

# The quality of GP referrals to the Paediatric Outpatients at Nepean Hospital -Clinical audit project

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# Background

## GP referrals – why are they important?

- There have been reports across Australia of increased referrals to public hospital paediatric clinics, with subsequent increases in waiting times
- Unclear referrals require use of clinic resources to clarify information → further increases waiting times and delays the triage process
- In Victoria, public hospitals have declared that they will be rejecting GP referrals unless they meet strict new criteria



AUSTRALIAN DOCTOR **NEWS**

# Hospitals to refuse 'substandard' GP referrals

Referrals missing 'essential information' to be resubmitted, according to Victorian referral criteria

2nd October 2019

By [Jocelyn Wright](#)



63 Comments

**This story has been updated. See footnote.**

Public hospitals in Victoria say they will begin rejecting GP referrals unless they meet strict new criteria.



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# Our Audit:

## Aim, objectives and standards

- Aim: To assess the quality of GP referrals sent to the paediatric outpatients departments
- Objectives: GP referrals were compared against a list of parameters deemed necessary to be included in the referrals
- Standards: The Royal Children's Hospital Melbourne pre-referral guidelines were used to create a list of parameters deemed necessary to be included in GP referrals

# Our standard (list of parameters):

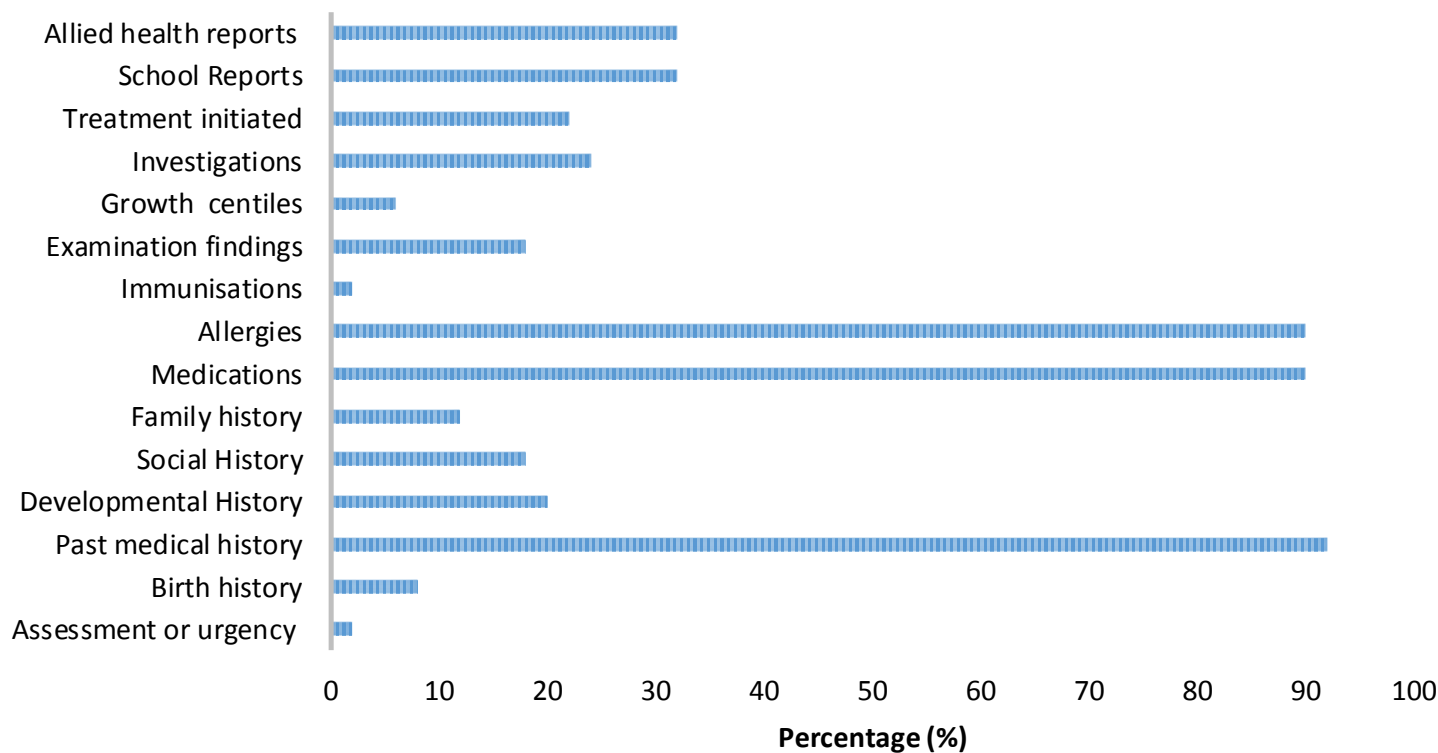
- Assessment of urgency
- Birth history
- Past medical history
- Developmental history
- Social history
- Family history
- Medications
- Allergies
- Examination findings
- Growth centiles
- Investigations
- Treatment initiated
- School reports (if behavioural issue)
- Allied health reports (if behavioural issue)

# Study Method

- 50 GP referrals sent to the Paediatric Outpatients Department at Nepean Hospital between April and August 2019 were randomly selected
- The referrals were reviewed to determine if the necessary information (according to our standard) was included

# Results

## INFORMATION INCLUDED IN REFERRALS



# Discussion

- Most commonly included pieces of information:
  - Past medical history (92%)
  - Medications (90%)
  - Allergies (90%)
- Why?
- What does this mean?
  - Referral templates increases the compliance of information included in referrals
  - The medical software used by GP's (e.g. Best Practice or Medical Director") often have generic referral templates
  - In these templates, "past medical history, medications and allergies" are autofills (compulsory inclusions)

# Discussion

- The use of templates increases compliance in the amount of information included in referrals
- Using paediatric-specific referral guidelines or templates may improve the quality of GP referrals
- Examples
  - RCH Melbourne pre-referral guidelines
  - HealthPathways

# RCH Pre-referral guideline example: Behavioural problems in children

## Behaviour or emotional problems

This pre-referral guideline covers behavioural or emotional problems in children from 0 -18 years of age.

### Initial work-up

#### History

- Standard history and physical exam. Include history from parents/ caregivers regarding onset and course of symptoms and family history of similar problems.
- Consider both internalising and externalising behaviour problems, parenting skills, parental mental health, social factors, family dysfunction (e.g.abuse) school problems.Consider possibility of co-morbidities e.g. learning disabilities, developmental disorders.
- Consider administration of: [PEDS Screening Tool](#)
- If concerned about psychosis refer urgently to RCH Mental Health Services: Western CAMHS 1800-445511,or Southern Health tel 9594 1300or other regional CAMHS (Child & Adolescent Mental Health Service).

### When to refer

- Significant parent concern [PEDS Screening Tool](#)
- Problem difficult to define.
- Response to simple behavioural measures not effective.
- Medication may be considered.
- Has co-morbid symptoms that require special assessment or interventions.
- ~~If suicidal or danger of self harm~~ refer to **Emergency Department or call the Crisis Assessment Team.**

### Information needed

- Demographic data.
- Birth, developmental and medical history.
- Family and social history.
- Copies of previous mental health, language, cognitive, audiology assessments.
- Treatments: recommended and delivered.
- Response to treatment.
- Information regarding previous medication interventions.

# Conclusion

- A significant amount of information about patients is missing in referrals sent to the paediatric outpatients department at Nepean Hospital.
- The information that was best documented in the referrals was those parameters that are often included in referral templates.
- Using pre-referral guidelines, such as those provided by RCH Melbourne and Health Pathways, may improve the quality of referrals
- Increasing the quality of referrals may lead to more timely care

# References

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# Thank you

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