

Improving Referral/Consultation Communication with the QuRE Checklist



Number of referrals in Alberta*

5,532
family physicians handle
~16 million
primary care visits per year**



Family physicians create
~2 million
referrals that are sent to
5,405
specialists



On average
38,400
referrals
made per week

*Number based on 2017 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 (2014-17) provided by AHS Applied Research and Evaluation Services.

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 letter to the healthcare professionals involved.

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 or standard training on writing referral/consultation notes, no evaluation of quality, nor promotion of improvements.

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.

More information

For more about QuRE, visit
www.ahs.ca/QuRE.
To order your printed Checklist, email
access.ereferral@ahs.ca.

Why is this important?

Over 38,000 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.

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



Quality Referral Pocket Checklist

PATIENT INFORMATION

Name, DOB, PHN, Address, Phone, Alternate contact, Translator required

PRIMARY CARE PROVIDER INFORMATION

Name, Phone, Fax, CC/ Indicate if different from family physician

REFERRING PHYSICIAN 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?
Symptom onset / duration
Key symptoms and 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 physicians involved in care if long-term conditions
Current & recent medications
• name, dosage, PRN basis
Allergies / Warnings & challenges

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.

Quality Consult Pocket Checklist

PATIENT INFORMATION

Name, DOB, PHN, Address, Phone, Alternate contact, Translator required

REFERRING PROVIDER INFORMATION

Name, Phone, Fax, CC/ Indicate if different from family physician

CONSULTING PROVIDER INFORMATION

Name, Phone, Fax

PURPOSE OF CONSULTATION

Date referral 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 and suggested timeframes
• medication changes (clarify whether done or suggestion only)
Further investigations
• recommendations
• responsibility for ordering, reviewing & notifying patient

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.

