West Moreton Health Referral user guide

This simple user guide will assist in explaining why we require this information, and how to best use the template in your software.

Revised referral templates have been developed for use by general practitioners and aligns with Specialist Outpatient Services Implementation standards. This ensures equitable access for all patients requiring specialist outpatient services at West Moreton Health by providing best-practice waitlist management processes aimed at facilitating treatment of patients within clinically recommended timeframes.

The revised referral templates can be uploaded into practice software for GP use. Instructions on how to do this and the referral templates are available on the West Moreton refer your patient website, the PHN website, or below.

Step One:

Please download the referral template from the West Moreton refer your patient website here

Template Import instructions for:

- Best Practice

- Medical Director

- ZedMed

    Note: Right click and "save as target or save as" Do not open the RTF documents using Word or they may become corrupted. Please read the 'How to import and use' guides before opening and downloading the template documents.

MMex and Genie have a template already imbedded in the software. Please contact your MMex or Genie representative for further information on how to access these templates in your software.

Please note; Genie is unable to support data merges and other field boxes such as drop downs.

If this is unsuitable, please use our generic template.

Step Two:

Save the template in your software as "Ipswich Hospital Specialist Referral 2020" and ***delete all previous versions.*** This will avoid any confusion in which template to use.

Step Three:

Select a test patient in your software to ensure this is now working.

> *Tip: Please click on file, page setup and ensure margins are all set to 10 to ensure page is set up correctly in your letter writer. If this is not set up correctly it may cause formatting errors within the page.*

Step Four:

Save the West Moreton refer your patient website (here) as an icon on your desktop for easy access.

Step Five:

Caring Better Together

Queensland Government

During your patient consultation, use West Moreton HealthPathways to assist with the management and referral of your patients condition. All Clinical Prioritisation Criteria (CPC) are listed within the West Moreton refer your patient website. Select the relevant specialty or use ctrl+F to search by condition.

For conditions not listed, please use the general referral criteria.

Specialist Service Referral Directory

- Antenatal Services
- Cardiology
- Diabetes and Endocrinology
- ENT
- Gastroenterology
- General Medicine
- General Paediatrics
- General Surgery
- Geriatric Medicine
- Gynaecology
- Hepatology
- Neurology
- Neurosurgery
- Oncology and Malignant Haematology
- Ophthalmology
- Orthopaedic
- Paediatric Surgery
- Palliative Care
- Plastic and Reconstructive Surgery
- Respiratory
- Sexual Health and Blood Borne Virus
- Urology
- Vascular

For other conditions not listed please use the General Referral Criteria.

Conditions Search

How to search

Conditions are listed in alphabetical order by their title.

To search:

- Use **Ctrl+F** on your keyboard, enter key word(s) then hit enter.
- Click **down arrow** next to the key word to go to next instance of key word until you find the document you are looking for.
- To search again, delete key word and enter new key word.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Step Six:

When you have met the minimum referral criteria and the patient consents to be referred to Specialist Outpatients, continue to your practice software and commence preparing the referral.

Step Seven:

Insert relevant Observations, Investigations, progress notes and history (examples only, differs between software) *Please provide information that will contribute to determining the priority assigned to the client. This should include all current medications, relevant allergies and immunisations.*

Observations to be inserted for today's visit only - unless clinically necessary

(Height, Weight, BMI is required for all referrals)

To select only today's date, or another date, click the calendar icon and either select the appropriate date range, or click on "Today's date"

Please insert pathology and Medical Imaging results and reports clinically relevant to this referral.

Current Medical Problem/s and Past Medical History

Provide information regarding the presenting issue

Step Eight:

Complete all fields in the prompt boxes – e.g.

Note:	If Clinical override is requested, please provide further information. Referrals are reviewed by the triaging specialist who determines the most appropriate course of action. Ensure all sections are completed - If not completed in full this referral may be returned for further information
Urgency of referral	Urgent - fax to 3413 7277 Routine Child and Youth Mental Health - fax to 07 3817 2549 Mental Health - fax to 07 3413 7490
Referral Type	New Ongoing care Triage upgrade request for existing referral Updated Referral (additional clinical information)
Reason for triage upgrade request (type if applicable)?	e.g. Patients condition has deteriorated
Speciality referred to? (please select)	Antenatal AODS Cardiology Child and Youth Mental Health Dermatology Diabetes Dietetics Endocrinology ENT (Ear, Nose & Throat) Fracture Clinic General Medicine General Surgery
Is this a named referral?	No Yes - Antenatal; Director Dr M Veerasingham Yes - Cardiology; Dr J Neill Yes - Child & Youth Mental Health; Dr A Pillai Yes - Dermatology; Dr S Kumar Yes - Diabetes; Dr T Dover Yes - Endocrinology; Dr T Dover Yes - ENT; Dr C Bond Yes - General Medicine; Director, Dr M McKean Yes - General Surgery; Dr D Swan Yes - Geriatric Medicine; Dr A Cutler Yes - Gynaecology; Director, Dr M Veerasingham
Length of referral?	12 Months or Indefinite for patients with chronic or ongoing conditions
Reason for Referral	Type the reason for referral here - up to 200 Characters
Have all essential referral criteria (CPC) requirements been addressed? (Please select)	Yes No - reason for clinical override below Not applicable
Reason for Clinical Override? (please select)	Inability to include or obtain essential referral information Minimum referral criteria not met Presence of Clinical Modifiers

Clinical modifier/s that may impact patient priority (Select all that apply)	Impact on employment Impact on education Impact on home Impact on activities of daily living - low Impact on activities of daily living - medium Impact on activities of daily living - high Impact on ability to care for others Impact on personal frailty or safety
All further information regarding referral and clinical override (please type your letter here):	Dear Doctor, Please see patient regarding....
Is your practice telehealth enabled?	
Could Case conference be considered for Complex and Palliative Chronic disease patients?	**Please select yes / no / not applicable as required**
Is the patient of refugee background?	
If yes, please provide relevant refugee details	**Providing refugee details may assist our clinicians**
Does the Patient require an interpreter?	**Yes / No / not applicable**
Please type preferred language if not English	English
Is the patient under the care of the Department of Child Safety?	Yes No Not applicable
Case worker contact details (Name, Contact number and address) if applicable	
Does patient consent to email or SMS Contact from West Moreton Health?	

Please contact us if you have any concerns after reading through the rest of this user guide.

Why have we asked these questions?

Demographics –

If we are unable to contact a patient for an urgent appointment and their details are incorrect, this may impact the care we can provide to them. Ensure all patient demographics are confirmed and correct at the time of referral. This is mandatory for all children, especially those who may be under the care of a legal guardian.

Urgency of Referral – CPC provides a guideline on Categories.

- Urgent - Category 1; *Appointment within thirty (30) days is desirable, Condition will require more complex or emergent care if assessment is delayed. Condition will have significant impact on quality of life if care is delayed beyond thirty days.*

- Routine –

  Category 2; Appointment within ninety (90) days is desirable; AND
  o   condition has potential to require more complex care if assessment is delayed; AND
  o   condition has the potential to have some impact on quality of life if care is delayed beyond ninety days

  Category 3; Appointment within 365 days is desirable; AND
  o   condition is unlikely to deteriorate quickly; AND
  o   condition is unlikely to require more complex care if assessment is delayed beyond 365 days

- Child & Youth Mental Health – **Fax directly to CYMH - 07 3817 2549**

- Mental Health – **Fax directly to 07 3413 7490**

Referral Type –

- New – conditions not previously treated at Ipswich Hospital

- Ongoing Care – patients already being treated for this condition and the previous referral has since expired. (GP's may receive correspondence requesting an ongoing care referral)

- Triage Upgrade request for existing referral – If a patient's condition has changed/deteriorated and are currently on a waiting list for Specialist Outpatients, send an updated referral with reasons for an upgrade request.

- Updated Referral (additional information) – If further investigations/results need to be forwarded to the Central Referral Hub.

Reason for triage upgrade request – *e.g. Patient currently Category 2, however condition has changed.*

Patient is already on a waiting list and their condition has deteriorated and requires a more urgent appointment, select Yes.

Length of referral –

Standard GP referrals are valid for 12 months.

If "Indefinite" is selected, the referral will not expire and the patient can continue under specialist care until discharged from the service. An indefinite referral is suitable for patients who have chronic or ongoing conditions.

Have all essential referral criteria (CPC) requirements been addressed? –

If the minimum referral criteria has been met select yes, or if there are no CPC for the condition select not applicable.

Referrals that do not include the essential/required information may be returned to General Practitioners requesting they complete a new referral according to the existing West Moreton referral guidelines and Clinical Prioritisation Criteria (CPC). The guidelines and criteria are available on the West Moreton HealthPathways and Refer your patient websites.

West Moreton HealthPathways**: https://westmoreton.communityhealthpathways.org/**

Username: *wmuser*   Password: *wmpassword*

Referrals may be returned by West Moreton Health for the following reasons:

- The patient does not meet eligibility criteria
- There is not sufficient information to confirm patient's identity/Next of Kin/Carer information
- The referral is illegible
- The referral does not contain sufficient information to accurately categorise the level of clinical urgency
- Referral information indicates that the patient can be more effectively managed in the primary healthcare setting
- The referral is for a service that West Moreton does not have the capability to provide
- The patient does not reside within West Moreton catchment area

Reason for clinical override – select if applicable

Clinical Modifiers – select all that apply. Presence of clinical modifiers may impact patient priority.

Ethnicity / Does the patient Identify as ATSI –

Australia's Aboriginal and Torres Strait Islander peoples occupy a unique place in Australian society and culture. This group also experiences the worst health outcomes of any population group in Australia, therefore in QLD Health facilities we prioritise access to services for all Aboriginal patients. In the current climate of reconciliation, accurate and consistent statistics about Aboriginal and Torres Strait Islander peoples are needed in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area.

Is an Interpreter Required – Does the client require an interpreter? Answer yes or no.

When an appointment is generated for this patient, it is West Moreton Health's policy to provide an interpreter if required. If an onsite interpreter is unavailable, a phone interpreter will be arranged.

What is the patients preferred language –

If 'Yes', document the language/dialect spoken by the client, <u>not their nationality</u>.

Specialty/Department – Select the correct Specialty you wish to refer to.

If a specialty has not been listed the service may not be available at West Moreton Health and you will need to refer to another Health Service.

Is this a named referral –

If the patient chooses to be referred as a private patient, select the appropriate specialty and Doctor listed.

From 1st July 2017 Commonwealth growth funding has been capped. This changes how West Moreton Health can fund its growth as an organisation. Named referrals from GP's help support hospital funding through a Medicare bulk-billing arrangement. The new federal funding model incorporates specific pricing for patients which removes concerns around 'double dipping'. This benefits hospital and patient services with additional staffing, improved and expanded services, new equipment, medical research and more.

Referral reason – This is a free text field. Enter a valid clinical referral reason.

Treatment options trialled previously – This is a manual field, list treatment options previously trialled prior to referral.

Are you Telehealth enabled –

If your practice is Telehealth enabled, select yes. This option may be utilised more in rural areas, or in practices that may have a higher percentage of patients unable to come in to Ipswich Hospital for appointments.

Is Telehealth clinically appropriate –

Some specialties may not be suitable for telehealth. Note, that in most cases the initial appointment would be onsite with our Specialist, further review appointments may then be suitable for telehealth.

Could case conference be considered –

Complex and palliative chronic disease patients are eligible for case conferencing with WMH to increase rapid access to specialist chronic conditions teams. Select Yes, No or not applicable

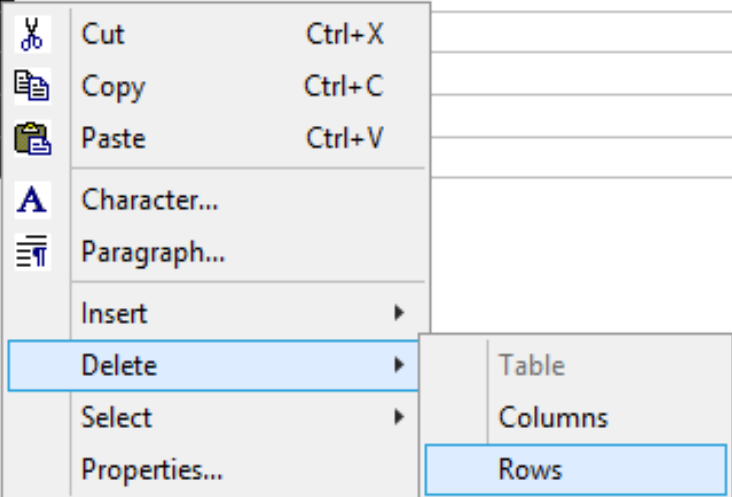**Referring doctor name and address, surgery name and medical provider number.**

We request Referrer provider numbers to ensure correct identification of the General Practitioner in the event of a similar name and for the subsequent linking of the referral information to the correct patient appointment as well as Medicare requirements.

Does the patient consent to being contacted by West Moreton –

Due to privacy laws, we request that at the time of referral you inform the patient or guardian that West Moreton Health require consent to contact them.

==Helpful hint for MD users:== As currently MD does not allow for selection of measurements, did you know that you can highlight rows that are not required, and delete?

Please contact WM-CPC@health.qld.gov.au