

1. Internal Referrals for Consultation

Purpose

To ensure an efficient, reliable and high quality process for referral of patients between specialist services within CDHB.

To improve patient safety.

Scope

All non-emergency referrals when an opinion or contribution to the care of a patient is required by one service from another.

Audience

Medical and administrative staff.

Rationale

There is a risk to patients at times when critical information or requests are passed between people and services.

Definition

A consultation is a request from one specialist to another for a medical opinion on a patient.

A good consultation has a clear question(s) and/or expectation. In replying to a consultation, the question should be answered and/or recommendations made.

Charting of drugs, ordering tests or transfer of the patient to a new service are the responsibilities of the referring team and should not be done by the consulting team without approval by the referring team unless the patient's condition requires immediate action. The referring specialist should then be notified of the actions taken as soon as possible.

Non-urgent Referrals

In principle, referrals between services should be on the basis of a request from one Specialist to another. This may be delegated to a Registrar where it is impracticable for the Specialist to personally make the arrangements.

Referrals can be by telephone, but should always be supported by a facsimile copy to the relevant department. In turn, consultations should be conducted by a Specialist but may be delegated to a Registrar acting in a supervised capacity.

The outcome of the consultation must be documented in the patient record and include any recommendations. Where possible, these should also be conveyed directly to the responsible team, either in person or by telephone.

Urgent Referrals

Referrals for support or opinion which are urgent should be made by telephone, either to the relevant Specialist or to the on-call Registrar for that area.

A Registrar receiving a referral from another service should notify the Specialist to whom they are responsible at that time either before seeing the patient or immediately afterward.

The outcome should be documented in the patient record and include any recommendations. Where possible, these should also be conveyed directly to the responsible team either in person or by telephone.

Administrative Provisions

Each Service should have a clear documented and available pathway for referrals and include the preferred method of contact and facsimile numbers for written requests and confirmation of telephone requests.

Exclusions

Emergency situations.

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| Policy Owner | Chief Medical Officer |
| Policy Authoriser | Clinical Board |
| Date of Authorisation | 26 July 2006 |
| Date of last review | July 2010 |