Aim Statement:
Within 6 months, referrals processing time for adult community Occupational Therapy clients will reduce by 45% resulting in appropriate service alignment.

Background to problem worth solving:
Change to referral process with the introduction of My Aged Care (MAC), navigating the MAC portal and increase in OT private providers. Resulted in high rates of referral recalls that had already been processed by the CACC OT service. Impacting on clinician time and referral confusion.

Sponsor/s (Guidance team) members:
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Project team members:
• Gillan Menear Senior OT
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Consultation:
• PC&CH Central Intake Service Team Leader and Administration Officer
• A/CAT & RAS NBMLHD Team Leader

Driver Diagram

**The Problems**
Impact to Occupational Therapy referral management with the introduction of My Aged Care (MAC). Resulting in complex pathways, time inefficiencies, referral misalignment and referral recalls.

**Ongoing:**
Within 6 months, referrals processing time will be reduced by 45% resulting in appropriate service alignment

**National Standard Alignment**
1.8 Processes are in place to identify patients at increased risk of harm
1.9 Patients are in place to identify patients at increased risk of harm

**NBMLHD Strategic Plan 2018 – 2023**
• Predicted increases 2018-2019
• 39% 25-34 age group
• 35% 65+ age group
• Responsible governance and financial management: Collaborate with a range of partners to share knowledge, best practice options, processes and tools

**Overall Outcome of Project:**
$ Cost saving
Jan 2018 – Oct 2018 Original process - all MAC referrals processed into CACC OT Service
• 186 MAC recall avoided by private providers
• 5 stage referral/triage/MAC/discharge – 85 minutes
• 263 hours costing OT/Adm $47.00 = $12361

**Forecast**
Recalls average 3 per month for 12 months = 36 recalls.
Cost @ $141

**Discussion**
The greatest impact has been reached by not generating a service request for MAC referrals via the MAC portal. Having OT access the MAC portal and triaging external referrals to the LHD has significantly reduced the referral processing time and enabled the accurate alignment of referrals to either CACC OT or private providers. It has been evident that more complex and high risk clients are serviced by CACC OT and the private providers action the less complex more ‘healthy aged’. Hence, enabling CACC OT to focus on MDT clients or post discharged clients more timely.

**Plans to sustain change**
1. Standard practice within CACC OT service. Potential of other allied health services.
2. Finalise OT referral management procedure
3. Continue measurements as part of monthly report to service managers.
4. Ongoing data monitoring of all OT ref, triaging and recalls
5. Training OT team is advised of system updates, training modified and management procedure updated to reflect system or process change.

**Plans to spread /share change**
• Allied Health CACC services, OT within LHD and other LHDs working with MAC
• LHD Quality Award July 2019 submission
• ACI Innovation Exchange