

Supporting Referral from General Practice to Public Hospital Outpatient Services

Revision of the Victorian State-wide Referral Form

Fact Sheet 1 – December 2007

What is the Victorian Statewide Referral Form?

The Victorian Statewide Referral Form (VSRF) is a standardised electronic template used for the collection and transfer of patient information to make a quality referral from General Practice to state funded public health services. The aim of the VSRF is to replace the multitude of service specific referral forms with one template. The VSRF was developed and has been revised in consultation with GPs and Divisions of General Practice. GP software vendors already support the VSRF and the uptake is increasing via GP Divisions as part of the Early Intervention in Chronic Disease initiative. The use of the VSRF is promoted via the Divisions of General Practice. A copy of the VSRF is attached.

Why revise the template?

The VSRF will be further developed to meet both clinical and technological requirements to enable GPs to send relevant patient information specifically to public hospital outpatient services. The benefits will be:

- ❑ Improved flow of patient information
- ❑ Improved quality of information enabling improved triage, prioritisation and management of patients
- ❑ Increased efficiency of referral processes electronically
- ❑ Effective & efficient use of GP clinical software applications

How will this benefit GPs?

The main benefits for GPs will be:

- ❑ A single template will replace the multitude of templates used to collect and share patient information
- ❑ Information will be easily generated from GP clinical software
- ❑ More streamlined processes for referral into specialist outpatient clinics

What is the policy context?

This piece of work is part of the Outpatient Improvement and Innovation Strategy. The strategy commenced in 2006-07 and extends over four years. The strategy will expand and improve access to outpatient services by addressing a broad range of issues to reform outpatient services. For more information: <http://www.health.vic.gov.au/outpatients/index.htm>

What will be revised?

The revision of the VSRF will build on current work undertaken by some hospitals and will focus specifically on the development of condition specific guidelines and templates in the specialist areas of:

- ❑ Maternity
- ❑ Orthopaedics
- ❑ Urology

Other specialist areas will be explored in future revisions.

What are the project deliverables?

There are 3 project deliverables:

1: Improved VSRF by 1 July 2008

The improved VSRF will better meet the needs between GPs and outpatients, in particular, for referrals to maternity, orthopaedic and urology clinics. The improved VSRF will be supported in GP software for printing, faxing and electronic transmission.

2: Electronic use of VSRF by 1 December 2008

Functional requirements will be developed for the improved VSRF to support electronic transmission between GP clinical software and hospital software (e.g. HealthSmart). The products will include a data dictionary, Health Level 7 messaging standards, functional

specifications and specifications for receipt of electronic messages.

3: Improved access to services practices by 1 July 2009

Practices and protocols for improved access to services will be developed for hospitals outpatients and General Practice to support implementation of the improved VSRF.

How will the template be revised?

There is a broad range of internal and external DHS stakeholders that need to be engaged in this project. The revision process has already commenced with consultations with key stakeholders. Further consultations will be held with receivers and users of the VSRF, peak bodies, GPs and divisions of general practice. Comments on the content, format, practice and clinical guidelines for the improved VSRF will be sought. The consultations will be in the form of meetings, electronic updates and fact sheets. Key stakeholders may also be asked to pilot the draft VSRF prior to final endorsement.

How will the revision be governed?

An advisory group has been established to undertake the developmental work of the revision. The advisory group will recommend changes to the VSRF to an Information Technology reference group, a Project Board and a GP Reference Group. Advisory group membership includes: DHS program areas (Outpatients program, State-wide Emergency program, Quality & Safety and Primary Health), GPV, GPLOs, PCPs and peak bodies. For a list of members go to: <http://www.health.vic.gov.au/pcps/coordination/sctt2009/advisory.htm#gp>

What if I am using or developing referral templates other than the VSRF?

If you are currently using referral templates other than the VSRF, you are able to continue your usual practice, but the Department encourages you to consider using the current VSRF. The benefit of using the current VSRF is that this single referral template will replace the multitude of referral templates and this will lay the foundations to implement the improved VSRF when it is released.

If you are developing referral templates other than the VSRF, the Department encourages you to send copies to the project manager (see contact details below) so that your suggestions and comments may be considered in the current revision process for the VSRF.

It is expected that this revision will provide a useful model for adding a greater range of functionality to the VSRF in the future. There will be benefits in adopting a state-wide form in terms of consistency, centralised revision and a coordinated approach to referrals between GPs and public hospitals.

For more information

Further information is available on the Department of Human Services Primary Health Knowledge Base (www.dhs.vic.gov.au/phkb) and on the GPDV web site (www.gpdv.com.au link to Victorian Statewide Referral Form on home page). Alternatively, contact Vivien Zientek:

Ph: 9096 8994 or

Email: vivien.zientek@dhs.vic.gov.au

GP Referral

Referral Date: <<Miscellaneous:Date (long)>>

GP Review Date: <<Date for patient review>>

Feedback Requested: Yes

Referral to:

<<Addressee:Name>>

<<Addressee:Full Address>>

Phone: <<Addressee:Phone>> Fax:

<<Addressee:Fax>>

Email: <<Addressee:E-mail>>

Referring General Practitioner:

<<Doctor:Name>>

<<Practice:Name>>

<<Practice:Address>>

Phone: <<Practice:Phone>> Fax:

<<Practice:Fax>>

Email: <<Doctor:E-mail>>

Provider No.: <<Doctor:Provider Number>>

Service requested: <<Service Requested:>>

Consumer details:

Name: <<Patient Demographics:First

Name>> <<Patient Demographics:Surname>>

Date of Birth: <<Patient

Demographics:DOB>>

Preferred Name/s: <<Patient

Demographics:Greeting>>

Sex: <<Patient Demographics:Sex>>

Title: <<Patient Demographics:Title>>

Contact Address: <<Patient Demographics:Full Name>>

<<Patient

Demographics:Address>>

<<Patient Demographics:City>>

<<Patient Demographics:State>> <<Patient

Demographics:Postcode>>

Phone: <<Patient Demographics:Phone

(Home)>>

Work: <<Patient Demographics:Phone

(Work)>>

Mobile: <<Patient Demographics:Phone

(Mobile)>>

Email: <<Patient Demographics:E-mail>>

Alternative Contact:

<<Alternative Contact (Name/Ph/Relationship)>>

Reason for patient referral:

<<Reason for Referral>>

Other Notes (eg Current services): <<Other Notes (eg Current services)>>

Interpreter required: <<Does the patient require an interpreter?>>

Preferred language is: <<If interpreter needed, which language>>

Pension Card Number: <<Patient Demographics:Pension Number>>

DVA Number: <<Patient Demographics:DVA Number>>

Insurance: <<Patient Demographics:Health Insurance>>

Medicare Number: <<Patient Demographics:Medicare Number>>

Consent to referral and sharing of relevant information: <<Consent to referral and sharing of relevant info?>>

<<Doctor:Name>>

Clinical Information: <<Patient Demographics:First Name>> <<Patient Demographics:Surname>>
DOB: <<Patient Demographics:DOB>>

Warnings: <<Clinical Details:Warnings>>

Allergies: <<Clinical Details:Allergies>>

Current Medication:
<<Clinical Details:Medication List>>

Social History: <<Clinical Details:Social History>>

Past Medical History:
<<Clinical Details:History List>>

Progress Notes:
<<Summary:Progress Notes (Selected)>>

Investigation Results:
<<Summary:Investigation Results (Selected)>>