



Outpatient appointments during COVID-19 pandemic

Information for referrers

Coronaviruses are a large group of viruses that can cause illnesses ranging from a mild common cold to severe disease. COVID-19 is a new coronavirus identified in December 2019 and has been declared a Pandemic by the World Health Organisation.

To enable hospital staff and the community to best prepare and respond to COVID-19 we are reviewing all public outpatient appointments and how they are being delivered.

The health and wellbeing of our patients, visitors and staff is our top priority. As we continue to review and improve our readiness and response to COVID-19, reducing face-to-face patient interactions, where practical, is one of the ways we can continue to deliver care to patients whilst maximising patient and staff safety.

We understand some of these changes may be inconvenient for patients with planned outpatient appointments however it is necessary to ensure the safety of staff and provision of care at this time. Your understanding and support of the WA public health system is greatly appreciated as we work to manage this unprecedented global clinical situation together.

Referrals to existing public outpatient services and booked outpatient appointments are being reviewed in line with the following criteria:

- Non-urgent referrals may be returned to the referrer for ongoing management in the primary care setting, with a request to re-refer at a future date.
- All patients who meet system discharge criteria will be discharged and their GP will be notified.
- Patients may have their non-urgent appointment postponed to a date that is to be advised.
- Patients who require their appointment may have their consult via telephone or email.
- Patients who require their appointment may have a visual digital consultation (using their mobile phone, tablet or other device).
- Patients who require their appointment, and are not appropriate to have their consult via a digital modality (phone, e-mail, tablet or other device) will have a face-to-face consult in line with local hospital policies and procedures.

The decision to discharge, postpone or convert a patient consultation will consider their individual clinical needs; their ability to have an appointment via a digital consultation; and resourcing availability of the hospital.

Patients will be advised of any change made to their outpatient booking.

Referrers will be advised if their patient has been discharged.

Referrers should contact the hospital directly if their patient's condition deteriorates; or changes and their changed condition suggests urgent specialist review or assessment is indicated.

To support the COVID-19 response; and align with a reduction in referral demand from external referrers the Central Referral Service (CRS) will divert resources. It will provide the following ongoing critical functions to support referral management:

- Review all received referrals and prioritise allocation of those that indicate a need for urgent review (the CRS will aim to allocate urgent referrals within one [1] business day);
- Allocate non-urgent referrals as resourcing constraints allow (it is likely that these will not be allocated within the current processing time frame of three [3] business days).
- As the COVID-19 pandemic passes and CRS operations are able to return to a business as usual environment; a recovery plan will be enacted to manage the potential backlog of referrals in the timeliest manner. The CRS will provide additional information and communication to referrers at such time as appropriate.
- If referrers determine that their patient needs to be seen urgently (within seven [7] days) the appropriate hospital should be contacted directly and the patient condition discussed with the relevant on-call medical specialist. These referrals should then be sent directly to the hospital for immediate appointment booking.

Please consider the need to refer patients into the public outpatient service at this time, noting that if clinical needs are not urgent, patients are unlikely to have an appointment booked in the near future.

To support outpatient clinics during this critical time, please confirm and update patient demographic information (including patient email and mobile phone number) when you create a referral for a patient.

Discuss the potential of the consult being delivered digitally via phone, mobile phone, e-mail or other electronic device whilst the patient is at home, and include this in your referral where relevant.

For clinics scheduling appointments via telehealth to another WA Health site, please be aware that there are significant resourcing and venue constraints in addition to limitation on regional travel particularly at country sites. Only absolutely essential appointments should be requested to occur at these venues.

For more information, please refer to the frequently updated **COVID-19 clinical alerts for General Practitioners (GPs)** available here:

https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID-19-clinical-alerts

More assessment, management and local referral information specific to GPs and clinicians is also available on the **HealthPathways WA** website: <https://wa.healthpathways.org.au>. Please email healthpathways@wapha.org.au for log on details if required.

This document can be made available in alternative formats on request for a person with disability.

© Department of Health 2020

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.