

Specialist clinics in Victorian public hospitals: Access policy

Key points for referrers

The *Specialist clinics in Victorian public hospitals: Access policy* outlines the government's expectations of service delivery, including indicative timeframes for the completion of key processes relating to specialist clinics.

The Access policy has a two-year implementation phase with full compliance expected by 1 July 2015. While most of the policy focuses on activities within specialist clinics themselves, a primary objective is to improve communication between referrers and clinics in a way that manages expectations and is beneficial to both parties.

Referrals to specialist clinics should contain all the relevant demographic and clinical information as well as results from preliminary investigations. Such referrals can be efficiently triaged for urgency and added to a waitlist, and can reduce patient waiting times. In turn, specialist clinics should communicate with referrers about referrals and the outcomes of specialist reviews within set time frames, which will help with ongoing care management in the community.

Key points from the specialist clinics access policy:

Referrals for specialist review should contain:	Key specialist clinics activities
<ul style="list-style-type: none"> • Patient demographic information (name, contact details, date of birth, Medicare number, indigenous status and interpreter needs) • Clinical information including <ul style="list-style-type: none"> - Reason for referral - Presenting problems - Preliminary diagnosis - Physical examination results - Management to date and response to treatment - Investigation results - Relevant medical and social history • Referrer details (name, contact information, referrer provider number and signature) • Referral details (date of referral, name of specialist clinic, if known and name of specialist to whom the patient is being referred). 	<ul style="list-style-type: none"> • Each specialist clinic should have designated staff available to respond to information requests from referrers • Specialist clinics should have user-friendly and up-to-date information on their websites about referral requirements and services offered • Clinical prioritisation should occur within five days of receiving a complete referral, with referrals categorised as either 'urgent' or 'routine' • Specialist clinics should contact the referrer and acknowledge a referral within 8 days, and request any additional diagnostic tests or information at this time • Urgent cases are to be seen within 30 days • Routine cases are to be seen on a first on, first off basis • Specialist clinics should send a summary of assessment within 5 days of the initial appointment, and • A discharge summary should be provided to referrers within 5 days of the final appointment.

For more information, see the *Specialist clinics in Victorian public hospitals: Access policy* at <http://www.health.vic.gov.au/outpatients/policy.htm> or consult the website of the specialist clinics in your area for clinic-specific referral preferences.