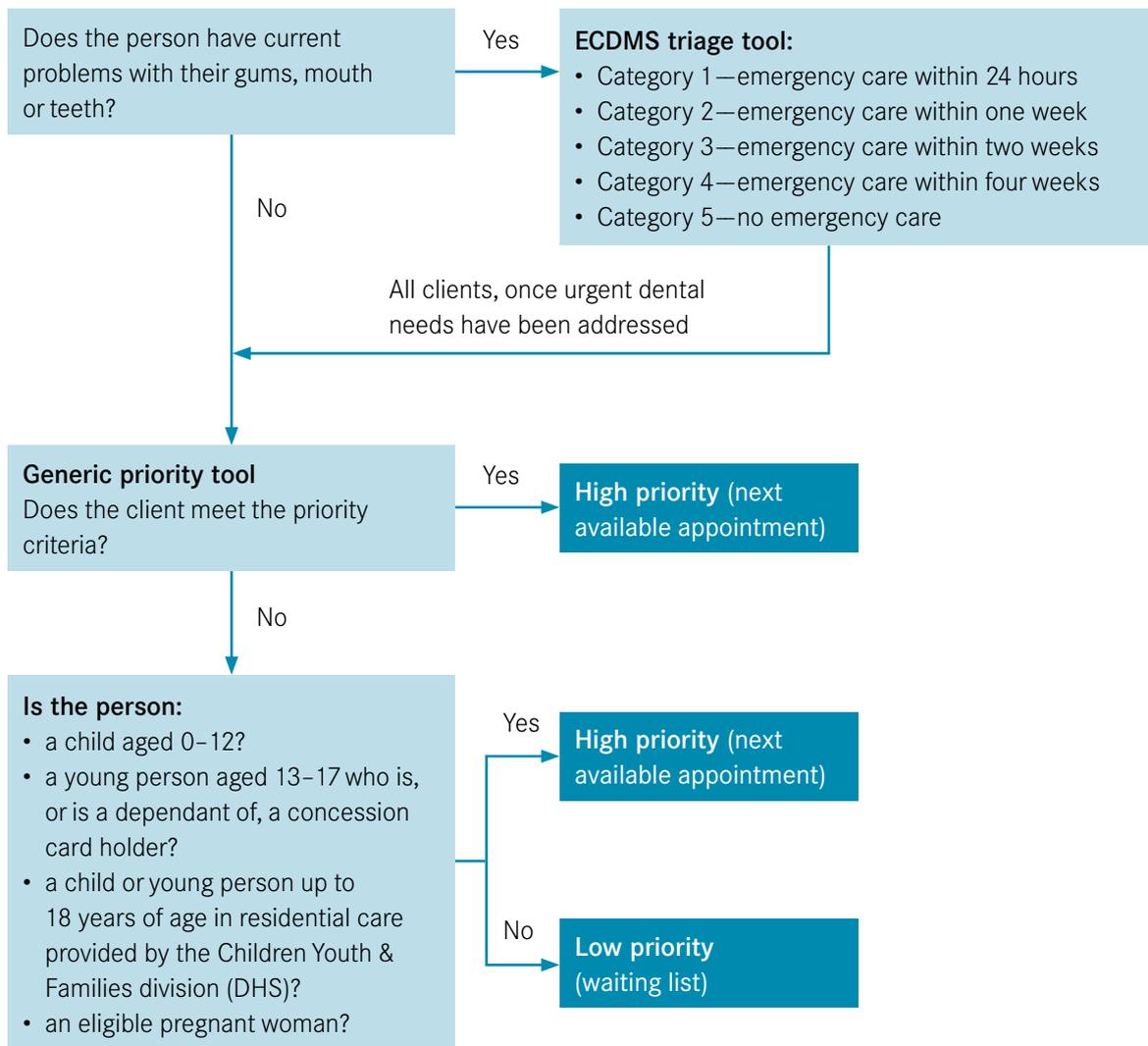
* Clients with complex care needs seeking dental services will be eligible for Commonwealth Government MBS services. Due to the high demand for state-funded dental services, agencies should seek to ensure that such clients have access to services through this stream.

Further information about the MBS for dental services is available at [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/B1597A1010C947C3CA257599000203FB/\\$File/200905-Dental.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/B1597A1010C947C3CA257599000203FB/$File/200905-Dental.pdf).

Reference

Dental Health Services Victoria 2009, *Emergency Care Demand Management System user instructions*. Available at <http://extranet.dhsv.org.au/IgnitionSuite/uploads/docs/ECDMS%20User%20Instructions.pdf>.

Dental priority tool



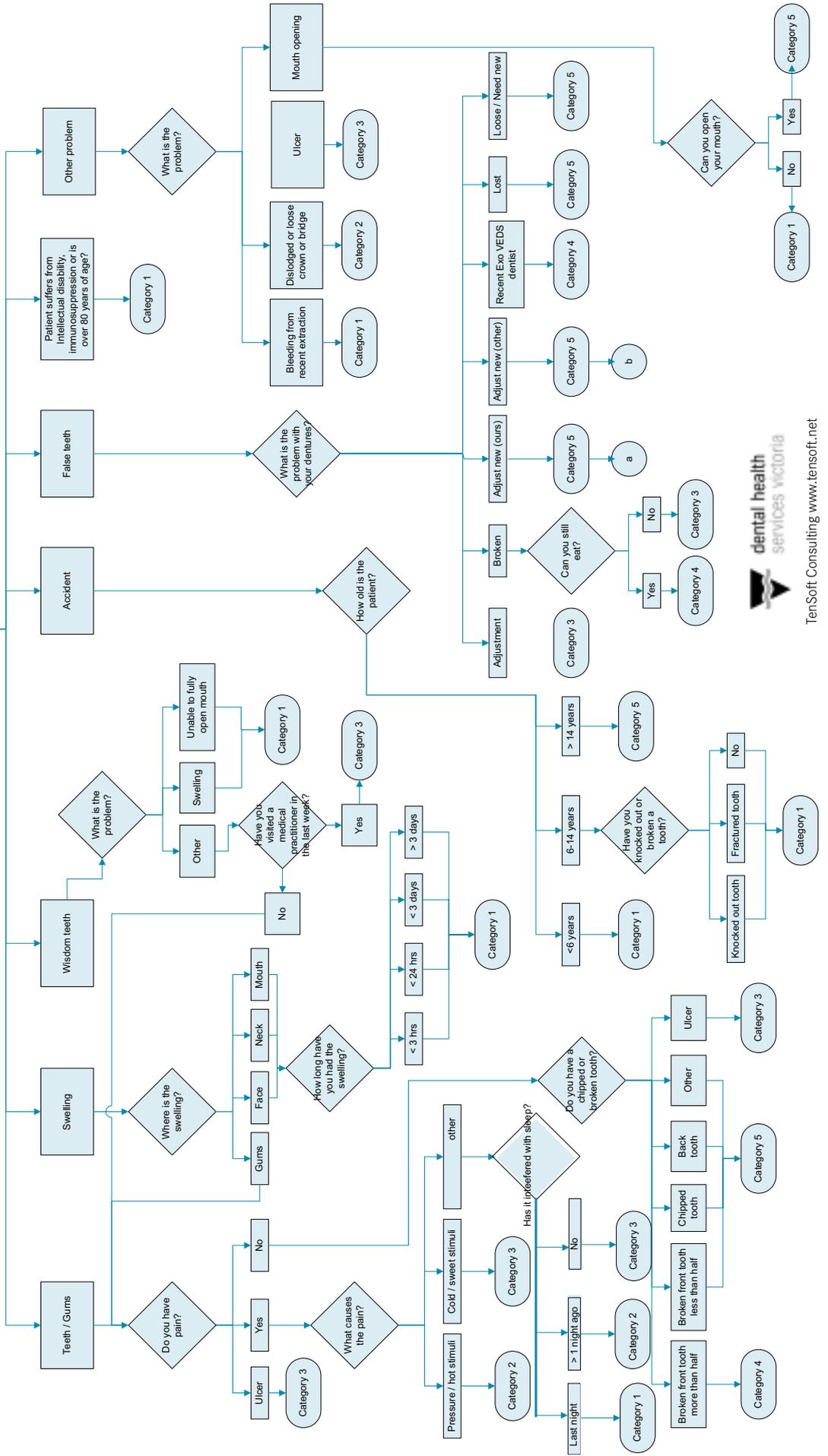
Consider referral to other services, as appropriate. Consult with a dental practitioner if unsure of appropriate service to meet client needs, or priority level.

Dental Emergency Care Demand Management System (ECDMS) triage tool

Notes
 a. No Emergency Care. Book with clinician who made the dentures within the general course of care.
 b. No Emergency Care. Refer back to private practitioner who made the dentures.

Triage Tool v.2.1
 January 2008

Result Categories
 1. Within 24 hrs
 2. Within 7 days
 3. Within 14 days
 4. Within 1 month
 5. Waiting List / No Emergency Care



Case study examples using the CHS priority tools

The following case studies are presented to highlight how the CHS priority tools can be incorporated into service coordination practice. As CHSs use different service access models to undertake the Initial Needs Identification process, each case study describes the staff involved during each element of the client pathway through a CHSs in both **integrated (centralised)** and **non-integrated (multiple access points)** service access models.

Case studies 1 and 2 illustrate this process for clients requiring a single service response.

Case studies 3 and 4 illustrate this process for clients requiring multiple services. As CHSs use different models to undertake assessment and care planning for clients with multiple needs, each case study describes staff involved during each element of the client pathway through a CHSs for services that provide **comprehensive assessment** and care planning and those that conduct **service-specific assessments** and care planning.

Definitions

Integrated (centralised): there are two types of integrated service access models:

1. **single access system:** a single discrete access point
2. **parallel access system:** a combination of discrete access points for most services/programs and additional discrete program/specialist/service specific access points.

Non-integrated (multiple access points): multiple access points.

Reference:

Department of Human Services 2007, *Service access models: a way forward. Resource guide for community health services*, State Government of Victoria, Melbourne.

Comprehensive assessment: a face-to-face interaction with a consumer involving an intense level of enquiry and an advanced dimension of history taking, examination, observation and measurement/testing. It facilitates a more extensive process of enquiry that requires analysis and interpretation of the assessment information and a clinical judgment, diagnosis and differential diagnosis.

Service specific assessments: face-to-face interaction undertaken where consumers have a relatively straightforward, obvious and distinct need for a specific service. It is conducted by the provider responsible for delivering the service and occurs as part of the delivery of service.

References

Department of Human Services 2001, *Better access to services—a policy and operational framework*, State Government of Victoria, Melbourne.

Department of Human Services 2006, *Service access models: a way forward. Resource guide for community health*, State Government of Victoria, Melbourne.

Department of Human Services 2009, *Victorian service coordination practice manual, 2009*, State Government of Victoria, Melbourne.

Case study 1: Client prioritised on basis of clinical need, single service

Max is a four-year-old boy who is experiencing communication difficulties. His mum, Mary, reports that he started to stutter three months ago. Initially she thought he would grow out of it, but recently it seems to be getting worse and Max is now frustrated and embarrassed at kindergarten when the other children can't understand him. He is sometimes refusing to talk. Mary is worried about how he will manage at school next year.

| Service access model | Initial contact | Initial needs identification | Assessment | Care planning | Service delivery |
|---|--|--|--------------------|---|--|
| Integrated (centralised) | <p>Phone call by parent.</p> <p>Receptionist:</p> <ul style="list-style-type: none"> determines that phone call is a new referral directs phone call to intake worker if available, or takes client details (this may include completion of the consumer information template of the SCTTs). | <p>Intake worker:</p> <ul style="list-style-type: none"> conducts phone interview with parent to determine current needs uses SCTTs to assist with broad enquiry regarding needs establishes that Max does not belong to the priority population groups in the generic priority tool identifies that paediatric speech pathology is the only current need uses the paediatric speech pathology priority tool to guide the interview and obtain information to determine priority level documents information and priority level on summary and referral information tool (SCTT) determines that Max is a high priority and offers the next available appointment. | Speech pathologist | Service-specific treatment plan developed | Speech pathology—this may include a home program, parent education and support, individual or group sessions |
| Non-integrated (multiple access points) | <p>Phone call by parent.</p> <p>Receptionist:</p> <ul style="list-style-type: none"> determines that phone call is a new referral directs phone call to speech pathologist if available, or takes client details (this may include completion of the consumer information template of the SCTTs). | <p>Speech pathologist:</p> <ul style="list-style-type: none"> conducts phone interview with parent to determine current needs uses SCTTs to assist with broad enquiry regarding needs establishes that Max does not belong to priority population groups in the generic priority tool identifies that paediatric speech pathology is the only current need uses the paediatric speech pathology priority tool to guide the interview and obtain information to determine priority level documents information and priority level on the summary and referral information template (SCTT) determines that Max is a high priority and offers the next available appointment. | Speech pathologist | Service-specific treatment plan developed | Speech pathology—this may include a home program, parent education and support, individual or group sessions |

Case study 2: Client prioritised by generic priority tool, single service

Dan is a 35-year-old Aboriginal man who presents requesting a dental appointment. He is anxious about seeing a dentist following a bad experience as a child, and he hasn't been to a dentist since. Dan moved to the area three months ago to live with his cousin. He has since developed a good relationship with the Koori access worker who has been encouraging him to join in some of the activities of the local Koori community, and to address some of his health concerns. Dan decided that getting his teeth fixed would be good as he has two chipped front teeth.

| Service access model | Initial contact | Initial needs identification | Assessment | Care planning | Service delivery |
|---|---|--|------------|---|---|
| Integrated (centralised) | <p>Dan and Koori access worker arrive at reception.</p> <p>Receptionist:</p> <ul style="list-style-type: none"> determines this is a new referral directs phone call to intake worker if available, or takes client details (this may include completion of the consumer information template of the SCTTs). | <p>Intake worker:</p> <ul style="list-style-type: none"> conducts interview with Dan and Koori access worker to determine current needs uses SCTTs to assist with broad enquiry regarding needs uses Emergency Care Dental Management System to guide the interview and obtain information to determine eligibility for an emergency appointment establishes that Dan is Indigenous and is a high priority as identified by the generic priority tool identifies that dental care is the only service Dan currently wants to access documents information and priority level on the summary and referral information template (SCTT) Dan does not meet criteria for emergency appointment, but is a high priority for general care and is offered the next available appointment. | Dentist | Service-specific treatment plan developed | Dental care provided, including education to promote good oral health |
| Non-integrated (multiple access points) | <p>Dan and Koori access worker arrive at reception.</p> <p>Receptionist:</p> <ul style="list-style-type: none"> determines this is a new referral directs phone call to dental receptionist if available, or takes client details (this may include completion of the consumer information template of the SCTTs). | <p>Dental receptionist:</p> <ul style="list-style-type: none"> conducts interview with Dan and Koori access worker to determine current needs uses SCTTs to assist with broad enquiry regarding needs uses Emergency Care Dental Management System to guide the interview and obtain information to determine eligibility for an emergency appointment establishes that Dan is Indigenous and is a high priority as identified by the generic priority tool identifies that dental care is the only service Dan currently wants to access documents information and priority level on the summary and referral information template (SCTT) Dan does not meet criteria for emergency appointment but is a high priority for general care and is offered the next available appointment. | Dentist | Service-specific treatment plan developed | Dental care provided, including education to promote good oral health |

Case study 3: Client prioritised by generic priority tool, multiple services

A written referral from a GP is received requesting a physiotherapy assessment for Joan. Joan had a stroke 18 months ago and has some residual deficits that make it difficult for her to walk long distances. Her husband bought her a walking frame last month as Joan fell while they were at the local supermarket. However, Joan now has difficulties using the walking frame to access the bathroom, and has also expressed a high level of anxiety and vulnerability in accessing the community now that she is walking with a frame.

| Service access model | Initial contact | Initial needs identification | Assessment | Care planning | Service delivery |
|--------------------------|--|--|--|---|---|
| Integrated (centralised) | <p>Receptionist:</p> <ul style="list-style-type: none"> determines that written referral is a new client provides referral to intake worker. <p>Intake worker:</p> <ul style="list-style-type: none"> makes initial contact with the client and conducts INI during the same phone call. | <p>Intake worker:</p> <ul style="list-style-type: none"> conducts phone interview with Joan to determine current needs uses SCTTs to assist with broad enquiry regarding needs determines that in addition to the initial request for physiotherapy Joan requires other supports to continue to access the community and manage the psychosocial impacts of her change in circumstance determines that Joan is a high priority, according to the generic priority tool, as she requires coordinated multidisciplinary care makes an assisted referral to the local council for assessment for personal care documents information and priority level on the summary and referral information template (SCTT) offers Joan the next available appointments for the services she requires (physiotherapy, counselling, occupational therapy). | <p>Service specific assessments by:</p> <ul style="list-style-type: none"> physio OT counsellor council assessment worker. <p>Key worker conducts comprehensive assessment (building on information from service specific assessments).</p> | <p>Service specific treatment plans developed by:</p> <ul style="list-style-type: none"> physio OT counsellor council assessment worker <p>Key worker coordinates and documents care using Care Coordination Plan (optional template, SCTT), and communicates with GP.</p> | <p>CHS:</p> <ul style="list-style-type: none"> physio OT counselling <p>Council:</p> <ul style="list-style-type: none"> personal care <p>GP:</p> <ul style="list-style-type: none"> medical management and advice |
| | | | <p>Agencies without key workers:</p> <p>Service specific assessments by:</p> <ul style="list-style-type: none"> physio OT counsellor council assessment worker. <p>Comprehensive assessment conducted according to the organisation's systems and processes, that builds on information from service specific assessments.</p> | <p>Agencies without key workers:</p> <p>Service specific treatment plans developed by:</p> <ul style="list-style-type: none"> physio OT counsellor council assessment worker. <p>Care Coordination Plan (optional template, SCTT), and communication with GP is coordinated and documented according to the organisation's systems and processes.</p> <p>Communication strategy (including GP) and coordination of services required.</p> | |

Case study 3 (continued)

| Service access model | Initial contact | Initial needs identification | Assessment | Care planning | Service delivery |
|--|---|--|--|---|---|
| Non-integrated (multiple access points) | <p>Receptionist:</p> <ul style="list-style-type: none"> determines that written referral is a new client provides referral to physio. <p>Physio:</p> <ul style="list-style-type: none"> makes initial contact with client, and conducts INI during the same phone call. | <p>Physiotherapist:</p> <ul style="list-style-type: none"> conducts phone interview with Joan to determine current needs uses SCTTs to assist with broad enquiry regarding needs determines that in addition to the initial request for physiotherapy Joan requires other supports to continue to access the community and manage the psychosocial impacts of her change in circumstance determines that Joan is a high priority, according to the generic priority tool, as she requires coordinated multidisciplinary care makes an assisted referral to the local council for assessment for personal care documents information and priority level on the summary and referral information template (SCTT) makes an assisted internal referral to counsellor and occupational therapist as a high priority client offers Joan the next available appointment. <p>Counsellor:</p> <ul style="list-style-type: none"> conducts phone interview with Joan, confirming (and clarifying where required) information provided in the referral regarding current needs determines that there are no immediate risks or safety concerns that would indicate the need for an immediate response offers Joan the next available appointment. <p>Occupational therapist:</p> <ul style="list-style-type: none"> conducts phone interview with Joan, confirming (and clarifying where required) information provided in the referral regarding current needs offers Joan the next available appointment. | <p>Service specific assessments by:</p> <ul style="list-style-type: none"> physio OT counsellor council assessment worker <p>Key worker conducts comprehensive assessment (building on information from service specific assessments).</p> | <p>Service specific treatment plans developed by:</p> <ul style="list-style-type: none"> physio OT counsellor council assessment worker <p>Key worker coordinates and documents care using Care Coordination Plan (optional template, SCTT), and communicates with GP.</p> | <p>CHS:</p> <ul style="list-style-type: none"> physio OT counselling <p>Council:</p> <ul style="list-style-type: none"> personal care <p>GP:</p> <ul style="list-style-type: none"> medical management and advice |
| | | | <p>Agencies without key workers:</p> <p>Service specific assessments by:</p> <ul style="list-style-type: none"> physio OT counsellor council assessment worker. <p>Comprehensive assessment conducted according to the organisation's systems and processes, that builds on information from service specific assessments.</p> | <p>Agencies without key workers:</p> <p>Service specific treatment plans developed by:</p> <ul style="list-style-type: none"> physio OT counsellor council assessment worker. <p>Care Coordination Plan (optional template, SCTT), and communication with GP is coordinated and documented according to the organisation's systems and processes.</p> <p>Communication strategy (including GP) and coordination of services required.</p> | |

Case study 4: Client prioritised on basis of clinical need, multiple services

John is a 56-year-old man who requests a podiatry assessment to review the need for orthotics to manage a foot condition he has recently developed. He would also like to see a dietitian to discuss how to best manage his high cholesterol.

| Service access model | Initial contact | Initial needs identification | Assessment | Care planning | Service delivery |
|--------------------------|--|---|------------|---|--|
| Integrated (centralised) | Phone call by John. Receptionist: <ul style="list-style-type: none"> determines that phone call is new referral directs phone call to intake worker if available, or takes client details (this may include completion of consumer information template of the SCTTs). | Intake worker: <ul style="list-style-type: none"> conducts phone interview to determine current needs uses SCTTs to assist with broad enquiry regarding needs establishes that John does not belong to priority population groups in the generic priority tool; although he needs multiple services, these are not related and do not require a team approach identifies podiatry and dietetics as current needs uses podiatry and dietetics priority tools to guide the interview and obtain information to determine priority level determines that while John requires more than one service, the issues are discrete and can be managed by each discipline individually documents information and priority level on the summary and referral information template (SCTT) determines that John is a low priority for podiatry and a medium priority for dietetics; he will be offered appointments as soon as they are available. | Podiatrist | Service-specific treatment plan developed | Podiatrist—this may include a home program, individual or group sessions |
| | | | Dietitian | Service-specific treatment plan developed | Dietitian—this may include a home program, individual or group sessions |

Case study 4 (continued)

| Service access model | Initial contact | Initial needs identification | Assessment | Care planning | Service delivery |
|--|---|---|------------|---|--|
| Non-integrated (multiple access points) | Phone call by John. Receptionist: <ul style="list-style-type: none"> determines that phone call is new referral directs phone call to podiatrist and dietitian if available, or takes client details (this may include completion of consumer information template, of the SCTTs). | Podiatrist: <ul style="list-style-type: none"> conducts phone interview to determine current needs uses SCTTs to assist with broad enquiry regarding needs establishes that John does not belong to priority population groups in the generic priority tool; although he needs multiple services, these are not related and do not require a team approach uses podiatry priority tool to guide the interview, obtain information and determine priority level determines that while John requires more than one service, he has two discrete issues that can be managed by each discipline individually documents information and priority level on the summary and referral information template (SCTT) determines that John is a low priority and will be offered an appointment when available. Dietitian: <ul style="list-style-type: none"> conducts phone interview to determine current needs uses SCTTs to assist with broad enquiry regarding needs establishes that John does not meet belong to priority population groups in the generic priority tool; although he needs multiple services, these are not related and do not require a team approach uses dietetics priority tool to guide the interview, obtain information and determine priority level determines that while John requires more than one service, he has two discrete issues that can be managed by each discipline individually documents information and priority level on the summary and referral information template (SCTT) determines that John is a medium priority and will be offered an appointment when available. | Podiatrist | Service-specific treatment plan developed | Podiatrist—this may include a home program, individual or group sessions |
| | | | Dietitian | Service-specific treatment plan developed | Dietitian—this may include a home program, individual or group sessions |

Acknowledgements

The clinical priority tools are the result of input from many people. We would like to acknowledge the input of the staff who participated in the working groups to develop the priority tools, and their organisations for allowing them the time to be involved. The members of the working groups are listed below.

Consumers and other CHS staff have also contributed via workshops and forums for developing the community health service improvement strategy. We thank them for their time and their feedback.

We acknowledge the previous work completed by Dental Health Services Victoria (DHSV) and TenSoft Consulting in developing the Dental Emergency Care Demand Management System (ECDMS) triage tool.

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| Julie McKail | Bairnsdale Regional Health |
| Ozgul Kara | Doutta Galla CHS |
| Stacey Baldac | Nillumbik CHS/ Speech Pathology Australia |

Trial and evaluation of tools

Thank you to the following agencies that trialled one or more of the tools:

- Barwon Health
- Colac Community Health Services
- Darebin Community Health Service
- Djerriwarrh Health Services
- Frankston Community Health Service
- Goulburn Valley Health
- Knox Community Health Service
- Southern Health.

Glossary

| | |
|-------|--|
| CHS | community health service |
| DHSV | Dental Health Services Victoria |
| ECIS | early childhood intervention services |
| ECDMS | Emergency Care Demand Management System (Dental) |
| INI | initial needs identification |
| MBS | Medicare Benefits Schedule |
| PCP | Primary Care Partnership |
| SCTT | Service coordination tool templates |

