Eastern Health
GP Liaison Program

2009 Eastern Heath GP Referral Audit

BACKGROUND

The Eastern Health GP Liaison (EHGPL) Program is a partnership between the three Eastern Melbourne Divisions of General Practice (Melbourne East GP Network, Eastern Ranges GP Association and Knox Division of General Practice), and Eastern Health hospitals. The program focuses on initiatives that promote patient care and prevent readmissions, through strengthening the interface between General Practice and Eastern Health. One of the aims of the program is to focus on communication between GPs and Eastern Health hospital clinicians. Emphasis is placed on the importance of legible and comprehensive referrals into the hospital system. Quality and prompt discharge summaries from the hospital to GPs are also a priority of the program.

Beginning in 2003 the EHGPL Consultants and Officers have conducted bi-annual referral audits at the three Emergency departments, and two Outpatient departments in Eastern Health. This year referrals to Sub-acute and Ambulatory Care services (SACS) offered at the Peter James Centre and Wantirna Health were also included in the audit. The information gathered in these audits is used to guide future priorities for the communication component of the EHGPL program.

Table 1.
Total number of referrals audited

	Outpatient department	Emergency department	Sub-acute and Ambulatory Care services (SACS)
2009	100	150	50
2007	101	153	
2005	83	109	
2003	92	117	

APPROACH

In the past a structured assessment scale, designed by the EHGPL team, has been used to ensure differences in interpretation are minimised. The scale is reviewed following each audit to improve the effectiveness of future evaluation. This year slight differences were made to the assessment scales, particularly to the demographic data, reflecting advances in technology since the 2003 referral audit was conducted. These have included combining the GP suburb and postcode into one field titled GP address; combining patient landline and patient mobile phone into patient phone number (at least one), recognising that more and more people will only have a mobile phone number and no landline; and including the GP phone number, and GP fax number, given most information is currently faxed to the GP. Comparisons for these fields will be between departments, other fields will be compared to referral audits in the year when they were first audited, either 2003, 2005 or 2007 (please see appendix 1 for comparisons).

The inclusion of SACS this year was an opportunity to expand the audit to evaluate GP referrals to this unit, in comparison to the referrals collected from Outpatients or Emergency.

Referrals were selected from a three month date period, from 1 February 2009 to 30 April 2009. The date range was chosen as it was broad enough to provide a spread of referrals, and did not fall over any major holiday period, such as the January holidays. A total of 300 referrals were audited in the 2009 audit.

METHOD*

1. The EHGPL team consults and reviews the approach, audit process, evaluation tool and learning's from the previous audit

2. Recommendations based on the audit process and evaluation from the previous audit are implemented

3. Confirmation of referral date range is agreed upon by EHGPL program staff. To reduce difference in interpretation, a structured assessment tool is used, and is reviewed prior to each audit to continually improve the auditing process

4. EHGPL Officers liaise directly with EHGPL Consultants and relevant hospital departments, including Health Information Services, and if required, Outpatient, Emergency and Information Technology department staff. The sites audited include Box Hill hospital and Maroondah hospital (Outpatients and Emergency department), Angliss hospital (Emergency only) and Peter James Centre / Wantirna Health (Sub-acute and Ambulatory Care services)

5. Medical records of patients referred by a GP, and within the date range, are randomly selected and provided by Health Information Services to the GPL Officer

6. The GP referrals are extracted from the patient's medical record and photocopied

7. The photocopied referrals are appropriately de-identified and stored securely according to Eastern Health privacy protocols

8. The referrals (including attachments) are audited by the GPL Consultant and GPL Officer. If time is limited the GPL Officer may choose to audit the demographic data, such as the inclusion of Medicare card or phone number, with the GPL Consultant auditing the clinical component of the referral.

9. De-identified audit data is entered into a spreadsheet to create an electronic copy of raw data. The electronic data is saved on Division computers and the complete set of raw data sent to the nominated GPL Officer for collation and graphing.

10. A report outlining key results and including comparative data is written and presented to the EHGPL team. The report is then tabled at the EHGPL steering committee and EHGPL hospital committees. The report is then disseminated to interested parties within the hospital system and General Practice.

11. Based on the report a newsletter article is written by the nominated GPL Officer for inclusion in Division newsletters and the EHGPL newsletter.

12. The EHGPL team consult to review the process taken and to look at future improvements and implementation of recommendations made in the report.

**Some slight variances may occur in the method depending on the hospital audited*

OUTPATIENT DEPARTMENT REFERRAL LETTER AUDIT

Box Hill Hospital, Maroondah Hospital

The Outpatient department referral letter audit included randomly selected referral letters, received by the Outpatient departments at Maroondah and Box Hill hospitals, between 1 February 2009 and 30 April 2009. While this differed to the date range in previous years (where referrals were collected for one week in December) it was chosen to reduce the likelihood of a single event impacting on the data collected. Referrals were randomly selected, and therefore represented a variety of Outpatient clinics. 100 referrals were audited, 50 each from Box Hill and Maroondah hospitals, compared with 101 in 2007, 83 in 2005 and 92 in 2003. Since 2003 all referral fields audited have shown an improvement in content or have remained consistent, with an exception being the inclusion of abbreviations, which has recorded a consistent percentage, however an improvement would be reflected in a decreased percentage (see table below for more information).

Table 2.
Comparative results for the 2009 Outpatient Referral Audit

2	GP Address	→	Inclusion of GP suburb has remained consistent since 2005, currently recorded on 99% of referrals
3	GP Phone	■	No comparison data due to alterations made to audit scale, Currently 99% include the GPs phone number. For 2009 comparisons refer to corresponding table in Appendix 1
4	GP Fax	■	No comparison data due to alterations made to audit scale, Currently 96% include the GPs fax number. For 2009 comparisons refer to corresponding table in Appendix 1
5	Pt D.O.B.	→	Inclusion of patient date of birth has remained consistent since 2005 (92%), and is currently recorded on 94% of referrals
6	Pt Address Included	↑	Increased from 95% in 2005 to 99% in 2009
7	Pt Phone Included (at least one)	■	No comparison data due to alterations made to audit scale, Currently 77% include at least one patient contact number. For 2009 comparisons refer to corresponding table in Appendix 1
8	Medicare Details Included	↑	Increased from 50% in 2007 to 55% in 2009
9	Date of Referral	↑	Increased from 95% in 2005 to 99% in 2009
10	Referral Format	↑	Increased from 61% of referrals typed in 2007 to 78% typed in 2009
11	Referral Legibility	↑	Increased from 46% rated good in 2003 to 81% rated good in 2009
12	Referral Duration Stated	↑	Increased from 3% in 2003 to 15% 2009. An inclusion rate of 24% was recorded in 2007
14	Urgency Stated	↑	Increased from 7% in 2003 to 40% in 2009. An urgency inclusion rate of 46% was recorded in 2007
15	Past History Included	↑	Increased from 51% in 2003 to 73% in 2009. A past history inclusion rate on 77% was recorded in 2007
16	Examination and/or Investigation Results Included	↑	Increased from 62% in 2003 to 74% in 2009
17	Medications Included	↑	Increased from 45% in 2003 to 72% in 2009
18	Allergies Included	↑	Increased from 37% in 2003 to 70% on 2009
19	GP Treatment Included	↑	Increased from 16% in 2003 to 52% in 2009
20	Psychosocial History Included	↑	Increased from 2% in 2003 to 19% in 2009
21	GP Details Clear	↑	Increased from 95% in 2003 to 99% in 2009
22	GP Provider # Included	↑	Increased from 90% in 2005 to 96% in 2009
23	Usefulness of Information	↑	Increased from 73% in 2003 to 80% in 2009
24	Appropriate Referral	↑	Increased from 91% in 2003 to 95% in 2009. A rate of 99% appropriate referrals was recorded in 2007
25	Abbreviations Present	→	Inclusion of abbreviations has remained consistent when comparing current (52%) and 2005 (48%) data. However the inclusion of abbreviations has reduced since 2007 where 76% of referrals contained them

27	If OPD: Clinic Stated	↑	Increased from 21% in 2003 to 90% in 2009
28	If OPD: Clinician Stated	↑	Increased from 14% in 2003 to 32% in 2009. An inclusion rate of 53% for clinician name was recorded in 2005
29	EH Form Used	→	Remained consistent since 2005, currently at 36%. Did reach a high of 43% usage in 2007
31	Does it meet minimum data requirements	■	No comparison data due to alterations made to audit scale, Currently 7% meet minimum data requirements. For 2009 comparisons refer to corresponding table in Appendix 1

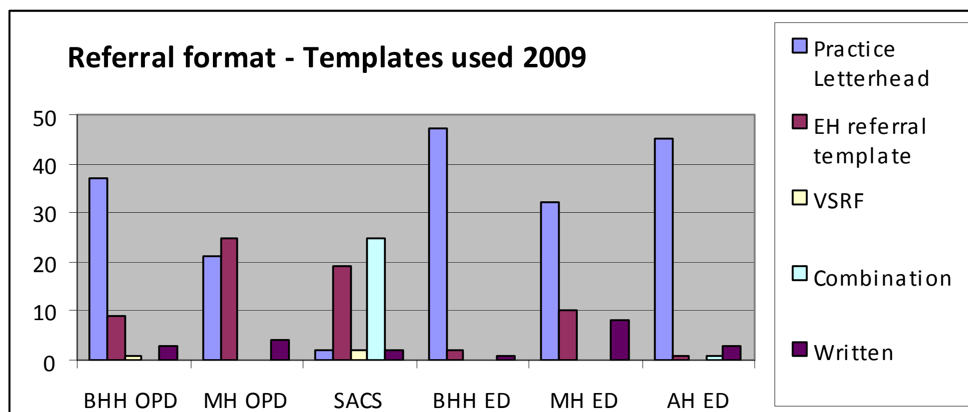
*See appendix 1 for comparisons to Emergency and SACS data, and also comparisons in overall data

While the inclusion of demographic data, including the GPs contact details and patient details have remained relatively consistent since auditing began, significant improvements have been made for the inclusion of clinical data. Fields such as Medication, Allergies, GP Treatment and Psychosocial History have seen double and in some cases triple fold increases in the number of referrals on which they are currently recorded, since 2003.

It has been recognised that fields such as legibility, appropriateness and usefulness are at risk of being influenced by the assessor's opinion. While acknowledging this possible bias, it is interesting to note that since the commencement of the first referral audit in 2003 there has been a dramatic improvement in the legibility of referrals. This corresponds with an increase in the number of typed referrals being received by the Outpatient department.

Since the previous audit, initiatives to improve the quality of referrals to outpatients have centered on the use of the Victorian Statewide Referral Form (VSRF) due to its ability to self populate from medical software and prompt General Practitioners to fill in certain fields. However the uptake has been slow, possibly due to design faults in the original template, and some GPs still prefer to type the referral on practice letterhead or use the Eastern Health referral template, designed by the EHGPL team. It is hoped that the 2009 release of the new VSRF by the Department of Health will encourage GPs to use this template, and improve the quality of their referral letters even further. While considerable work went in to establishing an Eastern Health referral template, the EHGPL team has chosen to support the roll out of the VSRF, as mandated by the Department of Health, and will be the only referral template available for download from the Eastern Health website.

To truly ascertain the level of usage of the Victorian Statewide Referral Form and other templates being used by GPs when referring to Eastern Health, the EHGPL team decided to further breakdown data on the format of referrals received (see chart below). This is on top of collecting data based on whether the referral was handwritten, typed or both (appendix 1). This data will form a base line for measuring the uptake of the VSRF in General Practice in the future.



EMERGENCY DEPARTMENT REFERRAL LETTER AUDIT

Box Hill Hospital, Maroondah Hospital, Angliss Hospital

The 2009 Emergency department referral letter audit included patients that presented to an Eastern Health Emergency department between 1 February and 30 April 2009 with a GP referral. As with the Outpatient audit, this date range differed from that of previous Emergency audits, which were held over a two week period in December. A total of 150 referrals were audited, 50 from each emergency site, compared with 153 in 2007, 109 in 2005 and 117 in 2003.
An Emergency department referral audit can have very different results compared to an Outpatient department audit. The main factor impacting on this being patients referred to an Outpatient department are generally clinically stable, enough to wait for an appointment beyond 24 hours time. However patients who attend the Emergency department normally require same day or immediate medical attention and can be clinically unstable upon presentation to the GP. This can impact on the time allocated to perform investigations, and the amount of information recorded on a GP referral, as the aim is to get the patient to the ED as soon as possible.

The other major difference between auditing Outpatient and Emergency referrals occurs when collecting the data to audit. Outpatient departments always require a GP referral, before seeing a patient, however not all patients attending an Emergency department will have a referral and this can present a problem when searching patient files for GP referrals to Emergency (this will be discussed further under recommendations).

Similar to the Outpatient department audit, all areas in the Emergency department audit have either improved, or remained consistent since the referral audit began in 2003 (with the exception of the abbreviation field).

Table 3.
Comparative results for the 2009 Emergency Department Referral Audit

2	GP Address	→	Inclusion of GP suburb has remained consistent since 2007, currently recorded on 99% of referrals
3	GP Phone		No comparison data due to alterations made to audit scale, Currently 95% included the GPs phone number. For 2009 comparisons refer to corresponding table in Appendix 1
4	GP Fax		No comparison data due to alterations made to audit scale, Currently 93% included the GPs fax. For 2009 comparisons refer to corresponding table in Appendix 1
5	Pt D.O.B.	→	Inclusion of patient date of birth has remained consistent since 2005, currently recorded on 81% of referrals
6	Pt Address Included	↑	Increased from 83% in 2005 to 92% in 2009
7	Pt Phone Included (at least one)		No comparison data due to alterations made to audit scale, Currently 53% included the patient's phone number. For 2009 comparisons refer to corresponding table in Appendix 1
8	Medicare Details Included	↑	Increased from 26% in 2007 to 45% in 2009
9	Date of Referral		No comparison data due to alterations made to audit scale, Currently 99% included the date the referral was written. For 2009 comparisons refer to corresponding table in Appendix 1
10	Referral Format	↑	Increased from 60% typed in 2007 to 89% typed in 2009
11	Referral Legibility	↑	Increased from 57% rated as good in 2003 to 92% rated as good in 2009
12	Referral Duration Stated		No comparison data due to alterations made to audit scale, Currently 9% included the referral duration. For 2009 comparisons refer to corresponding table in Appendix 1
14	Urgency Stated		No comparison data due to alterations made to audit scale, Currently 18% explicitly stated urgency. For 2009 comparisons refer to corresponding table in Appendix 1
15	Past History Included	↑	Increased from 50% in 2003 to 66% in 2009. A inclusion rate of 70% was recorded in 2007

16	Examination and/or Investigation Results Included	↑	Increased from 85% in 2003 to 96% in 2009
17	Medications Included	↑	Increased from 42% in 2003 to 56% in 2009. An inclusion rate of 58% was recorded in 2007
18	Allergies Included	↑	Increased from 31% in 2003 to 55% in 2009
19	GP Treatment Included	↑	Increased from 49% in 2003 to 85% in 2009
20	Psychosocial History Included	↑	Increased from 5% in 2003 to 28% in 2009
21	GP Details Clear	↑	Increased from 62% in 2003 to 98% in 2009
22	GP Provider # Included	↑	Increased from 95% in 2003 to 98% in 2009
23	Usefulness of Information	→	Usefulness of information has remained consistent since 2003, with 78% of referrals useful in 2009, however 2007 was a high point, with 85% of referrals rated useful
24	Appropriate Referral	→	Currently 88% of referrals were rated as appropriate. This is consistent with 85% in 2003, however in 2005 and 2007 rates were as high as 93% and 97% respectfully
25	Abbreviations Present	→	The inclusion of abbreviations has remained consistent since 2007, currently at 67%. An achievement would be to see a reduction in this area
29	EH Form Used	→	Use of the EH referral form has remained consistent since 2005, currently 7% of referrals are on the EH or Victorian Statewide Referral form
31	Does it meet minimum data requirements		No comparison data due to alterations made to audit scale, Currently 7% meet minimum data requirements. For 2009 comparisons refer to corresponding table in Appendix 1

*See appendix 1 for comparisons to Outpatient and SACS data, and also comparisons in overall data

The inclusion of basic patient demographic data, while always being found on slightly fewer referrals than on Outpatient referrals, has risen since the Eastern Health referral audit began, particularly in the patient address and Medicare fields. However, mirroring the Outpatient audit, the big improvement has occurred in the inclusion of clinical data. Medications, allergies, GP treatment and psychosocial history have all steadily increased on referrals to ED, and interestingly GP treatment is included on 85% of referrals to Emergency compared to 52% on referrals to Outpatients. This is also true for the examination and investigation field, which was recorded on 96% of referrals to Emergency compared with 74% to Outpatients. This point could also disprove the theory about rushed referrals, and also highlights the importance to the GP of including examination and investigation results on referrals to the Emergency department.

The main focus of improved referrals to the Outpatient department has and will continue to centre on the VSRF, and Emergency department referrals will benefit from this approach, with auto-populated fields making the process of generating a referral quicker. However General Practice education is more likely to be based on Outpatient referrals rather than Emergency due to the interest from GPs in accessing Outpatient department clinics (including wait times). This will also be reflected on the new Eastern Health GP website, with the majority of information focusing on Outpatients access and referral, where appointments are often triaged based solely on the content of the referral letter.

SUB-ACUTE and AMBULATORY CARE SERVICES REFERRAL LETTER AUDIT

Peter James Centre, Wantirna Health, Yarra Ranges Health, Angliss Hospital

In the lead up to the 2009 referral audit it was decided by the EHGPL team to not only audit referrals to Outpatient and Emergency departments, but to also include the growing access point for GPs referring into rehabilitation and community services. The SACS unit at Eastern Health is based at the Peter James Centre and covers services available at Peter James, Wantirna Health, the newly established Yarra Ranges Health in Lilydale and services available at the Community Rehabilitation Centre at the Angliss Hospital.

50 referrals were audited from the SACS unit, randomly selected from 1 February to 30 April 2009, and were addressed to a range of clinics and services. The number of referrals was based on the number audited at the Outpatient departments; bring the total number of referrals audited in 2009 to 300.

The SACS referral data will become the baseline data for future SACS referral audits, and as such no comparison data exists at this time. However it has been interesting to compare the SACS data to that of the Outpatient and Emergency department referrals. Patient demographic data was difficult to compare, as some fields preformed better and others worse than those received by the Outpatients or Emergency. Interestingly two clinical fields stood out, one for being significantly better than the Outpatient and Emergency results, the other for being significantly worse.

The first was the psychosocial field, recorded on 90% of SACS referrals, compared to 28% on Emergency and 19% on Outpatient referrals. This could be contributed to the nature of SACS clinics, which include pain management, geriatric evaluation and management, the Aged Care Assessment Service and Memory clinic, for which the patient's psychosocial health is intrinsically linked to the reason the GP is referring and to the Clinician receiving the referral.

The other was the inclusion of allergies on the GP referral, recorded on 20% of SACS referrals, compared to 55% to Emergency and 70% to Outpatients. There were a number of thoughts raised amongst the EHGPL team as to why this could be so, and the main one was that the two page referral form developed by the SACS unit does not have a field for allergies, therefore not prompting the GP to provide this information. Those referrals that did have allergies recorded more often than not had a GP letter, generated on GP clinical software, attached to the SACS form, which had the patient's allergies listed, and also commonly their medications.

The SACS referral form was used for 92% of referrals audited, compared with 36% to Outpatients and 7% to Emergency. However a paper based version is widely used, resulting in 80% of referrals being handwritten on a printed template. It was noted that a number of the SACS templates had GP referral letters attached, as mentioned above, and only the first page of the SACS template, meaning that the audit was done based on only ½ of the required information being present. When auditing the SACS referrals it was also noted that a number of the referrals were handwritten in the same writing, leading the auditors to suggest that they were handwritten in the SACS unit, possibly based on the GP referral letters.

RECOMMENDATIONS

Audit process and evaluation

- To continue the process of consulting and reviewing the approach, audit process, evaluation tool and learning's from the previous audit.

- Legibility, usefulness, appropriateness can be important indicators of a good referral; however the EHGPL team acknowledges that these items are subjective. Program staff endeavor to audit referrals in a consistent manner. To support a consistent approach the EHGPL team consult on a regular basis to facilitate a mutual understanding on what constitutes a legible, useful and appropriate referral.

Audit Reports

- Create a process for the consistent gathering of GPs referrals across Eastern Health sites. The 2009 audit was inconsistent, with the Angliss hospital able to print a report and provide the EHGPL Officer with a box full of GP referred patient records from the Emergency department. Box Hill hospital was able to generate the report, but delayed access to the files, and limited access for the EHGPL Officer, who could only attend with the Eastern Health based EHGPL Coordinator. Maroondah hospital was accommodating of the EHGPL Officer, however could not generate a report, which required the EHGPL Officer to search through each Emergency department patient file, in the hope of coming across 50 files containing GP referrals within the audit timeframe.

GP training and resources

- The new Eastern Health website will continue to include clinic/service descriptions. A mechanism to remind clinic staff to update the description of their clinic needs to be implemented, to ensure the most current information is available.

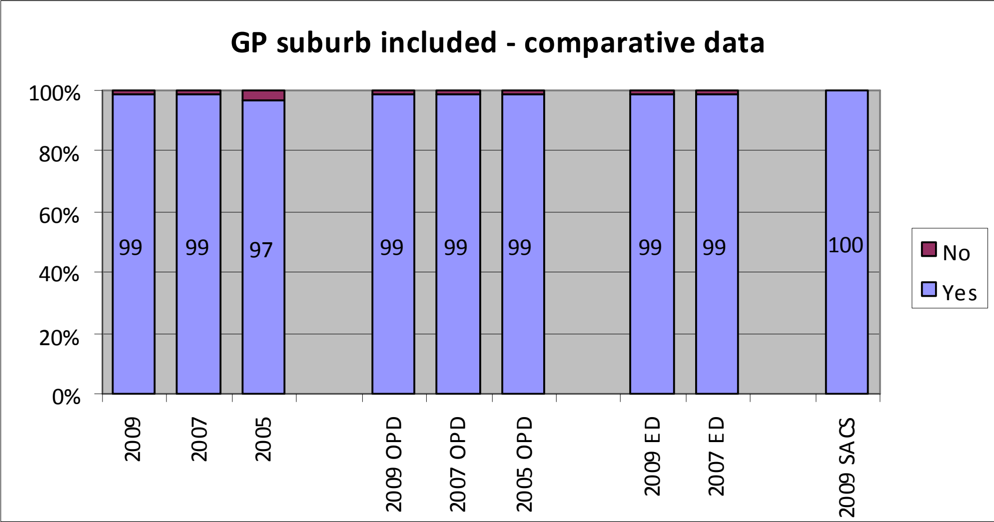
- Divisions include articles/clinic descriptions in their newsletters for Outpatient department clinics, targeting clinics that Outpatient department Triage feel are receiving the poorest referrals and/or for clinics that have the lengthiest wait lists.

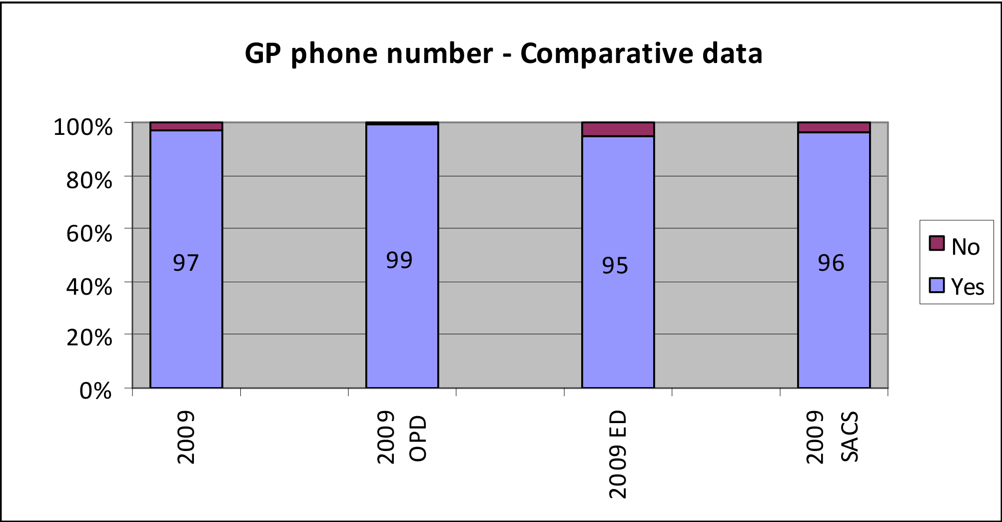
- Divisions and Eastern Health to fully support the new VSRF template as best practice for the referral of patients to hospital and community based services. Eastern Health to make the template available on their website and Divisions to ensure GP practices download and adopt the form for all referrals. Divisions should ensure each General Practice, regardless of their chosen medical software (and there is many – see table 4 below), is able to download, and correctly use the VSRF to its full capacity.

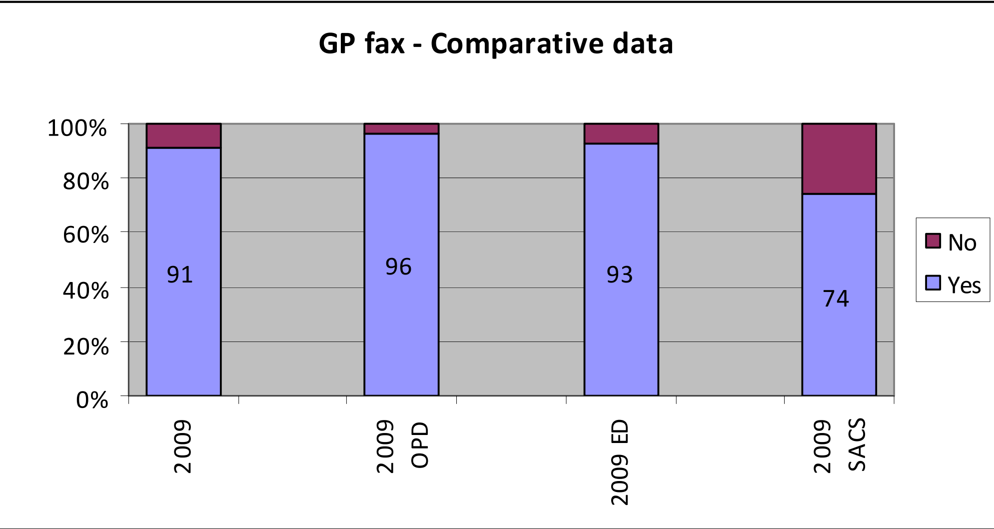
Table 4.
GP Medical Software – based on 238 General Practices across Melbourne East GP Network, Eastern Ranges GP Association and the Knox Division of General Practice

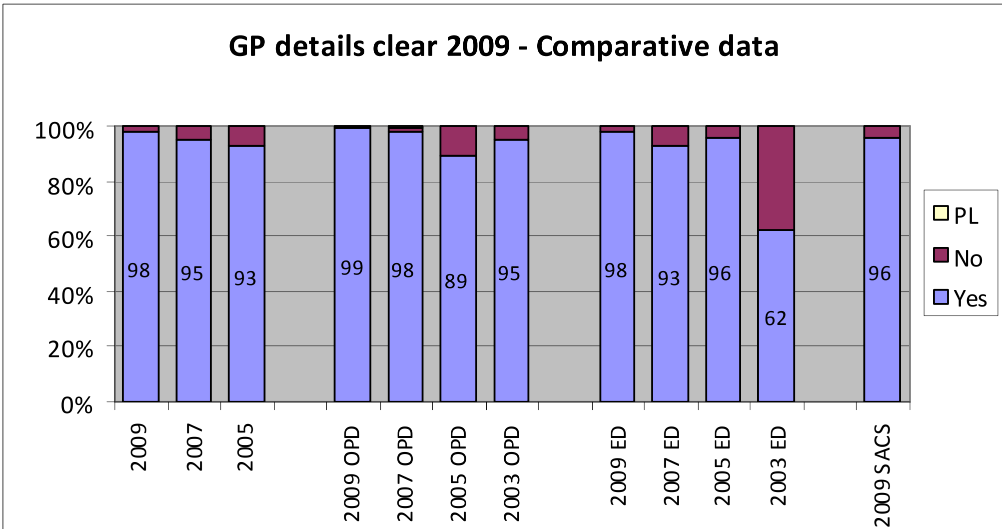
Medical Director 3	54%	Pro Med	.5%
Medical Director 2	16%	Profile	.5%
Med Tech 32	3%	Mediflex	.5%
Spectrum / Practix	1.5%	GP Complete	.5%
ZedMed	2%	Monet	.5%
Best Practice	2%	Paper-based	17.5%
Genie	1.5%		

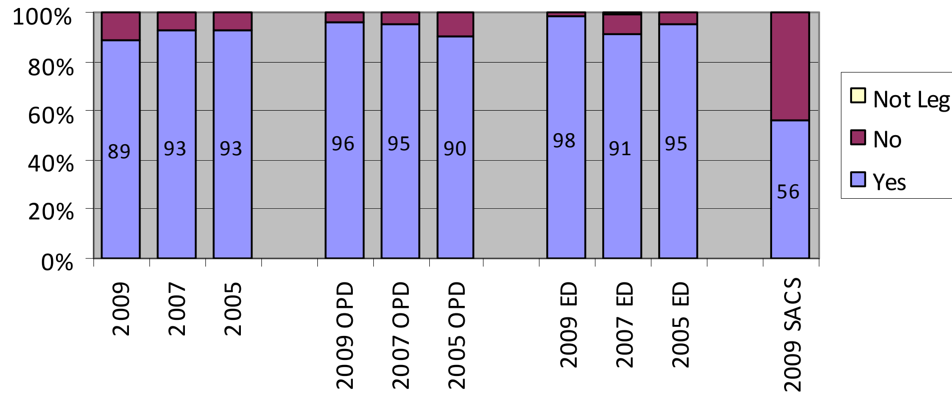
Appendix 1 – Comparative data

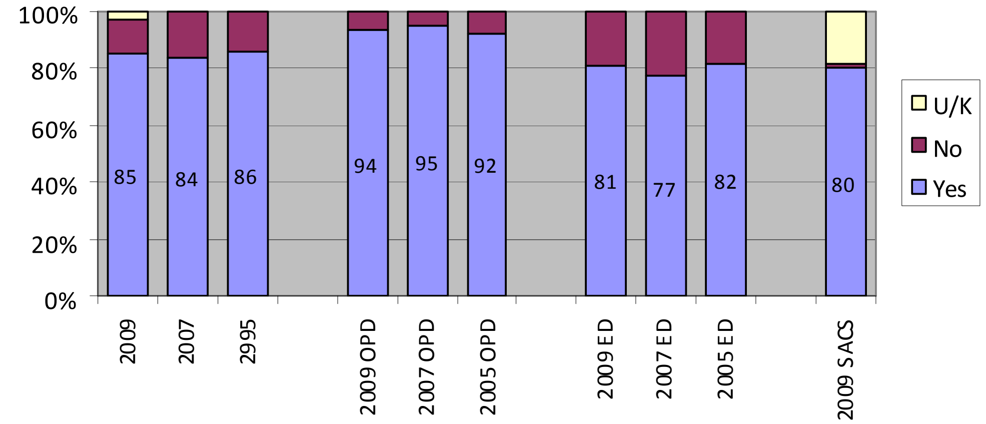


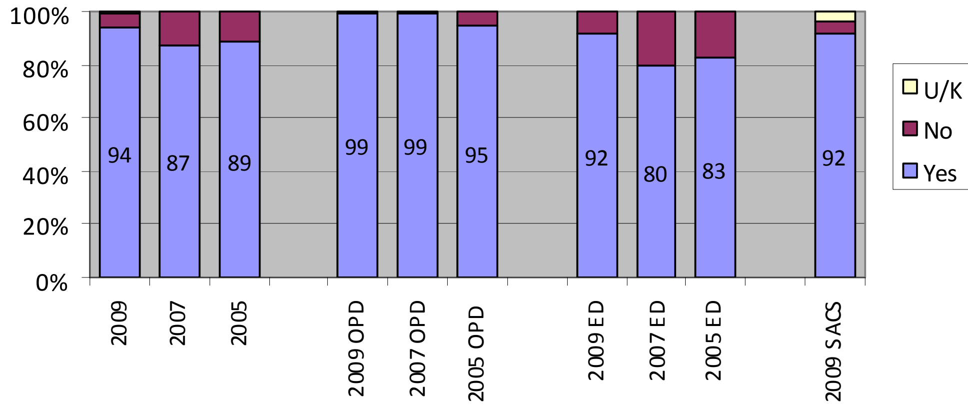


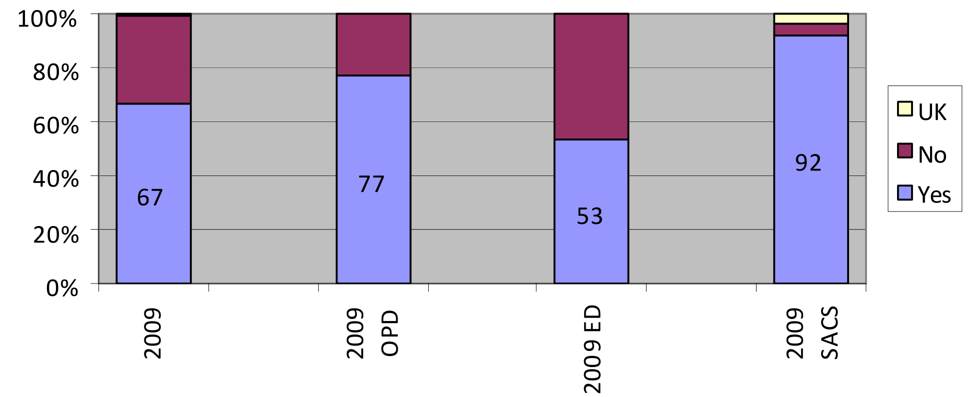


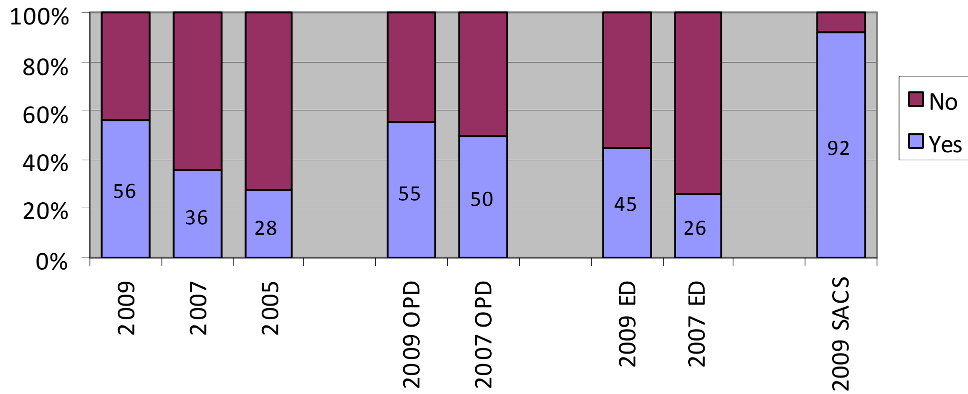



GP provider no. included 2009 - Comparative data
100%
80%
60%
40%
20%
0%
89
93
93
96
95
90
98
91
95
56
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2009 ED
2007 ED
2005 ED
2009 SACS
Not Leg
No
Yes

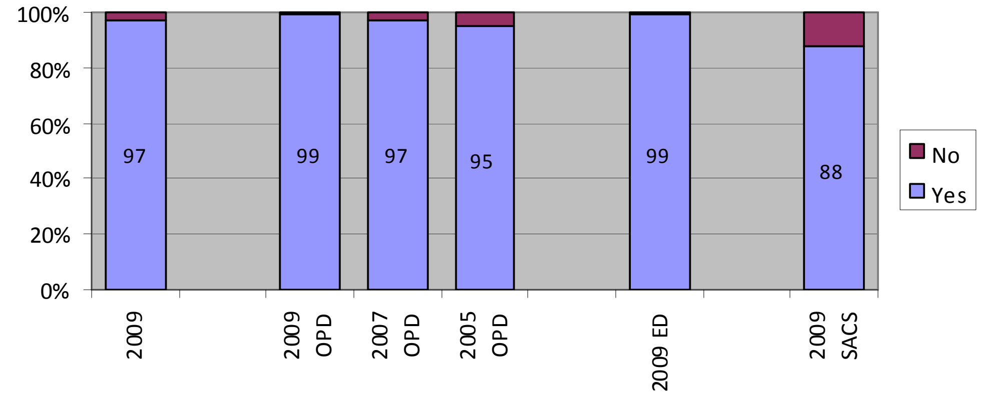

Patient date of birth - Comparative data
100%
80%
60%
40%
20%
0%
85
84
86
94
95
92
81
77
82
80
2009
2007
2995
2009 OPD
2007 OPD
2005 OPD
2009 ED
2007 ED
2005 ED
2009 SACS
U/K
No
Yes


Patient address - Comparative data
100%
80%
60%
40%
20%
0%
94
87
89
99
99
95
92
80
83
92
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2009 ED
2007 ED
2005 ED
2009 SACS
U/K
No
Yes

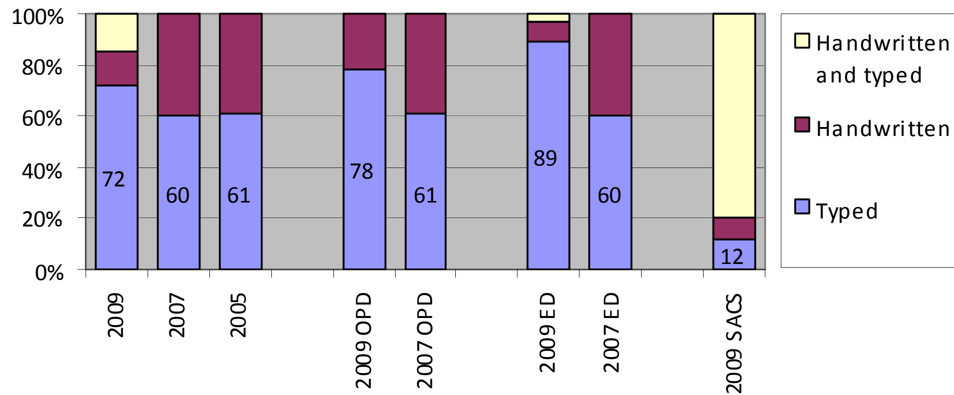

Patient phone number - Comparative data
100%
80%
60%
40%
20%
0%
67
77
53
92
2009
2009 OPD
2009 ED
2009 SACS
UK
No
Yes



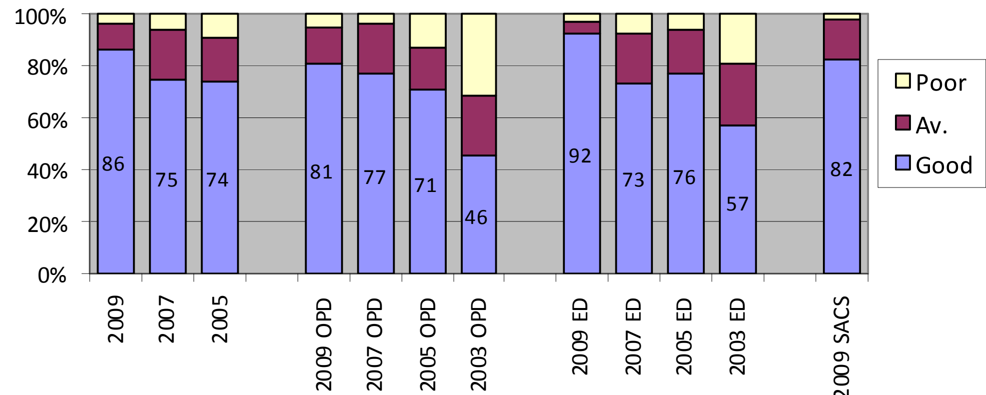
Medicare details - Comparative data
100%
80%
60%
40%
20%
0%
56
36
28
55
50
45
26
92
No
Yes
2009
2007
2005
2009 OPD
2007 OPD
2009 ED
2007 ED
2009 SACS



Date of referral 2009 - comparative data
100%
80%
60%
40%
20%
0%
97
99
97
95
99
88
No
Yes
2009
2009 OPD
2007 OPD
2005 OPD
2009 ED
2009 SACS



Referral format 2009 - Comparative data
100%
80%
60%
40%
20%
0%
72
60
61
78
61
89
60
12
Handwritten and typed
Handwritten
Typed
2009
2007
2005
2009 OPD
2007 OPD
2009 ED
2007 ED
2009 SACS



Referral legibilty - Comparative data
100%
80%
60%
40%
20%
0%
86
75
74
81
77
71
46
92
73
76
57
82
Poor
Av.
Good
2009
2007
2005
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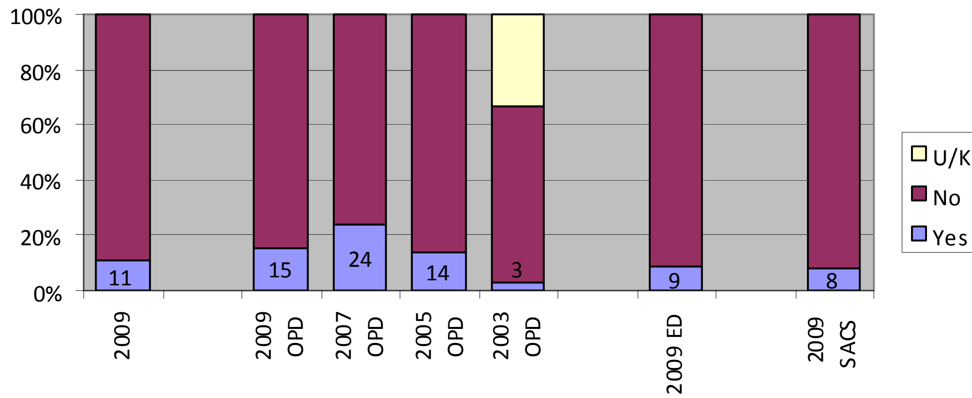
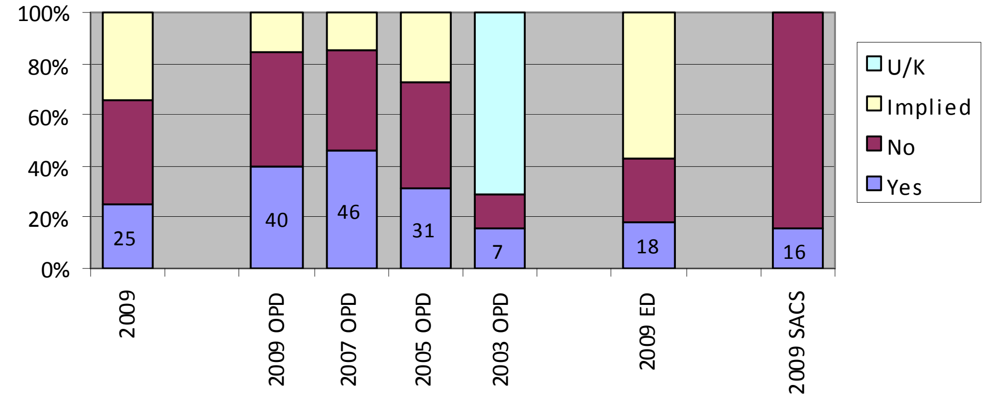
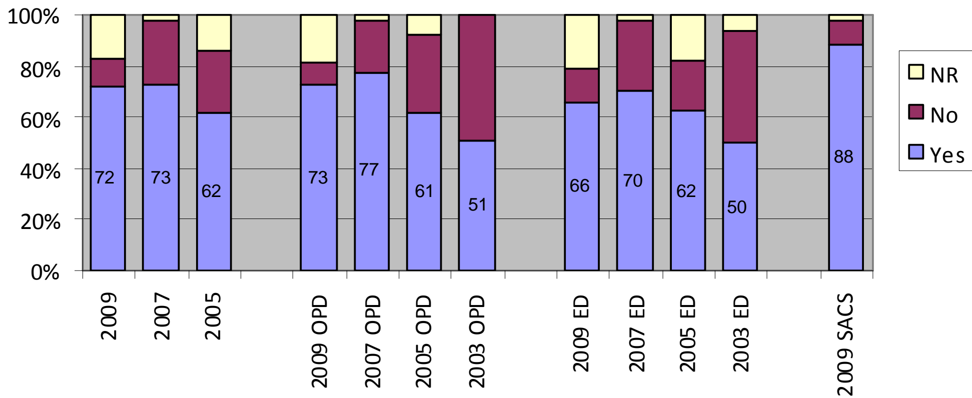
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS



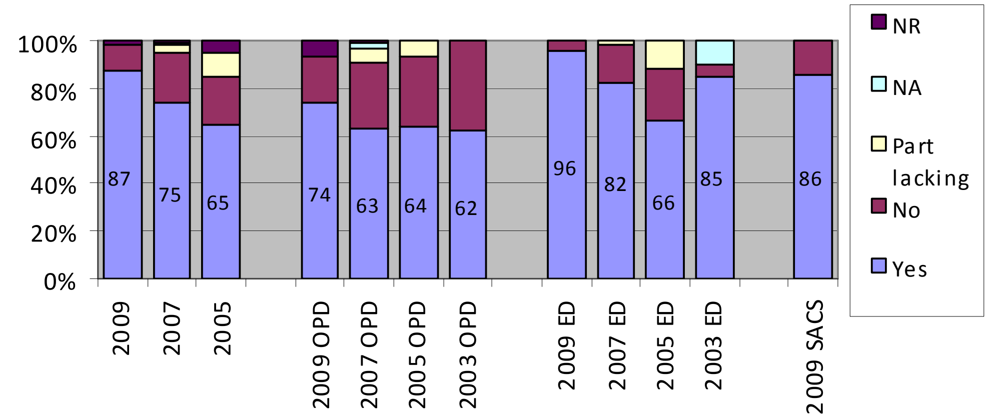
Referral duration included 2009- comparative data
100%
80%
60%
40%
20%
0%
11
15
24
14
3
9
8
2009
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2009 SACS
U/K
No
Yes



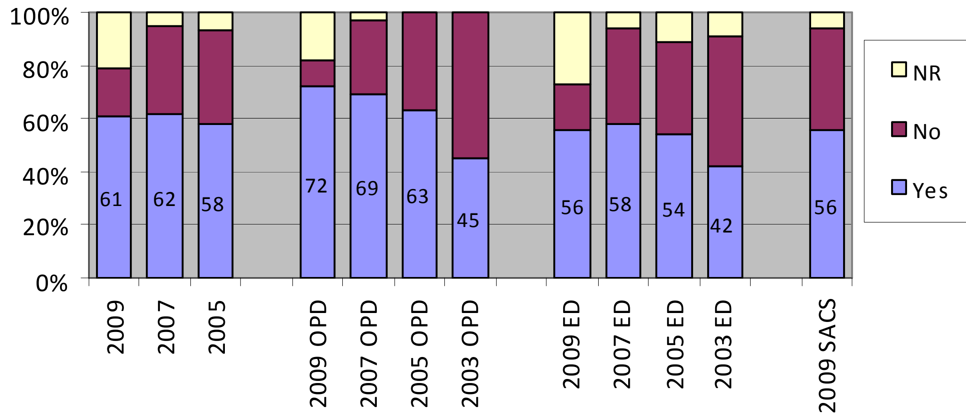
Urgency stated 2009 - Comparative data
100%
80%
60%
40%
20%
0%
25
40
46
31
7
18
16
2009
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2009 SACS
U/K
Implied
No
Yes

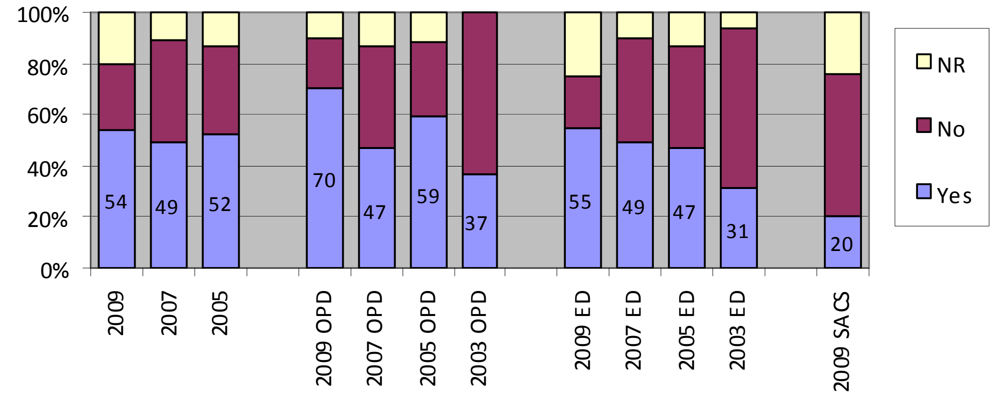


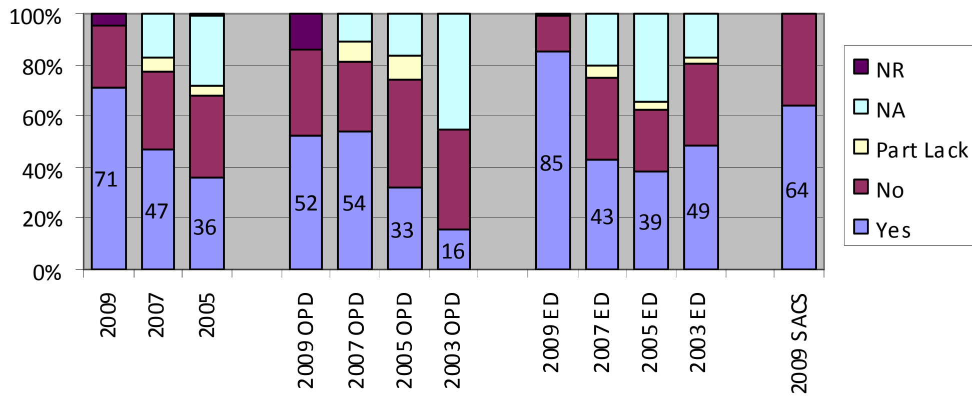
Past history included 2009 - Comparative data
100%
80%
60%
40%
20%
0%
72
73
62
73
77
61
51
66
70
62
50
88
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS
NR
No
Yes

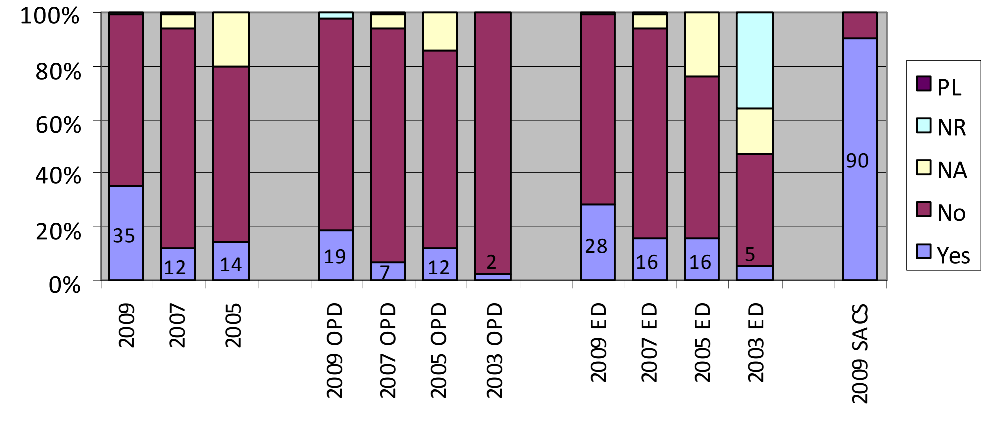


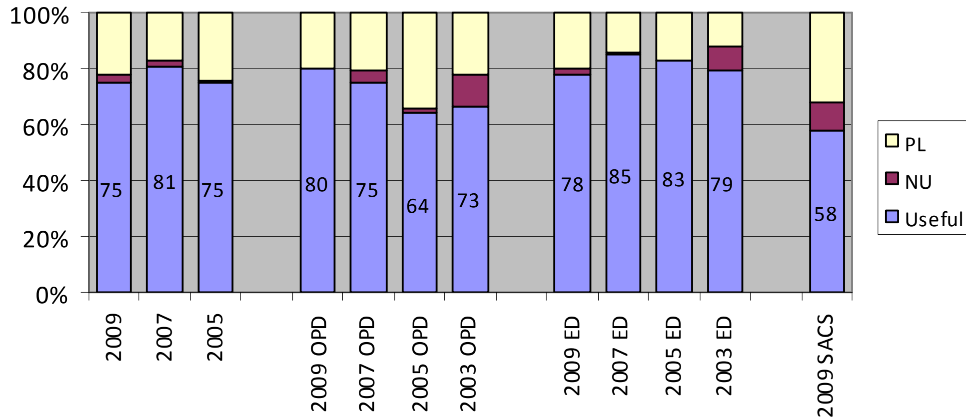
Examinations + Investigations 2009 - Comparative data
100%
80%
60%
40%
20%
0%
87
75
65
74
63
64
62
96
82
66
85
86
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS
NR
NA
Part lacking
No
Yes

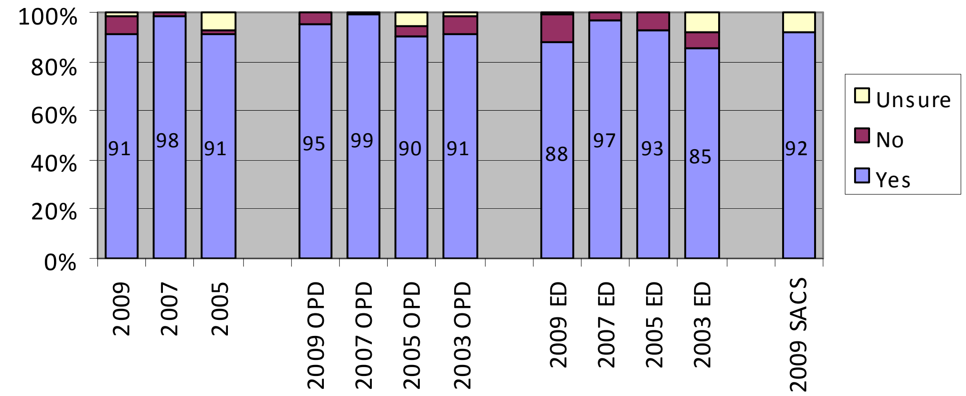

Medications included 2009 - Comparative data
100%
80%
60%
40%
20%
0%
NR
No
Yes
61
62
58
72
69
63
45
56
58
54
42
56
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS

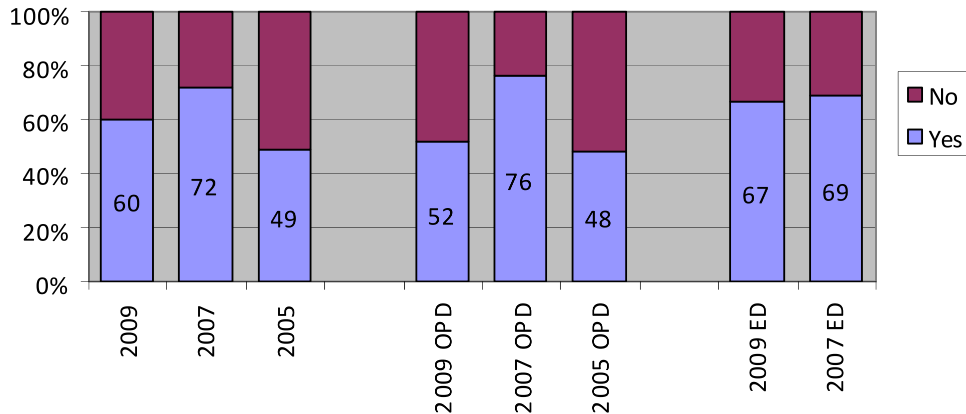

Allergies included 2009 - Comparative data
100%
80%
60%
40%
20%
0%
NR
No
Yes
54
49
52
70
47
59
37
55
49
47
31
20
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS

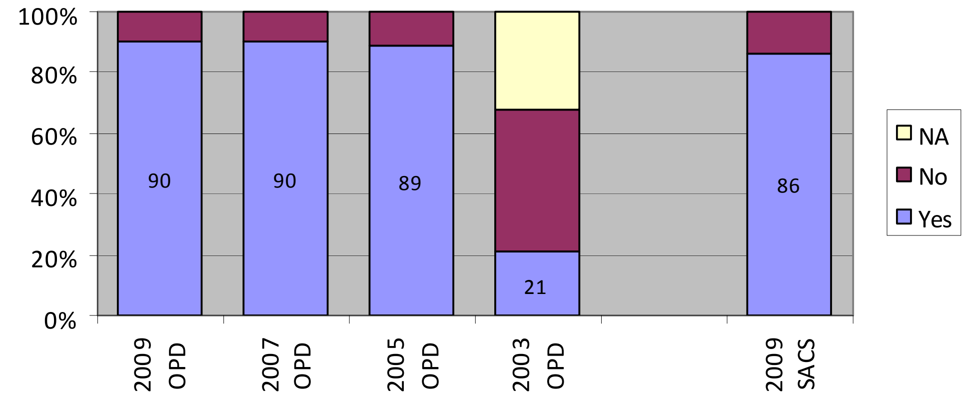

GP treatment included 2009 - Comparative data
100%
80%
60%
40%
20%
0%
NR
NA
Part Lack
No
Yes
71
47
36
52
54
33
16
85
43
39
49
64
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS

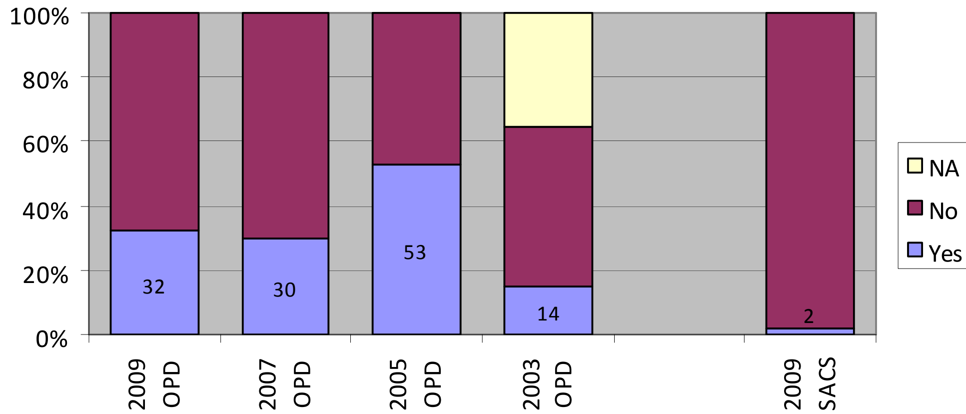

Psychosocial history included 2009 - Comparative data
100%
80%
60%
40%
20%
0%
PL
NR
NA
No
Yes
35
12
14
19
7
12
2
28
16
16
5
90
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS

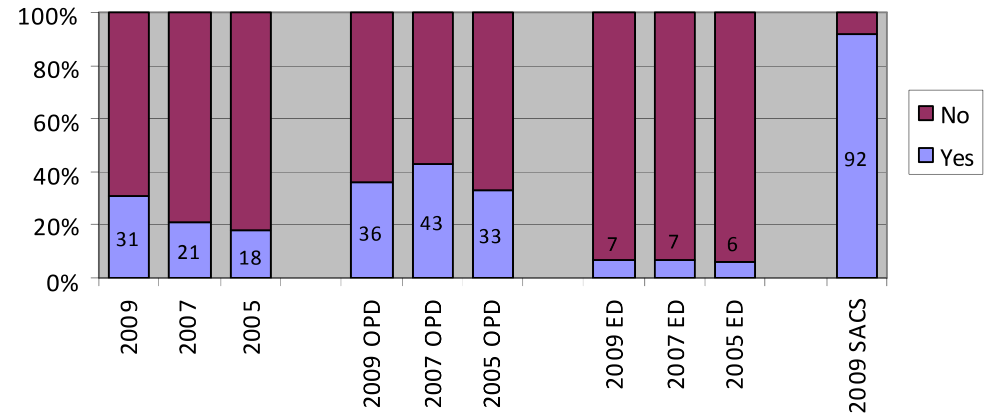

Usefulness of info 2009 - Comparative data
100%
80%
60%
40%
20%
0%
75
81
75
80
75
64
73
78
85
83
79
58
PL
NU
Useful
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS

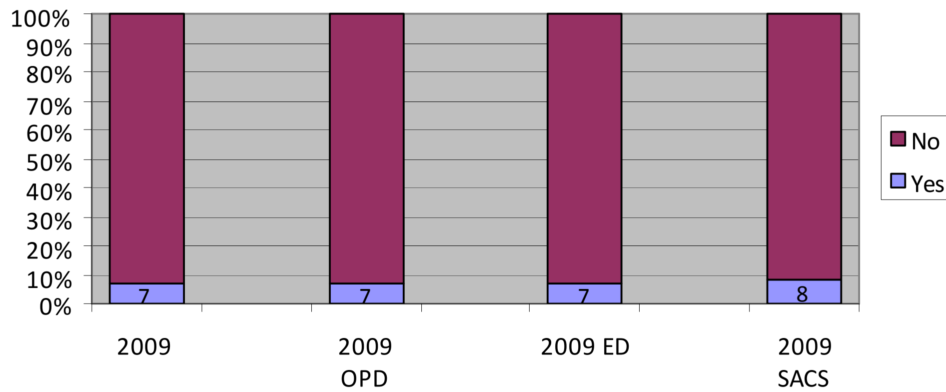

Appropriate referral 2009 - Comparative data
100%
80%
60%
40%
20%
0%
91
98
91
95
99
90
91
88
97
93
85
92
Unsure
No
Yes
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 ED
2007 ED
2005 ED
2003 ED
2009 SACS


Abbreviations included 2009 - Comparative data
100%
80%
60%
40%
20%
0%
60
72
49
52
76
48
67
69
No
Yes
2009
2007
2005
2009 OPD
2007 OPD
2005 OPD
2009 ED
2007 ED


OPD clinic name included 2009 - Comparative data
100%
80%
60%
40%
20%
0%
90
90
89
21
86
NA
No
Yes
2009 OPD
2007 OPD
2005 OPD
2003 OPD
2009 SACS







KEY	
OPD	Outpatient department
ED	Emergency department
NA	Not applicable
NR	Not recorded
Part Lack	Partially lacking
PL	Possibly lacking
Av.	Average
Not Leg	Not Legible
U/K	Unknown
NU	Not useful

Appendix 2 – Assessment Scale

#:	Query:	Assessment Options:		
1	#	Number assigned by Eastern Health GP Liaison Team		
2	GP Address	List Suburb and P/Code	N: No	
3	GP Phone	Y: Yes	N: No	
4	GP Fax	Y: Yes	N: No	
5	Pt D.O.B.	Y: Yes	N: No	
6	Pt Address Included	Y: Yes	N: No	
7	Pt Phone Included (at least one)	Y: Yes	N: No	
8	Medicare Details Included	Y: Yes	N: No	
9	Date of Referral	Date referral written	N: no	
10	Referral Format	HW: Handwritten	T: Typed	HW/T: Handwritten and typed
11	Referral Legibility	3: Good (read once and understood) 2: Average 1: Poor		
12	Referral Duration Stated	Y: Yes	N: No	
13	Duration of Referral	Enter duration stated (eg. 12 months, indefinite, ongoing)		
14	Urgency Stated	Y: Yes as stated by GP	N: Not indicated	I: Implied in letter content
15	Past History Included	Y: Yes N: No (not stated at all in referral, inc. blank field with nothing under it) NR: Not recorded (field or other is present but not recorded, no known, or similar is written in the referral)		
16	Examination and/or Investigation Results Included	Y: Yes N: No (not stated at all in referral, inc. blank field with nothing under it) NR: Not recorded (field or other is present but not recorded, no known, or similar is written in the referral)		
17	Medications Included	Y: Yes N: No (not stated at all in referral, inc. blank field with nothing under it) NR: Not recorded (field or other is present but not recorded, no known, or similar is written in the referral)		
18	Allergies Included	Y: Yes N: No (not stated at all in referral, inc. blank field with nothing under it) NR: Not recorded (field or other is present but not recorded, no known, or similar is written in the referral)		
19	GP Treatment Included	Y: Yes N: No (not stated at all in referral, inc. blank field with nothing under it) NR: Not recorded (field or other is present but not recorded, no known, or similar is written in the referral)		
20	Psychosocial History Included	Y: Yes N: No (not stated at all in referral, inc. blank field with nothing under it) NR: Not recorded (field or other is present but not recorded, no known, or similar is written in the referral)		
21	GP Details Clear	Y: Yes	N: No	P: Partially
22	GP Provider # Included	Y: Yes	N: No	
23	Usefulness of Information	U: Useful	PL: Possibly Lacking	NU: Not useful
24	Appropriate Referral	Y: Yes	N: No	U: Unsure
25	Abbreviations Present	Y: Yes	N: No	
26	List Abbreviations Used	List abbreviations used eg. NKA, RBC, FBE c/o, NSTEMI		
27	If OPD: Clinic Stated	List name of Clinic eg. Urology	N: No	
28	If OPD: Clinician Stated	Y: Yes	N: No	
29	EH Form Used	Y: Yes	N: No	
30	Comments	Comments		
31	Does it meet minimum data requirements	Y: Yes	N: No	