**Referral /Response Audit - Sample 1**

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| **MRN#** |  | **Date Referral Received** |  |
| **Referred to Clinic** |  |
| **Referred from Clinic** |  | **Date of Appointment** |  |

1. Did the referring provider referral:
* Clearly indicate co-management option
* Clearly state the clinical question
* Indicated routine, urgent, or intermediate
1. Did the referring provider follow clinical referral guidelines when the referral was placed:
* Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Did the referring provider clearly note on the patient AVS (after visit summary):
* Goal/reason for referral
* How they would obtain an appointment (call appt center, appt center calls pt., appt center calls pt.)
1. In your opinion, did the consulting provider adequately respond to the referring provider’s clinical question(s) and the consult note addresses the reason for referral? For example did the summary or synopsis include some thought process that helped determine the treatment plan?

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1. Diagnosis: Did the consulting provider’s consult note (check those that apply):
* Confirm the existing diagnosis
* Indicate a new or changed diagnosis
* Include “ruled out” or differential diagnosis (if pertinent to the referral)
1. Did the consulting provider include (check those that apply):
* A plan of care (clear recommendations for evaluation, treatment, follow-up) (time-table) (medication changes and why and who will monitor future medication requests/refills.)
* A treatment plan
* Any patient education (recommended or scheduled or done/provided)
* A secondary referral
* Accommodate the scheduling request >70% of the time
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Did the consulting provider’s notes:
* Clearly state co-management and responsibilities if changed from what primary care indicated.
* Indicate any recommended services or actions to be done by the Primary Care Physician
	+ Indicate who is responsible for follow-up, continued care, or co-management, consult with PCP prior to secondary referral.
	+ Indicate medication changes and why and who will Rx and monitor (or specialist provided 1st script, PCP needs to refill +/- monitoring)
	+ Plan of care found in close the loop letter
	+ Plan of care found in notes for close the loop
	+ Plan of care found in both locations
	+ Plan of care not found

Are recommendations, discussions and plan located in easy to find part of response note /report? ­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

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