

Computers

Form dilemma

Referral templates are stymied by primitive word processing software.

A STANDARD GP electronic referral form has been used for several years in Victoria by all agencies of the Department of Human Services including hospitals and community health centres.

The Victorian Statewide Referral Form (VSRF) was introduced by the department to standardise the referral process. However, some outpatient services found the standard form limiting.

Late last year, General Practice Victoria and the department completed a trial of an enhanced VSRF template for urology and maternity outpatients.

The trial of the VSRF+ aimed to assess the functionality and practicality of the form in the general practice setting. This included validating the specialist referral data items for maternity and urology outpatient services, as well as providing an opportunity for

GPs to participate in improving patient access to outpatients.

The urology referral was enhanced to identify the specific investigations GPs should complete for a particular urological condition.

Thirty GPs were recruited to conduct the pilot, with each GP completing five referrals for one condition. The referrals were based on mock patient data and case studies that included the type of patient information available in the general practice setting.

As some of the dummy patient clinical information was deliberately incomplete, the participating GPs made points about the need for data cleansing before starting the referral, such as:

- Complete allergy/smoking/drinking status.
- Update patient details and social/family history.
- Review results of tests.

- Update all the other history aspects in the template.
- Update current medications list.

Workflow tips included:

- Note which progress notes and results to add to the letter before starting the new referral.
- Insert only relevant results — not all results.
- Check results section before starting referral.
- Use obstetric tab in Medical Director and complete past pregnancies.
- Reception staff to routinely update patient details.
- Use 'past history' and include comments.
- Use 'toolbox' for all measurements.

The GPs agreed the VSRF+ was an improvement on the standard referral form, but this creates a dilemma. Most outpatient departments want a referral template specific to their department, but this is impractical because this would result in an unwieldy list of templates for GPs.



NOEL STEWART

is the information management program officer for the North East Valley Division of General Practice, Melbourne.

LetterWriter, used by many of the major clinical software packages, has severe limitations with templates. The program does not provide sub-folders in the template list (such as one folder for outpatient referrals) so users have to scroll through a long list of templates.

The ideal model would have one standard outpatient referral template and when a user selects a specific outpatient clinic this would populate the template with the detail relevant for that clinic. However, this is impossible with the current generation of primitive word processing software. ●

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