NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

Northland District Health Board

WebPAS/Best Practice

Outpatient Referral User Guide

31/05/2018
This report contains 38 pages

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1   CONTENTS

RED = Business Rule
Black Bold = Action
BLUE = View

2   PERFORMING BASIC FUNCTIONS

2.1   LOGGING ON

For security reasons each user must use their own User Name and Password to log on.

1. Log onto your computer using your NDHB username and password

2. Click on the icon found on your desk-top
3. The webPAS login screen will show
4. Type in Username and Password (this will be the same as your NDHB username and password)

2.2   LOGGING OUT OF WEBPAS

1. Click the **Log Off** button below the module name.

2. Avoid using the button in the top right hand corner of your screen as it may not log you out properly.

2.3   ENTERING DATA

When entering patient data it is important to note the background of some fields:

*   Blue – are **mandatory** and require data
*   Grey – are **read only** and data cannot be added

*   White – are **optional** and you may leave them empty

All views and functions in webPAS are controlled through security permissions; therefore you may not see all of the options used in this document.

Some options are restricted to avoid areas which deviate from standard practice which could create data errors.

3   REFERRAL ENTRY

A referral is a request for an outpatient assessment and or service for a patient for a particular problem or set of problems.

A referral received into a department will be prioritised by a clinician who assesses whether the referral is accepted and if accepted the referral will then be given a priority which corresponds to a waiting time.

A copy of the referral is entered into webPAS so that outpatient appointments can be booked off this.

3.1   REFERRAL METHODS

There are two types of methods used for referring patients:

EReferral (electronic referral)

These are electronic referrals sent via a software system (RMS). This will most commonly come from General Practitioners.

These referrals are entered into webPAS after they have been accepted and prioritised by the clinician.

Paper Referrals

In the absence of access to an electronic system, referrers use paper forms as a referral. Often these will come from other services in the hospital (internally) or other hospitals e.g. Auckland

These should be manually entered into webPAS prior to triage to act as receipt of the referral into NDHB and to avoid "lost" referrals. The referral details are then updated in webPAS once the clinician has prioritised the referral.

3.2   WEBPAS REFERRAL DEPARTMENT

In webPAS each referral is created under a Referral Department, which is the service (or Health Specialty) that the referral has been accepted into.

As most booking clerks are assigned to a particular service, webPAS has a default for this set against their login.

This is significant when you go to create a referral in webPAS as the screens will then display specific information related to that referral department.

3.3   PATIENT REFERRAL LIST

The following details how to navigate to a list of referrals entered for a patient.

1. Navigate to the required patient

2. At the patient level, click on the [icon] icon > the Referral List will display:

-   This view displays a list of all referrals open or closed.
-   You can click on the [icon] icon to view the management screen for the referral.

3.3.1   REFERRAL STATUS'

You will notice referrals displayed in this list have different statuses which reflect what has happened to the referral and what stage the patient is at in their outpatient journey:

- Waiting   A new referral where the patient has not had a first appointment*
- Active   A referral where the patient has past or future appointments.
- Rejected   A paper referral that has been declined during the prioritisation process.
- Cancelled   Referral no longer in use. Commonly where the DHB was notified a patient did not require their a first appointment e.g. *gone private*
- Closed   Referral no longer in use. Where patient has finished their journey for that particular referral.

*Many referrals came across from the old patient management system with a status of "Waiting" but have already had appointments. These will have been added to the system prior to webPAS go-live of 20th March 2017.

3.4   ENTERING A REFERRAL

The following details how to add a triaged and accepted referral into the system:

1. Navigate to the patient

2. Navigate to the patient's referral list [icon]

3. Check this list before progressing to avoid duplicate referral entries

4. Click the **Add Referral** [Add] button (for default department) OR

Add Referral [Add] [⌄]

Select "department" from the drop-down

➤ The Referral screen for the chosen department will display:

The above is an example of a standard referral > please see below for further detail on guidelines and variations:

Field	Description and Use
Date of Referral	**eReferral** = Referral Date; **Paper referral** = Date Referral Written
Date Letter Received	**eReferral** = Referral Date; **Paper referral** = Date Stamped Received This date is used for waiting time calculations
Referral Source	Where the referral came from (The health professional group of the referrer) Do not use options starting with "Adm"
eReferral Number	**eReferral** = Last 6 digits of the eReferral number **Paper Referral** = Type the word "Other"
Inform GP (defaults to Yes)	Signifies patients' GP will be informed of the journey related to this referral. Only change to "No" if requested by referrer or patient.
Referring HCP (HCP = Health Care Provider)	Who the referrer is. If referrer name is not available when searching select the practice or facility instead and type their name in the **Referral Originator** field. If neither practice nor facility is available use "196GH" (Not in System) and type name and practice in **Referral Originator** and email helpdesk with details so they can be added.
HCP Practice (defaults from "Referring HCP")	Check the correct practice is displayed for the referral. If not go back to Referring HCP field and choose the right option.
Type of Referral	<table><tr><th>Option</th><th>Description and Use</th></tr><tr><td>FSA 1st Specialist</td><td>A First Specialist Assessment (FSA) occurs when a Specialist, Medical Officer (at registrar level or above) or a Registered Nurse Practitioner sees a patient for the first time in a particular service for that referral. The healthcare user receives treatment, therapy, advice, diagnostic or investigatory procedures at a health care facility and leaves within three hours of the start of the consultation. Service is provided in a ward and/or at designated outpatient clinic. Excludes Emergency Department attendances and outpatient attendance for preadmission assessment/screening.</td></tr><tr><td>F/Up After Acute IP</td><td>Follow-up after acute inpatient admission (ward follow-up)</td></tr><tr><td>Follow Up - Other</td><td>Follow-ups that do not fit the other drop-down criteria.</td></tr><tr><td>Investigation / Test</td><td>Requires an Investigation/Test (this includes investigation/tests required to inform referral triage outcome) **MUST** Enter in Procedure 1</td></tr><tr><td>Other Assessment</td><td>A non FSA appointment for an assessment. May include non-specialist assessments such as nurse assessment, anaesthetic pre-admission assessment, or allied health</td></tr><tr><td>Procedure/ Treatment</td><td>Includes all intended elective admissions for a procedure or treatment. Some procedures include a diagnostic component,</td></tr></table>

	such as a biopsy or angiography. **MUST** Enter in Procedure 1
Referrer Suspicion of Cancer	A code indicating the suspicion of cancer for the patient as determined by the **Referrer** If this is not provided on the referral, select - "Not Stated"
Problem 1-3	Generic presenting problem as determined by referrer.
Claim Type	State whether accident related or not. If accident is selected a screen will appear once you finish entering information to enter details.
Health Purchaser	Where funding for visits is coming from. Select a relevant option (most commonly 35)
Score	Currently not in use.
Contract	Currently not in use.
Link to Visit	Provide (search for and select) if referral was generated from another webPAS visit/referral e.g. Emergency Attendance:
Prev Related Referral ID	Currently not in use.
Prev Related Ref Date	Currently not in use.
Referral Originator	Use if clinician not available in search for **referring HCP** Type in Name and Practice/Facility of Referrer e.g. Dr John Smith, Rust Ave Medical Centre
Retain as Usual GP	If ticked system will update patients registered GP to be same as Referrer. Only tick if patient or referrer requests.
Primary	Leave as ticked
Reason for Referral	Full problem description e.g. *Left* Ankle Pain. You can also add another important information in here for booking e.g. requires ECG
Normal or Planned	A code indicating whether the appointment is to be managed within MoH standard time frames or there is a clinical reason why time frames may be extended. Planned is only used for "FSA's" under MoH time-frames:
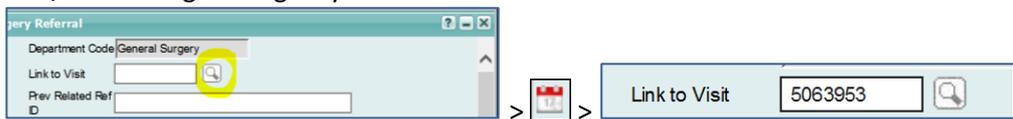
Option	Description and Use
Normal	Use where patient is not Planned.
Acute	Only used by Ophthalmology Department
Planned (must also provide "Must be Seen by Date")	Where the timing of the service is intentionally delayed for <u>clinical reasons</u>, but the timeframe is known e.g. - Patient is pregnant and will have FSA after delivery - Patient needs to reach a certain age to have their FSA and this is outside the MoH time-frames. - The assessment is an FSA that is a referral for follow up care from private or another Submitting Organisation and is required in 12 months.

Diagnosis 1-3	Enter If Triage Suspicion of Cancer is "confirmed" and the diagnosis code/s have been provided by the clinician. Diagnosis 1 SKIN Malignant melanoma of skin, un 🔍 🧹
Procedure 1-3	Enter if **Referral Type** is "Investigation/Test"(example 1) or "Procedure Treatment" (example 2) 1 CT CT Scan 🔍 🧹 2 SLEEP Sleep Study 🔍 🧹 **NEVER** enter this for any other Referral Type.
Preferred Hospital	Used to specify the preferred hospital for the appointment to take place. Will place patient on that hospitals waiting list.
Preferred Site	Leave as defaulted
Clinic Type	Type of clinic patient will be booked into.
Clinic ID	Select if patient has been allocated to a specific clinician, otherwise leave blank.
Slot Type	Leave blank
Responsible HCP	Head of Department or Clinician assigned to the patient during triage. Add further clinicians in "Additional HCP" field if required.
Case Team	Currently not in use.
Additional HCP	Use to define further clinicians the patient can be seen by (if identified at triage): Additional HCP ☑ Activate Referral ☐ Additional HCP 1 ER400 RATAHI, Erin (MR) 🔍🧹 Additional HCP 2 JM500 MANSON, Jonathan (DR) 🔍🧹 Additional HCP 3 🔍🧹 Additional HCP 4 🔍🧹
Patient's DHB	This field will display if patient is outside NDHB area. Select "Accepted by Management"
Priority	Select a Priority option based on the triage by clinician.
Date of Priority	eReferral = Date of Triage; Paper referral = Date Written on Triage Stamp or Date received back from Triage
Must be Seen By Date	The clinically appropriate time frame for the intended service to occur as determined by priority or MoH waiting time for FSA's. 1st of the month due, unless due in weeks then enter exact date.
Prioritising HCP	Clinician who triaged the referral.
Triage Outcome	Select "Accepted".
Triage Susp Cancer	A code indicating the level of suspicion of cancer for the patient as determined by the **Triaging Clinician.** If this is not clearly stated by the Triaging Clinician, select "There is NOT A HIGH suspicion of Cancer"
Suspicion Noted Date	Same as Date of Priority field.
Activate Referral	Must leave un-ticked (makes the referral "Active" instead of "Waiting")
Print New Referral Letter to Patient	All patients must receive acknowledgement of acceptance for an FSA within 10 working days from receipt of referral.

5. Click [Add]
➢   the Referral List will re-display, the letters selected will print;

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Business Rule: If a booking is being made directly after the referral is added and there is no referral letter sent the person <u>must</u> be contacted and "confirmed" in webPAS. Please see section: Confirm Appointments.

The referral will be saved and added to this list with a status of "Waiting":

Date	Department	Clinic Type	Reason For Referral	Referred By	Responsible HCP	Claim Type	Priority	Type/Link	Status
22 Jun 2015	Orthopaedic	Fracture	HIP PAIN R,FEB 1,2016	BRYANT Jan (DR)	COUP Rob (DR)	NA	Semi Urgent	Primary	Waiting
21 Dec 2015	General Surgery		INGUINAL HERNIA	BRYANT Jan (DR)	SWAN Peter (MR)	NA	Routine	Primary	Active

And on the Appointment Action List (please see section on Appointment Action List for further details)

3.5   REFERRAL WITH CLAIM TYPE OF ACCIDENT (ACC)

1. After clicking [Add] on the referral screen, the Injury / Accident Details screen will display

   - If there is an exisiting claim in webPAS, the search icon will appear next to the **ACC Number** field:

     ACC Number [ ] 🔍

2. Use this to search for and select the relevant number – if selected all the required information will auto populate;

   OR enter in the mandatory details (blue fields) <u>only</u>, referencing the table below:

Field	Description and Use
ACC Number	Enter ACC Number, this will be on the referral
Accident Date/Time	Enter in <u>date</u> of accident <u>only</u>, this will be on the referral
ACC Work Related	Select an option, select "To be Confirmed" if unknown
Employer	Will be required if work-related. Type in the business name of the patients employer e.g. Northland District Health Board
Description of Injury	Type in the full description on injury e.g. "Fell from Ladder, Left Fractured Ankle"

3. Click **OK** > the Referral Details screen will display, the letters selected will print and the referral will be saved and added to the list.

3.6   PAPER REFERRAL PROCESS

The addition of paper referrals into the system before triage is to ensure patients are not lost.

The process is the same for adding an electronic referral except only the known or mandatory fields are entered with the rest left blank and updated after the referral has been triaged.

All paper referrals must be;
- Date stamped and entered into the system on the same day as receipt.
- Delivered (not sent in internal mail) to CRO (Central Referral Office) on the same day as entry into the system.
- Sent to the appropriate clinician for triage on the same day as picked up from CRO (need timeframes for CRO).
- If the referral is urgent, send a scanned copy to CRO.

The following details this process:

1. Add a new referral for the patient
2. Complete Mandatory (blue) fields:
- **Responsible HCP** = Head of Department
- **Priority** = Triage Req Paper Ref
- Date of Priority = Current Date
- **Must be Seen by Date** = 10 working days from Referral Received Date
- **Prioritising HCP** = Head of Department.
- **NPF Triage Outcome** = Enter Triage B4 Appt
- **Triage Susp Cancer** = Same as Referrer Susp of Cancer (if not Not Stated, select "Not high Susp of Ca")
- **Suspicion Noted Date** = Current Date

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3. Once entered send physical referral to the Clinician for prioritisation.

Once the referral has been prioritised and returned:

- If the referral is **Accepted**: Update/Add the required information (making sure all the above specific fields are updated); please refer to Updating Referral Details.

- If the referral is **Rejected:** Reject the referral (Please refer to Reject (Declined))

4   REFERRAL MANAGEMENT

4.1   UPDATING REFERRAL DETAILS

The following details how to update the details for a referral:

1. Navigate to the patient's referral list

2. Click on the [icon] icon for the referral you wish to update > the Referral Details screen will display.

3. Click the [Update] button > the Update Referral screen will display.

4. Update the required details
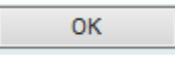
5. Click [OK] > The Referral Details screen will display and the details updated.

4.2   ACTION CODES (REFERRAL COMMENTS)

Action codes are used to capture notes/comments made for referrals e.g. patient phoned to say they can only come to appointments on a Wednesday or Friday:

1. Navigate to the patient's referral list

2. Click on the [icon] icon for the referral you wish to make a comment on > the Referral Details screen will display:

3. Select an **Action** from the Action Code drop down list (highlighted above)
4. And/or, enter **text** into the Comments field to further explain the action made.
5. Click **Save Action.**
➢ The Action Code and Comments will be saved on the Referral Details screen under Referral Audit:
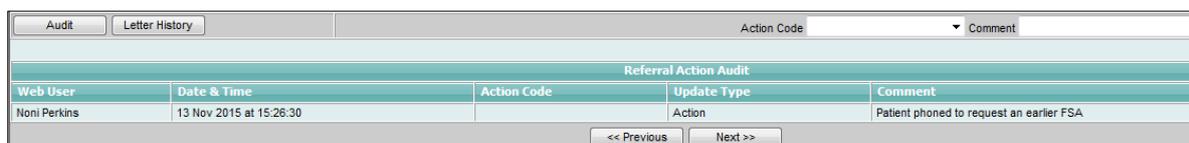
4.3   REFERRAL RE-TRIAGE

The following details the process if another referral is sent in to say the patient's condition has deteriorated and the referral has been reprioritised as a result e.g. routine to semi-urgent/urgent:

1. Navigate to the patient's referral list

2. Click on the icon for the referral > the Referral Details screen will display.

3. Click the Update button > the Update Referral screen will display.

4. Select the new priority from the **Priority** drop-down

5. Update **Date of Priority** to date the new priority was assigned.

6. NPF Triage Outcome = Accepted

7. If patent is not being booked straight away print another letter notifying patient of new waiting time.

8. Click OK
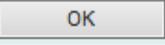
9. Go to "Action Codes" for the referral and add an action with the following:

-   **Action Code** = "Triage Reassessed"

-   **Comment** = Detail why patient was re-assessed e.g. "New GP referral – Condition Deterioration":

Referral Action Audit				
Web User	Date & Time	Action Code	Update Type	Comment
Noni Perkins	21 Nov 2016 at 13:08:39	Triage ReAssesed	Action	New GP Referral - Condition Deterioration

<< Previous   Next >>

4.4   TRANSFER A REFERRAL

The following option should <u>only</u> be used if you are transferring to a different Responsible HCP or if the referral was sent to the wrong department in the first place. If a patient is referred to another department this should be a new referral.

Note: Using transfer instead of updating is preferred as it is clearly captured in the referral audit history.

1. Navigate to the required patients' referral list

2. Click on the icon for the referral you wish to transfer > the Referral Details screen will appear.

3. At the patient level, select "Transfer Referral" from the Action drop-down > the following screen will display:

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4. If required select a new **Department Code**

5. If required Enter a new **Responsible HCP**
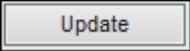
6. Click [Update] > the referral will have transferred to the new department/HCP.

4.5   REFERRAL AUDIT HISTORY

In webPAS you can view an audit history for each referral. This displays a log of every user who viewed and updated a referral:

1. Navigate to the patient's referral list

2. Click on the icon for the referral > the Referral Details screen will display.
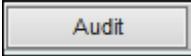
3. In this screen, click on the [Audit] button > the Referral Audit screen will display showing the history for the referral:

Note: this screen only displays the last 6 updates. Click [Next >>] to view older updates.
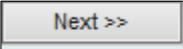
4.6   CLOSING REFERRALS

The status of a referral automatically defaults to "Waiting" when the referral is added. Once a booking is made off that referral the status will change to "Active".

Closing a referral occurs by changing a referrals' status from waiting or active to one of the following status' (depending on the reason for closure):

- Reject (Declined)   A (pre-entered) paper referral that is declined during the prioritisation process.

- Cancel   The Cancel option is used to close a "waiting" referral or a referral entered in error *e.g. patient has gone private or you accidently added a referral in error*

- Closed   A "Closed" status is used to signify that a patient's journey has ended for that particular referral. This is most commonly used once the patient has been seen in clinic and the clinician has decided they no longer require any further appointments.

This section details the process for each.

4.6.1   REJECT (DECLINED)

Business Rule: "Reject" is not a NDHB agreed term for the decline of a referral. All communication verbal or written with a patient relating to this process must reference to "Declined" and not "Rejected".

The following details the process:
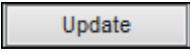
1. Navigate to the patient's referral list
2. Click on the icon for the referral > the Referral Details screen will display.
3. Click the Update button > the Update Referral screen will display.
4. Update **Priority** to "Rejected"
5. **NPF Triage Outcome** = Select option relevant to why referral was declined.
6. Click **Ok >** the Referral Details screen will display:

7. Select **Reject** from the Status Update drop-down (highlighted above) > The Reject a Referral screen will display:

8. Update **Date Rejected** to *Date Clinician Triaged*
9. **Reason for Rejection** = Rejected on Referral
10. Enter further **Comments** if required
11. There are currently no rejected letters.
12. Click **OK** > The Referral Details screen will display showing a Status of "Rejected":
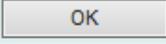
Note:
If at any stage you try to reject a referral with appointments (past or future) an error message will display and not allow you to continue:
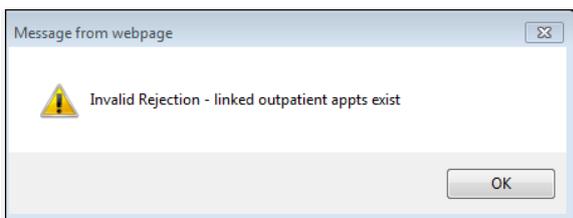
If the referral has already been entered onto the waitlist and a review has resulted in an outcome of removal, the referral should be "Closed" as **Service Complete.**

4.6.1.1   VIEW REJECTED REFERRALS

The Rejected Referral view; lists patients with a referral status set to Rejected, filtered by Referral date range. The screen displays both patient and referral details.

Filters at the top of the screen at the top of the screen allow you to narrow or broaden your search as required.

1. At the hospital level, select **Rejected Referrals** from the Views drop-down.
➢ The Department and Preferred Hospital fields will default to your access settings and matching records will display:
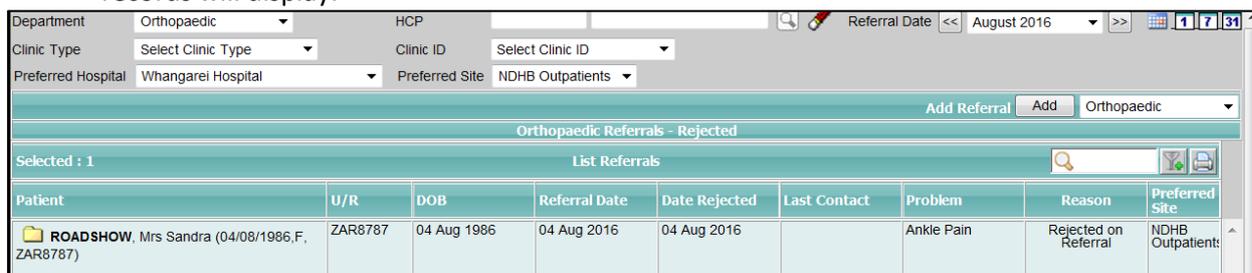
- Click on the ⬜ icon next to a patient to view details for the corresponding referral.

4.6.1.2   REINSTATE

The reinstate option is used to re-open referrals **rejected** in error:

1. Navigate to the patient's referral list
2. Click on the icon for the referral > the Referral Details screen will display:
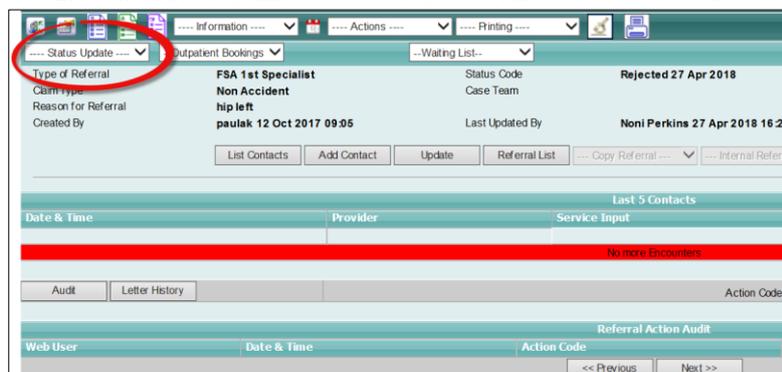
3. Select **Reinstate** from the Status Update drop-down (highlighted above) > The Reinstate Referral screen will display:

4. Enter Comment

5. Click OK

4.6.2 CANCEL

1. Navigate to the patient's referral list

2. Click on the icon for the referral > the Referral Details screen will display:

3. Select **Cancel** from the Status Update field (highlighted above) > the Cancel a Referral screen will display:

4. Enter **Date Cancelled** (Date notified referral needed to be Cancelled)

5. Select **Reason**

6. Enter **Comment** (highly recommended this is entered so there is a clear history of why)

7. Click OK > The Referral Details screen will display showing a Status of "Cancelled"

4.6.2.1 VIEW CANCELLED REFERRALS

The Cancelled Referral view; lists patients with a referral status set to Cancelled, filtered by referral date range. The screen displays both patient and referral details.

Filters at the top of the screen allow you to narrow or broaden your search as required.
1. At the hospital level, select **Cancelled Referrals** from the Views drop-down.
➢ The Department and Preferred Hospital fields will default to your access settings and matching records will display:

- Any of the listed referrals can be accessed by clicking on the folder icon in the list.

4.6.3 CLOSE

A "Closed" status is used to signify that a patient's journey has ended for that particular referral. This is most commonly used once the patient has been seen in clinic and the clinician has decided they no longer require any further appointments.

Note: You cannot close a referral that has future bookings.

1. Navigate to the patient's referral list

2. Click on the icon for the referral > the Referral Details screen will display:

3. Select **Close** from the Status Update field (highlighted above) > the Close a Referral screen will display:

4. Enter **Date Closed** (date notified referral needed to be closed)
5. Select **Reason** (most Commonly "Service Complete")
6. Enter **Comment** (highly recommended this is entered so there is a clear history of why)
7. Select **Outcome** (where patient is going back to)
8. Click [Ok] > The Referral Details screen will display showing a Status of "Closed"

4.6.3.1 WARNING: LINKED OUTPATIENT APPOINTMENTS EXIST

If there are current future bookings for this referral the following warning will display:

1. Click [OK] to view > the following screen will display:

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2. Click on the ⬚ icon next to the appointment > The Cancel Appointment screen will display:

Cancel Appointment - - TEST Ms Autumn

Cancellation Reason Not Reqd - Ref to GP ▾

Comments As per clinician service complete

Print Cancellation Letter ☐   Printer WHGTOHORA-006 ▾
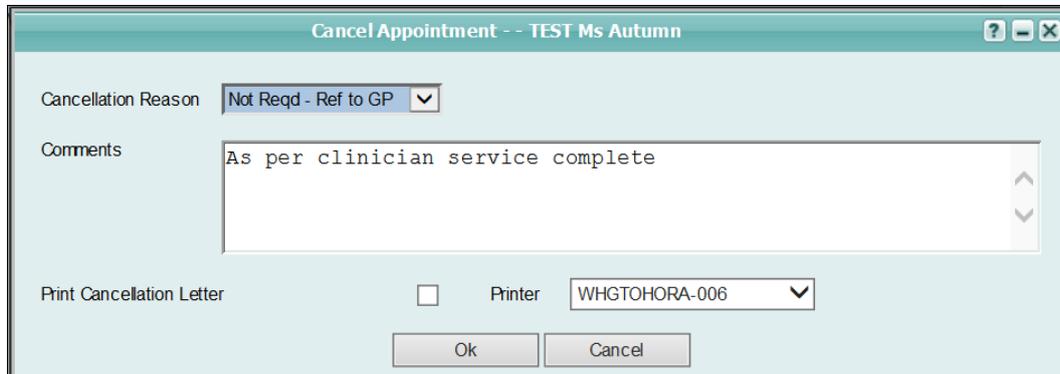
Ok   Cancel

3. Select a Cancellation Reason
4. Enter **Comments** (highly recommended this is entered so there is a clear history of why)
5. Un-tick **Print Cancellation Letter** (this does not currently exist)
6. Click **Ok** > the following screen will display:
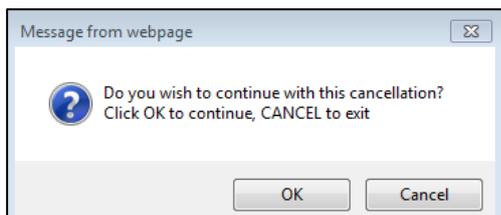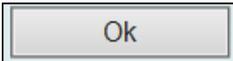
Message from webpage

Do you wish to continue with this cancellation?
Click OK to continue, CANCEL to exit

OK   Cancel

7. Click **Ok** > the following screen will display:

Message from webpage

Do you wish to Close the Referral?
Click OK to continue, CANCEL to exit

OK   Cancel

8. Click **Ok** > the following screen will re-display:

Linked Outpatient Visits
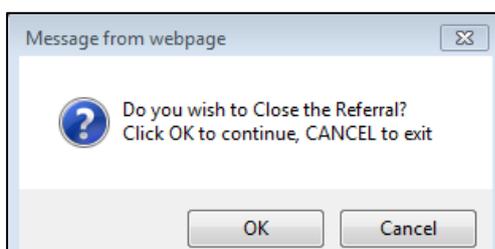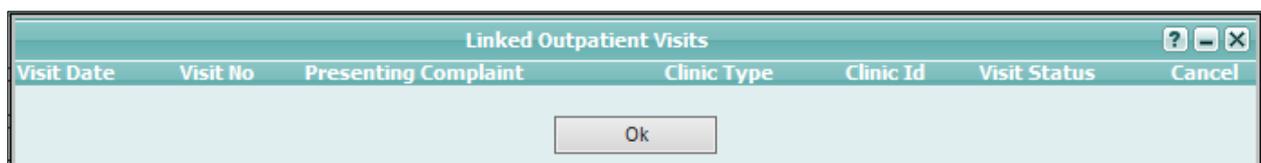
Visit Date	Visit No	Presenting Complaint	Clinic Type	Clinic Id	Visit Status	Cancel

Ok

9. If there are any other outstanding appointments repeat previous steps until there are none.
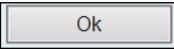
10. Click [Ok] > the following screen will re-display:

11. Click [Cancel] (as *you have already closed the referral in previous steps*) > the Cancelled Appointment screen will display, showing the appointment you just cancelled:

12. The referral will now also be closed.

4.6.3.2   VIEW CLOSED REFERRALS

The Closed Referral view; lists patients with a referral status set to Closed, filtered by a referral date range. The screen displays both patient and referral details.

Filters at the top of the screen allow you to narrow or broaden your search as required.

1. At the hospital level, select **Closed Referrals** from the Views drop-down.

➢ The Department and Preferred Hospital fields will default to your access settings and matching records will display.

- Click on the 📁 icon next to a patient to view details for the corresponding referral.

4.7 RE-ACTIVATE CLOSED/CANCELLED REFERRAL

The following details how to re-open a closed or cancelled referral using the "Re-Activate" option. This option will re-open the referral with a status of "Active". Because of this it is really important to return the referral to "Waiting" if this was the original status before closure.

1. Navigate to the patient's referral list 📋
2. Click on the 🗗 icon for the required referral > the Referral Details screen will display:

3. Select **Reactivate** from the Status Update drop-down (highlighted above)
4. Enter Date Active
5. Enter a comment (highly recommended for history purposes)
6. Click [Ok] > Referral will now have a status of "Active"

Status Code	Active 27 Apr 2018

Business Rule: If the referral was originally "Waiting" it must be returned to this status

7. Click on the Status Update drop-down > If "Waiting" appears on the bottom of this list it means the referral was originally this status:

8. Select Waiting > the screen will refresh and the referral status will now display as "Waiting"

Status Code	Waiting

5   FSA REFERRAL MANAGEMENT

Patients who require a booking of an FSA appointment (Referral Type of FSA 1st Specialist) must be managed within the current Ministry of Health Elective wait-time of 4 months.

5.1.1   PATIENT UNABLE TO ACCEPT OR COMMIT

If a patient is unable to accept or commit to a <u>reasonable</u> date within this time-frame a management process must occur.

This process must only be used for:

Referrals with a "type of referral" of FSA 1st Specialist

Type of Referral	FSA 1st Specialist ▾

And

Those where a Booking has NOT been made*

And

> Reference: MOH NPF specification 2018

A period of 10 – 120 days

Patient reasons

***Note: If an appointment is offered this should be booked and subsequently cancelled or rescheduled instead of using this process.

5.1.1.1   PROCESS

1. Before progressing, check with the consultant as to whether the patient should remain on the waiting list.

<u>Where a patient is to remain on the waiting list and be offered another opportunity for an appointment:</u>

2. **Cancel** the referral with the reason "Pt Reason (Describe)" AND enter a statement in the comments field:

Cancel a Referral			? _ ✕
Department	Renal	Entered by	
Date Cancelled	17 Mar 2017 Time 12:05:55 ⏱ 🕐		
Reason for Cancellation	Pt Reason (Describe) ▾		
Comment	Patient unable to accept dates given for appt		
	OK Cancel		

3. Create a new Referral

4. Ensure the "new" referral is created using the correct dates

The new referral MUST have the date that the patient notified you they were unavailable for the "Date Letter Received" field

5. Link the new referral to the original referral you have just cancelled

Orthopaedic Referral

Department Code	Orthopaedic
Link to Visit	5146338 🔍

6. Enter a comment via Action Codes to record this event:

Referral Action Audit				
Web User	**Date & Time**	**Action Code**	**Update Type**	**Comment**
Noni Perkins	24 Aug 2016 at 15:26:44	Copied Referral	Action	Patient Unavailable - FSA Timeframe

Where a patient is not to be offered another opportunity for an appointment:

7. **Cancel** the referral with the reason "Pt Reason (Describe)" AND enter a statement in the comments field that clearly indicates the Consultant has said the patient is not to be given another appointment.

Cancel a Referral   [?] [_] [×]

Department	Haematology	Entered by	
Date Cancelled	17 Mar 2017 📅 Time 12:22:33 ⏱ 🕐		
Reason for Cancellation	Pt Reason (Describe) ⌄		
Comment	Pt will not commit - Consultant Discharge		

OK   Cancel

8. The consultant will need to dictate a letter to the patients referrer in regards to this decision.

5.1.2 CLINICAL REASONS (PLANNED)

A planned status can be used to exclude an FSA patient from the MoH waiting times when a clinician specifically requests they need to be seen outside the MoH time frame due to clinical reasons.

The time-frame must be known at the time of giving the patient this status.

Examples:
- Patient is pregnant and will have their FSA after delivery
- Patient is currently 6 months old and must be 1 year on their FSA
- Patient seen in another DHB, moves to Whangarei and is referred to be seen as a follow-up in 6 months in our DHB. This is an FSA to us but can be given a planned exclusion as this is required outside the time-frame.

1. Update the referral details with "Type of Procedure" field changed to "Planned":

Type of Procedure Planned ⌄

2. Enter in a "Must be Seen By Date":

Must Be Seen By Date	24 Aug 2016

3. Enter a comment via Action Codes to record this event:

Web User	Date & Time	Action Code	Update Type	Comment
Noni Perkins	24 Aug 2016 at 15:29:12	Planned Event	Action	Patient Pregnant - Planned

5.2   WAITING INVESTIGATIONS

This section details managing referrals that require investigations e.g. MRI. There are different processes depending on if the investigation is:

- Required <u>prior</u> to Triage (informs triage)
- Required prior to FSA but the referral has been <u>accepted</u>.

Patients should only wait in both processes for 10-120 days.

5.2.1   PRIOR TO TRIAGE (PAPER REFERRAL AND RMS OUTCOME: FOR INVESTIGATION/TEST)

The following process is applied when the clinician requires an investigation <u>before</u> the referral is triaged and accepted:

1. Add a new referral for the patient, with the following fields:

- **Type of Referral** = FSA 1st Specialist
- **Priority** = "Undecided tests pend"
- **Date of Priority** = Current Date
- **Must be seen by Date** = Date investigation likely to be completed (must be between 10-120 days).
- **NPF Triage Outcome** = "Pending Test Results"
- **Suspicion Noted Date** = Current Date

When the investigation has been completed:

4. If referral is **Rejected**: Follow rejection process (please see Reject (Declined))
   OR
   If the referral is **Accepted**:
5. Cancel the referral with the reason **"Investigation Needed"**

6. Create a **new referral**, with the following fields:

- **Date of Referral** = "Date of Referral" from the original referral
- **Date Letter Received** = Date investigation was completed

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7. Link the new referral to the original referral you have just cancelled:

Orthopaedic Referral	
Department Code	Orthopaedic
Link to Visit	5146338

8. Enter a comment via Action Codes to record this event:

Referral Action Audit				
Web User	**Date & Time**	**Action Code**	**Update Type**	**Comment**
Noni Perkins	27 Apr 2018 at 17:33:18	Investigation Needed	Action	New Referral Accepted after Investigation
		<< Previous	Next >>	

9. Book an appointment or record a virtual FSA depending on how the clinician wants to care for the patient.

5.2.2 BEFORE FSA

The following process is applied when: A patient has been triaged, <u>accepted</u> as an FSA and it is unlikely that the investigation will be completed in time for the patient to be seen within the maximum waiting time. If the test is required as part of the normal or predicted treatment pathway, this process should not be applied.

Examples:
Patient triaged and accepted to orthopaedics for back pain but requires an MRI before their FSA.

1. Add or Update the relevant referral, with the following fields:

    - **Type of Referral** = Investigation / Test
    - **Referral Reason** = When entering the referral reason also add comment stating patient is awaiting investigation e.g. *Back pain awaiting MRI*
    - **Must be Seen by Date** = Date investigation likely to be completed (must be between 10-120 days).

2. Patients can be found and managed using the NDHB First Appointment Report category of "Investigation Test" *(please see NDHB First Appointment Report)*

When the investigation has been completed:

3. Cancel the referral with the reason **"Investigation Needed"**

4. Create a **new referral**, with the following fields:
    - **Date of Referral** = "Date of Referral" from the original referral
    - **Date Letter Received** = Date investigation was completed
    - **Type of Referral** = FSA 1st Specialist

5. Link the new referral to the original referral you have just cancelled:

Orthopaedic Referral	
Department Code	Orthopaedic
Link to Visit	5146338 🔍

6. Enter a comment via Action Codes to record this event:

Referral Action Audit				
Web User	Date & Time	Action Code	Update Type	Comment
Noni Perkins	27 Apr 2018 at 17:35:54	Investigation Needed	Action	MRI Completed Referral Re-Entered

6   REFERRAL TO PERIPHERAL HOSPITAL PROCESS

The "Preferred Hospital" field on a referral is used to allocate referrals to a hospital and therefore display on the selected hospitals waiting list.

Note: Allocating a referral to a "Preferred Hospital" does not restrict the patient from being booked into a different hospitals to the one identified on the referral.

The following process is used when a patient's referral is sent from one hospital to another:

1. A referral for a patient is created, with the Preferred Hospital field as "Whangarei Hospital":

Preferred Hospital	Whangarei Hospital ▾

It is decided that the patient is suitable to have their assessment in a peripheral hospital i.e. Kaitaia.

2. Before sending the physical referral to Kaitaia, the referral details are updated with the Preferred Hospital field changed to "Kaitaia Hospital" (please see Updating Referral Details)

3. The **Action Codes** on the referral are used to record the referral has been sent to a regional hospital (this is important for tracking purposes) (please see Action Codes):
    - **Action Code** = "Sent to Regional Hsp"
    - **Comments** = Kaitaia (there is no need to record a date and time as this will be recorded when saving the action):

Audit	Letter History		Action Code ▾	Comment	Save Action

Referral Action Audit				
Web User	Date & Time	Action Code	Update Type	Comment
Noni Perkins	06 May 2016 at 10:53:35	Send to Regional Hsp	Action	Kaitaia

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4. When the referral is received in Kaitaia, an Action Code is added by the peripheral booking clerk to record this:

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Referral Action Audit				
Web User	Date & Time	Action Code	Update Type	Comment
Noni Perkins	06 May 2016 at 10:57:33		Action	Recieved Kaitaia
Noni Perkins	06 May 2016 at 10:53:35	Send to Regional Hsp	Action	Kaitaia

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5. After the patient has been assessed in Kaitaia, if a follow-up is being **booked** in Whangarei there is no need to change the preferred hospital back to Whangarei

If a **requested appointment** is made for the follow-up, make sure the preferred hospital is showing the correct hospital so that the patient appears on that hospitals Appointment Action List:

Hospital	Whangarei Hospital	Preferred Site	NDHB Outpatients		Preferred Date	<<	Fri 06 May 2016	>>	1 7 31
Department	Orthopaedic	Clinic Type			Include Waiting Referrals				
Priority		Clinic Id			Include Suspended Appointments				
Appointment Action Status	Requested		Search						

Selected : 0				Appointment Action List						
Patient	U/R	Referral Date	Action Date	Clinic Type	Clinic Id	Visit Type	Priority	List Days	Preferred Date	Appt. Status

7   REFERRAL SENT TO OTHER DHB'S BUT WILL RETURN

If a referral is sent to another DHB but is likely to return at some point the process should be:

1. **Close** the referral and enter a **Date of Next Review** (when the patient is likely to return):

Close a Referral	
Department	General Surgery
Date Closed	09 May 2018 Time 15:42:15
Reason for Closure	Referral (Related)
Comment	Sent to Auckland
Closure Outcome	Other DHB
Date of Next Review	09 May 2019

Ok   Cancel

2. When the patient returns: **Reactivate** the referral:

Re-activate a Referral		Entered by
Department	Orthopaedic	
Date Active	09 May 2018 Time 15:46:41	
Comment	Return from Auckland	

OK   Cancel

8 MIGRATED REFERRALS

This section details important factors for those patients who have referrals migrated from the old patient management system to WebPAS.

8.1.1 REFERRAL NOTES

<u>Comments</u> for migrated referrals are found in a function called "Notes"; the following details how to view these:

1. Navigate to the required patient, the patient demographic screen will display

2. At the patient level, click on the icon > the Referral List will display:

3. Click on the icon next to the required referral > the Referral Details screen will display:

4. If there are comments migrated for this patients referral, the [Notes] button will appear in **RED** (if there are <u>no</u> notes, this button will display in black)

5. Click on this button > the notes screen will display:
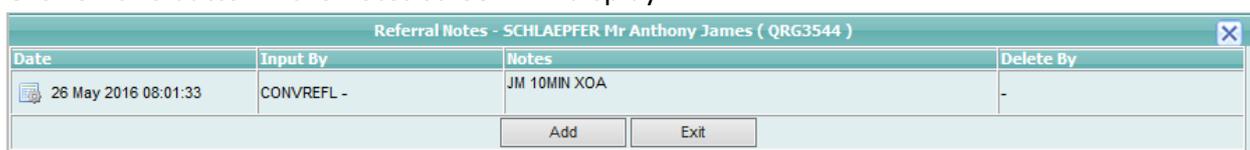
6. If required; these notes can be copied, pasted and saved into the "Action Codes" – please see Action Codes for more information.

8.1.2 MISSING INFORMATION FOR MIGRATED REFERRALS

There are fields that exist for webPAS referrals that did not exist or were not mandatory in the old system.

What this means is that for every migrated referral, there will be fields/information missing.

Some of these fields are mandatory so when you go into the referral and want to make changes or progress to another process you will have to enter in this data.

The following highlights the possible fields that may have missing information:

9 ACC

9.1.1 INTRODUCTION

To ensure all funding available to the DHB is accessed; all patients who require assessment as the result of an accident (this could be after some time) <u>MUST</u> have accident details completed.

When considering whether the injury or condition could be caused as the result of an accident, look for keywords that include:

Injury, trauma, fracture, sprain, strain, dislocation, foreign body, assault, drowning, burns, poisoning, haematoma, head injury etc.

Note: If any of the mandatory information is not available on the referral sent in by the referrer, this can be obtained by either the referrer or the ACC hotline.

This section details information related to the viewing and management of ACC patients.

9.1.2 ACC ENQUIRY

The following details how to view ACC information for a patient:

1. Navigate to the required patient > the Patient Demographic screen will display

2. In the patient level, select **ACC Enquiry** from the Information drop down > The ACC Enquiry Summary screen will display.

This shows all the ACC numbers the patient has in the top half and below is all the visits linked to those ACC numbers:

ACC Number	Accident Description		Accident Date	Decline Date
ABC5555			27 Apr 2016	

Injury / Accident Enquiry

ACC Number	Description of Injury	Date of Accident	Visit Type	Visit Date	Visit Number	Decline Date
ABC5555		27 Apr 2016	4RF	26 Apr 2016	5060612	

3. Click on the [icon] icon next to a visit to view the ACC details.

9.1.3 MODIFY ACC NUMBER

The following details how to make changes to and\ existing ACC number:

1. In the patient level, select **Modify ACC Number** from the Actions drop down > the Modify ACC Number screen will display:

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2. Click on the **Select** box next the ACC number that needs to be changed (highlighted above)

3. In the New ACC Number field, type the new number:

New ACC Number   ABC2222
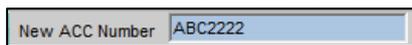
4. Click on the [Update] button (top right hand corner) > the screen will display with the changes showing.

9.1.4   MODIFY ACC DETAILS

The following details how to make changes to the details of an existing ACC claim:

1. In the patient level, select **Update ACC Details** from the Actions drop down > the ACC Summary screen will display:

ACC Number	Accident Description	Accident Date	Decline Date
ABC2222		18 Feb 2016	

ACC Number	Description of Injury	Date of Accident	Visit Type	Visit Date	Visit Number	Decline Date
ABC2222		18 Feb 2016	4RF	26 Apr 2016	5060612	
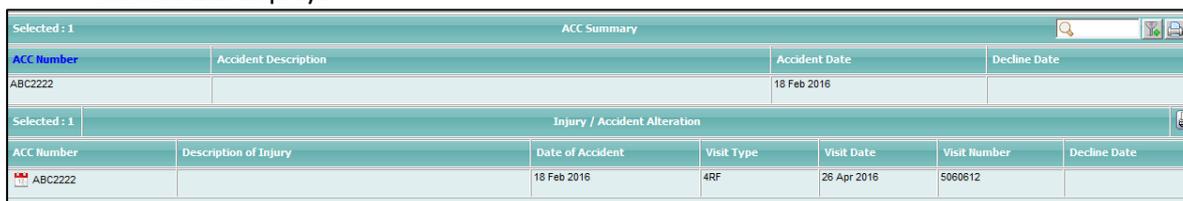
2. Click on the icon next to the ACC Number that needs to have details changed.

3. The Injury/Accident Data screen will display > make the required changes.

4. Click **Ok** > you will be returned to the appropriate area for that event.

10   PRINTING REFERRAL LETTERS AND LABELS

Most processes in webPAS offer (if required) the option of printing labels and letters. This section details how to print outside of the process e.g. the patient didn't get a letter or some extra labels are required.

Important Note: for webPAS printing you must have a visit in context to be able to print e.g. to print a referral label you must be in the referral.

Referral Letter = letter sent out informing the patient that their referral has been accepted and their likely waiting time for an appointment.

Referral Label = label that prints out with the Responsible HCP's name and Department for the referral.

1. Navigate to the patient's referral list
2. Click on the icon for the required referral > the Referral Details screen will display

3. At the patient level, select **Ref Letter & Labels** from the Printing drop-down:

➢ The following screen displays:

4. Make required selections
5. Click ![Ok]
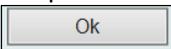
10.1   REFERRAL LETTER HISTORY

The following details how to see the history for letters printed for a referral (this does not include outpatient appointment letters which are seen elsewhere)

1. Navigate to the patient's referral list
2. Click on the icon for the required referral > the Referral Details screen will display

3. In this screen click on the **Letter History** button > the following screen displays, showing the history of letters printed and by whom:

Anaesthesia / Pain Letter History Audit Details		
Priority	**Routine**	Entered by
Referral Date	**01 Nov 2017**	Referral Source
Referred By	**DR . COAST CARE A AND M CLINIC**	Problem
Diagnosis Code		Created
Status Code	**Waiting**	Case Review Date

Cancel

Letter History Audit Details		
Web User	**Date & Time**	**Letter Printed**
michellewn	16 Feb 2018 at 14:04:54	RF1 Referral Acknowledgement to Pt

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11   WHO TO CONTACT

Email help-desk (NDHB) ISServiceDesk@northlanddhb.org.nz or

Contact the webPAS Support Team

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