

ORION - SOCIAL / HEALTH REFERRALS QUICK REFERENCE GUIDE V2

The **Social / Health Referrals** form was previously known as the **NHS Continuing Care Needs Checklist.** It is an electronic form used if the nurse identifies a healthcare need. It refers the patient for social care or for Funded Nursing Care. It contains the 'Section 2' and the Checklist.

SEARCH FOR A PATIENT

Once logged in to Orion Health, you will be taken to the **Portal Patient Search** screen of the navigation panel.

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* PATIENT SEARCH	Portal Patient Search	Select a favorite search
SDM PATIENT SEARCHES	Patient ID Put Name(s) Last Ho Name	me
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	Search Reset Ensar a new favorite search	
	Enter search criteria above and hit 'Search'	

Enter either NHS number or D number into the **Identifier** box and click **Search**.

Note: You can also search for the patient by entering any single/multiple demographic criteria.

If a patient's NHS number is unverified, the patient record will not be returned, however a D Number or patient demographic search will provide patient details.

The **SDM PATIENT SEARCHES** > **SDM Patient Search** option will return patients with enrolled pathways and must be used for patients enrolled with dummy NHS numbers.

Select the patient to view their details.

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🕒 Information on Discharged Patients 💌

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te of th			Sex	Male Ferr	nale	All		
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Patient ID dus/1334		Name	First Name(s) Last Name					
	lanan i							

To access the patient's enrolled programmes, select **PATHWAYS > Full Task List**



From the drop-down menu select the '**Social / Health Referrals**', task and click the blue plus button to add the record

Form Responsible Social / Health Referrals Information on Discharged Patients Social / Health Referrals Boelan / Health Referrals Death Referrals Death Referrals	Episod	8 Start Date: 04/04/2016 Encounter No: Hospital No: Episod	e Type: ID: 20160404123736803001	
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Limb Trauma Record		Limb Trauma Record		

Please be aware due to the new form format, when opening any previously completed forms you will now be forced to update and complete all new mandatory fields.

THE SOCIAL / HEALTH REFERRALS FORM

The NEW form now contains a majority of mandatory fields that must be completed to enable continuation and completion of the referral. Mandatory fields are indicated with a red asterisk *

When completing data entry, please ensure you use the standard Orion functionality for searching for an item \circledast ,

adding a date 🥗 etc.

SECTION 2 IS NOW REQUIRED FOR ALL REFERRALS

For all referrals, complete the 4 sections titled **Patient** / **Referrals Details**, **Section 2 Form, Contact Record** and **Accommodation**.

Note that the **Predicted Discharge Date** must be at least 48 hours after the referral date.

octava 2 Form					
Units of Adminutess*	6				
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Produted discharge date?					
The predicted discharge date must b	e at least 48 hours after the	e referral date			
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Person at temptial completing this notification. This person is also the named socials ⁴	-			Designation*	

Important Note; The Rationale has now changed and is separated into two free text data items. At the bottom of the form you will have to indicate whether a checklist is required.



Social Care Required:

- Select No against the question 'Is a NHS Continuing Healthcare Checklist Required for this Patient?'
- On completion, Social Services will be emailed the referral

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Funded Nursing Care Required:

- Select Yes against the question 'Is a NHS Continuing Healthcare Checklist Required for this Patient?'
- The Checklist is opened for completion

COMPLETE THE CHECKLIST

Ensure all care domains are completed appropriately. Hover over each domain, **A**, **B** or **C** for more detail.

Behaviour* O C	ОВ
C No evidence of 'challenging' behaviour OR some incidents of 'challenging behaviour'. A risk assessment indicates that the behaviour does not pose a risk to self or others or a barrier to intervention. The person is compliant with all aspects of their care.	

Completion of each domain will automatically calculate the Assessment Score.

Assessment Score Total A = 2 Total B = 3 Total C = 2 (hover over for explanation)

RECOMMENDATION INDICATED BY THE CHECKLIST

If you consider continuing care is necessary, select either 'Referral for full consideration for NHS Continuing Healthcare is necessary' or 'Referral for a Health Needs Assessment for Funded Nursing Care is necessary'

Recommendation
Calculate by the
Calculate (please
Consideration for NHS Continuing Healthcare is necessary
Calculate (please
Consideration for Landbh Needd Assessment for Funded Nursing Care is necessary
Social care assessment required (NEGATIVE CHECKUSTS DO NOT RECURRE COMPLETION)
No network for the consideration for NHS
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Please note the 'Social care assessment required' option and the 'No referral for full consideration for NHS Continuing Healthcare or Funded Nursing Care is necessary' are now both **OBSOLETE AND SHOULD NOT BE USED**.

SAVE THE FORM

Ensure all data is complete before clicking the **Complete** button to save the form.

PRINT THE CHECKLIST & SECTION 2 FORM

Where applicable Print two copies of the NHS Continuing Healthcare Checklist: one to be filed in the patient notes, one to be given to the patient. One copy of the Section 2 Form needs to be printed to be filed in the patient notes with the Checklist. It is recommended that a copy of the Department of Health 'NHS Continuing Healthcare and NHS-Funded Nursing Care' leaflet be given to the patient. Locate the Patient Discharge Record. To the right of the appropriate form click on the letter icon:

Patient Discharge Record					
Episode Start Date: 26/07/2016 Encounter	No: Hospital No: Episode Type: ID: 20	160726150410868001			
Form Information on Discharged Pati	Responsible Trainer Account1 (18201)	Due 27/07/2016	Last Edited 15/08/2016	Status Completed	
Limb Trauma Record		03/08/2016		Overdue	
Social / Health Referrals		30/08/2016		Due	

This will take you to the **Documents View** as displayed below:

Documents	NHS Continuing Healthcare Needs Checklist (Last updated by Internet at 20 01/2003 10 - 10 00)	
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	※ 約 後 目 / 目 x 内 ② △ △ 単 草 車 口 田 伊 伊 急 歎 四 一 區 図	
>> Section 2 Form	Paragraph V Font V Size V Q Preview QCF Preview	
Advice		DEP Department of Health
	NHS Continuing Healthcare Needs Checklist	
	Mr Mickey Mouse - 24/12/1919 NHS Number 7777777777 Gender - Male	
	Permanent Address - Disney House Dianey Lane Dianeyland Nat specified Nat specified D22 M1 1 128 Current residence/ward (? not permanent address) - 12 Swith Street, Manufeid, Notis - Telephone Number - 01823 776666	
	Religion - Anglican Ethnicity - White British	
	GP Details By NM RODERTSON	

Select the appropriate letter from the list, **NHS Continuing Healthcare Needs Checklist** or **Section 2 Form**. Click on the **PDF Print** button to ensure the documents are printed in the correct format.

DO NOT ADD OR AMEND ANYTHING TO THE DOCUMENTS AT THIS POINT.



Click on the PDF Print icon and click OK.

CONTACT

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