



# WA Health

## Specialist Outpatient Services Access Policy

Health System Improvement Unit

June 2014

Version 1.2

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## Foreword

Western Australia's public health system is continuing to strive toward the provision of world-class outpatient care in the face of ongoing growth and demand for these services. It is one of the critical challenges facing WA Health.

Addressing this challenge successfully requires sustained innovation, improvement and reform across all WA public health services that provide outpatient care and those that support this service delivery.

Central to these reforms is the need for effective processes, communication and pathways within and between those areas and disciplines involved in the delivery of outpatient care to be provided as timely and as safely as possible. Pivotal to longer term outpatient reform is the implementation of the Central Referral Service (CRS) and policy.

This iteration of the policy follows on from the CRS and reflects current best practice in WA, and is aligned with developments in other jurisdictions. The inclusion of Discharge Processes from public outpatient services emphasise the importance of fostering partnerships with community and primary health care providers to share care of patients.

WA Health continues to perform well, and health service staff across all areas demonstrate a dedication and commitment to providing excellent services to all Western Australians.

This policy reaffirms WA Health's strong commitment to reforming outpatient services, with a focus always on benefits for patients – timely, equitable access to quality clinical care.

I encourage all staff in their ongoing efforts to ensure the principles and guidelines outlined in this policy are in operation across our system.

**Professor Bryant Stokes**  
**A/DIRECTOR GENERAL**

## 1.0 Policy Details

### 1.1 Scope

This policy applies to the delivery of outpatient specialty services provided in public health services across WA Health. The scope of outpatient speciality service includes:

- Medical
- Surgical
- Preadmission Clinics
- Allied Health
- Nursing and Midwifery Clinics

MBS billable clinics are within scope when patients' clinical documentation is recorded in the hospital's patient medical record.

### 1.2 Purpose of Policy

This Policy provides a guide to all WA Health employees and agents involved in the delivery of outpatient speciality services as part of broader health reform strategies. The Policy has been expanded to include provision for the active discharge from specialist outpatient services to the community setting.

This Policy articulates the rights and responsibilities of the:

- Health Service responsible for managing specialist outpatient services for its catchment population
- General Practitioner (GP), other clinical service providers including Nurse and Allied Health Practitioners who refer patients for outpatient assessment and treatment in WA Health public outpatient clinics
- Patient (or carer/guardian)

This Policy should be read in conjunction with the:

- WA Health Central Referral Service Policy (2014)
- WA Health Elective Surgery Access Policy (2009)

### 1.3 Principles of Policy

#### 1.3.1 Active management of specialist appointment

Specialist outpatient appointments are managed by Health Services and all patients are to be treated in clinically appropriate timeframes ensuring management practices are transparent, efficient and patient-focused.

#### 1.3.2 Equity of access

All patients will be prioritised on their clinical urgency categorisation based on clinical information from the referring clinician and the triaging medical specialist. Where no clinical urgency differentiation exists, patients will have their outpatient appointment booked in order of receipt.

### 1.3.3 Public and private patients

All patients will have equitable access to speciality outpatient services. For the purpose of this Policy, specialty outpatient services provided to a private patient by a medical officer are eligible to be billed under the Medicare Benefits Schedule (MBS).

### 1.3.4 Timeliness of care

The Health Service has a duty to ensure all patients are treated within the assigned clinical urgency category timeframe. When the hospital considers a request for an outpatient appointment is not likely to be provided within the urgency timeframe the health service may facilitate the patient's care to be provided by another appropriately credentialed clinician.

### 1.3.5 Safety and Quality

In the interest of continuous quality improvement and clinical service redesign each health service will ensure procedures and processes are developed to improve the safety and quality of the patient's outpatient journey across the continuum of care promoting flexibility and evidence based models of care.

### 1.3.6 Sustainability

The Health Service has a duty to ensure equitable access for all patients requiring specialist outpatient services. This may be achieved through the development of standardised discharge processes and partnerships with community and primary health care providers to share the care of patients, particularly those with complex and chronic conditions.

### 1.3.7 Patient information and consent

Information relevant to the patient's continuing care whilst receiving outpatient services will be routinely shared with the patient's nominated GP unless the patient specifically does not consent.

The Health Service will ensure patients identified as culturally and linguistically diverse including patients with a disability or hearing impairment will be provided with information in an appropriate language or format; or will be provided the services of an interpreter.

## 1.4 Definitions and Abbreviations

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As per Medicare Benefits Schedule Book (operating from 1 July 2012), where a referral originates from a:

- Specialist or consultant physician, the referral is valid for 3 months from the date of first service, except where the referred patient is an admitted patient. For admitted patients, the referral is valid for 3 months or the duration of the admission whichever is longer.
  - Practitioner other than a specialist or consultant physician (i.e. GP), the referral is valid for a period of 12 months from the date of first service, unless the referring practitioner indicates that the referral is for a period more or less than 12 months (e.g. 3, 6 or 18 months or valid indefinitely). Referrals for longer than 12 months should only be used where the patient's clinical condition requires continuing care and management of a specialist or consultant physician for a specific condition or specific long term conditions.
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#### Active Life of Referral

|   |   |
|---|---|
| <b>Central Referral Service (CRS)</b>           | A service which operates to provide a single point of entry for all external referrals for initial outpatient appointments for doctor led clinics across Perth metropolitan health services and which manages allocation of these to an appropriate health services. The service also plays a governance role in monitoring, auditing and reporting on these functions.   |
| <b>Clinical Review</b>                          | Review of a patient to consider appropriateness of the urgency category, the need for re-categorisation and/or assessment of the clinical needs. May include a chart review of the medical records, a telephone interview, clinic appointment, or referral to the patient's GP.   |
| <b>Clinical Priority Access Criteria (CPAC)</b> | Refers to an outpatient categorisation system that allows the prioritisation of patients on the basis of their clinical conditions. CPAC assists GPs to assess relative patient need and in doing so, ensure that patients who require treatment more urgently are given priority.  |
| <b>Clinical Triage</b>                          | Clinical triage is the process of determining the urgency of the patient's need for treatment based on the severity of their condition.   |
| <b>Clinician</b>                                | A health professional that practice in the outpatient clinic setting, including Doctors, Nurses, Midwives and Allied Health Professionals.  |
| <b>Discharge</b>                                | Agreed separation of patient from specialist outpatient services at completion of an episode of treatment.  |
| <b>Duplicate Referral</b>                       | A referral for WA Health public outpatient services for the same patient, condition, specialty and treatment from the same referrer.  |
| <b>eReferrals</b>                               | Electronic referral system designed to be used by medical, nursing, midwifery and allied health staff within WA public health services.   |
| <b>External Referral</b>                        | A referral for WA Health public outpatient services from a practitioner external to WA Health, such as a General Practitioner or private specialist.  |
| <b>General Practitioner</b>                     | A medical practitioner who works in primary health care and who may refer patients to specialist medical care.  |
| <b>Health Service</b>                           | <p>A Health Service is a grouping of public health services and health service that are operated and managed collectively. Western Australia's four public Health Services are the South Metropolitan, North Metropolitan, WA Country, and Child and Adolescent Health Services.</p> <p>The governance structure of each Health Service is led by the Minister for Health as the Board, with these board responsibilities delegated to the Director General of Health. Day to day management of the Health Services is carried out by its Chief Executive.</p> <p>Each Health Service has a Governing Council made up of community members and clinicians, selected by the Minister for Health. Governing Councils play an important role in planning, monitoring and reporting on public health services, and engaging with clinical and community stakeholders.</p> |



|   |  |
|---|--|
| <b>Hospital</b>                         | Any public hospital or health care facility that offers elective services, including outpatients, and where the context requires the hospital to be responsible for managing elective service capacity and activity for its population catchment area.   |
| <b>Immediate Referral</b>               | Denotes that a patient is to have an immediate outpatient review (within 7 days) and requires that initial telephone contact be made to a specific clinician at the hospital site by the referrer  |
| <b>Internal Referral</b>                | A referral that is initiated during the course of an emergency department, inpatient or outpatient episode at a hospital site. Internal referrals may be to the same specialty (e.g. inpatient to outpatient referral) or to a different specialty (e.g. outpatient to outpatient referral) within a particular site or across other WA public hospital sites. |
| <b>Medicare Benefits Schedule (MBS)</b> | The Medicare Benefits Schedule (MBS) is a Department of Health (DoH) publication which contains a list of the Medicare services subsidised by the Australian government. The MBS is part of the wider Medicare Benefits Scheme, managed by DoH and administered by Medicare Australia.   |
| <b>Outpatient Services</b>              | An examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital.  |
| <b>Referral</b>                         | A request for a specialist consultation.   |
| <b>Review/Follow up</b>                 | Whether a non-admitted patient service event is for a new problem not previously addressed at the same clinical service or for a repeat service event, as represented by a code.   |
| <b>Short Notice</b>                     | Patients may agree to be available on the 'short notice' list to have their specialist outpatient appointment sooner if another patient has cancelled an appointment. Patients should be called in turn as much as possible.   |
| <b>Specialist</b>                       | Credentialed specialist medical practitioner who has become specialised in a specific area of medicine   |
| <b>Specialist Outpatient Service</b>    | Specialist outpatient services provided by a specialist or expert clinician who is recognised by the relevant professional college, board or association.  |

## 2. Outpatient Appointment Management Process

WA Health is working towards efficiently providing specialist outpatient services in a coordinated, streamlined and standardised approach. The processes established in this Policy will ensure Health Services can demonstrate that outpatient speciality services are being managed appropriately and patient outcomes are improving.

## 2.1 Referral Sources

Outpatient appointment requests will be made for referrals received from:

- General Practitioners and other external referrers via the Central Referral Service (CRS)
- Other external referrals that do not come via the Central Referral Service (e.g. specialist to specialist)
- Medical practitioners within the hospital (e.g. Emergency Department, inpatient units)
- Medical practitioners in other hospitals, public or private (e.g. inter-hospital referral from public to private services)
- Medical practitioners within the hospital 'referring' to self for patients that required long follow up or continued management i.e. more than 1 year (Ongoing Management)
- Other health care professionals (e.g. optometrist to ophthalmologist)

## 2.2 Referral Content

Referrals requesting specialist outpatient appointment must be in writing and should include the following minimum patient information:

### 2.2.1 Minimum Data Content

- Patient's full name (or alias), maiden name and where appropriate (e.g. for a minor) the name of parent or caregiver
- Patient's address
- Patient's telephone number (home, mobile and alternative)
- Patient's date of birth
- Next of kin/carer/guardian/local contact for paediatric referrals
- Hospital Unit Medical Record Number (UMRN) (if known)
- Medicare Number and expiry date
- Past health history including details of previous treatment, investigations including radiology, pathology, procedure and other relevant results
- Presenting symptoms, their duration and details of any associated medical conditions which may affect the presenting condition, or its treatment (e.g. diabetes)
- Physical findings (e.g. haematoma on right lower leg)
- Height, weight and BMI
- Details of current medications and any known allergies
- Date of referral, details of referring practitioner, Provider Number and contact details (including facsimile number)
- The name of the specialty to which the patient is being referred (if known)
- GP diagnosis and urgency, where appropriate
- For immediate referrals, the referrer must clearly indicate "Immediate" and include the specialist/registrar's name (that the patient's referral was discussed with), hospital and the specialist/registrar's (contact) telephone number on the referral.

Referrals requesting registration of a patient for a specialist outpatient appointment without the minimum data content may be refused and returned to the referring specialist for completion as soon as possible. For multiple referrals, the referring clinician is required to complete a separate referral for each speciality.

### **2.2.2 Further Details:**

- Interpreter requirements
- Financial classification/Claim Type (e.g. Compensability)
- Patient Availability (e.g. short notice)

The Central Referral Service and health service may exercise discretion to accept the referral requesting a specialist outpatient appointment without the minimum data content (if the data is not mandatory). The referring medical practitioner or patient will be contacted by the hospital to ascertain the missing data content to facilitate the patient's timely access to outpatient services.

## **2.3 Clinical Triage Process**

Specialist outpatient referrals will be triaged by the receiving hospital's specialist clinician to a Medical, Surgical, Nurse or Allied Health led clinic. Referrals received by the hospital outpatient specialty clinic are to be triaged within the following timeframes:

- Immediate referrals – initiated by referring clinician telephone discussion
- Urgent referrals < 1 working day
- Semi-urgent/Routine referrals < 5 working days

## **2.4 Clinical Prioritisation**

To ensure patients are receiving the most appropriate care within the desired timeframe referring practitioners must allocate a priority for care based on one of the following:

- Urgent
- Semi-urgent
- Routine
- Awaiting Triage

The Clinical Priority Access Criteria (CPAC) available at [www.gp.health.wa.gov.au](http://www.gp.health.wa.gov.au) has been developed to assist general practitioners and medical specialists with the triaging of referrals.

Where there is no clinical indication or exceptional circumstances, patients referred for a specialist outpatient appointment will be triaged and clinically prioritised by the medical specialist and managed in accordance with this policy.

## **2.5 Outpatient Appointment Booking**

Outpatient appointments will be booked on the hospital service Patient Administration System (PAS) (i.e. TOPAS/webPAS/HCARe) where the patient will attend by the hospital's outpatient clinic administration staff.

The patient and the initial referring practitioner (e.g. GP or private practitioner) will be notified by the hospital outpatient clinic (Appendix 1) once an initial appointment is booked.

For immediate referrals (i.e. within 7 days) the patient and referring practitioner should be notified of the appointment date and time by telephone and/or SMS.

When the hospital receives a referral requesting an outpatient appointment and the hospital is not likely to provide an appointment within an appropriate clinical timeframe, the health service may facilitate the patient's care to be provided by another appropriately credentialed medical specialist at the same or other hospital. **The date of the initial outpatient referral at a site should be maintained to ensure the Active Life of Referral requirements are upheld** (*Medicare Benefits Schedule, 2012*).

## 2.6 Financial Classification, Eligibility and Compensable Patients

Eligible patients include Australian citizens, permanent residents of Australia and visitors from countries with which Australia has a Reciprocal Health Care Agreement (RHCA). Eligible patients may choose to receive public hospital services free of charge or to be a private patient in a public hospital (charges may apply).

The *WA Health Services Patient Fees and Charges Manual* (updated annually) provides direction to health services responsible for the overall management of fees and charges.

### 2.6.1 Referring a public patient

Patients can be referred to a doctor within metropolitan public hospitals free of charge as a public patient. Public patients will:

- Be seen by a doctor at the hospital
- Receive medical services free of charge and will not be Medicare bulk billed
- Be seen on the basis of clinical need.

Patients referred from the hospital emergency department must be seen free of charge as public patients. Public patients do not require a named referral and will see a doctor at the hospital.

### 2.6.2 Referring a private patient

Patients can be referred to a doctor of their choice within a metropolitan public hospital or a specialist doctor of choice, provided that doctor is available for appointment in the hospital within suitable timeframes, and based on clinical need.

To be treated as a private patient in an outpatient clinic and see a specialist doctor of choice, the patient will:

- Make an election to be seen as a private patient
- Require a valid referral to a named medical specialist (this can be from a GP or another specialist)
- Present their Medicare card when attending the specialist outpatient appointment
- Sign a Medicare bulk billing form and incur no out of pocket expense (where the specialist is bulk billing for the service).
- Be seen on the basis of clinical need.

### 2.6.3 Ineligible patients

Ineligible patients include all overseas students and visitors from countries who do not have a Reciprocal Health Care Agreement with Australia and who may not be able to travel to their home country for medical treatment.

The 'Operational Directive (OD) 0391/12 – *Provision of treatment of Medicare ineligible patient in WA Public Hospital*' provides a guideline to Health Services to manage this patient type.

**Patients requiring emergency treatments will be provided care regardless of Medicare eligibility status. Cost recovery options will be examined by the health service.**

### 2.6.4 Compensable Patients

Compensable patients fall into four broad categories:

- Department of Veterans Affairs
- Motor Accident Insurance Commission
- Work Cover
- Other Third Party/Ineligible Patients.

A compensable patient is not eligible to access publicly funded services as their compensation covers the cost of private medical expenses.

Documentation of the patient's relevant financial classification is to be recorded within the patient's medical record and the appropriate PAS to enable health services access to cost recovery opportunities from the relevant funding source.

## 3. Outpatient Appointment Cancellation Process

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 cancelling or not attending their appointment.

A patient will be removed from the outpatient appointment list if the:

- Patient is receiving treatment for the same condition at another hospital (duplicate)/ineligible
- Patient declines/no longer wishes to receive treatment at own choice
- Patient repeatedly re-schedules appointment
- Patient does not attend (DNA) appointment

### 3.1 Patient is receiving treatment elsewhere/ineligible

Patients clinically prioritised as requiring an 'immediate referral' will not be declined treatment and should be referred appropriately (refer Section 2.2).

A patient will be removed from the outpatient appointment list if the patient is receiving treatment for the same condition at another hospital (e.g. duplicate); or the patient currently resides outside Western Australia (refer Section 2.5.3 for eligibility status).

### 3.2 Patient requests to decline treatment/cancel appointment

A patient will be removed from the outpatient appointment list if the patient declines treatment and/or no longer wishes to receive treatment. The patient will be automatically removed and

advised to contact their GP in the event that they wish to proceed with the treatment or their condition deteriorates.

A patient identified as **high risk** (clinical or non-clinical e.g. social factors) that declines treatment and requests to cancel an outpatient 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 discuss the consequences of their decision; and/or
- Authorise the removal of the patient from the outpatient appointment list.

The reason for the removal of a patient from the outpatient's appointment list will be clearly documented in the patient's medical record and the PAS.

### 3.3 Patients who repeatedly reschedule appointments

A patient will be removed from the appointment list following the patient's second deferral of appointment or if the patient has indicated non-availability for treatment for a period exceeding 90 days, unless prior notice and good cause is provided to the hospital or health call centre Outpatient Direct.

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

The removal of a patient from the outpatient appointment list will be clearly documented in the patient's medical record and the PAS.

### 3.4 Patients who do not attend (DNA) for appointment

A patient will be removed from the outpatient appointment list following the patient's first DNA for a new appointment and their second DNA for a follow-up or review appointment, 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.

The removal of a patient from the outpatient's appointment list will be clearly documented in the patient's medical record and the appropriate PAS.

### 3.5 Patients who are not contactable

Patients who are not contactable by the hospital will be removed from the outpatient appointment list following the first DNA for new appointments or the second DNA for a follow-up or review appointment. This includes an attempt to identify the patient's correct details via:

- 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).

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

### **3.6 Notification of removal**

All contactable patients who are removed from the outpatient appointment list will receive written advice of their removal from the hospital. The letter (Appendix 3) will clearly state:

- Reason for the removal
- 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 GP in writing when a patient is removed from the outpatient appointment list.

The removal of a patient from the outpatient appointment list will be clearly documented in the patient's medical record and the appropriate PAS

### **3.7 Patient information**

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 rescheduling or failing to attend for an appointment (Appendix 2 – Example Notification Letter to Patients).

Hospitals will advise patients of the circumstances in which a patient may be removed from the outpatient appointment list as part of the patient information and communication processes (Sections 3.1-3.5).

Information relevant to the patient's continuing care whilst receiving outpatient services will be routinely shared with the patient's nominated GP unless the patient specifically does not consent to sharing this information.

The Health Service will ensure patients identified as culturally and linguistically diverse as well as patients with a disability or hearing impairment will be provided with information in an appropriate language or format; or will be provided the services of an interpreter.

## **4. Specialist Outpatient Discharge Process**

Efficient and timely discharge of patients back to their primary health care provider is critical to ensuring appropriate use of specialist clinic services, streamlining patient flow and increasing the capacity of specialist clinics to treat new patients.

WA Health acknowledges some patients have complex and rare conditions which will require ongoing management by the specialist. However, most patients need specialist care for a limited period and should be discharged to other service providers, such as their GP or initiating referrer as soon as clinically appropriate.



## **4.1 Discharge Planning**

Discharge planning begins at the initial specialist outpatient service appointment and continues through to the patient's return to the initial referring source.

Discharge planning considers the patient's ongoing care needs and is undertaken in consultation with the patient, carer and relevant service provider/s. Discharge Planning aims to identify issues relevant to each patient's discharge back to the referring practitioner and to initiate steps to address these issues so that discharge is not delayed.

Effective discharge planning facilitates seamless transfer of care between specialist and primary health care service providers. This will assist in promoting discharge at a clinically appropriate time with better outcomes for the patient.

## **4.2 Discharge Criteria**

Health Services should develop and document guidelines/criteria to assist in identifying the point at which the episode of care is complete, so as to expedite discharge from the specialist outpatient service.

A patient should generally be discharged after the second follow up appointment. The exception to this includes clinical indications or where the follow up is scheduled with a Registrar (Section 4.4) who then requires a specialist to make this decision.

Clear discharge criteria will promote consistency of practice and aid decision making across all staff working in the specialty reinforcing the appropriate use of specialist outpatient services.

## **4.3 Discharge Process**

During consultation the medical officer is to identify patients who are ready for discharge based on specific discharge criteria for the speciality area ensuring they actively involve patients (and carers) in discharge planning discussions.

The discharge of a patient from the specialist outpatient's services should be clearly documented on the patient's medical record and the appropriate PAS. A discharge summary/letter must be communicated to patient's GP and/or other relevant service providers.

Ensure the Patient /Carer (where relevant) has a good understanding of the condition and is encouraged to take responsibility for managing their own health in partnership with the patient's GP and/or other relevant service providers.

## **4.4 Review by Specialist**

To assist in decision making, patients may be reviewed by a Registrar (or junior medical officer) for two consecutive follow-up appointments. If the Registrar (or junior medical officer) is not able to discharge the patient a third follow up appointment (i.e. fourth appointment) must be undertaken by the treating specialist or authorised delegate. This process will ensure that a standardised and more active approach is applied to the discharge of patients.

## **4.5 Discharge Summary/Letter**

A discharge/transfer summary should be provided to the GP, referring practitioner and other ongoing service providers as appropriate (Appendix 3).



The discharge summary/letter must include:

- Date of first visit
- Reason for referral to specialist outpatient services
- Summary of interventions provided and their outcomes including any diagnosis derived
- Reason for discharge
- Date of discharge
- Relevant risks
- Ongoing management plan
- Other community supports that need to be arranged

Please note that in the paediatric setting health services should develop and refer to local process for children that may be vulnerable, at risk or have Guardianship arrangements in place.

Documentation of the discharge plan and/or transfer summary is to be recorded within the patient's medical record and the appropriate PAS.

## **5. Governance, Monitoring and Reporting**

Health Services will undertake administrative audits to ensure that the appointment list provides an accurate record of patients waiting for an specialist outpatient appointment.

### **5.1 Administrative Audits**

Hospitals will conduct regular administrative audits to ensure that the outpatient appointment list provides an accurate record of patients waiting for appointments using the following measure:

- Number of patients triaged with an 'urgent' clinical priority status who have waited longer than clinically appropriate for that specialty

Audits may also involve contacting patients by telephone, letter, SMS messaging or other communications methods including patient surveys. Administrative audits will ascertain:

- Patient details are correct, including GP and referring practitioner details and advise the patient to keep contact details updated
- The patient still requires an appointment (i.e. has not gone elsewhere)
- The patient is on an outpatient list for the same condition or receiving treatment at another hospital (duplicate)
- The patient is available at 'short notice'
- The date when the GP or referring practitioner last reviewed the patient.

### **5.2 Evaluation and Monitoring**

Health services may consider using the following measures to monitor overall organisational performance in relation to specialist outpatient service:

- Continual reduction in the number of patient initiated cancellations
- Continual reduction in hospital/clinicians initiated cancellations

- Reduction in waiting time to first specialist appointment
- Reduction in the new to follow up ratio of appointments
- Continual reduction in 'did not attend' rates
- Increase attendance rates
- Improvement in discharge rates
- Monitoring of timeframe from referral to first specialist appointment

## Appendix 1: Confirmation of booked specialist outpatient appointment

Outpatient Clinic \_\_\_\_\_

[hospital address]

[hospital address]

Dear \_\_\_\_\_

An appointment is booked for you on the \_\_\_\_\_ in the  
\_\_\_\_\_ Clinic, with Dr \_\_\_\_\_.

To confirm your appointment please phone the outpatient clinic on Xxx Xxxx within **seven days** from the date of this letter to confirm this appointment.

If you require attention for your condition while waiting for your appointment we would urge you to contact your General Practitioner, or in an emergency attend your nearest hospital emergency department.

It is your responsibility to contact the above phone number if:

- you change your name, address or phone number
- you no longer require this specialist outpatient appointment
- you would like to reschedule your booked appointment

We will share information about your continuing care and management with your nominated general practitioner whilst you are receiving treatment from the specialist outpatient services at our hospital. You should advise us in writing if you do not want us to share information with your GP or referrer.

As you can appreciate missed booked appointments 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 Xxxx Xxx Xxx Monday to Friday 8am-7pm.

Yours sincerely

[Insert name]

[Insert date]

## Appendix 2: Specialist outpatient appointment – did not attend (DNA)

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 Xxxx Xxx Xxx within 14 days from the date of this letter to make an alternative appointment time.

As you can appreciate the missed appointment and 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 Xxxx Xxx Xxx Monday to Friday 8am-7pm to notify us of this.

Yours sincerely

[Insert name]

[Insert date]

### Appendix 3: Specialist outpatient appointment – removal from waiting list

Outpatient Clinic \_\_\_\_\_

[hospital address]

[hospital address]

Dear \_\_\_\_\_

An appointment was booked for you on the \_\_\_\_\_ in the \_\_\_\_\_ Clinic on  
(*missed appointment dates*) \_\_\_\_\_ with Dr \_\_\_\_\_.

The demands on our health system require that any patient who declines two offers of outpatient appointments and fails to respond or attend may have to be removed from the outpatient waiting list.

As you can appreciate missed appointments are 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.

As you have now failed to attend on two occasions, we must advise that your name has been removed from the waiting list, and no further arrangements for an appointment will be made.

If you require further treatment for your condition we urge you to contact your general practitioner (GP). A copy of this letter has been forwarded to your specialist and GP.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday or ask to speak with the hospital patient liaison officer.

Yours sincerely

[Insert name]

[Insert date]

CC: [Treating specialist]

[General practitioner]

## Appendix 4: Discharge letter from specialist to GP

Outpatient Clinic \_\_\_\_\_

[hospital address]

[hospital address]

Dear \_\_\_\_\_

- Date of first visit
- Reason for referral to specialist outpatient services
- Summary of interventions provided and their outcomes including any diagnosis derived
- Reason for discharge
- Date of discharge
- Relevant risks
- Ongoing management plan
- Other community supports that need to be arranged

Yours sincerely

[Insert name]

[Insert date]

This document can be made available  
in alternative formats on request for a  
person with a disability.