Referrals systems at a district health board
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District health board ~ Referrals ~ Elective referrals ~ Internal referrals ~ Health and Disability Services (CORE) standards ~ Right 4(2)

The Commissioner received three complaints regarding the referrals system at a DHB. These were investigated concurrently.

Mr A

Mr A's GP referred Mr A to the DHB for a skin cancer outpatient appointment owing to a cyst under the skin of his right eyebrow. The referral was graded by the DHB as priority one (to be seen urgently). Mr A's GP stated that he had no reason to believe Mr A would not be seen within the following four weeks. Mr A received a first specialist appointment (FSA) four months and 28 days later. At this time, the large volume of priority one non-melanoma skin cancer referrals meant that the volume of patients waiting for an FSA was large. During the waiting period, Mr A's GP requested a priority review of Mr A's referrals. While this was received by the DHB, it was not logged in the electronic system or graded, as required by DHB policy. Following the FSA, Mr A required surgery to remove the squamous cell carcinoma, which involved removing part of his skull, reconstructing his right brow, and removing his eye.

Mr B

Mr B's GP referred Mr B for an appointment with the DHB's thyroid surgery department owing to a mass over Mr B's right thyroid. The referral was not received at the patient service centre at the DHB. The following month, Mr B's GP sent a further referral to the DHB after Mr B had an ultrasound that showed abnormalities. This referral was graded as priority two (to be seen within eight weeks). A week later, Mr B's GP sent a further referral to the DHB requesting the priority be reviewed owing to Mr B's symptoms worsening. The referral was received by the DHB but was not graded, as required by DHB policy. Three weeks later, Mr B's GP sent a further referral to the DHB, noting that Mr B had been on the waiting list for 10 weeks and requesting that the position on the waiting list be reviewed in light of Mr B's worsening symptoms. The referral was received but was not graded, as required by DHB policy. Mr B was then offered an appointment. However, before the appointment could take place he presented acutely to the emergency department. Subsequently he was diagnosed with thyroid cancer.

Ms C

Ms C experienced a severe allergic reaction to an anaesthetic during scheduled surgery, which led to a cardiac arrest. On discharge from the DHB, plans were made for Ms C to be seen in a cardiology outpatient clinic and a general surgery outpatient clinic. The internal cardiology referral was logged at the patient service centre, but no action was taken on it for 14 months. The general surgery appointment was scheduled and Ms C was seen two months following her discharge. At this appointment, plans were made for Ms C to be seen in an anaesthetic clinic and a further general surgery outpatient clinic. Neither of these appointments were

scheduled. Ms C's GP and Ms C stated that they contacted the DHB to query the cardiology, anaesthetic, and general surgery appointments. Ms C was then admitted to another hospital with atrial fibrillation. Ms C's GP enquired again about the cardiology appointment and this was made, over a year after the initial referral. Ms C then attended anaesthetic and general surgery appointments, also over a year after the general surgery outpatient clinic.

Findings

The Commissioner commented that these three cases are concerning examples of information being available but not actioned appropriately within the DHB's system, and having a direct impact on the timeliness of the consumers receiving appropriate care.

In relation to the care provided to Mr A, the Commissioner was critical that neither Mr A nor his GP were given an indication that the waiting time for an FSA would be significantly longer than specified by the DHB internal policy and Ministry of Health best practice guidelines, and that the second referral was not loaded onto the electronic system or actioned appropriately in accordance with DHB processes. Right 4(2) of the Code of Health and Disability Services Consumers' Rights states that every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards. The Commissioner considered that the care Mr A received in respect of the referrals did not comply with the DHB's own internal policies, or the New Zealand Health and Disability Service (CORE) standards. Accordingly, the DHB breached Right 4(2).

In relation to the care provided to Mr B, the Commissioner was critical that Mr B's initial faxed referral was apparently not received by the PSC or, if received, was not actioned appropriately, that neither Mr B nor his GP were given an indication of the approximate wait time for an FSA, and that two opportunities to reconsider Mr B's priority in light of his GP's concerns were missed. The Commissioner considered that the care Mr B received in respect of the referrals did not comply with the DHB's own internal policies, or the CORE standards. Accordingly, the DHB breached Right 4(2).

In relation to the care provided to Ms C, the Commissioner was concerned that following Ms C's discharge from hospital, some of her follow-up appointments were not planned or coordinated appropriately. In particular, the internal referral for a cardiology outpatient clinic appointment was not processed as a new referral in accordance with the DHB policy or within 10 days, as per the Ministry of Health expectation; the clinic outcome system outlined in the DHB's policy did not work to ensure that an appropriate outcome was arranged for Ms C in respect of her anaesthetic and general surgical outpatient clinic appointments; and telephone contacts from Ms C's GP were not recorded and acted upon.

The Commissioner considered that the care Ms C received in respect of the referrals did not comply with Ministry of Health expectations, the DHB's own internal policies, or the CORE standards. Accordingly, the DHB breached Right 4(2).

Recommendations

The Commissioner recommended that the DHB provide a written apology to Mr A, Mr B's family, and Ms C.

The Commissioner made a number of recommendations to the DHB, which have been met:

a) Provide HDC with an update on its progress to move to a fully electronic internal referral system. *The DHB advised that the regional DHB elective electronic referral system went live in March 2018. This is to be used for referring patients for elective care within the northern region within the same hospital, and between hospitals and DHBs.*

b) Ensure that there is a clear procedure for ensuring that referrals, once received in the patient service centre (internally, via fax, or electronically) are loaded onto the electronic system and actioned. *The DHB confirmed that the process for the management of referrals is now clearly documented in its policy document, electronic referrals training guide, and electronic system instructions.*

c) Provide HDC with an update on the current wait times for FSA for non-melanoma skin cancer referrals. *The DHB advised that over the past three months, this has been 26 days.*

d) For future updates of the policy document, consider stating the key changes that have been made within the new version of the document. *The DHB advised that fundamental changes to key steps are communicated across users with "key tip" posters and by updating the refresher training guide and quiz yearly.*

e) Consider moving away from a system that requires printing of the electronic referrals for grading. *The DHB stated that since January 2018, online grading has been in place for all services except radiology and maternity.*