

Desktop Dispatch

GPHLO Information for Busy Practitioners



Specialist Outpatient Referral Tips

- **Referral Priority:** Appointment priority is determined by the relevant specialist based on urgency. (**Note:** Appointment priority is not determined by administrative staff.) If there is insufficient referral information to allow a patient to be triaged or more information is required, the referral is returned to the referring doctor for **additional** information. Until this information is received, the patient is not waitlisted for an appointment.
- **Non-Attenders:** This is a significant problem for the Hospital. Patients who do not attend their appointment **may** be offered a second appointment at the discretion of the specialist. However, Queensland Health has recently adopted new business rules to manage SOPD referrals and there is no requirement in these rules for the patient to be offered a second appointment. These patients are removed from the SOPD waiting list. A **new** referral is required for the patient to be added to the waiting list again.
- **Current medication:** Ensure that you have archived medication that is no longer current in your practice software.
- **Medical History:** Keep this relevant to the presenting complaint.
- **Paediatric Referrals:** Ensure that behavioural or developmental referrals include vision and hearing assessments as well as Vanderbilt assessment information from both a parent and a teacher (if relevant). Links to this paediatric assessment tool and to the Queensland Health tick/flick developmental charts are on the GP Links website. ***A paediatric referral template developed with Dr Judy Williams is now on the GP Links website.***
- It is preferred that public patients be referred to the appropriate SOPD clinic and not to the rooms of private specialists who also provide public clinics in an attempt to expedite care.

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Do you have an idea, a problem or a solution?
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