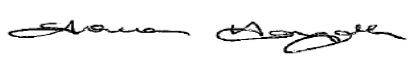


Standard Operational Procedure New Patient Referral Procedure


Edition Number	02
Reference Number	NPRP-06-2013-EK-V2
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June 2013	Based on OPD new National OPD Policy

Our Lady's Children's Hospital, Crumlin		
Document Name: Standard Operational Procedure New Patient Referral Procedure		
Reference Number: NPRP-06-2013-EK-V2	Version Number: 2	
Date of Issue: 28 th June 2013	Page 2 of 7	

1.0 Introduction

The purpose of this SOP is to outline the position of Our Lady's Children's Hospital, Crumlin in relation to the handling of new patient referral letters. The management of a new patient referral letter is a process carried out by appointments staff to ensure that OLCHC has a record of all new referrals received; this is prior to sending these letters to the Consultants for triage.

This SOP is based on the Outpatient Performance Improvement Programme 2012 – 2015 document and The Management of Outpatients Services – January 2013, Edition 1.0.

2.0 Scope

The SOP applies to all personnel responsible for and involved in the new patient referral process and to ensure they are managed in a standardised manner.

3.0 Hospital Wide SOP

The requirements of this SOP must also be applied to any department which receive new patient referral letters.

4.0 Purpose of the Procedure

The purpose of the new patient referral letter procedure is to ensure all new patient referral letters are processed correctly and triaged by the clinician within 5 working days.

5.0 Authorisation

This SOP was authorised by the OPD Steering Committee

6.0 Objectives of this Procedure


Each letter is reviewed by the appointments staff for age appropriateness, referral source and area. (All new patient referrals received over the day of 16th Birthday to be stamped as overage). OLCHC accept referrals for secondary care from GPs in South County Dublin, and for some specialities will include Wicklow and Kildare. The overall objective of this procedure is to ensure we have a record of receiving all new patient referrals and ensure they are tracked triaged and managed appropriately.

7.0 Procedure

ACCESS TO OUTPATIENT SERVICES

- Access to outpatient services is via the submission of a written referral (referral template Appendix 1) from a recognised referral source as outlined in the data definitions for use with the National Treatment Purchase Fund (NTPF) OPWL minimum data set for reporting waiting times. Referrals received should contain the minimum data required for safe, efficient, administrative, and clinical management of referred patients as outlined by HIQA. Referrals that do not contain the minimum amount of data required to accurately categorise the level of clinical urgency cannot be accepted and will be returned to the Source of Referral (SOR) for further clarification.

All national referrals should be filtered via a paediatrician or a consultant.

Our Lady's Children's Hospital, Crumlin		
Document Name: Standard Operational Procedure New Patient Referral Procedure		
Reference Number: NPRP-06-2013-EK-V2	Version Number: 2	
Date of Issue: 28 th June 2013	Page 3 of 7	

THE RECEIPT & CLINICAL PRIORITISATION OF REFERRALS

- All outpatient service referrals to service-providers are received in the OPD central area, registered on PAS, and added to the outpatient waiting list module within one working day of receipt. This area acts as the organisational hub for the receipt, management, tracking, administration, and closing of referrals. It is also the central point of contact for SORs and service-providers, should queries arise.

This area also acts as the central point of contact for patients wishing to cancel, reschedule, or enquire about appointments.

- In the future, service-providers will work towards a centralised model for both referral management and advanced booking

A process should be in place to notify SORs that their referral has been received. Clinical priority must be identified for each patient. All referrals should be categorised and PAS updated with the outcome within five (5) working days of receipt of referral.


Compliance with the five (5) working day turnaround standard for clinical prioritisation and categorisation of referrals will be monitored by the OPD Steering Committee. Monitoring will take place at clinician level on a weekly basis and local protocols should be developed to include escalation procedures where the standard is not routinely being met.

POOLED REFERRALS TO SPECIALTIES

- As per HIQA recommendations (2011), outpatient referrals should be made by sources of referral to a specialty/service. All un-named referrals will be pooled.

OLCHC Process

- All post will be collected daily. Referral letters received are date stamped on receipt of letter
- All patient details are uploaded to the OPWL tracking system, with referral source, date received, and date sent for triage and name of clinician that the letter is sent to for clinical triage.
- Clinicians receive referral letters in a folder at their clinic, in order for them to triage these letters.
- The Clinician will grade them urgent, and routine, based on clinical need. The date of triage will be included. The category of soon is being phased out and will be allowed only in departments with long waiting lists. When the hospital Primary target list, (PTL) is uploaded to NTPF weekly all patients who have a triage category of soon will be tracked to urgent.
- Letters need to have a triage category allocated within 5 working days of the receipt of the letter to ensure all information is recorded on the OPWL, date of triaged, outcome and urgency letter to be recorded.
- If clinician does not wish to accept the referral, they are expected to inform Appointments Staff and document this on the referral letter; the letter will be resolved of the OPWL and returned to referral source.
- The OPD manager receives an automated report on a two weekly basis with a list of outstanding triage letters not returned for resolution. On receipt of this report the OPD manager contacts the relevant Consultant (see appendix 2 escalation algorithm). If the OPD manager does not receive any feedback this is escalated to the Director of Operational Services and from there to the Clinical Director.

Our Lady's Children's Hospital, Crumlin		
Document Name: Standard Operational Procedure New Patient Referral Procedure		
Reference Number: NPRP-06-2013-EK-V2	Version Number: 2	
Date of Issue: 28 th June 2013	Page 4 of 7	

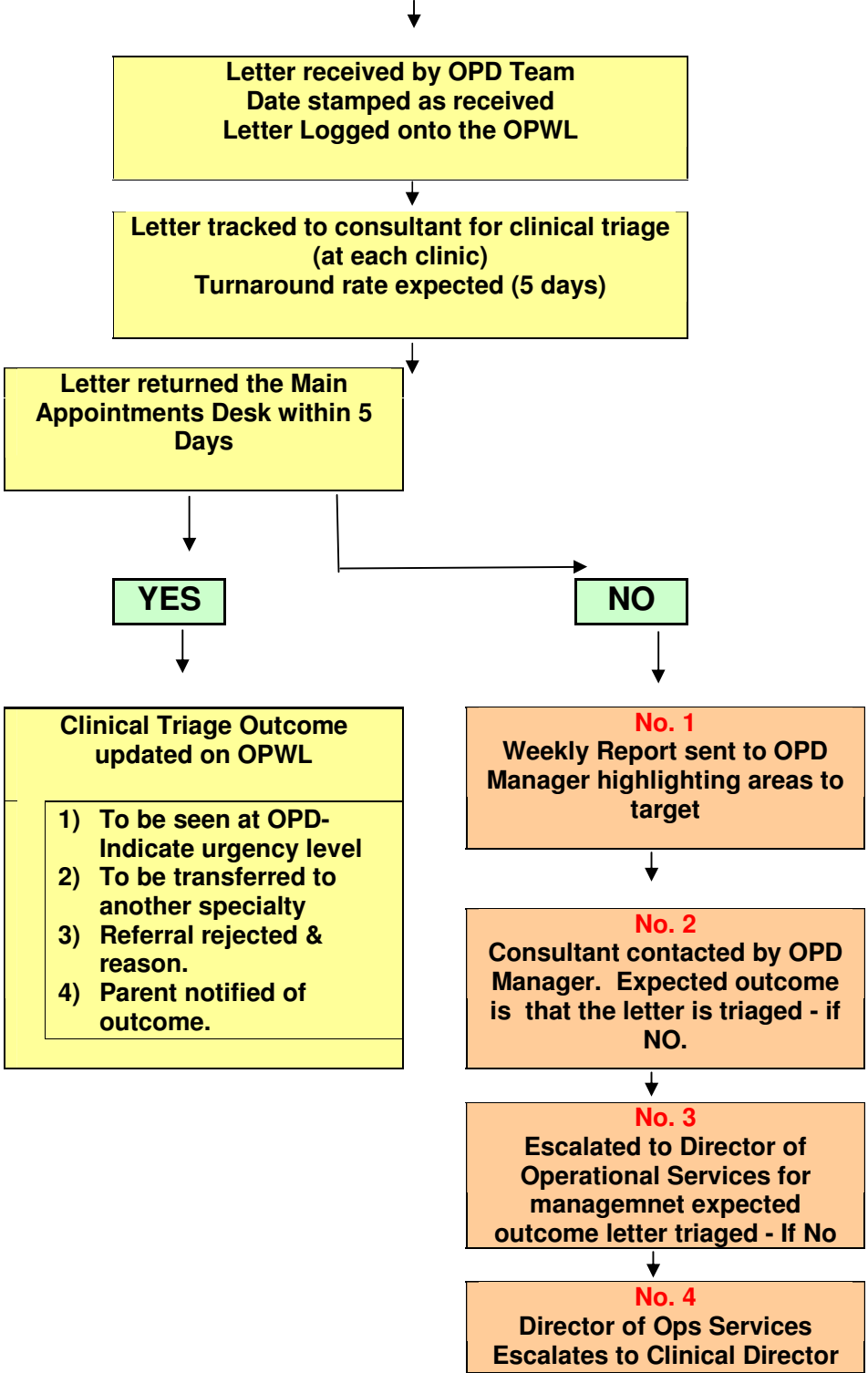
- If a waiting list exists and you cannot issue an appointment, an acknowledgement letter will be sent to parents advising them of the situation.
- If an appointment can be prescheduled the patient/parent/guardian will be issued with an appropriate appointment and letter advising.
- Ensure mobile field update if mobile number available in order for text reminder to be sent.
- Referral to be filed in relevant folder to ensure it will be available on the day of clinic.


8.0 Implementation Plan

Reviewed 2010 based on the HSE National Framework 2009 on the operation and management of the Outpatients Department.

Outpatient Performance Improvement Programme 2012 – 2015 document and The Management of Outpatients Services – January 2013, Edition 1.0.

PROCESS FOR CLINICAL TRIAGE OF OPD LETTERS
Target - turn around time of 5 days



Our Lady's Children's Hospital, Crumlin		
Document Name: Standard Operational Procedure New Patient Referral Procedure		
Reference Number: NPRP-06-2013-EK-V2	Version Number: 2	
Date of Issue: 28 th June 2013	Page 6 of 7	

Outpatients - GP Referral Form
Our Lady's Children's Hospital, Crumlin®



Referral Date: _____

Department: _____ Consultant/Specialty: _____

Referral Type: _____

Patient Personal Details

Surname: _____ Forename: _____

DOB: _____ Male/Female: _____

Address: _____

Parents/Guardian Name: _____

Main Telephone Number: _____ Mobile Number: _____
 (please note this mobile number will be used to send a text reminder to patient to attend the appointment)

GP/Referral Source Details

Referring GP: _____


Practice Name: _____

Address: _____

Tel No: _____ Fax: _____

Email: _____

Please Provide Official GP/Source of Referral Stamp below

Our Lady's Children's Hospital, Crumlin		
Document Name: Standard Operational Procedure New Patient Referral Procedure		
Reference Number: NPRP-06-2013-EK-V2	Version Number: 2	
Date of Issue: 28 th June 2013	Page 7 of 7	

<u>Clinical Details</u>
Reason for Referral
History of Complaint
Relevant Clinical Examination
Background History
Medications
Allergies
Comments/Remarks
<p><u>THIS SECTION IS FOR HOSPITAL OFFICIAL USE ONLY</u></p> <p>Date referral received: _____ Triage Outcome: _____ Date Triaged: _____ Urgent <input type="checkbox"/> Soon <input type="checkbox"/> Routine <input type="checkbox"/> If rejected please state reason _____</p>