



# WA HEALTH

## Central Referral Service Policy

Health System Improvement Unit

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## Foreword

Western Australia's public health system continues to be improved so it can provide even better health services to all Western Australians. WA Health strives to provide the appropriate level of quality patient care in a timely manner closer to where people live.

A significant part of the reform program involves us making changes that will improve the delivery of elective services to ensure that we have:

- The right patient
- To the right clinician
- At the right time
- In the right place and
- With the right resources

The Elective Services Referral Policy in partnership with patients, their general practitioners, treating specialists and hospitals will ensure that elective services focus on improving access and reducing waiting times. The improved elective service referral allocation processes will ensure better distribution across the health system and greater transparency regarding potential wait times, whilst maintaining safe and quality care.

This Policy is to be read in conjunction with the:

- WA Health Specialist Outpatient Services Access Policy;
- WA Health Elective Surgery Access Policy – Public and Private Patients; and
- Other relevant Operational Directives that may be subject to change

The implementation of this policy presents challenges for all of us in WA Health. I encourage staff in their ongoing efforts to ensure the principles and guidelines outlined in the policy are working effectively within our system.

**Professor Bryant Stokes**  
**A/DIRECTOR GENERAL**

## Scope

This policy applies to referrals for initial specialist public outpatient assessment at all WA Health metropolitan hospitals from external providers, such as General Practitioners, private specialists and Nurse Practitioners.

## Purpose of Policy

This policy provides all WA Health employees and agents involved in the delivery of outpatient services and those undertaking the coordination of outpatient referral management with a consistent and structured approach to the management of outpatient services.

This policy articulates the rights and responsibilities of the:

- General Practitioner (GP), other medical private provider, and Nurse Practitioner who refer patients for WA Health public outpatient assessment and treatment;
- Health Service (HS) responsible for managing outpatient services for its catchment population;
- Hospital to which the referral will be allocated; and
- Patient

Each hospital will ensure effective clinical and administrative processes are in place to actively manage the outpatient waiting list and to ensure compliance with this policy. The processes established will be appropriately documented and provide mechanisms for routine compliance audits to ensure it can be demonstrated that the policy is being applied appropriately.

## Principles Underpinning Elective Service Referral Allocation

### Referral Allocation to the Right Level and Place of Care in the First Instance

The focus is to allocate the referral for initial specialist outpatient appointment to the most appropriate level of care and location in the first instance in a timely manner. Surgical pathways will then be able to follow at the most appropriate location.

### Outpatient Referrals – Generic and Named Referrals

An outpatient referral including the minimum required demographic and clinical information must be submitted by the referring practitioner for all patients regardless of the source of referral.

The Central Referral Service will accept generic (unnamed) referrals for public outpatient services and named referrals when required for clinical reasons or billing purposes.

### Place of Care

Patients are directed to the most appropriate level of care that is closest to home within a health service catchment area. Every effort should be made to consider patient convenience and continuity of care whilst ensuring timely service delivery.

### Patient Information and Consent

Information relevant to the patient's continuing care whilst on an outpatient waiting list will be routinely shared with the patient's nominated GP, unless the patient specifically does not consent.

## **Active Management**

Referrals for initial outpatient appointments will be managed by the Central Referral Service to facilitate patients being treated closer to home in clinically recommended timeframes.

## **Equity of Access**

All patients will be prioritised based on clinical urgency by the appropriate clinician at the hospital site. Where no clinical urgency differentiation exists, patients will have an initial outpatient appointment booked in order of the hospital receiving from the Central Referral Service.

## **Timeliness of Care**

Hospital sites have a duty to ensure patients will be reviewed in an outpatient clinic within the assigned urgency category timeframe.

If at the time a referral is received by the hospital Outpatient Department, or at any time after the date of receipt, the hospital considers that the specified outpatient clinic is unable or unlikely to be able to provide treatment within the assigned urgency category timeframe, the hospital will notify the Central Referral Service who may:

- Transfer the patient from one outpatient specialty category to another equivalently credentialed outpatient specialty category within the same hospital, or
- Transfer the patient to another hospital outpatient service that is equivalently credentialed to perform the review and where a shorter waiting time is anticipated.

## Definitions and Abbreviations

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	<p>As per Medicare Benefits Schedule Book (operating from 1 July 2012), where a referral originates from a:</p> <ul style="list-style-type: none"><li>• Specialist or consultant physician, the referral is valid for 3 months from the date of first service, except where the referred patient is an admitted patient. For admitted patients, the referral is valid for 3 months or the duration of the admission whichever is longer.</li><li>• Practitioner other than a specialist or consultant physician (i.e. GP), the referral is valid for a period of 12 months from the date of first service, unless the referring practitioner indicates that the referral is for a period more or less than 12 months (e.g. 3, 6 or 18 months or valid indefinitely). Referrals for longer than 12 months should only be used where the patient's clinical condition requires continuing care and management of a specialist or consultant physician for a specific condition or specific long term conditions.</li></ul>
<b>Active Life of Referral</b>	
<b>Central Referral Service (CRS)</b>	<p>A Unit which operates to provide a single point of entry for all external referrals for initial outpatient appointments across the Perth metropolitan area and which manages allocation of these to an appropriate hospital. The Unit also plays a governance role in monitoring, auditing and reporting on these functions.</p>
<b>Clinical Review</b>	<p>Review of a patient to consider appropriateness of the urgency category, the need for re-categorisation and/or assessment of the clinical needs. May include a chart review of the medical records, a telephone interview, clinic appointment, or referral to the patient's GP.</p>
<b>Clinical Priority Access Guidelines (CPAC)</b>	<p>Refers to an outpatient categorisation system that allows the prioritisation of clinical conditions. CPAC assists GPs to assess relative patient need and in doing so, ensure that patients who require treatment more urgently are given priority.</p>
<b>Clinical Triage</b>	<p>Clinical triage is the process of determining the priority of a patient's treatment based on the severity of their condition.</p>
<b>Clinician</b>	<p>A health professional that practices in the outpatient clinic setting, including Doctors, Nurses, Midwives and Allied Health Professionals.</p>
<b>Duplicate Referral</b>	<p>A referral for WA Health public outpatient services for the same patient, condition, specialty and treatment from the same referrer.</p>
<b>eReferrals</b>	<p>Electronic referral system designed to be used by medical, nursing, midwifery and allied health staff within WA Health public hospitals.</p>
<b>External Referral</b>	<p>A referral for WA Health public outpatient services from a practitioner external to WA Health, such as a General Practitioner or private specialist.</p>

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<b>Health Service</b>	<p>A Health Service is a grouping of public health services and hospitals that are operated and managed collectively. Western Australia's four public Health Services are the South Metropolitan, North Metropolitan, WA Country, and Child and Adolescent Health Services.</p> <p>The governance structure of each Health Service is led by the Minister for Health as the Board, with these board responsibilities delegated to the Director General of Health. Day to day management of the Health Services is carried out by its Chief Executive Officer.</p> <p>Each Health Service has a Governing Council made up of community members and clinicians, selected by the Minister for Health. Governing Councils play an important role in planning, monitoring and reporting on public health services, and engaging with clinical and community stakeholders.</p>
<b>Hospital</b>	<p>Any public hospital or health care facility that offers elective services, including outpatients, and where the context requires the hospital to be responsible for managing elective service capacity and activity for its population catchment area.</p>
<b>Immediate Referral</b>	<p>Denotes that a patient is to have an immediate outpatient review (within 7 days) and requires that initial telephone contact be made to a specific clinician at the hospital site by the referrer</p>
<b>Internal Referral</b>	<p>A referral that is initiated during the course of an emergency department, inpatient or outpatient episode at a hospital site. Internal referrals may be to the same specialty (e.g. inpatient to outpatient referral) or to a different specialty (e.g. outpatient to outpatient referral) within a particular site or across other WA public hospital sites.</p>
<b>Medicare Benefits Schedule (MBS)</b>	<p>The Medicare Benefits Schedule (MBS) is a Department of Health and Ageing (DoHA) publication which contains a list of the Medicare services subsidised by the Australian government. The MBS is part of the wider Medicare Benefits Scheme, managed by DoHA and administered by Medicare Australia.</p>
<b>Routine Referral</b>	<p>Denotes all referrals other than urgent referrals.</p>
<b>Specialist</b>	<p>Credentialed specialist medical practitioner eligible to request admission of patients to a hospital.</p>
<b>Urgent Referral</b>	<p>Denotes a referral that requires urgent outpatient review as per CPAC guidelines.</p>

## Policy Details

### Central Referral Service

The Elective Service Referral Policy will provide direction to realign the referral allocation process for initial WA Health public outpatient assessment at a metropolitan wide level. This policy focuses on the migration of current referral processes from multiple entry points at each hospital, to a single point of entry for all external metropolitan specialist outpatient referrals.

The Policy outlines the Central Referral Service function which will include:

- Establishing a single point of entry for referrals from GPs and private specialists;
- Streamlining the process for allocation of initial Doctor-led outpatient referrals;
- Monitoring and auditing the management of the outpatient waitlist for hospitals.

The objective of introducing a single point of entry for referral to initial outpatient appointment is to promote:

- Improvements in the quality of incoming referrals (i.e. completeness, legibility and accuracy);
- Timely receipting and management of referrals;
- Streamlined referral process
- Improved referral distribution by matching demand and capacity across hospital sites;
- Reduced patient waiting times;
- Improved patient access;
- Enhanced clarity for referring GPs and private specialists; and
- Enhanced accountability and governance.

### Referral Source

Patients can be externally referred to WA Health public outpatient services via the Central Referral Service from:

- General Practitioners
- Private Specialist rooms
- Specialist MBS billable clinics
- Nurse Practitioners

The clinical assessment criteria and the administrative requirements for referring a patient to outpatient services are the same irrespective of the source of referral. An outpatient referral, including the minimum required demographic and clinical information, must be submitted by the referring practitioner for all patients regardless of the source of referral.

The Central Referral Service will accept generic (unnamed) referrals for public outpatient services and named referrals when required for clinical reasons or billing purposes

### Standardised Referral Pathways

All referrers to the public health system are to adhere to standardised mandatory outpatient referral requirements with a preference for the use of standardised referral forms for the first specialist outpatient appointment.

### Referral Requirements and Allocation

All external referrals for WA Health public outpatient services are to be directed to the Central Referral Service to ensure that patients receive the most timely, clinically and geographically appropriate care.

Referrals that are addressed to hospitals directly will be forwarded to the Central Referral Service by the hospital and the referrer notified of this action by letter (from the Central Referral Service) containing information on the current WA Health referral requirements



Referrals are to be directed to the Central Referral Service which will then allocate referrals to hospitals based on:

- Postcode of patient's residence;
- Postcode of referring GP or private medical practitioner's address if patient is of no fixed address;
- Specialty referred to;
- Specialty availability at hospital site;
- Patient acuity (i.e. requirement for tertiary, specialist or general hospital level care);
- Level of specialty service offered at a hospital;
- Current demand and wait for outpatient services at a hospital;
- Patient ease of access (e.g. hospital employees, patients residing with family at another address, patients already attending other clinics at a site - these need to be clearly identified on the referral); and
- Referral guidelines for patients under the care of corrective services and child protection agencies.

For WA rural patients that require care not offered within their local WA Country Health Service region, (referrals may be directed to the metropolitan Central Referral Service.

Rural initiated referrals will be processed in the same manner as metropolitan patient referrals, however, where possible, patients with multiple referrals will be directed to the same site for convenience. Social circumstances will also be taken into consideration (e.g. such as patient accommodation in metropolitan area).

### **Referral Timeframes**

All referrals received by the Central Referral Service will be entered into TOPAS/webPAS and an electronic format record generated within the following timeframes:

- Urgent referrals within one working day
- Routine referrals within three working days

### **Referral Content**

To ensure that patients are directed to the most appropriate level and place of care in a timely manner, WA Health has minimum standards for outpatient referrals.

Referrals to outpatient services must be in writing (e.g. electronic file, facsimile, letter) and include the following:

- Patient's full name (or alias), maiden name and where appropriate (e.g. for a minor) the name of parent or caregiver
- Patient's address
- Patient's telephone number (home, mobile and alternative)
- Patient's date of birth
- Next of kin/carer/guardian/local contact for paediatric referrals
- Hospital Unit Medical Record Number (UMRN) (if known)
- Medicare Number and expiry date
- Past health history including details of previous treatment, investigations including radiology, pathology, procedure and other relevant results
- Presenting symptoms, their duration and details of any associated medical conditions which may affect the presenting condition, or its treatment (e.g. diabetes)
- Physical findings (e.g. haematoma on right lower leg)
- Height, weight and BMI
- Details of current medications and any known allergies
- Date of referral, details of referring practitioner, Provider Number and contact details (including facsimile number)

- The name of the specialty to which the patient is being referred (if known)
- GP diagnosis and urgency, where appropriate
- For immediate referrals, the referrer must clearly indicate “Immediate” and include the specialist/registrar’s name (that the patient’s referral was discussed with), hospital and the specialist/registrar’s (contact) telephone number on the referral.

When a patient is re-referred for a health condition for which they have previously seen a specialist and have been discharged from the hospital/outpatient follow-up, this should be noted in the referral, along with the name of the specialist (if known) and any further relevant information. This will enable clinicians to make an informed assessment. This referral will be treated as a new referral.

When a patient’s referral reaches the end of its active life, the patient will be notified by the relevant hospital that the patient will require a new referral from their GP or specialist if outpatient treatment is to continue. The GP must clearly indicate that this referral is a renewal of an existing referral.

WA Health encourages referring practitioners to submit referrals electronically where possible; however WA Health will accept referrals via post or facsimile. For more information relating to referral requirements please visit WA Health’s Elective Service Website at: <http://www.gp.health.wa.gov.au/>

Irrespective of the submitted referral format (i.e. electronic, fax, or post) the use of a standard WA Health referral form is required to ensure the provision of adequate referral content. For a copy of the WA Health Referral Forms please visit the GP Website at: <http://www.gp.health.wa.gov.au/CPAC/referral/templates.cfm>

For those patients that require review by an additional specialty for the same condition, the referring practitioner will complete a separate referral form for each speciality.

## **Referral Communication**

Referring practitioners will be encouraged to meet mandatory referral requirements through regular feedback processes (e.g. telephone, letter, reference to website). The external referring practitioner (e.g. GP or private provider) and the patient will receive correspondence (i.e. electronic notification, facsimile, short message service (SMS) or letter) to notify them that the referral has been received and will be processed accordingly.

The Central Referral Service will identify inadequate or incomplete referrals (based on non-clinical and clinical referral information) which will be returned to the referrer for completion of the required mandatory information.

In the event that a hospital outpatient service requires additional patient information to facilitate an informed triage assessment, the hospital outpatient service may directly contact the external referrer. If the additional patient information obtained from the external referrer positions the patient requirements above that offered by that particular outpatient service, the hospital outpatient service is to return the referral to the Central Referral Service for appropriate reallocation. Hospitals may not directly on-refer to another hospital.

It is the receiving hospital’s responsibility to notify the Central Referral Service if a referral has been incorrectly received (e.g. a hospital has directly received a referral from a GP via post or facsimile; or if the service is no longer available at that site).

## Immediate External Referrals

All immediate external referrals are to be clearly marked as such by the referring practitioner. Where a referring practitioner considers that a patient requires immediate review (i.e. to be seen within 7 days), the procedure is as follows:

**Immediate referrals from external clinicians** require the referrer to contact the specialty senior clinician or clinic staff at the nearest tertiary hospital by telephone to arrange an appropriately timed presentation. The referring practitioner should complete a referral form (following the telephone discussion), clearly indicate 'Immediate' and include the specialist name, hospital, contact telephone number and details of the telephone clinical advice on the referral. The referral is to be forwarded to the relevant hospital (usually by fax to the department/clinic as directed) to be available for the initial outpatient appointment.

## Unrelated Condition

As an outpatient, the presentation of an unrelated illness or condition which may result in another course of treatment in another specialty will require a new referral for first outpatient assessment within the additional specialty. In such cases the treating clinician will refer the patient to their GP for management of the unrelated condition.

In extraordinary circumstances a treating clinician may elect, on clinical urgency grounds, to directly on-refer to another specialty for an unrelated condition.

## Outpatient Process and Appointment Management

### Clinical Triage

The clinical triage of outpatient referrals will occur at the hospital specialty level. The triage process will be managed according to the hospital's agreed business rules (e.g. on a rotational basis by medical specialists within a team or by specialist available on the day received). Clinical triage for outpatient referrals is to be recorded in the patient administration system (i.e. TOPAS or webPAS) as per agreed hospital business rules.

### Triage Timeframes

Referrals received by the hospital outpatient specialty clinic are to be triaged within an appropriate timeframe as follows:

- Urgent referrals triaged within one working day
- Routine referrals triaged within five working days

### Appointment Booking

Outpatient appointments will be booked by the hospital specialty or clinic where the patient appointment will be attended.

The patient and the initial referring practitioner (e.g. GP or private practitioner) will be notified by the hospital clinic (e.g. by letter) once an initial appointment is booked. For immediate referrals (i.e. within 7 days) the patient and referring practitioner should be notified of the appointment date and time by telephone and or SMS.

If an appointment is unavailable in a clinically recommended timeframe, the hospital will liaise with the Central Referral Service as soon as possible to enable more timely appointment alternatives to be considered.

Please refer to the WA Health Specialist Outpatient Services Access Policy for more information on appointment booking and cancellation.

### **Hospital Capacity**

The hospital must notify the Central Referral Service of changes in hospital capacity that will impact on the availability of the type and timeliness of care (e.g. a specialty no longer available, clinic capacity changes or service disruptions).

## **Governance, Monitoring and Reporting**

### **Central Referral Service**

The Central Referral Service will provide governance, monitoring and reporting regarding the following:

- Hospital service capability database including list of available specialties
- Source of referral
- Duplicate referrals
- Incomplete referrals and source (i.e. returned to GP or private provider)
- Timeframes for processing and triaging referrals
- Time from receipt of referral to first outpatient appointment
- Referral volumes allocated to each hospital
- Referral volumes within appropriate hospital catchment
- Outpatient wait times at specialty level at each hospital

### **Referrals**

The Central Referral Service will monitor and audit all referrals, for duplication. Where trends are detected regarding duplicate referrals, the Central Referral Service will notify the referrer(s) regarding the correct WA Health outpatient referral process. Duplicate referrals will be returned to the referrer.

The Central Referral Service will monitor and audit all referrals for completeness and correctness. Where trends are detected regarding incomplete and/or incorrect referrals, the Central Referral Service will return to the referrer(s) and provide information regarding the acceptable WA Health outpatient referral process.

Referrals are to be processed (i.e. screened, entered into patient administration and referral systems, and sent to appropriate hospital) by the Central Referral Service within an appropriate timeframe as follows:

- Urgent referrals processed within one working day
- Routine referrals within three working days

### **Outpatient Appointment Waiting Times**

The Central Referral Service will monitor and audit the time that patients wait for an initial outpatient appointment.

This document can be made available in alternative formats on request for a person with a disability.