



BUILDING A BETTER REFERRAL

Alberta universities team up with AHS to develop a quality referral curriculum

We've all seen it, we've all heard about it. Somewhere out in the medical abyss, there exists the worst referral letter ever written. It would also be safe to say that the worst consult note is likely floating around too.



But the reality of the situation is that most physicians try to write a great letter of referral. And most specialists try to write a great consult note. So why are referrals and consults causing delays in patient care?

The fact of the matter is that even a small piece of missing information on a referral or consult note can cause delays and frustration. And, in Alberta, there is no formal or standard instruction given to medical students about what is required for a quality referral or consult note.

Referral and consult content is often taught within the realms of medical professionalism, but may vary from discipline to discipline and even instructor to instructor. Without a provincial standard to measure, there is no way to determine quality or effectiveness and therefore no way to enforce improvement.

This reasoning is what led to the development of the Quality Referral Evolution (QuRE) initiative. Medical professionals from the University of Calgary, the University of Alberta,

primary care, surgery, pediatrics and family medicine along with specialists in education and referral management – came together with two goals in mind. First, determine what information is required for a quality referral letter and quality consult note; second, develop a curriculum to standardize referral education for medical students and residents in Alberta, alongside an accredited self-study for practicing clinicians.

After an exhaustive literature review and prototype feedback from medical students, professors, and practicing physicians, QuRE published a Referral and Consult Pocket Checklist. Designed to easily slip into a lab coat pocket, the easy to read and colour-coded checklist is a valuable tool for clinicians to do a quick check while writing a referral or consult note, and also help those on the receiving side of referrals or consult notes to be aware of what they should be able to expect.

It's a simple solution, and it works. Whether you're a resident, a clinician or an assistant – if you touch a referral, you can use this list. And you can be certain that your referral letter or consult note is not the cause of any delay in patient care.

PATIENT INFORMATION Name, DOB, Ptnl. Address, Phone, Alternate contact, Translator required PRIMARY CARE PROVIDER INFORMATION Name, Phone, Fax, CCJ Indicate if different from family physician REFERRING PHYSICIAN INFORMATION Name, Phone, Fax	QuRE Quality Referral Pocket Checklist TO REFERENCE MORE CARES & INFORMATION: www.aahs.ca/QuRE	PATIENT INFORMATION Name, DOB, Ptnl. Address, Phone, Alternate contact, Translator required REFERRING PROVIDER INFORMATION Name, Phone, Fax, CCJ Indicate if different from family physician CONSULTING PROVIDER INFORMATION Name, Phone, Fax
CLEARLY STATE A REASON FOR REFERRAL Diagnosis, management and/or treatment Procedure issue / care transfer Is patient aware of reason for referral?		PURPOSE OF CONSULTATION Date referral received & date patient was seen Diagnosis, management and/or treatment Procedure issue / care transfer / Urgency
SUMMARY OF PATIENT'S CURRENT STATUS Stable, worsening or urgent/emergent What do you think is going on? Symptom onset / duration Key symptoms and findings / Any red flags		DIAGNOSTIC CONSIDERATIONS What do you think is going on? • definitive / provisional / differential Why? (explain underlying reason) What else is pertinent to management?
RELEVANT FINDINGS AND/OR INVESTIGATIONS (pertinent results attached) What has been done & is available What has been ordered & is pending		MANAGEMENT PLAN Goals & options for treatment & management Recommended treatment & management • rationale / anticipated benefits & potential harms • contingency plans for adverse event(s) / failure of treatment Advice given / Action(s) taken Situation(s) that may prompt earlier review
CURRENT AND PAST MANAGEMENT (list with outcomes) None Unsuccessful / successful treatment(s) Previous or concurrent consultations for this issue	FOLLOW-UP ARRANGEMENTS (who does what and when) Indicate designated responsibility for: • organizing assessment and suggested timeframes • medication changes (clarify whether done or suggestion only) Further investigations • recommendations • responsibility for ordering, reviewing & notifying patient	
COMORBIDITIES Medical history Pertinent concurrent medical problems • List other physicians involved in care if long-term conditions Current & recent medications • name, dosage, PRN basis Allergies / Warnings & challenges	© AHS Dec 2017	

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