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
To order your printed Checklist, email
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
For more information, visit 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.

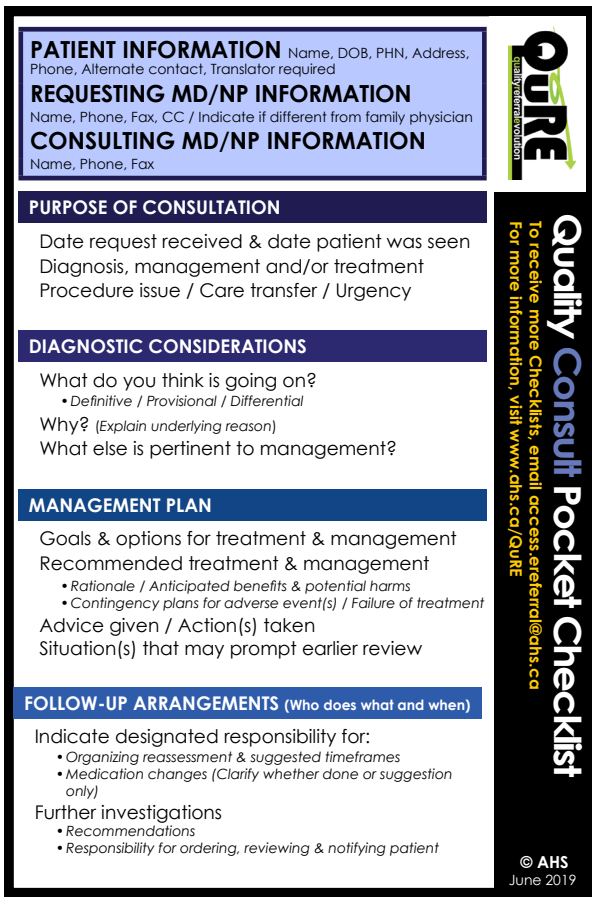
Be specific. What question(s) are you seeking consultation for? Express clear expectations for the consult outcome.

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
For more information, visit 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.