Negative Pressure Wound Therapy Referral Guidelines

Remedy POWERED HEALTHCARE

Meets Hospital Substitution Criteria
Earlier discharge home from hospital

Check health fund financial eligibility

Referrals

Minimum standards to support safer, faster and better patient care:

- ✓ **ALL sections of the referral form MUST be completed for a referral to proceed**
- ✓ **Specialist name and contact details MUST be documented** as they maintain clinical governance throughout the program
- ✓ Diagnosis and relevant past medical history
- ✓ Signature on referral form - **an clinician MUST sign referral form**
- ✓ Bed day savings box **MUST be completed**
- ✓ Expected **length of program** to be documented on referral form

Send copy of **hospital wound care chart** or download our wound care chart www.remedyhealthcare.com.au/refer **Including** frequency of dressing changes required (e.g. Monday, Wednesday, Friday) and when next dressing is due.

Advise if **KCI** or **Smith and Nephew** product.

Details of **wound care products & consumables MUST be listed** (i.e. size and colour of foam, type of canister device).

Please specify the pressure and setting for the device on the wound care chart i.e. intermittent or continuous pressure

Date of wound review with surgeon to be documented (if known).

Discharge patient home with consumables to attend to first dressing change. (i.e. a dressing pack, saline, sterile gloves, duoderm or edging dressing, sterile scissors if needed, a VAC dressing kit (includes foam, the drape & tubing) and a spare canister).

Send referral to getbetter@remedyhealthcare.com.au or call 1300 734 224 to speak to the triage clinician

Please call & discuss urgent referrals

Please see over for form information

Get in touch

Call 1300 734 224 or email **getbetter@remedyhealthcare.com.au** to speak to nurse on triage

Negative Pressure Wound Therapy (NPWT) Forms Guide

Remedy POWERED HEALTHCARE

HEALTH FUND ELIGIBILITY LIST

Referring to Remedy Healthcare is simple

Remedy POWERED HEALTHCARE

	Rehab@Home		Hospital Care@Home
Private Health Insurers	• Hip & Knee • Replacement or revision	• Other surgical/Medical • Reconditioning	• Complex nursing care • IV antibiotics • Complex wounds • Drain care • Medication management • Pain management • Complex allied health
ACA Health Benefits Fund	Yes	Yes	Yes
Australian Unity	Yes	Yes	Yes
BUPA	Yes	Yes	ONLY QLD - Call 1300 054 627
CBHS	Yes	Yes	Yes
Cessnock District Health	Yes	Yes	Yes
CUA Health	Yes	Yes	Yes
Defence Health	Yes	Yes	Yes
DVA - Dept Vet Affairs	Not available	Not available	Call for options
Frank	Call for options	Call for options	Call for options
GU Health	Yes	Yes	Yes
GMHBA	Call for options	Call for options	Call for options
HCF	Yes	Not available	ONLY - IV AB/Complex wounds
Health Care Insurance	Yes	Yes	Yes
Health.com.au	Yes	Yes	Yes
Health Partners	Yes	Yes	Yes
HIF	Yes	Yes	Yes
LaTrobe Health Services	Yes	Yes	Yes
Mildura District Health	Yes	Yes	Yes
Navy Health	Yes	Yes	Yes
NIB	Call for options	Not available	Call for options
OneMedifund	Yes	Yes	Yes
Peoplecare	Yes	Yes	Yes
PheonixHealth	Yes	Yes	Yes
Police Health	Yes	Yes	Yes
Queensland Country Health	Yes	Yes	Yes
Reserve Bank Health Society	Yes	Yes	Yes
RT Health	Yes	Yes	Yes
St Lukes Health	Yes	Yes	Yes
Teachers Health (NTF)	Yes	Yes	Yes
Transport Health	Yes	Yes	Yes
Teachers Union Health	Yes	Yes	Yes
Nurses and Midwives Health	Yes	Yes	Yes
The Doctors Health Fund	Yes	Yes	Yes
Westfund Health Insurance	Yes	Yes	Yes

To refer a patient to us

Download and complete our PDF referral form or use our web form. If you need a hand call **1300 734 224** and our triage team will be happy to help.

Completed forms and supporting documentation can also be emailed to **getbetter@remedyhealthcare.com.au** or faxed to **1300 734 221**. remedyhealthcare.com.au/refer

REFERRAL FORM

Referral to Remedy Healthcare

Remedy HEALTHCARE

Phone 1300 734 224 | Fax 1300 734 221 | Email getbetter@remedyhealthcare.com.au

Please indicate if you would like to receive a **referral receipt** via: ☐Fax ☐Email ☐Phone ☐Not required

1. REFERRER DETAILS

Hospital:	Phone:	Fax:
Referrer name:	Email:	
☐Preadmission referral ☐Referral post hospital admission	DVA Provider No:	

2. PATIENT DETAILS

Name:		Next of kin:	
Address:		Next of kin phone:	
DOB:	Phone:	Admission date:	Discharge date:
Email:	Mob:	Health Fund:	
DVA Card No:	Gold/White Card	Membership No:	

FUNDING

☐Health fund ☐Hospital Funded ☐Self-funded ☐DVA ☐Home care package
☐NDIS ☐Compensation Body ☐TAC ☐Aged Care Provider ☐Other

3. PROGRAM OR SERVICES REQUIRED

☐Hospital Care at Home ☐Rehabilitation at Home ☐DVA ☐Mobility at Home ☐Other

Patient would otherwise stay in hospital for ☐ days

4. PATIENT'S MEDICAL DETAILS (THIS SECTION MUST BE COMPLETED FOR REFERRAL TO BE PROCESSED)

Condition/Diagnosis/PHX:	ADL/Safety alerts:	
☐Hospital treating Doctor/Surgeon declares client medically stable	Allergies:	RAPT score: ☐ (mandatory for HCP referrals)
☐Special surgeon protocols (please attach to referral)	☐Sufficient Family/Social support available to client at home	
Treating doctor/surgeon:	Phone:	Fax:
Usual GP:	Phone:	Fax:

5. SERVICE REQUIREMENTS (PLEASE COMPLETE ALL APPLICABLE FIELDS)

ALLIED HEALTH SERVICES		NURSING SERVICES	
☐Physiotherapy	☐Social Work (DVA only)	☐Wound Management	☐Medication Management
☐Podiatry	☐Exercise Physiology	☐IV Therapy/PICC Care	☐Pain Management
☐Dietitian	☐Occupational Therapy	☐NPWT/VAC	☐Drain Management
☐Personal Care ☐Meals ☐Home Help		☐Comprehensive Nursing A,	

☐Wound care chart to be provided & minimum 3 day's supply of products/dressings sent with patient

DESCRIBE CARE REQUIREMENTS

Start Date: Frequency: Duration:

6. AUTHORISATION (THIS SECTION MUST BE COMPLETED FOR REFERRAL TO BE PROCESSED)

Name: Signature: Date:

Role title:

SUBMIT VIA EMAIL

PLEASE ENSURE HIGHLIGHTED SECTION ARE COMPLETED

Get in touch

Call 1300 734 224 or email **getbetter@remedyhealthcare.com.au** to speak to nurse on triage