Metropolitan Health Services

Specialist Outpatient Services Access Policy

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Foreword

Western Australia’s public health system is being transformed so it can provide even better health services to all Western Australians.

A significant part of the reform program involves us making changes that will improve the delivery of outpatient and elective surgical services, to ensure that we have:

- the right patient
- to the right clinician
- at the right time
- in the right place and
- with the right resources.

Patients on waiting lists can feel isolated, not knowing what is planned for them or the timing of their treatment. Our strong commitment to reforming services will place patients at the centre, with improved communications and greater patient involvement in decision-making.

In partnership with patients, their General Practitioners, treating specialists and hospitals, this new system-wide policy will ensure that elective surgical and outpatient services focus on improving access and reducing waiting times.

Implementing this policy will present many challenges for all of us in WA Health. I encourage staff in their ongoing efforts to ensure the principles and guidelines outlined in the policy are transformed into practice.

Dr Neale Fong
Director General
Scope

This policy applies to specialist medical and surgical outpatient services provided by all metropolitan public hospitals.

Purpose of policy

This policy provides all Western Australian health employees and agents involved in the delivery of specialist outpatient services and those undertaking the coordination and maintenance of specialist outpatient appointments lists with a consistent and structured approach to the management of specialist outpatient services.

This policy articulates the rights and responsibilities of the:

- Area Health Service responsible for managing specialist outpatient services for its catchment population
- Patient
- Medical or other health practitioner who refers the patient for specialist assessment.

1. Specialist outpatient referral

1.1 Referral source

Patients can be referred to specialist outpatient services from:

- General practitioners (GPs)
- Medical practitioners within the hospital (e.g. Emergency department, inpatient units)
- Medical practitioners’ private rooms
- Medical practitioners in other hospitals (transfer)
- Other health care professionals (e.g. optometrist to ophthalmologist).

The clinical assessment criteria and the administrative requirements for referring a patient to specialist outpatient services are the same irrespective of the source of referral. This includes all referrals made by medical and other practitioners from within the hospital to outpatient clinics.

An approved specialist referral form must be submitted by the referring practitioner for all patients regardless of the source of the referral.

1.2 Referral content

Referrals to specialist outpatient services must be in writing (e.g. letter, facsimile, electronic file) and include the following information:

- The patient’s full name (or alias) and where appropriate (e.g. for a minor) the name of the parent or caregiver
- The patient’s address
- The patient’s telephone number (home and alternative)
- The patient’s date of birth
- Next of kin/carer/guardian/local contact for paediatric referrals
- Hospital Unit Medical Record Number (UMRN) and Medicare number (if known)
• past history including details of previous treatment, investigations including x-rays (photocopied results and films where appropriate)
• presenting symptoms and their duration and details of any associated medical conditions which may affect the presenting condition, or its treatment (e.g. diabetes)
• physical findings details of current medications and any drug allergies GP diagnosis and categorisation with reference to Clinical Priority Access Criteria (CPAC) where available
• date of referral, details of referring practitioner and GP details if different from the referring practitioner and the name of the doctor/clinic to which the patient is being referred.

Patients being re-referred with the same problem will have a letter containing the relevant information directed to the original specialist who will arrange an appropriate follow-up appointment at a routine clinic.

The use of the standard Referral Form is required to ensure the provision of adequate referral content (Appendix 1 - Referral Template).

Hospitals will ensure referrals include adequate information to allow categorisation, prioritisation and direction of patients to appropriate services as per the Clinical Priority Access Criteria (CPAC) guideline for First Specialist Assessment.

Hospitals will implement procedures to inform referring practitioners with respect to appropriate referral content.

Referring practitioners will be encouraged to meet referral requirement through regular feedback processes (e.g. telephone, letter).

Hospitals will identify inadequate or incomplete referrals and where necessary, return the referral for more complete information.

1.3 Clinical Priority Access Criteria (CPAC)

To ensure patients are receiving the most appropriate care within the desired timeframe referring practitioners must allocate a priority for care based on the guideline for First Specialist Assessment. The Clinical Priority Access Criteria (CPAC) guideline for First Specialist Assessment is available at www.gp.health.wa.gov.au.

1.4 Active life of referral

As per the Medicare referral rules outlined in A Guide to Medicare and other HIC health programs available at www.medicareaustralia.gov.au, referrals issued by:

• A GP to a specialist referral remains valid for a single course of treatment (an episode of care) or for a period of twelve months from the initial specialist outpatient consultation, whichever is the lesser. GPs can indicate a shorter, longer or indefinite period for referral.

• A specialist to specialist referral remains valid for a single course of treatment (an episode of care) or for a period of three months from the initial specialist outpatient consultation, which ever is the lesser.
An episode of care commences at the initial consultation, continues through treatment and concludes when the patient is returned to the care of the referring practitioner.

On the occasion of referral for chronic or long-term conditions that will extend beyond twelve or three months, the referring practitioner will detail the patient’s clinical condition and whether they will require continuing care and management by a specialist. Examples of these may include Renal and Oncology referrals. In these instances wording on the referral must indicate that the referral is valid for an indefinite period.

1.5 Unrelated condition

The presentation of an unrelated illness or condition which may result in another course of treatment (episode of care) in another specialty will require a new referral for First Specialist Assessment. In such cases the treating specialist will refer patient to their GP for management.

In extraordinary circumstances a treating specialist may elect, on clinical urgency grounds, to directly on-refer to another specialty within the hospital. In such cases the CPAC guidelines for First Specialist Assessment (where available) will be applied by the referring specialist.

1.6 Timeliness of first specialist assessment

If at the time a referral is received, or at any time thereafter, the hospital considers that a specialist is unable or is unlikely to be able to provide assessment or treatment within the recommended timeframe (as per First Specialist Assessment guidelines), the hospital will take responsibility for expediting access to care. Options available in the first instance include:

• transferring the referral (which may require seeking a new referral from the GP) to another specialist within the same hospital
• transfer the referral (which may require seeking a new referral from the GP) to another hospital where an earlier outpatient appointment can be provided
• having the patient reviewed by nursing or allied health staff.

2. Removal of patients from appointment lists

2.1 Patients who decline treatment and request to cancel

The hospital has the duty of care to ensure that the patient is informed of the potential risks to their health as a result of not attending their appointment.

A patient will be removed from the outpatient appointment list if the patient declines treatment at their own will and/or no longer wishes to receive treatment at the hospital, subject to the requirements below.

With the exception of patients who advise that they are seeking treatment elsewhere or currently reside outside Western Australia, any patient of a high risk clinic who declines treatment and requests to cancel an appointment will be referred to the treating specialist, relevant clinic head or delegated clinic representative.
Depending on the patient’s diagnosis, the treating specialist, clinic head or delegated representative will:
- request that the patient attend a clinical review and discussion of the consequences of their decision, or
- authorise the removal of the patient from the outpatient appointment list.

All other patients who decline treatment and request to be removed from the outpatient appointment list will be automatically removed. Patients will be advised to contact their GP in the event that they wish to proceed with the treatment or their condition deteriorates.

2.2 Patients who repeatedly re-schedule appointments

A patient will be removed from the appointment list following the patient’s second rescheduling of appointment or if the patient has indicated non-availability for treatment for a period exceeding 90 days.

Hospitals will exercise discretion to distinguish between patients who are reasonably negotiating an appointment time and those who declare themselves unavailable for care for a prolonged period.

2.3 Patients who do not attend (DNA) for appointment

A patient will be removed from the outpatient appointment list following the patient’s second DNA unless prior notice and good cause is provided to the hospital or health call centre Outpatient Direct.

Hospitals will exercise discretion on a case-by-case basis to avoid disadvantaging patients in the case of genuine hardship, misunderstanding and other unavoidable circumstances.

2.4 Notification of removal

All contactable patients who are removed from the outpatient appointment list will receive written advice of their removal from the hospital. This letter will clearly state:
- the reason for the removal
- the date of the removal
- who the patient can contact if they have a query or concern.

Where practical, the hospital will notify the patient’s treating specialist and the patient’s GP in writing when a patient is removed from the outpatient appointment list.

2.5 Patients who are non-contactable

Patients who are not contactable by the hospital will be removed from the outpatient appointment list, provided that the hospital has made reasonable attempts to contact the patient. This includes an attempt to identify the patient’s correct details via:
- the patient’s treating specialist
- the patient’s GP
- the hospital’s medical records
- other sources of information including a telephone directory search and in some circumstance contact with next of kin (e.g. minors).
Once referred for an appointment, the patient has a responsibility to notify the hospital of any changes to their contact details. The patient will be properly informed in writing of their placement on the appointment list, including the possibility of being removed for failing to notify the hospital of any changes to their contact details or repeatedly re-scheduling or failing to attend for an appointment (Appendix 2 - Example Notification Letter to Patients).

2.6 Documentation of removal

The removal of a patient from the outpatients appointment list will be clearly documented on the patient’s medical record. If this is not practical, removal can be recorded on a central register of patients pending the information being subsequently placed on the medical record.

Depending on the reason for the patient’s removal, hospitals will ensure that the following information is also included on the patient’s medical record or central register of patient, where applicable.

2.6.1 Patients who are non-contactable

Evidence that a reasonable attempt to contact the patient was made prior to their removal - for example, copies of letters returned and notations indicating the patient’s GP and/or hospital records were unable to provide correct contact details.

2.6.2 Patients who repeatedly defer appointment or defer for a long period

Evidence that the patient has deferred appointments on at least three occasions or has indicated non-availability for treatment for a period exceeding 90 days, without good cause.

2.6.3 Patients who fail to arrive (DNA) for an appointment

Evidence that the patient has failed to arrive for an appointment on the assigned date on at least two occasions without prior notice and good cause being provided to the hospital or health call centre Outpatient Direct.

2.7 Patient information

Hospitals will advise patients of the circumstances under which a patient may be removed from the outpatient appointment lists as part of the patient information processes.

This information may be incorporated within the hospital’s existing patient information sheet, or alternatively, hospitals may wish to provide patients with a specific information sheet.

In particular, hospitals will ensure that patients are aware that:

- the patient has the responsibility to notify the hospital of any changes to their contact details and that failure to do so may result in their removal from the outpatient appointment list
- the patient may be removed from the outpatient appointment list following the patient’s second self-deferral (that is re-scheduling of appointments) depending on the reason for the deferral
• the patient may be removed from the outpatient appointment list if the patient wished to defer appointment for an unreasonably long period of time (exceeding 90 days), depending on the reason for the deferral
• the patient may be removed from the outpatient appointment list following the patient’s second failure to attend their appointment without providing prior notice and good cause to the hospital or the health call centre Outpatient Direct.

Hospitals will ensure that patient information is available in languages other than English and is available in a form suitable for patients with visual impairment, hearing deficit or low literacy.

Unless a patient does not consent, information relevant to their continuing care while waiting for an appointment and during treatment will be routinely shared with the patient’s nominated general practitioner.

3. Validation of appointment lists
Area Health Services will manage a system of administrative audits to ensure that the appointment list provides an accurate record of patients waiting.

3.1 Administrative Review
Hospitals will conduct regular administrative reviews to ensure that the outpatient appointment list provides an accurate record of patients waiting for appointments.

Appointment list audits will involve contact with patients by telephone, letter or other appropriate methods.

Hospitals will conduct weekly audits of:
• urgent patients who have waited longer than 30 days for an appointment, and
• all other patients waiting over twelve weeks.

Administrative audits will ascertain:
• that the records are correct
• that patient details are correct, including GP and referring practitioner details and advise the patient to keep contact details updated
• whether the patient still requires an appointment (i.e. has not gone elsewhere)
• whether the patient is on an outpatient list at another hospital
• whether the patient is available at short notice
• the date when the GP or referring practitioner last reviewed the patient.
### Appendix 1: Sample Request for Specialist Outpatient Appointment

**HOSPITAL**

**SPECIALTY/CLINIC**

**SPECIALIST PREFERRED**

Has the patient previously been seen by this hospital?  YES [ ]  NO [ ] Year

Has the patient previously been referred to this clinic/specialty for the same condition?  YES [ ]  NO [ ]

**PATIENT DETAILS**

Medical Record Number (If known)  Date of Birth

Surname  Previous Surname  (e.g. Maiden Name)

First Names  Preferred Name/Title

Gender  Male [ ]  Female [ ]  Country of Birth

Address

Phone  Home  Work

Next of Kin (Essential if under 18 years/Guardian)  Special Needs

Relationship

Surname

First Name

Phone

**REFERRING DOCTOR (stamp or print)**

Name

Address

Postcode

Phone

Fax

Are you the patient's usual GP?  YES [ ]  NO [ ]

**REFERRAL RECOMMENDATION**

This patient needs to be seen (please tick)

- [ ] Routine
- [ ] Urgent
- [ ] CPAC category (1, 2, 3, 4, 5)
- [ ] Have discussed with Registrar/Specialist

Name

Appointment date given  

(If applicable)

- [ ] Notify GP of appointment details
- [ ] Notify referring GP if patient does not report for clinic appointment
REQUEST FOR SPECIALIST OUTPATIENT APPOINTMENT LETTER

REASON FOR REQUESTING SPECIALIST ASSESSMENT (please tick more than one if applicable)

☐ Assessment Only
☐ Assessment and Management
☐ Hospital to Share Management with GP
☐ Diagnostic Procedure
☐ Suitable for Day Surgery
☐ Second Specialist Opinion

Dear Dr ................................................................. Re ........................................................................

(Patient Name)

Current Problem ........................................................................................................................................
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Past History .................................................................................................................................................. 
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Current Medications ..................................................................................................................................... 
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Allergies .......................................................................................................................................................... 
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Other (e.g. Social, occupational, family) ......................................................................................................... 
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PLEASE ATTACH COPIES OF ANY RELEVANT INVESTIGATIONS / REPORTS / LETTERS

.................................................................................................................................................................. 
............................................................................................................................................................... 

Doctor’s Signature ................................................................. Date .................................................................
Appendix 2: Sample Example Notification Letter to Patients

Outpatient Clinic ________________
[hospital address]
[hospital address]

Dear _______________

An appointment was booked for you on the ______________________ in the
___________________________ Clinic, with Dr ____________________________.

Our records indicate that you did not attend this appointment. Please call Outpatient
Direct on 1300 855 275 within 14 days from the date of this letter to make an alternative
appointment time.

As you can appreciate the cancellation of pre-admission clinics appointment and booked
operations is highly inconvenient for all involved. When patients do not attend
appointments it leads to delays for many patients as well as wasted time and resources.
We would appreciate your assistance in ensuring that if you are unable to attend your
appointment or you no longer require an appointment that you please phone Outpatient
Direct on 1300 855 275 Monday to Friday 8am-7pm.

Yours sincerely
Appendix 3: Sample Patient Information Brochure
Your general practitioner’s commitment

Your GP is an important partner in your health care. It is strongly recommended that you keep your regular appointments with your GP while waiting for your outpatient clinic appointment. Your GP will:

- Help to keep you fit and well while waiting for the outpatient clinic appointment.
- Help make contact with the hospital if there is any change in your condition while you are waiting for the outpatient clinic appointment.
- Unless you advise us otherwise, information relevant to your continuing care and management will be shared with your GP while you are waiting for an appointment, or being treated.

Outpatient Direct

WA Health has an easy to use single contact number for all outpatient clinics in metropolitan Perth for you to cancel your appointment, update your contact details or obtain further information about your appointment.

Outpatient Direct
Telephone: 1300 855 275
8am to 7pm, Monday to Friday
This brochure is designed to provide you with some information if you are a patient waiting for an outpatient appointment at a public hospital.

Outpatient clinics are the busiest service in our public hospitals. Each year more than 600,000 patients are seen by specialists, and a further 400,000 are treated by nurses and other allied health professionals.

When you are referred to an outpatient clinic, you are given a clinical urgency category based on the assessment of the medical practitioner who referred you for the appointment.

Although public hospitals make every attempt to provide you with an appointment in the quickest time possible, the hospital must give priority to emergency and more urgent patients.

Your commitment

As a patient waiting for an outpatient clinic appointment, your commitment is to:

- Follow the procedures and advice outlined in any information provided to you by the hospital.
- Attend the hospital on the confirmed appointment date and any follow up appointments as required.
- Bring your Medicare card with you to your appointment.
- Advise the hospital or Outpatient Direct if:
  - There is any change in your willingness to attend the clinic appointment.
  - You change your contact details, address or change your general practitioner.
  - You are available for an appointment at short notice.
  - You have been referred to another outpatient clinic at another public hospital.

Failure to attend scheduled appointments including appointments for blood tests, x-rays and pre-admission clinics without prior notice and good cause, may result in you being removed from the outpatient appointment list or elective surgery waiting list.

Our commitment

We will:

- Ensure that you are allocated to an appropriately qualified medical practitioner.
- Notify you of your appointment time and date 4 weeks prior to the allotted time, unless you have notified us that you are available at short notice.
- Contact you if you have not been given an outpatient clinic appointment date after 6 months from the date of us receiving your general practitioner’s (GPs) referral letter.
- Ensure appropriate information is available to your general practitioner about the referral processes, waiting times and best management of your condition.
- Not cancel your outpatient clinic appointment on more than two occasions.
- Make every attempt to advise you in advance of the cancellation of any clinic.