



Referral and Consultation

Questions

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What is Referral and Consultation?

Referral (or Consultation) is a prescribing process in which one provider (prescriber) requests services of another provider (consultant). It affects decision support, clinical documentation and quality metrics. Referral management is about how accountability is assigned, standards are applied, error is minimized, and communication is coordinated. Closed loop referral management tracks all referral actions, with patient, prescriber and consultant aware of expectations and outcomes at each phase from need discovery through to need fulfillment.

In general, requests placed in an Outpatient (ambulatory) context are called “Referrals” and those placed in an inpatient context are call “Consults”. There are grey areas. For example, a physician caring for an inpatient may wish to line up a referral for specialized follow-up care that will begin after discharge, as an outpatient. An emergency room physician may seek consults from inpatient specialists and referrals to outpatient clinics.

For clarity, we refer to Consults as requests that are fulfilled in inpatient or emergency contexts and Referrals as requests that are fulfilled in outpatient contexts. The “Consultant” is the physician fulfilling the request in all contexts and the “Referrer” is the physician generating the request.

How are Referrals from inside Connect Care Managed?

- Where both Referrer and Consultant use the Connect Care clinical information system (CIS) as the record of care, all referrals must be ordered and managed using Connect Care tools and workflows.
- All referrals that can be initiated and fulfilled within the CIS use closed loop referral management, providing patients and providers with a clear understanding of referral progress at any point in time.

How are Referrals from outside Connect Care Managed?

- Standardization of AHS processes will help those working outside a Connect Care context by standardizing referral access, selection, intake, triage and scheduling for Connect Care Consultants.



- Referrals to Connect Care Consultants from prescribers who do not use the Connect Care CIS can be accepted via facsimile, mail, telephone, Netcare eReferral or (preferably) the Connect Care Provider Portal. This gets a referral to intake. Thereafter referral management occurs within Connect Care, with communications e-delivered via In Basket to the internal referring provider or via fax or mail to the external referring provider.

How are Referrals Managed while Transitioning to Connect Care?

- As the Waves of Connect Care roll out, Connect Care service providers will continue to accept existing methods for referral from areas where Connect Care has not yet launched.
- Referral intake from outside Connect Care contexts may involve manual re-entry or attachment of the information received to the Connect Care CIS.
- Whenever possible, external prescribers using Netcare eReferral will be encouraged to use the Connect Care Provider Portal; piloting this approach with some external clinics that routinely refer to Connect Care specialists.

How is Connect Care Referral Management Designed?

Referral and Consultation tools in the Connect Care CIS were designed by stakeholders as part of core and specialty clinical system design. Standards and experience informed this design. The learnings and measures of the Path to Care and Access Improvement initiatives were incorporated.

As design moved to training and implementation, the Connect Care Patient Access and Ambulatory teams focused on enhancing patient service throughout referral management processes; as well as ensuring robust wait time measurement (Patient Administration System - PAS).

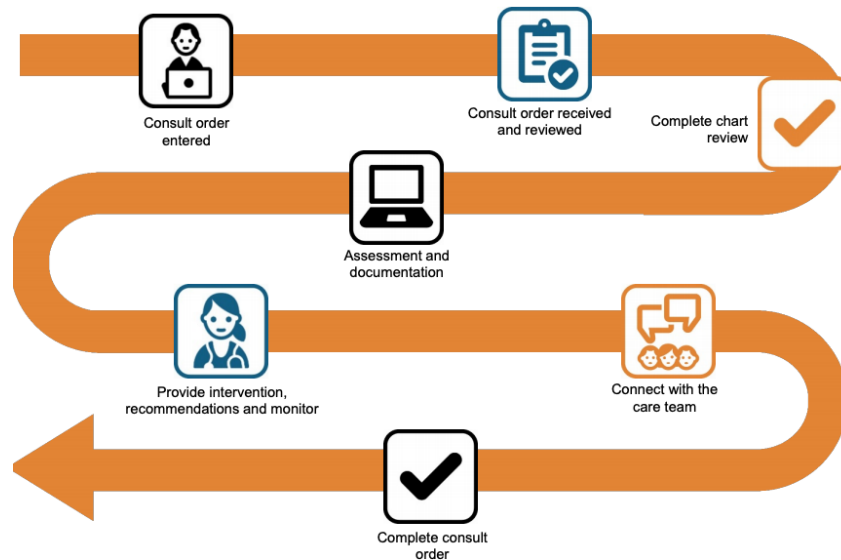
We are confident that Connect Care Referral and Consultation workflows have leveraged evidence, best practices, over 10 years of lessons learned from eCLINICIAN (Epic) and experience gleaned from Alberta Referral Directory, eReferral and other provincial initiatives.

Does Connect Care Referral and Consult Management meet Professional Standards?

Following Connect Care Referral and Consult management workflows ensures compliance with [Path to Care](#), [College of Physicians and Surgeons of Alberta \(CPSA\) Standards of Practice](#), [AIM Alberta](#), [HQCA Continuity of Care](#), and [Institute for Healthcare Improvement](#) standards or norms.

What is the Workflow for an Inpatient Consultation?

Inpatient Consult workflows are relatively straightforward, involving fewer team members, shorter timelines, and fewer organizational boundaries. Usually a consultation is fulfilled by a consultant in the same facility and therefore also working within the Connect Care record of care. Some transitional complexities attend consults to physicians at facilities that have not yet deployed. For example, if ophthalmology services are regionalized and not available in a Connect Care hospital, a consult to ophthalmology may be satisfied by interfacility transfer then return of the patient to and from the non-Connect Care facility.



Inpatient Consult responsibilities for physicians are addressed in the following resources:

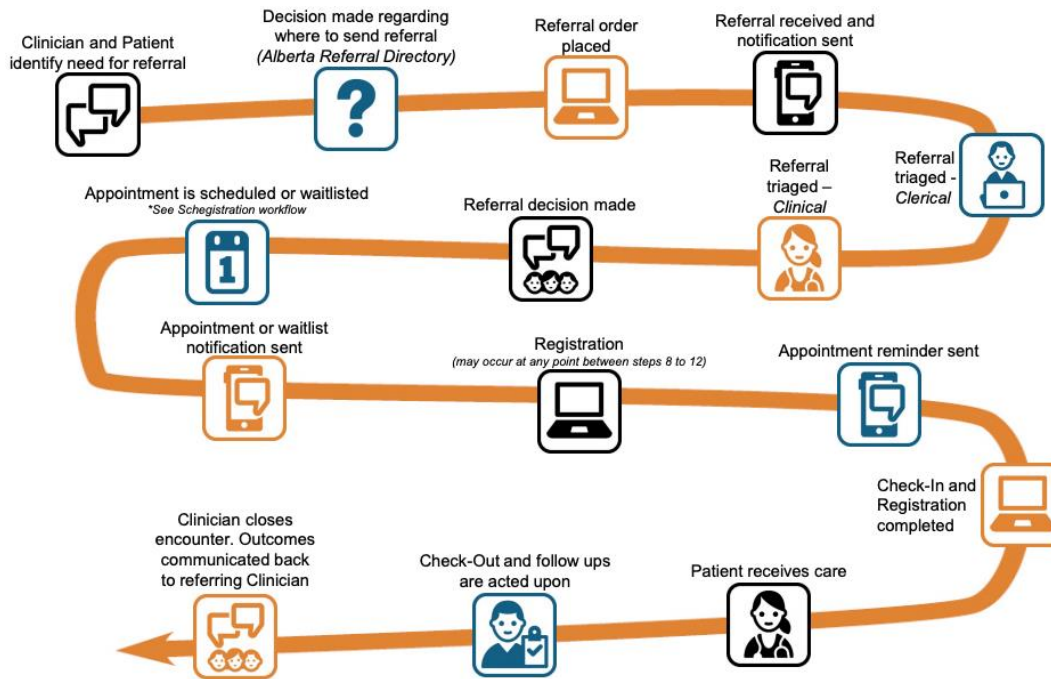
- [Tip: Inpatient Consultation Order](#)
- [Tip: Inpatient Consult Fulfillment](#)
- [Demo: Inpatient Consult Order Quickstep - Physician](#)
- [Demo: Inpatient Consult Fulfillment Quickstep - Physician](#)

What is the Workflow for an Outpatient Referral?

Outpatient Referrals are more complicated than inpatient Consults because the request could come from inside or outside Connect Care and the request receipt, triage, assignment, acceptance, scheduling and fulfillment can involve many members of the health care team, as well as the patient. Our focus is on how a Connect Care physician requests (orders) referral to an outpatient service. The physician's experience of fulfilling a request is straightforward, as the patient appears in a list of scheduled outpatient encounters.

Outpatient Referral responsibilities for physicians are addressed in the following resources:

- [Map: Connect Care Outpatient Referral](#)
- [Tip: Outpatient Referral Request](#)
- [Tip: Outpatient Referral from Inpatient Context](#)
- [Demo: Workflow QuickStep – Referral Order](#)
- [Demo: Workflow QuickStep – Outgoing Referral, No MOA Support](#)
- [Demo: Referral Order \(Hyperspace\)](#)
- [Demo: Referral Order \(Provider Portal\)](#)



How do Physicians figure in Post-Order Referral Workflows?

Connect Care physicians can benefit from a general understanding of the steps and tasks involved in closed loop referral management. Some specialties do involve physicians in the screening or triaging of incoming referral requests. The physician may be assigned this duty as part of a call schedule and so the skills may be required of many physicians in a specialty.

Physicians, or delegates, may determine that referrals lack sufficient information for triage, or they may review available clinical information to make decisions about the best clinic, provider and target appointment date fit. The department has the opportunity to request additional information if required or redirect the referral. If the department decides to reject/deny the referral it will trigger a denial letter to be completed and sent back to the referring provider notifying them of the rejection.

Screening and triage workflows for physicians are usually anchored to In-Basket activities.

- [Demo: Physician Referral Triage](#)
- [Demo: Referral Appointment Scheduling](#)

Why ‘Departments’ rather than ‘Clinics’ or ‘Services’?

For physicians, the term “Department” usually connotes an organizational specialty structure. In the Epic ecosystem, a department is any defined clinical entity or grouping. This is baked in. When learning Consult and Referral workflows, physicians may find it helpful to equate “department” with “clinic”, as department lists will include multiple clinics from the same AHS site clinical department.

What is the difference between Internal and Outgoing Referrals?

The top of Referral order requests asks whether the request is for an “Internal Referral” or an “Outgoing Referral”. Think of the province being divided into health care settings where Connect Care is the record of care and settings where Connect Care is not the record of care.

“Internal” means the referral is directed to a service that has launched Connect Care and accepts referrals via Connect Care.



Ambulatory referral to Cardiology

Class:

Process Inst.: [Internal referrals WILL be sent electronically](#)

“Outgoing” means the referral is directed to a service that has not yet launched Connect Care or will not adopt Connect Care.

Ambulatory referral to Cardiology

Class:

Process Inst.: [Outgoing referrals will NOT be sent electronically. A fax request to accompany this order is required. F1 for Help](#)

One can attempt an internal Referral but recognize that it must be outgoing if the intended referral department (clinic) cannot be found in the referral destination (department) listing. Such “external” referrals currently rely upon delivery and fulfillment steps that occur in other information systems.

Why can't the intended Referral Destination be found?

Connect Care is a provincial initiative that implements a common CIS. Every clinic and referable service needs to be catalogued and made available for referral within the system. The adoption of a provincially standardized naming convention for services may mean that familiar historical clinic names are not found. The referral destination (department) listing has columns for Connect Care Wave, Zone, and facility; any of which can be sorted on. This can help. Feedback (help.connect-care.ca) also helps. Tweaks to the department listings will continually improve the listings.

We strongly recommend that Referral orders be personalized. This allows one to fill in the typical elements of referrals that one commonly does... and to provide a label for the referral or consult order that is easy to remember and recognize.

If one cannot find the desired Internal Referral the order can be placed as an Outgoing referral.

What is the place of the Alberta Referral Directory (ARD) in Referral Management?

Ensuring referrals to specialty care are sent to the right service with the right information to facilitate triage and scheduling can be challenging. Referring clinicians need current and accurate information when determining where the referral is going to be sent and what information facilitates efficient fulfillment. The Connect Care Consultation and Referral workflows, unfortunately, assume that prescribers have some knowledge of what they seek and how best to get the desired consultation. This is where the **ARD** can help, available as a link in all referral orders.

Ambulatory referral to Cardiology

Class:

Process Inst.: [Outgoing referrals will NOT be sent electronically. A fax request to accompany this order is required. F1 for Help](#)

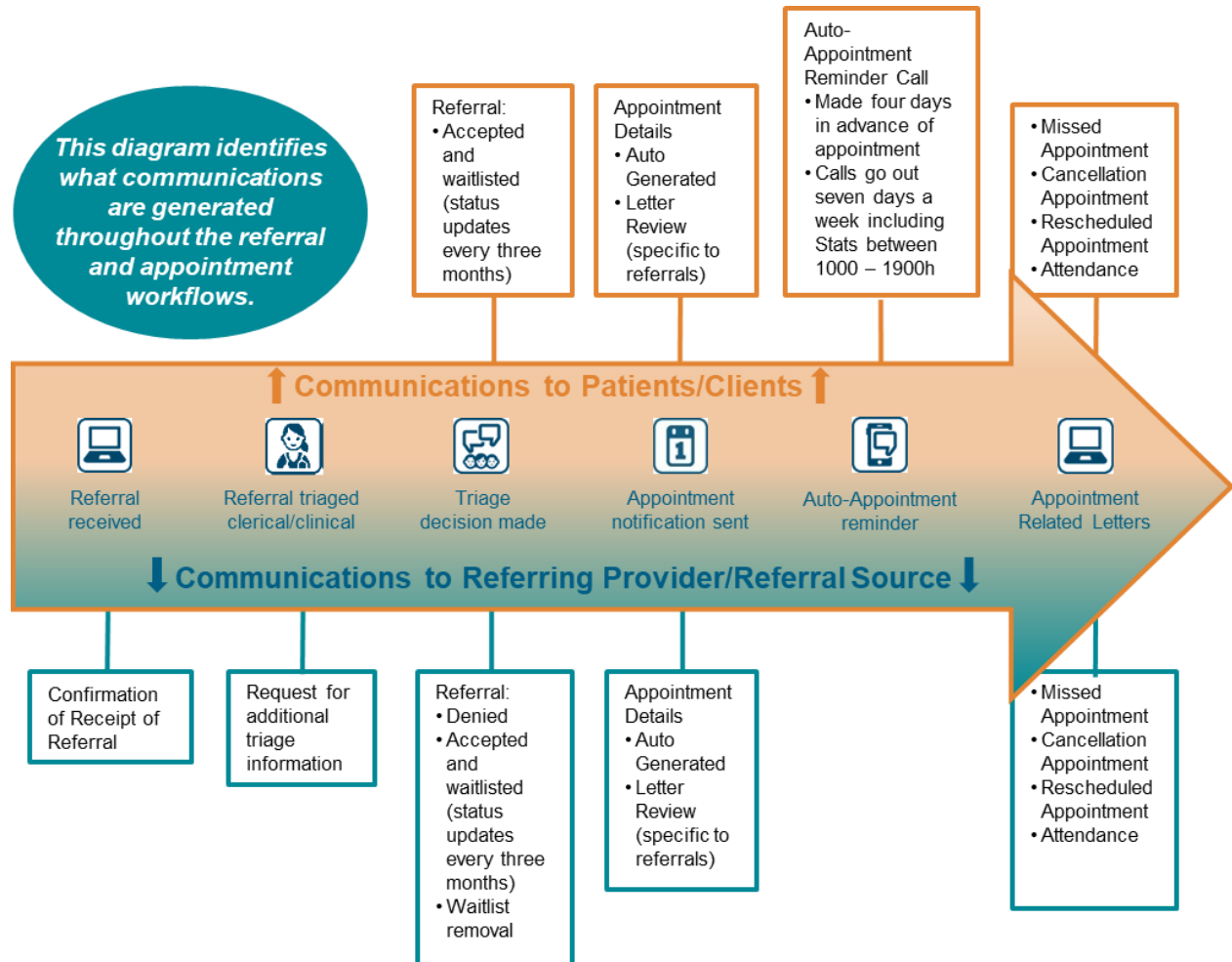
Reference Links: [1. Use the Alberta Referral Directory to determine clinic specific referral guidelines and required information](#)

It is important to remember that the ARD simply services as a resource to prescribers seeking additional referral guidelines or criteria. It is not necessary to refer to the ARD for every referral.



How are Referrals Tracked and Progress Communicated?

Connect Care has a standardized approach to communicating about the progress of outpatient referrals and appointments. The Referrals workflow has been designed to transform the referral experience for both Clinicians (sender and receivers of referrals) and patients. It meets expectations of **CPSA Standards for Referral Consultation, Path to Care** and the “**AHS Wait Time Policy**”.



For example, once a referral has been accepted and the status is updated to the same, an “accepted and waitlisted” letter template will appear in the Referrals Notifications section. This standardized template will be automatically sent to the referring provider according to the communication preferences they have indicated in the system. Typically, these communications will go back out through InBasket but if the provider is outside of AHS the same letter will be generated and sent via RightFax (automatic fax send) or manually printed and faxed with an independent device.

A number of **automated notifications** are sent to the referring prescriber as Connect Care referrals pass milestones in closed loop referral management. All can be viewed as part of **Chart Review**.



Where can more information be found?

Links to key Consult and Referral workflow information can be found in the Referral & Consultation section of the [Connect Care Physician Manual](#). Guides and updates can be found in Connect Care Learning Home Dashboards.

- [Byte: Connect Care Referral Management](#)
- [Backgrounder: Referral for Specialty Services](#)
- [Byte: Alberta Referral Directory](#)
- [Guide: Alberta Referral Directory](#)
- [Process: Outpatient Referral Process \(high level\)](#)
- [Process: Interim Referral State Process Map - Detailed](#)
- [Crib-Sheet: Automated Referral Notifications](#)
- [FAQs: Referral & Consultation](#)
- [Tips: Referral & Consultation](#)