

Refer with ease

Accurate referrals are just a few clicks away.

THE two key factors in presenting information to an audience are content and presentation.

It is the same with clinical information — accuracy is of prime importance and the way the information is presented is also vital. A GP once told me the best thing I'd taught her was how to neatly delete table rows in a referral because she took great pride in the way she presented information.

This article will provide tips on how to use clinical software for clinical accuracy in a referral. I will discuss presentation in a future article.

One of the biggest complaints from specialists about GPs is the inaccuracy of referrals. Because GPs are time poor they often rush straight into a referral without checking the accuracy of the medication and history lists.

Many GPs have a good understanding of how the past

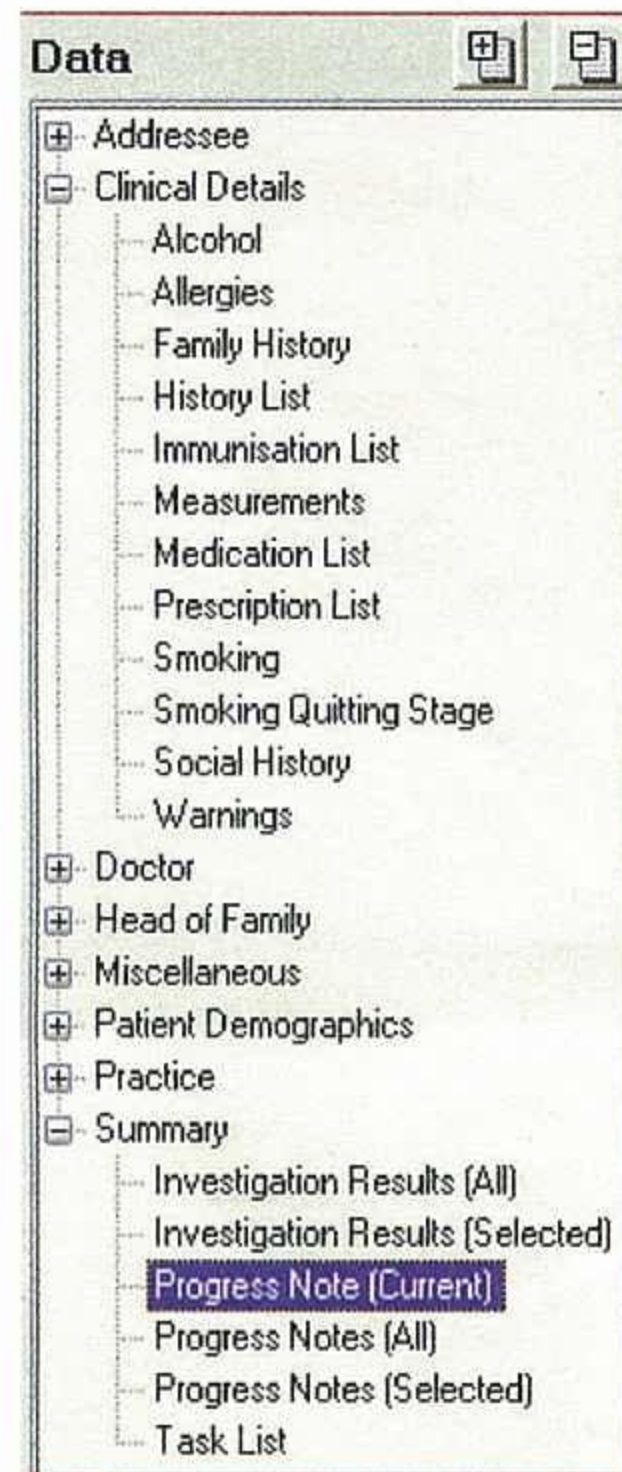
history in clinical software works — how to distinguish between a summary item (which prints on a referral), a non-summary item (listed in the past history but not printed on a referral) and an item in 'reason for contact' in the progress notes but not listed as a past history item.

This is more fully explained in a how-to sheet entitled 'Building accurate histories and summaries and recording visits in progress notes' available on the North East Valley Division of General Practice web site (www.nevdgp.org.au/?content=14#CheatSheets).

Another problem with referrals is that when a general referral form is used it does not include the test results that are pertinent to the specific specialty or outpatients department.

The Victorian Department of Human Services has recognised this problem and has completed a trial of new maternity and urology referral templates. The urology template lists the tests that relate to the reasons for urology referral (eg, LUTS, haematuria, renal colic, abnormal PSA) and these tests are to be completed and results forwarded with the referral.

The main problem with this approach is that each specialty may require its own template and this would lead to long template lists.



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Many clinical software packages, including Medical Director, use LetterWriter for referrals and other correspondence. The problem here is that it is quite a 'dumb' word processor — you can't have folders in your list of templates (eg, a folder for all your hospital templates, another one for your care plans). Rather, there is just one long, unwieldy list.

The other limitation of LetterWriter is that it has no 'if ... then' feature (eg, if you chose urology as the reason for referral, then your template content requirements would change).

There are three ways in Medical Director to better manage referral content:

- Use the 'Comment' and 'Management' shortcuts in Progress Notes and then include your current progress note in your referral (see image, above).
- Use the LetterWriter Data toolbar ('View' menu > 'Data Toolbar') to add clinical details to the referral.
- Use the AutoText feature of LetterWriter to create shortcuts where you can quickly add clinical information specific to a particular specialty.