A referral is a clinical handover document critical to maintaining the care and safety of patients in transition between health care providers.

The information gathered in this audit of GP referrals to Eastern Health is used to guide future priorities, recommendations and actions for the communication component of the Eastern Health GP Liaison Program.
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Executive Summary

An audit of General Practitioner (GP) referrals to Eastern Health was conducted in 2011. The audit assessed 379 GP referrals sent to Emergency Departments, Outpatient Departments and Sub-acute Ambulatory Care Services across Box Hill, Maroondah, Angliss and Wantirna sites. A thirty-three query assessment scale was used to assess referrals. This audit is biannual has been conducted in 2003, 2005, 2007 and 2009 previously.

Overall, the audit showed that the quality of GP referrals to Eastern Health has improved steadily, consistent with previous audits. GP and patient administration information such as contact details, DOB and provider number is included in nearly all referrals. Clinical information such as patient past history, examination results, medication and allergies and GP treatment are included in most referrals, and this inclusion rate is increasing. An increasing majority of referrals are typed, and referral legibility is considered good and improving.

The quality of referrals to Emergency Departments is not quite as high as those to Outpatient Departments, presumably due to time constraints on the GP by a potential clinical emergency. The majority of referral letters consist of general practice software-produced letter templates, followed by the use of some Eastern Health referral forms and a small number of Victorian Statewide Referral Forms.

Referrals may be improved by increasing the inclusion of patient phone number, Medicare details and psychosocial history. For referrals to Outpatient Clinics, the inclusion of clinician names for clinics and a clear expression of the level of referral urgency would improve referrals. The completion of referral forms to Sub-acute Ambulatory Care Services requires attention, as there is limited completion of the referral form provided.

Recommendations include future work focusing on target areas and some small methodological improvements.
Background

Eastern Health GP Liaison Program

The Eastern Health GP Liaison (EH GPL) Program is a partnership between Eastern Health hospitals and the three eastern Melbourne Divisions of General Practice/Medicare Locals (Eastern Ranges GP Association, Greater East Primary Health and Inner East Melbourne Medicare Local). The program focuses on initiatives that promote patient care and prevent readmissions, through strengthening the interface between General Practice and Eastern Health (EH).

One of the aims of the program is to focus on communication between GPs and EH hospital clinicians. Emphasis is placed on the importance of legible and comprehensive GP referrals into the hospital system. Accurate, relevant and timely discharge summaries returning from EH hospitals to GPs are also a priority of the program.

GP Referral Audit

Beginning in 2003, the EH GPL Consultants and Officers have conducted bi-annual audits of GP referrals. The information gathered in these audits is used to guide future priorities, recommendations and actions for the communication component of the EH GPL Program. This is important in the context of clinical handover communication and how this indirectly affects patient outcomes, which is well documented in the literature.

Since 2003, the number of GP Referrals audited by the EH GPL Program has steadily increased from 209 to 379. Table 1 displays audit growth over the years, from 2003 to 2011. The 2003 audit covered three Emergency Departments (ED) and two Outpatient Departments (OPD) in EH. In 2009, GP referrals to Sub-acute and Ambulatory Care Services (SACS) at Wantirna Health were also included in the audit.

Table 1: Number of GP Referrals audited from 2003 to 2011 at EH divided into hospital programs

<table>
<thead>
<tr>
<th>Year</th>
<th>Emergency Departments</th>
<th>Outpatient Departments</th>
<th>Sub-acute and Ambulatory Care Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>158</td>
<td>175</td>
<td>46</td>
<td>379</td>
</tr>
<tr>
<td>2009</td>
<td>150</td>
<td>100</td>
<td>50</td>
<td>300</td>
</tr>
<tr>
<td>2007</td>
<td>153</td>
<td>101</td>
<td></td>
<td>254</td>
</tr>
<tr>
<td>2005</td>
<td>109</td>
<td>83</td>
<td></td>
<td>192</td>
</tr>
<tr>
<td>2003</td>
<td>117</td>
<td>92</td>
<td></td>
<td>209</td>
</tr>
</tbody>
</table>
In 2011, GP referrals to the Angliss Hospital Outpatient Department were also included in the audit. A breakdown of the audited 2011 GP referrals into EH site and hospital program can be found in Table 2.

Table 2: Number of 2011 GP Referrals Audited divided into EH site and hospital program

<table>
<thead>
<tr>
<th>EH Site</th>
<th>Emergency Departments</th>
<th>Outpatient Departments</th>
<th>Sub-acute and Ambulatory Care services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angliss Hospital</td>
<td>50</td>
<td>50</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Box Hill Hospital</td>
<td>53</td>
<td>70</td>
<td></td>
<td>123</td>
</tr>
<tr>
<td>Maroondah Hospital</td>
<td>55</td>
<td>55</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td>Wantirna Health</td>
<td>46</td>
<td></td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>158</td>
<td>175</td>
<td>46</td>
<td>379</td>
</tr>
</tbody>
</table>

**Approach**

**Assessment Scale**

Consistent with past EH GPL Program GP Referral Audits, a structured Assessment Scale, designed by the EH GPL team, was used to ensure differences in interpretation were minimised. The scale is reviewed following each audit to improve the effectiveness of future evaluation.

The 2011 GP Referral Audit Assessment Scale contains 33 items queries to audit referrals against. The first 12 require no clinical judgment and are considered administrative. The final 21 require clinical judgment.

The Assessment Scale can be found in Appendix 1 – 2011 GP Referral Audit Assessment Scale. Changes to the 2011 Assessment Scale are located in Appendix 2 – Changes made to the 2009 GP Referral Audit Assessment Scale for the 2011 GP Referral Audit. The changes in item queries enable the audit to gather more useful information.

**Audit Time Period**

**Referrals to Emergency and Outpatient Departments**

Consistent with the 2009 GP Referral Audit, the referrals for the 2011 audit were randomly selected from those received by EH during a three month period stretching from 1 February to 30 April of the audit year. This date range was selected to provide a broad spread of referrals and avoided any major holiday period. The actual audit work was carried out retrospectively in the last half of 2011, up to March 2012.

Prior to 2009, GP Referral Audits were conducted on referrals received by EH during one or two weeks in December of the audit year.

**Referrals to Sub-acute Ambulatory Care Services**

During the 2011 GP Referral Audit, referrals to Sub-acute Ambulatory Care Services were audited prospectively. This was done to ensure the audit captured referral quality upon arrival at SACS, and not after Access nurses had altered the referral by calling the GP or practice to fill in gaps. As a result, the prospective audit period for referrals to SACS extended from July 2011 to March 2012.
Methodology

The following steps describe the GP Referral Audit process. This process has remained consistent since the 2003 audit, with the exception of improvement changes. There are slight variances in the method depending on the hospital audited and their health information systems.

1. Recommendations based on the audit evaluation from the previous audit are implemented.
2. The EH GPL team consults and reviews the approach, audit process, assessment scale and learning’s from the previous audit.
3. To reduce difference in interpretation, a structured assessment scale is used and is reviewed prior to each audit to continually improve the auditing process. Confirmation of referral date range is agreed upon by EH GPL team.
4. To begin data collection, EH GPL Officers begin to liaise directly with EH GPL Consultants and relevant hospital departments, including Health Information Services and Decision Support, and if required, Outpatient, Emergency and Information Technology department staff. The sites audited include Angliss, Box Hill and Maroondah Hospitals (ED and OPD) and Peter James Centre / Wantirna Health (Sub-acute and Ambulatory Care services).
5. Medical records of patients referred by a GP, within the date range, are randomly selected and provided by Decision Support and 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 EH 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 administrative data, such as the inclusion of Medicare card or phone number. The GPL Consultant then audits the clinical component of the referral.
9. De-identified audit data is entered into a spreadsheet to create an electronic copy of raw data.
10. The electronic data is saved on Division/Medicare Local computers and the complete set of raw data sent to the nominated GPL Officer for collation and graphing.
11. A report outlining key results and including comparative data is written and presented to the EH GPL team. The report is then tabled at the EH GPL Steering Committee and EH GPL hospital committees. The report is then disseminated to interested parties within the hospital system and General Practice.
12. Based on the report a newsletter article is written by the nominated GPL Officer for inclusion in Division newsletters and the EH GPL newsletter.
13. The EH GPL team consult to review the process taken and to look at future improvements and implementation of recommendations made in the report.
Results and Discussion

The audit results are divided into GP Referrals to ED, OPD and SACS. Consideration is then given to noteworthy results by assessment scale queries. A graphical breakdown of the results by assessment scale query item can be found at Appendix 3 – Audit Results in Graph Form by Query.

GP Referrals to the Emergency Department

The 2011 GP Referral Audit included 158 referrals to EH EDs. There were 50 referrals to the Angliss Hospital, 53 to Box Hill Hospital, and 55 to Maroondah Hospital. Table 3 below provides a brief comparison of the 2011 audit results in comparison to previous years, based on the graphs in Appendix 3 – Audit Results in Graph Form by Query.

It is worth noting that GP referrals to EDs are different in quality to referrals to Outpatient Departments, the main factor impacting on this being patients referred to an OPD are generally clinically stable, enough to wait for an appointment beyond 24 hours time. However, patients who attend the ED 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.

Overall, the quality of GP Referrals to EDs have improved or remained consistent since 2005. The percentage inclusion of GP and patient details are consistently high, usually around 90%. Significant improvements have been made in the percentage of typed referrals, as opposed to handwritten (Query 10). Also noteworthy is the percentage improvement in the number of referrals including patient history, examination results, medications and allergies (Queries 17 to 20).

Areas where there has been a decrease in GP referral quality since 2005 are the inclusion of patient date of birth (Query 5) and date of referral (Query 9), along with psychosocial history, usefulness of information and appropriate referral (Queries 22-14), though these are more subjective measures and will be discussed further in the Discussion section. There has been no decrease in the inclusion of abbreviations (Query 25).

Table 3: Comparison of audit results over GP Referral Audit years, 2005-2011, for referrals to ED

<table>
<thead>
<tr>
<th>#</th>
<th>Query:</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>#</td>
<td>Number Assigned by EH GP Liaison Team</td>
</tr>
<tr>
<td>2</td>
<td>GP Address</td>
<td>▲ Consistent at 99% since 2007</td>
</tr>
<tr>
<td>3</td>
<td>GP Phone</td>
<td>▲ Increased slightly from 95% in 2009 to 97% in 2011</td>
</tr>
<tr>
<td>4</td>
<td>GP Fax</td>
<td>▲ Decreased slightly from 93% in 2009 to 92 % in 2011</td>
</tr>
<tr>
<td>5</td>
<td>Pt D.O.B.</td>
<td>▼ Decreased from 99% in 2009 to 94% in 2011</td>
</tr>
<tr>
<td>6</td>
<td>Pt Address Included</td>
<td>▲ Oscillating from 83% in 2005, but up to 88% in 2011</td>
</tr>
<tr>
<td>7</td>
<td>Pt Phone Included (at least one)</td>
<td>▲ Increased from 53% in 2009 to 60% in 2011</td>
</tr>
<tr>
<td>8</td>
<td>Medicare Details or DVA Gold Card Details included</td>
<td>▲ Increased from 26% in 2007, 45% in 2009 and holding at 44% for 2011. Very low.</td>
</tr>
<tr>
<td>9</td>
<td>Date of Referral</td>
<td>▼ Decreased from 99% in 2009 to 94% in 2011</td>
</tr>
</tbody>
</table>
GP Referrals to the Outpatient Departments

The 2011 GP Referral Audit assessed 175 referrals to EH Outpatient Departments. There were 50 referrals to the Angliss Hospital, 70 to Box Hill Hospital, and 55 to Maroondah Hospital. Table 4 below provides a brief comparison of the 2011 audit results in comparison to previous years, based on the graphs in Appendix 3 – Audit Results in Graph Form by Query.

The GP referrals to Outpatient Departments are of a higher quality than those to EDs, as patients referred to an OPD are generally clinically stable and the GP can perform investigations and include more information in the referral.
Overall, the quality of GP Referrals to OPDs has improved since 2005. This includes large percentage increases in typed referrals and referral legibility, and large increases in the inclusion of patient allergies and GP treatment.

Table 4: Comparison of audit results over GP Referral Audit years, 2005-2011, for referrals to OPDs

<table>
<thead>
<tr>
<th>#</th>
<th>Query:</th>
<th>Comparative note across</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number Assigned by EH GP Liaison Team</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>GP Address</td>
<td>Consistent at 99% since 2005, now at 100% in 2011</td>
</tr>
<tr>
<td>3</td>
<td>GP Phone</td>
<td>Consistent at 99% since 2009</td>
</tr>
<tr>
<td>4</td>
<td>GP Fax</td>
<td>Decreased from 96% in 2009 to 89% in 2011</td>
</tr>
<tr>
<td>5</td>
<td>Pt D.O.B.</td>
<td>Increased from 89% in 2005 to 99% in 2011</td>
</tr>
<tr>
<td>6</td>
<td>Pt Address Included</td>
<td>Increased from 95% in 2005, to 99% in 2007, remaining at 99% to 2011</td>
</tr>
<tr>
<td>7</td>
<td>Pt Phone Included (at least one)</td>
<td>Increased from 77% in 2009 to 93% in 2011</td>
</tr>
<tr>
<td>8</td>
<td>Medicare Details or DVA Gold Card Details included</td>
<td>Increased from 50% in 2007 to 65% in 2011. Quite low.</td>
</tr>
<tr>
<td>9</td>
<td>Date of Referral</td>
<td>Oscillating slightly around 95% since 2005, now at 98% for 2011</td>
</tr>
<tr>
<td>10</td>
<td>Referral Format - Typed, contrasted with handwritten</td>
<td>Dramatically and steadily increased from 61% in 2007 to 93% for 2011</td>
</tr>
<tr>
<td>11</td>
<td>GP Details Clear</td>
<td>89% in 2005. Consistent at around 98% since 2005, and now at 99% for 2011</td>
</tr>
<tr>
<td>12</td>
<td>GP Provider # Included</td>
<td>Increasing from 90% in 2005 to 98% in 2011</td>
</tr>
<tr>
<td>13</td>
<td>Referral Legibility</td>
<td>Increased from 71% in 2005 to 95% in 2011</td>
</tr>
<tr>
<td>14</td>
<td>Referral Duration / Validity Stated</td>
<td>Increased from 24% in 2007 to 27% in 2011, with a drop in 2009 to 15%</td>
</tr>
<tr>
<td>15</td>
<td>Duration of Referral</td>
<td>Responses are comments</td>
</tr>
<tr>
<td>16</td>
<td>Urgency Stated</td>
<td>Increased from 31% in 2005 to 46% in 2007, but has dropped back to 29% in 2011</td>
</tr>
<tr>
<td>17</td>
<td>Past History Included</td>
<td>Increased from 61% in 2005 to 81% in 2011</td>
</tr>
<tr>
<td>18</td>
<td>Examination and/or Investigation Results Included</td>
<td>Increased from 64% in 2005 to 77% in 2011</td>
</tr>
<tr>
<td>19</td>
<td>Medications Included</td>
<td>Steadily Increased from 63% in 2005 to 83% in 2011</td>
</tr>
<tr>
<td>20</td>
<td>Allergies Included</td>
<td>Increased from 59% in 2005 to 83% in 2011</td>
</tr>
<tr>
<td>21</td>
<td>GP Treatment Included</td>
<td>Increased from 33% in 2005 to 56% in 2011</td>
</tr>
<tr>
<td>22</td>
<td>Psychosocial History Included</td>
<td>Increased from 12% in 2005 to 23% in 2011</td>
</tr>
<tr>
<td>23</td>
<td>Usefulness of Information</td>
<td>Increased from 64% in 2005 to 81% in 2011</td>
</tr>
<tr>
<td>24</td>
<td>Appropriate Referral - Adequate info such that the referral can be triaged accurately. Not a clinical judgment</td>
<td>Increased from 90% in 2005 to 92% in 2011</td>
</tr>
<tr>
<td>25</td>
<td>Abbreviations Present</td>
<td>Steady since 48% in 2005. In 2011, remains at 50%</td>
</tr>
<tr>
<td>26</td>
<td>List Abbreviations Used</td>
<td>Responses are comments</td>
</tr>
<tr>
<td>27</td>
<td>If OPD: Clinic Stated</td>
<td>Increased slightly from 89% in 2005 to 91% in 2011</td>
</tr>
<tr>
<td>28</td>
<td>If OPD: Clinician Stated</td>
<td>Decreased from 53% in 2009 to 22% in 2011</td>
</tr>
<tr>
<td>#</td>
<td>Query:</td>
<td>Comparative note across</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>29</td>
<td>EH Referral Form Used</td>
<td>Decreased from 33% in 2005 to 21% in 2011</td>
</tr>
<tr>
<td>30</td>
<td>VSRF Used</td>
<td>New query. VSRF use at 7% for 2011</td>
</tr>
<tr>
<td>31</td>
<td>If EH Referral Form or VSRF not used, what form of referral used?</td>
<td>New query. Of all referrals, letter template use at 70% for 2011</td>
</tr>
<tr>
<td>32</td>
<td>Comments</td>
<td>Responses are comments</td>
</tr>
<tr>
<td>33</td>
<td>Does it meet minimum data requirements?</td>
<td>Increased from 7% for 2009 to 9% for 2011</td>
</tr>
</tbody>
</table>

The only areas where there have been small declines are in the inclusion of GP fax details (Query 4) and urgency level stated (Query 16).

There has been a large decline in the inclusion of OPD clinician name (Query 28). Also, the use of the EH Referral Form has declined slightly since 2005 (Query 29). Like GP Referrals to EDs, by far the majority of GP Referrals are letter templates generated by practice software.

**Query 28: If OPD Clinician Stated**

![Graph: OP Clinician Name on Referral to EH](image)

The size of the decline of OPD clinician name is evident from the Query 28 graph, the percentage of GP Referrals to Outpatient Departments that include the Outpatient clinician or consultant has been declining from 53% in 2005 to 22% in 2011. This presents an issue for the private MBS clinics run at Outpatient’s Departments that require referrals to named clinicians to ensure MBS Item payment. This is partly due to lack of availability of OP clinician name to busy GPs. This can be alleviated with education and training around the location of the information on the EH website (GP Portal), and EH ensuring the information is readily available.

**GP Referrals to Sub-Acute Ambulatory Care Services**

The 2011 GP Referral Audit assessed 46 referrals to EH Sub-acute Ambulatory Care Services. These were referrals to Wantirna Health SACS. Table 6 below provides a brief comparison of the 2011 audit results in comparison to previous years, based on the graphs in Appendix 3 – Audit Results in Graph Form by Query, though with the following important qualifying information.
Unlike the 2009 audit, 2011 referrals to Sub-acute Ambulatory Care Services were audited prospectively and over a different time period. This was done to improve audit methodology and ensure the audit captured referral quality upon arrival at SACS, not after Access nurses had altered the referral by calling the GP or practice to fill in gaps. As a result, the audit period for referrals to SACS extended from July 2011 to March 2012.

These factors resulted in critical differences between the 2009 and 2011 audits of referrals to SACS. These are summarized below in Table 5.

**Table 5: Summary of the differences between 2009 and 2011 Audits of GP Referrals to SACS**

<table>
<thead>
<tr>
<th>Difference</th>
<th>2009</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retro / Pro</strong></td>
<td>Retrospective</td>
<td>Prospective</td>
</tr>
<tr>
<td><strong>Time period</strong></td>
<td>February 2009 to April 2009</td>
<td>July 2011 to March 2012</td>
</tr>
<tr>
<td><strong>Audit moment</strong></td>
<td><em>After</em> Access nurse follows-up referral details and gaps with GP or clinic</td>
<td><em>Before</em> Access nurse follows-up referral details and gaps with GP or clinic</td>
</tr>
</tbody>
</table>

Due to these differences, a comparison between the 2009 and 2011 audit results is tenuous. The 2009 audit was not sensitive to information added to GP referrals to SACS and could not distinguish between information supplied by the original referral and information added later. As the 2011 audit assessed referrals prospectively and before changes, it is a more accurate audit.

For the purposes of the audit, the results for both the 2009 and 2011 audit of GP Referrals to SACS have been included to demonstrate the effect of Access nurse follow-up. Decreases in referral quality can mainly be attributed to the lack of follow-up and gap-filling in the 2011 referrals. The percentage decreases in the inclusion of patient phone number (Query 7) and Medicare details (Query 8) are an example of this, along with past history (Query 17), examination results (Query 18), GP treatment, psychosocial history and usefulness / appropriateness of services (Queries 21-24).

There has also been a very large decrease in the number of referrals to SACS using the EH Referral Form.

It is evident that improvement in some areas of referrals to SACS in 2011 has improved regardless of the lack of Access nurse follow-up provided in 2009. This includes the much higher percentage of typed referrals (Query 10) and referral legibility (Query 13), and importantly, more frequent inclusion of medications (Query 19) and allergies (Query 20).

**Table 6: Comparison of audit results over GP Referral Audit years, 2009-2011, for referrals to SACS**

<table>
<thead>
<tr>
<th>#</th>
<th>Query:</th>
<th>Comparative note across</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>#</td>
<td>Number Assigned by EH GP Liaison Team</td>
</tr>
<tr>
<td>2</td>
<td>GP Address</td>
<td>▼ Decreased from Consistent at 100% in 2005, now at 98% in 2011</td>
</tr>
<tr>
<td>3</td>
<td>GP Phone</td>
<td>▲ Consistent at 96% since 2009</td>
</tr>
<tr>
<td>4</td>
<td>GP Fax</td>
<td>▲ Increased from 74% in 2009 to 85% in 2011</td>
</tr>
<tr>
<td>5</td>
<td>Pt D.O.B.</td>
<td>▼ Decreased from 96% in 2009 to 93% in 2011</td>
</tr>
<tr>
<td>6</td>
<td>Pt Address Included</td>
<td>▲ Increased from 92% in 2009 to 98% in 2011</td>
</tr>
<tr>
<td>7</td>
<td>Pt Phone Included (at least one)</td>
<td>▼ Decreased from 92% in 2009 to 89% in 2011</td>
</tr>
<tr>
<td>#</td>
<td>Query</td>
<td>Comparative note across</td>
</tr>
<tr>
<td>----</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8</td>
<td>Medicare Details or DVA Gold Card Details included</td>
<td>▼▼ Decreased from 92% in 2009 to 54% in 2011</td>
</tr>
<tr>
<td>9</td>
<td>Date of Referral</td>
<td>▲ Increased from 88% in 2009 to 96% in 2011</td>
</tr>
<tr>
<td>10</td>
<td>Referral Format – Typed, contrasted with handwritten</td>
<td>▲▲ Dramatically increased from 12% in 2009 to 83% for 2011</td>
</tr>
<tr>
<td>11</td>
<td>GP Details Clear</td>
<td>▼ Decreased from 96% in 2009 to 53% in 2011</td>
</tr>
<tr>
<td>12</td>
<td>GP Provider # Included</td>
<td>▲ Increasing from 56% in 2009 to 76% in 2011</td>
</tr>
<tr>
<td>13</td>
<td>Referral Legibility</td>
<td>▲ Increased from 82% in 2009 to 100% in 2011</td>
</tr>
<tr>
<td>14</td>
<td>Referral Duration / Validity Stated</td>
<td>▲ Increased from 8% in 2009 to 13% in 2011</td>
</tr>
<tr>
<td>15</td>
<td>Duration of Referral</td>
<td>■ Responses are comments</td>
</tr>
<tr>
<td>16</td>
<td>Urgency Stated</td>
<td>▲ Increased from 16% in 2009 to 22% in 2011</td>
</tr>
<tr>
<td>17</td>
<td>Past History Included</td>
<td>▼ Decreased from 88% in 2009 to 70% in 2011</td>
</tr>
<tr>
<td>18</td>
<td>Examination and/or Investigation Results Included</td>
<td>▼▼ Decreased dramatically from 86% in 2009 to 37% in 2011</td>
</tr>
<tr>
<td>19</td>
<td>Medications Included</td>
<td>▲ Increased from 56% in 2009 to 63% in 2011</td>
</tr>
<tr>
<td>20</td>
<td>Allergies Included</td>
<td>▲ Increased from 20% in 2009 to 59% in 2011</td>
</tr>
<tr>
<td>21</td>
<td>GP Treatment Included</td>
<td>▼ Decreased from 64% in 2009 to 39% in 2011</td>
</tr>
<tr>
<td>22</td>
<td>Psychosocial History Included</td>
<td>▼ Decreased from 90% in 2009 to 37% in 2011</td>
</tr>
<tr>
<td>23</td>
<td>Usefulness of Information</td>
<td>▼ Decreased from 58% in 2009 to 57% in 2011</td>
</tr>
<tr>
<td>24</td>
<td>Appropriate Referral - Adequate info such that the referral can be</td>
<td>▼ Decreased from 92% in 2009 to 87% in 2011</td>
</tr>
<tr>
<td></td>
<td>be triaged accurately. Not a clinical judgment</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Abbreviations Present</td>
<td>New query. at 37% for 2011</td>
</tr>
<tr>
<td>26</td>
<td>List Abbreviations Used</td>
<td>Responses are comments</td>
</tr>
<tr>
<td>27</td>
<td>If OPD: Clinic Stated</td>
<td>Not applicable to GP Referrals to ED</td>
</tr>
<tr>
<td>28</td>
<td>If OPD: Clinician Stated</td>
<td>Not applicable to GP Referrals to ED</td>
</tr>
<tr>
<td>29</td>
<td>EH Referral Form Used</td>
<td>▼▼ Decreased from 92% in 2009 to 24% in 2011</td>
</tr>
<tr>
<td>30</td>
<td>VSRF Used</td>
<td>New query. VSRF use at 7% for 2011</td>
</tr>
<tr>
<td>31</td>
<td>If EH Referral Form or VSRF not used, what form of referral used?</td>
<td>New query. Of all referrals, letter template use at 63% for 2011</td>
</tr>
<tr>
<td>32</td>
<td>Comments</td>
<td>Responses are comments</td>
</tr>
<tr>
<td>33</td>
<td>Does it meet minimum data requirements?</td>
<td>▼ Decreased from 8% for 2009 to 4% for 2011</td>
</tr>
</tbody>
</table>

**GP Referrals by Assessment Scale Query – EH-wide considerations**

Graphs from this section can be found in Appendix 3 – Audit Results in Graph Form by Query. For this section, interesting results of these graphs are discussed in depth.
Query 7 and 8: Patient Phone Number and Medicare/DVA Details
While the overall results for inclusion in GP referrals is good and trending upward (79% inclusion for patient phone number and 55% inclusion of Medicare/DVA details), this is an area that could be improved upon.

Query 10: Type Referral Letter to EH
Across the EDs, OPDs and SACS, it is clear that the percentage of typed GP referrals is increasing since the 2005 audit.

This probably coincides with an average increase in the age of General Practitioners and the growing use of auto-populating practice software in general practice. This coincides with an EH-wide increase in referral legibility, as shown in Query 13: Referral Legibility is “good” for referral to EH.

Query 14: Referral Duration/Validity Included in Referral to EH
The inclusion of referral duration has been very low since the audit first measured this in 2007. In the 2011 audit, there was referral duration information in only 24% of referrals. It is suspected that no space is allocated for this in the letter templates that General Practice software populate to produce referrals. This would be an area for education and training.

Query 16: Level of Urgency Clearly Stated by GP in Referral to EH
Indicating the urgency of a referral is useful to EH clinicians in determining actions required of a referral. The audit shows a low level of information about urgency in referrals to OPs and SACS; in the 2011 audit, only 28% of GP referrals to EH included level of urgency.

A solution for this would be inclusion of urgency boxes in referral templates. Ticking one of these would communicate an appointment is required in 1-2 weeks, while another box would indicate that a later appointment would suffice. Ultimately, discussing the level and definition of urgency with EH OPDs is required to ascertain what their requirements are.

Queries 17, 18, 19, 20 and 21: Core clinical information
These queries include patient history, examination and investigation results, patient medications, allergies and GP treatment of patient. They provide the core clinical information of the referrals and are thus of critical clinical importance. The audit shows that the quality of referrals to ED and OP has been steadily improving in these areas since 2005.

Query 22: Psychosocial History
Audit results for this query are consistently low and show no trend toward improvement. This provides clear direction as to future work. Anecdotally, the low amount of psychosocial history information in referrals is due to the absence of the field in the letter template used by most General Practice software.

Queries 23 and 24: Usefulness of Information, and, Appropriateness of Referral
Overall audit results for these queries show that a high percentage of referrals are useful and appropriate: between 70-80% contain useful information, and 80-90% are appropriate. These statistics have remained high from 2005. However, these measures are highly subjective; there is potential for variance in assessing these queries. This means the conclusions drawn from these queries are weak. For future audits, it is suggested that these two queries be collapsed into one, and that the resulting query be clearly defined, drawing from available literature.
Query 25: Abbreviations present
Results show that overall the amount of abbreviations present is trending downward, which is desirable. The fewer the number of abbreviations present, the fewer the potential confusions in communication.

Query 29, 30 and 31: Referral Form Used as Referral to EH in 2011 Audit
Between 60-70% of GP Referrals to EH are formatted as letter templates, produced by General Practice software. The EH Referral template is the next most used, at between 8-24%. Less than seven percent of GPs use the Victorian State Referral Form (VSRF) to refer. The remainder are various combinations of handwriting on a template or a handwritten letter. Not surprisingly, GP referrals to ED provide the highest incidence of handwritten letters at 14%. This is believed to be because of limited time to refer to ED.

To increase the uptake and use of the EH Referral Form template and/or the VSRF, an education and training program will need consideration.

Query 33: Minimum Data Requirements
The percentage of GP referrals that meet the minimum data requirements (developed by the EH GPL team) is used as an overall indicator of referral quality en masse. The minimum data requirements are located at the end of Appendix 3 – Audit Results in Graph Form by Query. The standard is unobtainable, but it provides information about where to improve referrals. It can be seen that under 10% of referrals meet the standard in 2011, and this is consistent with 2009 when first measured.

It is clear that exclusion of patient phone number, patient Medicare number, past history and psychosocial history are the main causes for referrals not meeting minimum data requirements, though the extent of exclusion differs between destination of referral (i.e. ED, OP or SACS).

Methodological Considerations
The EH GP Referral Audit has been operating before 2005 and has followed a systematic process each time. This means the results of the audit are reliable and valid, and this is demonstrated by the results being consistent with previous years.

It is worth noting that at least two GP Liaison GP consultants have been consistently auditing throughout this process. This assists with consistency across audit years.

The following areas require attention.

Simplification of Assessment Scale Options
The Assessment Scale is a useful tool for measuring GP Referral quality. However, it requires further simplification. In the 2013 GP Referral Audit, the input of data into the Assessment Scale item queries would benefit greatly from more binary options based around clear definitions. An example is the “Usefulness of information” query having possible responses as useful, possibly lacking and not useful. This can be reduced to simply useful / not useful to avoid subjectivity, providing there is a clear definition of useful.
Rejected Referrals
During the 2011 audit process, it was realized that there is no process for capturing the quantity and quality of referrals that are rejected by EDs, OPDs and SACS. While anecdotally the number of rejected referrals is quite low, this remains a blind spot for the audit process. This could lead to interesting discussions around why a referral was rejected.

Additional Queries for the Assessment Scale
Information about Aboriginal or Torres Strait Islander status is not audited as part of the Assessment Scale. This is important as correct identification can affect patient care. This will be included in the next GP Referral audit.

Audit of Referrals to SACS
The improvement of audit process has resulted in more accurate appraisal of referrals to SACS. The comparison between the 2009 and 2011 audit data highlights that referrals to SACS are incomplete and additional information is needed, and was added in 2009. The 2011 audit shows that information gaps include, most critically, patient Medicare / DVA details, examination and investigation results, amongst others. There has also been an alarming reduction in the use of the EH Referral form to SACS, and instead widespread use of practice-produced letter templates.

This matches anecdotal reports that the EH Referral form to SACS is seen as overly time consuming by GPs. Future work in this area may include changes to the EH Referral form to SACS.

Queries 23 and 24: Usefulness of Information, and, Appropriateness of Referral
For future audits, it is suggested that these two queries be collapsed into one, and that the resulting query be clearly defined, drawing from available literature.
Recommendations

The EH GP Liaison team provides the following recommendations for future work in the area of GP Referrals and associated audits.

Improving GP Referrals to Eastern Health

Areas for Targeted Improvement

The following areas of GP referrals require improvement:

- Patient phone number inclusion
- Patient Medicare of DVA details inclusion
- OPD Clinician name inclusion (Important for Outpatient Departments)
- Referral Duration/Validity inclusion
- Level of Urgency inclusion
- Psychosocial History inclusion
- Abbreviations reduction
- Referral form format – encourage VSRF or EH Referral form or equivalent. It is the fields these forms to prompt information communication, not the forms themselves.
- EH SACS Referral form – explore possibilities for brevity and uptake.

Inclusion of Information on GP Portal Section of EH website

To aid GPs in improving referral quality, the EH GP Liaison team will investigate including information on the GP Portal to support targeted improvement areas, such as:

- Clinic and service descriptions, including clinician names for OP clinics
- Requirements for referral duration and urgency
- Requirements for psychosocial history inclusion
- Current versions of the EH Referral forms and VSRF available on the website, with instructions on downloading and utilization.

GP Training and Resources

The EH GP Liaison team will investigate options to train GPs and/or provide additional resources for GPs, with a view to improved target areas. This may include articles on referrals in newsletters and Divisional/Medicare Local communications, and information evenings about referrals.

Involvement of EH

Any work around the improvement of GP referrals will be informed via discussion with the relevant EH staff in EDs, OPDs and SACS. This is to clarity expectations and relevancy at the EH end of the referral process.

Audit Methodology and Evaluation

The following recommendations are made:

- Simplification of some audit Assessment Scale into binary responses, providing clearer definitions around those responses
- Ascertaining the rate of GP referral rejection and measuring this as part of the audit
• Adding a query around whether Aboriginal and Torres Strait Islander status is captured in the audit
• Ensure the auditing of GP referrals to SACS is prospective and concentrated on un-altered version, before additional information is added to the referral
• Queries 23 and 24 around usefulness of information and appropriateness of referral be collapsed into one query, with this query response being clearly defined
## Appendices

### Appendix 1 – 2011 GP Referral Audit Assessment Scale

**Assessment Scale**

<table>
<thead>
<tr>
<th>#</th>
<th>Query:</th>
<th>Assessment Options:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>#</td>
<td>Number assigned by EH GP Liaison Team</td>
</tr>
</tbody>
</table>
| 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 or DVA Gold Card Details included | Y: Yes  
N: No |
| 9 | Date of Referral | Date referral written  
N: No |
| 10 | Referral Format | HW: Handwritten  
T: Typed |
| 11 | GP Details Clear | Y: Yes  
N: No  
P: Partially |
| 12 | GP Provider # Included | Y: Yes  
N: No |
| 13 | Referral Legibility | 3: Good (only need to read once and referral understood)  
2: Average  
1: Poor |
| 14 | Referral Duration / Validity Stated | Y: Yes  
N: No |
| 15 | Duration of Referral | Enter duration stated (eg. 12 months, indefinite, ongoing) |
| 16 | Urgency Stated | Y: Yes as stated by GP  
N: Not indicated  
P: Implied in letter content |
| 17 | Past History Included | Y: Yes (includes "no past history" or equivalent)  
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 | Examination and/or Investigation Results Included | Y: Yes (includes "no past history" or equivalent)  
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 | Medications Included | Y: Yes (includes "no past history" or equivalent)  
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) |
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 20 | Allergies Included | Y: Yes (includes "no past history" or equivalent)  
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 Treatment Included | Y: Yes (includes "no past history" or equivalent)  
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) |
| 22 | Psychosocial History Included | Y: Yes (includes "no past history" or equivalent)  
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) |
| 23 | Usefulness of Information | U: Useful  
PL: Possibly Lacking  
NU: Not useful |
| 24 | Appropriate Referral – Adequate info such that the referral can be triaged accurately. Not a clinical judgment | Y: Yes  
N: No  
U: Unsure, not enough information |
| 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 Referral Form Used | Y: Yes  
N: No |
| 30 | VSRF Used | Y: Yes  
N: No |
| 31 | If EH Referral Form or VSRF not used, what form of referral used? | Comment |
| 32 | Comments | Comments |
| 33 | Does it meet minimum data requirements? | Y: Yes  
N: No |

Non-clinical part of assessment
Appendix 2 – Changes made to the 2009 GP Referral Audit Assessment Scale for the 2011 GP Referral Audit.

Changes were made to the Assessment Scale used in 2009 in preparation for the 2011 audit. These include the following improvements to item queries:

- Item 8: Patient Medicare Details or Dept. Veterans Affairs Gold Card details included, not just Medicare Details. Yes or No response required.
- Item 10: Handwritten / Typed collapsed into Handwritten, so responses to this item query could only be Typed or Handwritten.
- Item 11: GP Details Clear. This item was moved from the clinical to the non-clinical part of the assessment form.
- Item 12: GP Provider Number. This item was moved from the clinical to the non-clinical part of the assessment form.
- Item 14: Referral Duration / Validity Stated. Yes or No response. Validity was added.
- Items 17 to 22: A Yes response also includes a mention of “no past history,” as this shows consideration of item query.
- Item 24: Appropriate Referral. This item query was defined as containing adequate information such that a referral can be triaged accurately, and the query, while clinical in nature, was not requiring clinical judgement.
- Item 30: VSRF (Victorian State Referral Form) Used. This item query was new, and responses were either Yes or No.
- Item 31: If EH Referral Form or VSRF not used, what form of referral used? This item query was answered by way of comments.
Appendix 3 – Audit Results in Graph Form by Query

The following graphs summarise the results for the 2011 GP Referral Audit by query item, by the destination of GP Referral. If there is no data for a year, this is because that data was not collected that year.

**LEGEND:**
- Purple = 2005
- Teal = 2007
- Orange = 2009
- Red = 2011

**Please note:** Referral to SACS are methodologically inconsistent across years 2009-11. See GP Referrals to Sub-Acute Ambulatory Care Services on page 10.

1. **2. GP Suburb and Postcode Inclusion in Referral to EH**
   - 2009: 100
   - 2011: 99

2. **3. GP Phone Number Inclusion in Referral to EH**
   - 2005: 95, 97, 99, 99, 96, 96
   - 2007: 97, 99, 96
   - 2009: 97, 98
   - 2011: 98

3. **4. GP Fax Number Inclusion in Referral to EH**
   - 2005: 93, 96, 89, 85, 90
   - 2007: 91, 92, 89
   - 2009: 88, 99
   - 2011: 93

4. **5. Patient D.O.B. Inclusion in Referral to EH**
   - 2005: 83, 95, 89, 80
   - 2007: 99
   - 2009: 87, 92, 99, 92, 94
   - 2011: 88, 99, 94

5. **6. Patient Address Inclusion in Referral to EH**
   - 2005: 53, 60, 77, 93, 92
   - 2007: 67, 79
   - 2009: 90
   - 2011: 67

6. **7. Patient Phone Number Inclusion in Referral to EH**
   - 2005: 43, 50, 43, 74, 62
Please note: Referral to SACS are methodologically inconsistent across years 2009-11. See GP Referrals to Sub-Acute Ambulatory Care Services on page 10.
Please note: Referral to SACS are methodologically inconsistent across years 2009-11. See GP Referrals to Sub-Acute Ambulatory Care Services on page 10.

**LEGEND:**
- **= 2005**
- **= 2007**
- **= 2009**
- **= 2011**

18. Examination and/or Investigation
Results Included in Referral to EH

19. Patient Medications Included in
Referral to EH

20. Patient Allergies Included in
Referral to EH

21. GP Treatment of Patient Included in
Referral to EH

22. Psychosocial History Included in
Referral to EH

23. Usefulness of Information in Referral to
EH

24. Appropriateness of Referral to EH

25. Abbreviations Present in Referral to EH

27. OP Clinic Name on Referral to EH
Please note: Referral to SACS are methodologically inconsistent across years 2009-11. See GP Referrals to Sub-Acute Ambulatory Care Services on page 10.

### 28. OP Clinician Name on Referral to EH

- ED: 70%
- OP: 14%
- SACS: 21%
- EH-wide: 63%

### 29. EH Referral Form Used as Referral to EH

- ED: 6%
- OP: 7%
- SACS: 8%
- EH-wide: 33%

### 30. VSRF Used as Referral to EH

- ED: 1%
- OP: 7%
- SACS: 7%
- EH-wide: 4%

### 29, 30 and 31: Referral Form Used as Referral to EH in 2011 Audit

- ED Referral Template: 7%
- VSRF: 7%
- Letter Template: 8%
- Handwriting on Template: 21%
- Handwritten Letter: 24%
- Other: 16%

### 33. Referrals to EH that Meet Minimum Data Requirements

#### Without Psychosocial History

- ED: 25%
- OP: 21%
- SACS: 29%
- EH-wide: 36%

#### With Psychosocial History

- ED: 11%
- OP: 17%
- SACS: 14%
- EH-wide: 21%

33. Left to right subtractive tracking of the percentage of GP Referrals meeting Minimum Data Requirements in 2011 Audit

- All Referrals
  - ED: 100%
  - OP: 100%
  - SACS: 100%
  - EH-wide: 100%

- GP Address
  - ED: 99%
  - OP: 99%
  - SACS: 98%
  - EH-wide: 99%

- Pt DOB
  - ED: 87%
  - OP: 92%
  - SACS: 89%
  - EH-wide: 93%

- Pt Address
  - ED: 79%
  - OP: 92%
  - SACS: 87%
  - EH-wide: 89%

- Pt Phone
  - ED: 58%
  - OP: 60%
  - SACS: 58%
  - EH-wide: 77%

- Pt Medicare No
  - ED: 32%
  - OP: 60%
  - SACS: 58%
  - EH-wide: 47%

- Date of Referral
  - ED: 31%
  - OP: 59%
  - SACS: 58
  - EH-wide: 46%

- Referral Legible
  - ED: 29%
  - OP: 29%
  - SACS: 58%
  - EH-wide: 45%

- Urgency Stated (all included)
  - ED: 25%
  - OP: 47%
  - SACS: 40
  - EH-wide: 45%

- Past History
  - ED: 18%
  - OP: 35%
  - SACS: 34
  - EH-wide: 36%

- Examinations / Investigations
  - ED: 16
  - OP: 40
  - SACS: 35
  - EH-wide: 29

- Medications
  - ED: 7
  - OP: 40
  - SACS: 34
  - EH-wide: 25

- Allergies
  - ED: 3
  - OP: 17
  - SACS: 11
  - EH-wide: 17

- GP Treatment
  - ED: 11
  - OP: 20
  - SACS: 14
  - EH-wide: 25

- Psychosocial History
  - ED: 3
  - OP: 9
  - SACS: 4
  - EH-wide: 6

Percentage subtractions larger than 10% are marked in **yellow**
### Minimum Data Requirements for GP Referral

<table>
<thead>
<tr>
<th>GP address</th>
<th>Patient Medicare details</th>
<th>Past history included</th>
<th>GP Treatment included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient DOB</td>
<td>Date of referral</td>
<td>Examinations and/or investigation included</td>
<td>Psychosocial history included</td>
</tr>
<tr>
<td>Patient address</td>
<td>Referral legible</td>
<td>Current Medications included</td>
<td></td>
</tr>
<tr>
<td>Patient phone number</td>
<td>Urgency stated</td>
<td>Allergies included</td>
<td></td>
</tr>
</tbody>
</table>

Requirements developed by the EH GPL team for audit purposes. This is an ideal indicator by which referrals en masse may be judged. It is not expected that all individual referrals actually meet this standard.
Appendix 4 – Acknowledgements

Relevant Medical records identified by EH Decision Support and physically accumulated by site Health Information Services, by the request of Kathleen Corless, GP Liaison Coordinator.

GP Referrals audited by EH GP Liaison team - Consultants and Officers:

- Referrals to Box Hill Hospital ED and OPD audited by Dr Precious McGuire and Anita Hill, Inner East Melbourne Medicare Local
- Referrals to Maroondah Hospital ED and OPD audited by Dr Geoff Broomhall and Greg Poynter, Eastern Ranges GP Association
- Referrals to Angliss Hospital ED and OPD audited by Dr Sara Whitburn and Emily Groszek, Greater Eastern Primary Health
- Referrals to SACS (Wantirna Health) audited by Dr Sara Whitburn and Emily Groszek, Greater Eastern Primary Health

Report data collated and analysed by Greg Poynter, GP Liaison Officer, under consultation with the EH GP Liaison team.

Report developed under consultation and direction from the EH GP Liaison team referred to above and written by Greg Poynter. The report itself drew upon the reports of previous audits for content and structure. Full acknowledgement is extended to the program staff and authors who produced those previous reports.

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