

# Improving Referral/Consultation Communication

with the  
**QuRE Checklist**



## Number of referrals in Alberta\*

**5,391**  
family physicians handle  
**~3.3 million**  
primary care visits per year\*\*



Family physicians create  
**~2 million**  
referrals that are sent to  
**5,337**  
specialists



On average  
**37,737**  
referrals  
made per week

\*Number based on 2018 data from Canadian Medical Association, College of Physicians and Surgeons of Alberta, and the Government of Alberta's Economic Dashboard (Population).

\*\*Average number of visits to primary care physicians (2014-18) provided by AHS Analytics (DIMR).

## More information

For more about QuRE, visit  
[www.ahs.ca/QuRE](http://www.ahs.ca/QuRE)  
To order your printed Checklist, email  
[access.ereferral@ahs.ca](mailto:access.ereferral@ahs.ca)

## 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 letters to the healthcare professionals involved.

## Why is this important?

Over 37,000 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.

## 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, consistent or standardized training on writing referral/consultation notes, no evaluation of quality, nor promotion of improvements in Canada.

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.

# The QuRE Checklist will help you in referral/consult requests and responses. Use one today - help transform Alberta's referral experience.

**PATIENT INFORMATION** Name, DOB, PHN, Address, Phone, Alternate contact, translator required

**PRIMARY CARE MD/NP INFORMATION** Name, Phone, Fax, CC / Indicate if different from family physician

**REQUESTING MD/NP 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?  
Patient's expectation  
Symptom onset / Duration  
Key symptoms & 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 MD/NP involved in care if long-term conditions  
Current & recent medications  
• Name, dosage, PRN basis  
Allergies / Warnings & challenges

  
**Quality Referral Pocket Checklist**  
To receive more Checklists, email [access.ereferral@ahs.ca](mailto:access.ereferral@ahs.ca)  
 For more information, visit [www.ahs.ca/QuRE](http://www.ahs.ca/QuRE)  
© AHS June 2019

• • • •

**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.

**PATIENT INFORMATION** Name, DOB, PHN, Address, Phone, Alternate contact, translator required

**REQUESTING MD/NP INFORMATION** Name, Phone, Fax, CC / Indicate if different from family physician

**CONSULTING MD/NP INFORMATION** Name, Phone, Fax

**PURPOSE OF CONSULTATION**

Date request 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 & suggested timeframes  
• Medication changes (Clarify whether done or suggestion only)  
Further investigations  
• Recommendations  
• Responsibility for ordering, reviewing & notifying patient

  
**Quality Consult Pocket Checklist**  
To receive more Checklists, email [access.ereferral@ahs.ca](mailto:access.ereferral@ahs.ca)  
 For more information, visit [www.ahs.ca/QuRE](http://www.ahs.ca/QuRE)  
© AHS June 2019

• • • •

**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.