Improving Referral/Consultation Communication with the QuRE Checklist

What is QuRE and who is involved?
QuRE is an initiative to improve referral and consultation competencies through undergraduate and postgraduate medical programs, as well as continuing professional development programs for physicians in Alberta. There is currently no formal or standard training on writing referral/consultation notes, no evaluation of quality, nor promotion of improvements.

QuRE is a working group with members from Alberta Health Services (AHS), the University of Calgary and the University of Alberta. QuRE represents family medicine, surgical and medical sub-specialties, the Universities’ residency programs, and the AHS Access Improvement Team. The Checklist has been created from a detailed literature search, focus group feedback and multiple group collaborations.

What is the QuRE Checklist?
An evidence-informed tool created by the QuRE working group to help improve referral communications between health care professionals, and also patients.

Along with QuRE workshops, this Checklist will help improve standards of care for physician practice, and in turn, support better access to care for Albertans.

How to use the QuRE Checklist
Reflect on your own referral/consultation practices. Are you getting rejected referrals? Are you giving or receiving all of the necessary information for your patient to get thorough, safe and effective care?

Use the Checklist as a handy tool to help you include the right information in building your letter to the healthcare professionals involved.

Number of referrals in Alberta*
5,532 family physicians handle
~16 million primary care visits per year**

Family physicians create
~2 million referrals that are sent to
5,405 specialists

On average
38,400 referrals made per week

More information
For more about QuRE, visit www.ahs.ca/QuRE.
To order your printed Checklist, email access.ereferral@ahs.ca.

Why is this important?
Over 38,000 referrals are made every week across the province. Inadequate communication leads to delayed access to care, patient frustration, missed follow-ups, poor compliance, duplication of services, and is ultimately a patient safety issue.
The QuRE Checklist will help you in referral/consult requests and responses. Use one today - help transform Alberta’s referral experience.

**Who needs to know?** The referring physician isn’t always the family physician. Are consultants, family physician and patient informed? Keep everyone in the loop.

**Be specific.** What question(s) are you seeking consultation for? Express clear expectations for the consult outcome.

**Cover all the basics.** Include must-know clinical information that has a direct impact on patient and referral status.

**Reduce redundancy.** Ensure you have listed any recently ordered tests so they aren’t ordered again. BUT, don’t include pages of paperwork that will be hard to sift through. Highlight clinically relevant, pertinent positive and negative findings.

**Be thorough.** Provide information on what has been tried previously and why a consult is required.

**Be comprehensive.** Include medical history to help the consultant determine the complexity and urgency of a referral.

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### PATIENT INFORMATION
- Name, DOB, PHN, Address, Phone, Alternate contact
- Translator required

### PRIMARY CARE PROVIDER INFORMATION
- Name, Phone, Fax

### REFERRING PHYSICIAN 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?

### 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

### RELEVANT FINDINGS AND/OR INVESTIGATIONS (pertinent results attached)
- What has been done & is available
- What has been ordered & is pending

### CURRENT AND PAST MANAGEMENT (list with outcomes)
- None
- Unsuccessful / successful treatment(s)
- Previous or concurrent consultations for this issue

### 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

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### PURPOSE OF CONSULTATION
- Date referral received & date patient was seen
- Diagnosis, management and/or treatment
- Procedure issue / care transfer / Urgency

### DIAGNOSTIC CONSIDERATIONS
- What do you think is going on?
  - definitive / provisional / differential
- Why? (explain underlying reason)
- What else is pertinent to management?

### 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

### FOLLOW-UP ARRANGEMENTS (who does what and when)
- Indicate designated responsibility for:
  - organizing reassessment and suggested timeframes
  - medication changes (clarify whether done or suggestion only)
- Further investigations
  - recommendations
  - responsibility for ordering, reviewing & notifying patient

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**Who needs to know?** The referring physician isn’t always the family physician. Are the family physician and patient informed? Keep everyone in the loop.

**Be explicit.** Be clear about why you saw the patient; highlight if the urgency changed.

**Give your opinion and support it.** Explain the underlying reason(s) for your workup/diagnosis/management, etc.

**Information exchange.** Be specific about what the patient was told - both with respect to the diagnosis and the management plan.

**Eliminate ambiguity.** Specify who does what regarding recommendations. Be sure that responsibilities and follow-up expectations are clear and concise.

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*Updated: Sept. 2018*