

# *E-Ref*

## An Electronic Connectivity Project

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Coastal Planning District of the Southern  
Metropolitan Region

December 1999



Prepared by Reporting Solutions Pty Ltd

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## **Executive Summary**

The E-Ref project was initiated by the Coastal Planning Group which is a network of agencies and organizations in the Kingston Bayside area of southeast Melbourne. The project benefited from the fact that it developed alongside a GP/HACC referral process that has been implemented in the area over the past couple of years.

### **Participating Agencies**

The services (and agencies) involved in the project were:

- ❑ Local Government (City of Kingston and Bayside City Council)
- ❑ Linkages (Bayside Community Options)
- ❑ Community Health (Central Bayside Community Health Services)
- ❑ Various General Practitioners (Represented by the Central Bayside Division of General Practice)
- ❑ Aged Care Assessment (Southern Healthcare Network)
- ❑ Home based allied health service (Southern Healthcare Network)
- ❑ District Nursing (Royal District Nursing Service)
- ❑ Bethlehem Community Palliative Care Service (an associate participant in the project)
- ❑ Department of Human Services

### **Simple but Integrated Electronic Process**

The key feature of the project was the implementation of a trial email based referral system. The approach taken to the project was to keep it simple and, wherever possible, to use the functionality of current systems backed up by written protocols for how information will be transmitted. The procedures that were implemented as part of the trial were required to result in a reduction of the time involved compared with current referral procedures.

### **Approach To the Project**

In summary the following approach was taken to the project:

- ❑ No attempt was made to import referral data into client management systems
- ❑ Where agencies have fully integrated client systems, these systems (Medical Director, Care Manager) were configured to be able to easily select and send to one of the participants in this project
- ❑ Where agencies have systems able to be partly integrated (SWITCH32), a process for exporting client data was documented and a Word template was used to merge the exported data then to send using the resident email system.
- ❑ The developers of the system used by local government and Bayside Community Options (Sharikat Khoo) were asked to provide a quote on adding the ability to

export selected client data for sending using the Word template approach. The implementation of such a system will be considered for the next stage of this project.

- ❑ Agencies without the capacity to utilise data from their client management system were set up to receive referrals from those who can. In addition, these agencies were given the option of using the Word template to prepare and send referrals, although all the data needed to be re-keyed rather than linked or exported from their current systems.
- ❑ A reply form was made available to all participating agencies as a Word template. Those with MAPI compatible systems are able to email this form directly from Word, and those without MAPI compatible systems can prepare the reply then attach to an email.
- ❑ The system was made simple to facilitate the inclusion of new participants.
- ❑ The templates were written in such a way to enable the E-Ref form to be used as a generic referral form that is able to be sent to those not participating in the system (by email or by print then fax).

### **Uniqueness of E-Ref**

The uniqueness of the E-Ref system is that it integrates with the existing systems used by the agencies involved. Its simple basis also means it is an inclusive system in the sense that it is easy to add new participants and that referrals to non participants can also be facilitated by the process.

### **The Package Provided to Agencies**

Each participating agency or service was provided with a manual customised to suit the information system they use plus a disc with the relevant templates, address lists and, where relevant, a program to enable Word 95 users to read Word 97 documents.

### **Significant Progress Was Made**

Despite technical barriers and complexities, significant progress has been made during this project. The E-Ref project has successfully implemented a simple electronic referral process that:

- ❑ Is customised for three different information systems
- ❑ Accommodates a variety of email systems
- ❑ Allows agencies without compatible systems to participate as receivers of referrals
- ❑ Has provided a clear indication of how the system should develop
- ❑ Has created a good deal of interest from elsewhere in the state and Australia.

### **But Security of Client Data Not Resolved**

The security of client data was acknowledged as a key issue for the project. However, the implementation of such measures was not practical in this project as:

- ❑ Medical Director sends emails from within the program and currently does not support encrypting outgoing messages

- ❑ A certification authority would need to be selected and the process of issuing and maintaining digital certificates needs careful administration.
- ❑ There is no single approach that is logical to use.
- ❑ It would require all agencies to install software, which adds a level of complexity to the project
- ❑ This was a small project and the security issue alone could have consumed all the project resources without a high likelihood of a successful result.

The participants decided to proceed with the project without the use of electronic security measures because email transmission, even without data security measures, is considered to be at least as secure as the fax based system it replaces and on the basis that the security issue needs to be a key component of the next stage of the project.

### **Moving to Stage 2**

The system is in a position where it can be significantly improved and expanded with relatively little cost as long as it progresses to another stage to consolidate and develop the project. The key issues that need to be addressed in Stage 2 include:

- ❑ Security of client data needs to be a high priority
- ❑ The capacity of some client information systems to export data for referral needs to be improved
- ❑ The number of agencies participating needs to be increased
- ❑ The project needs to be centrally administered – (keep email addresses up to date, adding new agencies, periodic evaluation etc). The use of a web site will facilitate this.

## **Background**

In June 1999 Reporting Solutions Pty Ltd were appointed to manage the E-Ref HACC Service System Integration Project to promote electronic referrals between participating agencies.

The E-Ref project was initiated by the Coastal Planning Group which is a network of agencies and organizations in the Kingston Bayside area of southeast Melbourne. The project benefited from the fact that it developed alongside a GP/HACC referral process that has been implemented in the area over the past couple of years.

Reporting Solutions Pty Ltd was appointed to manage the project.

The key feature of the project was the implementation of a trial email based referral system. The project had a business process rather than a technical focus.

The approach taken to the project was to keep it simple and wherever possible, to use the functionality of current systems backed up by written protocols for how information will be transmitted. The procedures that were implemented as part of the trial were required to result in a reduction of the time involved compared with current referral procedures.

### **Aims of the Project**

- ❑ The development of a protocol document with an agreed set of principles and standards supporting information technology exchange of client referrals and information between participating agencies
- ❑ To develop and implement an email system for client referral and client information exchange between participating agencies
- ❑ The development of a system with the capacity to:
  - Electronically transfer client information and referrals between agencies
  - Co-ordinate information exchange between agencies whilst ensuring the privacy of the personal information being exchanged
  - Strengthen continuity of care for the consumers and ensure consumer awareness of service provider practice.

### **Participants**

The services (and agencies) involved in the project were:

- ❑ Local Government (City of Kingston and Bayside City Council)
- ❑ Linkages (Bayside Community Options)
- ❑ Community Health (Central Bayside Community Health Services)
- ❑ Various General Practitioners (Represented by the Central Bayside Division of General Practice)
- ❑ Aged Care Assessment (Southern Healthcare Network)

- ❑ Home based allied health service (Southern Healthcare Network)
- ❑ District Nursing (Royal District Nursing Service)
- ❑ Bethlehem Community Palliative Care Service (an associate participant in the project)
- ❑ Department of Human Services

## Context

This project has been developed during a time of major redevelopment of the Primary Health System. It is clear from the level of participation in the PHACS reform process and the level of enthusiasm displayed that the providers of primary health services acknowledge the need for change.

A high priority in all submissions was given to electronic connectivity to improved integration between services, facilitating the capacity for clients to easily navigate the system. Whilst most participants accept the principles of the reforms, the detail is far from settled.

In May 1999, when the tender process for this project was underway, the participating agencies were jointly preparing a submission to become one of the Primary Health and Community Support Services (PHACS) demonstration projects.

Between May and December 1999, while the E-Ref project was developed and implemented:

- ❑ The Kingston Bayside PHACS proposal was submitted (May)
- ❑ The consortium was informed the submission was successful (August)
- ❑ The change of government put all PHACS projects on hold (September)
- ❑ An independent review of Primary Health Redevelopment was announced (November)

The outcomes of the independent review of Primary Health Redevelopment are due to be announced on or about 16 December 1999.

In the Kingston Bayside PHACS submission, information management was viewed by participating services as one of the key enablers for PHACS reform. In particular, the E-Ref project was seen contributing to a broader strategy to:

- ❑ Assist service providers by giving them easy access to information about a client and the ability to share data with other service providers
- ❑ Improve the efficiency of business processes, increasing the proportion of time able to be spent on direct service delivery and eliminating duplication in data collection.

## Longer Term Directions

Projects such as E-Ref provide a unique opportunity to clarify the issues associated with electronic connectivity and to test one of the approaches to the issue.

Many of the other attempts to facilitate electronic connectivity have relied on the supply of a common information system for all participants to ensure compatible data is exchanged. The E-Ref Steering Committee rejected this approach as:

- It would either replace current systems or require dual systems
- This would be costly and disruptive (although this is a short term issue)
- Of most importance – those not directly involved would be excluded from full participation. This is an issue for example for General Practitioners and Local Government which are key parts of the Primary Health system but are unlikely to universally agree to replace their current information system.

The ideal approach from the point of view of the E-Ref participants would be one where the use of agreed standards would enable connectivity between a variety of information systems.

The E-Ref project concentrates on providing agencies with the capacity to send referrals using a simple process within their current client management information system. Ideally in the longer term, client information management systems would be able to receive and process referrals as well as send them electronically.

This is most likely to be achieved through the use of common standards for information exchange that would be adopted a variety of systems (using HL7 or the Good Electronic Health Record, standards developed for the health industry).

An agency system (such as Medical Director, Sharikat Khoo, SWITCH32 etc) would export data in a format that would be readable by any system using the standard. Data received by the agency in accordance with the standards would be able to be processed by the agency system.

The processing of incoming referrals may involve messages notifying the user that a referral has been received and providing some options for how to proceed. For example it may tell you whether client is already registered and, if yes, ask whether you want to add this data to the client file. If it is not an existing client the option presented may be to create a new client registration.

This interchange of data between systems may be facilitated through the use of middleware that manages the exchange and conversion of data. The middleware may be internet based which could support the interchange between a wide range of the programs. However it would be reasonably expensive to set up and would therefore require a large number of participants to be successful.

Figure 1 illustrates four models for electronic data exchange:

1. The current situation,
2. The E-Ref approach
3. The use of Standards and/or Middleware to enable use of Multiple Applications
4. Full Integration, Centralised Database.

The preferred option of the E-Ref Steering Committee is option 3. Under this option the connection between systems could be (in order of distance from a local client information system):

- Amend current systems - to be able to share data with other systems
- Use middleware sitting on a local system - to manage the format of outgoing and incoming data
- Use middleware sitting in a central location (probably web based) – to receive all referrals and convert them to a format that suits the receiving agency system

*Figure 1: Level of Integration*

	<b>Typical Situation - No Integration</b>	<b>E-Ref Project</b>	<b>Desirable Vision –Standards and/or Middleware to enable use of Multiple Applications</b>	<b>Long Term Option - Full Integration, Centralised Database</b>
<b>Receiving a referral</b>	Phone or by a variety of referral forms or processes	Email message with client details attached	Receive an Email with embedded process to import data into client information system	Electronic notification
<b>Integrating Referral Details into Agency System</b>	Manual entry	Manual entry	Simple interface via Middleware or existing client system using common standards	Access central database
<b>Referring to another agency</b>	Phone or by a variety of referral forms or processes	Email message with client details attached: <ul style="list-style-type: none"> <li>• Either using current client information system</li> <li>• Or, Export data then merge with a Word template then email</li> </ul>	Email or direct electronic export from client information system	Electronic notification
<b>Cost</b>	Low	Low/Medium	Medium	High
<b>Advantages</b>	<input type="checkbox"/> Each agency uses processes that suit its needs	<input type="checkbox"/> Overall reduction in time taken to refer. <input type="checkbox"/> Standardised set of data to transfer <input type="checkbox"/> Protocols for feedback to referring service/agency <input type="checkbox"/>	<input type="checkbox"/> Client data resides on local agency system <input type="checkbox"/> Able to integrate received referrals into agency systems	<input type="checkbox"/> Full data on clients will be readily available (subject to the appropriate levels access) <input type="checkbox"/> Fully integrated system
<b>Disadvantages</b>	<input type="checkbox"/> Lack of compatibility between systems. <input type="checkbox"/> Phone referrals time consuming at both ends <input type="checkbox"/> Fax referrals insecure and the need to handwrite or type data into a form takes time	<input type="checkbox"/> (In stage 1) Security encryption issues to be addressed <input type="checkbox"/> Received data not electronically imported by receiving agency <input type="checkbox"/> Some agency systems unable to integrate referrals process	<input type="checkbox"/> Who should take responsibility for maintenance of the system? <input type="checkbox"/> Relies on software companies to write an interface	<input type="checkbox"/> Client data resides off site <input type="checkbox"/> Would replace all current client management systems <input type="checkbox"/> Peripheral agencies excluded from system

## **Issues Addressed**

### **Methodology**

The strategic approach to the development of the E-Ref project was to:

- ❑ Use a 'building block' approach, dealing with the basics first with the intention to use this platform to develop more ambitious systems and processes
- ❑ Be realistic in terms of resources and timeframes
- ❑ Implement changes in an agency only where it will result in improved business processes (usually measured by a reduction in the time taken to prepare a referral)
- ❑ Use client benefit as the key criteria for setting priorities for investment and development

The following methodology was used to undertake this project:

- ❑ Analysis of future directions for electronic connectivity between primary health and community support agencies.
- ❑ Analysed the current business processes in participating agencies
- ❑ Development of a practical model for electronic referrals
- ❑ Prepare a trial version of the model
- ❑ Implementation of the trial

### **The Project**

In view of the varying capacity of systems to make the referral process electronic, the compatibility and other issues outlined below, the following approach was taken to this project:

- ❑ No attempt was made to import referral data into client management systems
- ❑ Where agencies have fully integrated client systems, these systems (Medical Director, Care Manager) were configured to be able to easily select and send to one of the participants in this project
- ❑ Where agencies have systems able to be partly integrated (SWITCH32), a process for exporting client data was documented and a Word template was used to merge the exported data then to send using the resident email system.
- ❑ Sharikat Khoo developers were asked to provide a quote on adding the ability to export selected client data for sending using the Word template approach. The implementation of such a system will be considered for the next stage of this project.
- ❑ Agencies without the capacity to utilise data from their client management system were set up to receive referrals from those who can. In addition, these agencies were given the option of using the Word template to prepare and send referrals, although all the data needed to be re-keyed rather than linked or exported from their current systems.

- ❑ A reply form was made available to all participating agencies as a Word template. Those with MAPI compatible systems are able to email this form directly from Word, and those without MAPI compatible systems can prepare the reply then attach to an email.
- ❑ The system was made simple to facilitate the inclusion of new participants.
- ❑ The templates were written in such a way to enable the E-Ref form to be used as a generic referral form that is able to be sent to those not participating in the system (by email or by print then fax).

### **Current Systems**

The six client management systems used by participants in this project have differing capacities to send referrals electronically. Various, these systems can be categorised as:

- ❑ **Fully Integrated:** With the capacity within the client management system to create a referral, send via email and make a note in the client record that this process has occurred. Medical Director (used by all GPs involved in this project) and Care Manager 2000 (Used by the Southern HealthCare Network's Home Based Allied Health Team) have this capacity
- ❑ **Able to be Partly Integrated:** Able to export client data but creating referral message and email process need to be undertaken outside the system. SWITCH32, used by Central Bayside Community Health Services has this capacity
- ❑ **Need Programming Changes for Any Integration:** Program changes would be required to make any use of client details on some systems. Sharikat Khoo (used by local government and Bayside Community Options) and the Domino system used by RDNS fall into this category
- ❑ **Insufficient Data Collected in System:** The client system does not hold sufficient detailed information on clients to make an electronic extraction and referral process practical. The SHCN Aged Care Assessment Service is in this situation and uses a Word template to collect some additional information. The data collected using the template is printed and added as a hard copy to the client file.

### **Current Referral Processes**

Figure 2 summarises the arrangements in each of the participating agencies for collection of data on intake, assessment, provision of service and referral to another agency/service.

Agencies had a variety of approaches to data collection and entry with some more electronic and integrated than others. With regard to referrals all used a combination of phone, fax and letter.

**Figure 2: Summary of Pre E-Ref Business Processes**

	<b>Local Government (Kingston and Bayside)</b>	<b>Community Health</b>	<b>GPs – Using Medical Director 2.0</b>	<b>RDNS</b>	<b>ACAS - Southern Healthcare Network</b>	<b>Allied Health - Southern Healthcare Network</b>	<b>Bayside Community Options</b>
<b>Intake (taking basic details and making an initial appointment)</b>	<ul style="list-style-type: none"> <li>• Self referral by phone or by faxed referral</li> <li>• Screen for eligibility</li> <li>• Book appointment (paper based or electronic)</li> <li>• Registration - Enter details in Electronic System</li> </ul>	<ul style="list-style-type: none"> <li>• Self referral by walk in, phone or by faxed referral</li> <li>• Screen for eligibility</li> <li>• Book appointment (paper based)</li> <li>• Registration - Enter details in Electronic System</li> </ul>	<ul style="list-style-type: none"> <li>• Walk in, phone or faxed referral</li> <li>• Appointment made</li> <li>• Basic details taken at reception and entered into system</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals from hospital, GP, Self via phone, fax, letter</li> <li>• Registered at admin</li> </ul>	<ul style="list-style-type: none"> <li>• Referral from hospital, GP, family/carer</li> <li>• Registered by admin</li> <li>• Allocated via intake process (intake worker and Geriatrician)</li> </ul>	<ul style="list-style-type: none"> <li>• Referral from hospital, GP, family/carer</li> <li>• Registered by admin</li> </ul>	<ul style="list-style-type: none"> <li>• Referring agencies informed when waiting list opened</li> <li>• Hospitals, GPs, ACAS and service providers main sources</li> <li>• Referrals received by fax or phone</li> <li>• Prioritised and allocated</li> <li>• Electronically entered in database</li> </ul>
<b>Assessment and Care Plan</b>	<ul style="list-style-type: none"> <li>• Assessment done on first visit to or from client</li> <li>• CIARR, Paper based, copy left with client, copy inserted in client record</li> <li>• Personal Care Plan prepared electronically or on paper, copy to client where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment done on first visit to or from client</li> <li>• Paper based, inserted in client record</li> </ul>	<ul style="list-style-type: none"> <li>• Information gathered during first appointment</li> <li>• Usually Added to electronic client record by GP</li> </ul>	<ul style="list-style-type: none"> <li>• Written care plan on visit to client</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive Assessment using paper form</li> <li>• At office, assessment summary entered on Word Template</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment done on first visit to or from client</li> <li>• Paper based, inserted in client record</li> </ul>	<ul style="list-style-type: none"> <li>• Visit to assess</li> <li>• Return and enter assessment and care plan into database by assessor on system</li> </ul>
<b>Collecting Service Delivery Details</b>	<ul style="list-style-type: none"> <li>• Prepared prior to visit to client, client confirms details, timing, changes amended on system</li> </ul>	<ul style="list-style-type: none"> <li>• Form completed by service provider</li> </ul>	<ul style="list-style-type: none"> <li>• Entered in system as part of consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Paper for batch entry at RDNS</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• On paper form entered at office</li> </ul>	<ul style="list-style-type: none"> <li>• Into system by case manger</li> </ul>
<b>Referral to another service</b>	<ul style="list-style-type: none"> <li>• Fax details using agency specific form or phone agency/service provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Fax details using agency specific form or phone agency/service provider</li> </ul>	<ul style="list-style-type: none"> <li>• Fax details using Medical Director Template or GP Referral form or phone agency/ service provider</li> </ul>	<ul style="list-style-type: none"> <li>• Fax GP referral form</li> </ul>	<ul style="list-style-type: none"> <li>• Letter, Fax Phone</li> </ul>	<ul style="list-style-type: none"> <li>• Letter, Fax Phone</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

### **Data to be sent with a Referral**

Agencies participating in this project have been involved in the development of a GP/HACC referral system over the past couple of years. This was an enormous benefit, with many of the issues of the data to be sent with a referral having been resolved prior to the commencement of the E-Ref project.

The information and general processes agreed as part of the GP HACC referral project formed the basis for this project.

However, the E-Ref project involves more than the flow of information between all participating agencies rather than just from GPs to HACC or aged care service agencies.

The information collected by participating agencies about their clients was quite similar but varied in the amount of data collected and according to the information system used.

The originating information systems also varied according to the capacity to provide the required data to a template (or to an exported file).

The need to keep the referral process as simple as possible and minimise the need to key in additional data as part of a referral was an important goal of this project. The more complex and different the processes, the less likely a service provider will feel inclined to use the system.

To accommodate these issues, a standard format was used for all referrals using the electronic system to ensure that all referrals made using the E-Ref system have a similar look even though the content varied according to the source of the referral.

The standard format featured:

- A standard “letterhead” featuring the E-Ref logo, common wording and colours (the specific fonts and colours were selected because they are supported by each of the systems used by participants)
- Common colours and fonts were also used to separate sections in the body of the referral.

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## ***E-Ref*** *An Electronic Referral Process for HACC Services*

This Referral for HACC Services has been made using the Electronic Referral Process  
Developed for the Coastal Planning District of the Southern Metropolitan Region (Form 2)

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## CIARR Assessment Information Not Used

Some of the information systems used by agencies included a section for the collection of the data required under the Client Information and Referral Record (CIARR).

Except for some of the demographic and contact details, the assessment details collected for the CIARR form was not used as part of the E-Ref process because:

- ❑ The CIARR is intended as an indication of a client's need at the date of the assessment. This data may not be current at the time of an E-Ref referral.
- ❑ The CIARR referral action information is intended as a summary of action agreed between the assessing agency and the client. This summary is not always relevant to the referral being made.
- ❑ The CIARR considers the client's needs for a wide range of services. The assessment and the proposed referral actions entered in the CIARR may not be relevant to the specific service to which the E-Ref referral is being made.

Rather than use CIARR assessments, each of the E-Ref templates asks the referring agency for information on the reason for the referral and to provide any additional information in support of the action. This approach ensures that the information is current and specifically tailored for the receiver of the referral.

*Figure 3: Core Data For E-Ref Referral*

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<p><b>Client Details</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Client Name</li><li><input type="checkbox"/> Full Client Address</li><li><input type="checkbox"/> Client Number</li><li><input type="checkbox"/> Date of Birth or Age</li><li><input type="checkbox"/> Client phone number</li><li><input type="checkbox"/> Prefers to be Called:</li><li><input type="checkbox"/> Municipality:</li><li><input type="checkbox"/> Gender:</li><li><input type="checkbox"/> Country of Birth</li><li><input type="checkbox"/> Preferred Language</li><li><input type="checkbox"/> English Proficiency</li><li><input type="checkbox"/> Is an Interpreter Required</li><li><input type="checkbox"/> Does the client identify themselves as an aboriginal or Torres Strait Islander person</li><li><input type="checkbox"/> Household Type</li><li><input type="checkbox"/> Income Source</li><li><input type="checkbox"/> Pension Type</li></ul> <p><b>SUPPLEMENTARY DATA</b> (For referrals from GPs to ACAS and RDNS or Brokerage)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Major Diagnosis and Past History:</li><li><input type="checkbox"/> Social Situation:</li></ul> <p><b>MEDICATIONS</b> (Only for referrals from GP to RDNS/ACAS)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> What medications is the client taking?</li></ul> <p><b>OTHER INFORMATION</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Additional Information in support of this referral</li></ul>	<p><b>Other Contact Details</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Client's lives with?</li><li><input type="checkbox"/> Alternative carer – (Does the client have informal assistance is available on a regular basis)</li><li><input type="checkbox"/> Contact details for a carer or other alternative contact person</li><li><input type="checkbox"/> Relationship of this person to the client?</li></ul> <p><b>GP Details</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> General Practitioner Name</li><li><input type="checkbox"/> Name of Medical practice</li><li><input type="checkbox"/> Address of medical practice</li><li><input type="checkbox"/> Phone number of medical practice</li></ul> <p><b>Reason For Referral</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Reason for referral and/or type(s) of assistance being sought</li><li><input type="checkbox"/> If the Need is Urgent, describe the situation</li><li><input type="checkbox"/> Has the client agreed to this referral?</li></ul> <p><b>Recent Investigations/Results:</b> (Only for referrals from GP to RDNS/ACAS)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Urinary Incontinence? Y/N, Comments</li><li><input type="checkbox"/> Faecal Incontinence? Y/N, Comments</li><li><input type="checkbox"/> Confused Acute? Y/N, Comments</li><li><input type="checkbox"/> Confused Chronic? Y/N, Comments</li><li><input type="checkbox"/> Falls? Y/N, Comments</li><li><input type="checkbox"/> Poor Mobility? Y/N, Comments</li></ul>
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## **Security/Encryption**

As the E-Ref referral includes information that identifies a client, under the Department of Human Services Information Privacy Principles “the transmission must be protected by adequate security safeguards” (Principle 5 – Transmission, Storage and Security of Personal Information, Information Privacy Principles DHS 1998).

The appropriate security safeguards for the data sent as part of the E-Ref project are the use of Digital IDs to ensure documents sent in email are not forged, and to be certain that messages sent cannot be intercepted and read by anyone other than the intended recipient.

E-Ref Agencies have agreed in principle that the data transferred use Digital IDs. However, the implementation of such measures was not practical in this project as:

- ❑ Medical Director sends emails from within the program and currently does not support encrypting outgoing messages
- ❑ A certification authority would need to be selected and the process of issuing and maintaining digital certificates needs careful administration.
- ❑ There is no single approach that is logical to use.
- ❑ It would require all agencies to install software, which adds a level of complexity to the project
- ❑ This was a small project and the security issue alone could have consumed all the project resources without a high likelihood of a successful result.

The participants decided to proceed with the project without the use of electronic security measures because email transmission, even without data security measures, is at least as secure as the fax based system it replaces.

RDNS, one of the participants in the project, has a policy that they will not allow electronic transmission of client data without electronic security provisions. Accordingly they declined to participate in the sending of E-Ref referrals via email. However RDNS remains part of the project and are receiving E-Ref referrals from other participants. RDNS have expressed an interest in participating in the development of the electronic security component of the E-Ref project as it develops.

Dealing with the security issue is the highest priority for Stage 2 of this project.

### **Digital IDs**

Digital IDs are designed to prove identity in electronic transactions and to encrypt messages, keeping them private. A digital ID is composed of a "public key," a "private key," and a "digital signature."

When a message is digitally signed a digital signature and public key are added to the message. The combination of a digital signature and public key is called a "certificate."

Recipients can use the digital signature to verify the identity of the sender and use the sender's public key to send them encrypted messages that only you can read by using your private key. In order to send encrypted messages, digital IDs for the recipients must be held by the sender. The recipient's public keys are used to encrypt the messages. When a recipient gets an encrypted message, their private key is used to decrypt the message for reading.

Before sending digitally signed messages, a digital ID must be obtained and set up on the email (or other messaging) system. When sending encrypted messages a digital ID for each recipient must be available.

*Where do you get digital IDs?*

Digital IDs are issued by independent certification authorities (usually via a web site). When you apply for a digital ID at a certification authority's Web site, they verify your identity before issuing an ID. There are different classes of digital IDs, each certifying to a different level of trustworthiness.

In order to obtain someone else's digital ID, you can request they send you digitally signed mail, or you can search the digital ID database on a certification authority's Web site. You can also search Internet directory services that list digital IDs along with other properties.

*How do you verify a digital signature?*

With "revocation checking," you can verify the validity of a digitally signed message. When you make such a check, your mail system requests information on the digital ID from the appropriate certification authority. The certification authority sends back information on the status of the digital ID, including whether the ID has been revoked. Certification authorities keep track of certificates that have been revoked due to loss or termination.

### **Client Consent**

Client consent must be received before client details are sent to another service provider. This project used the following approach to client consent:

- ❑ Client consent must be obtained to be able to send their data to another agency/service as part of the referral process.
- ❑ Most participants in the E-Ref project already have processes in place to seek the permission of a client to transfer their data in support of a referral. The E-Ref project provided a paper based Client Consent form for use in agencies/services that did not have existing processes for this purpose.
- ❑ Each E-Ref template asks the sender to certify that the client (or carer) has consented to the transfer of information.

## **Compatibility Issues**

### **Email Systems**

With all E-Ref referrals sent via email, the capacity and compatibility of the various email systems used by participants is an issue.

### **Medical Director Uses an Internal Email System**

Doctors using the Medical Director system will generate most E-Ref referrals. When emailing a letter or template an email system built into Medical Director is used. This system adds the document to the body of the message and sends to the nominated recipient. The document is then saved in the patient file, the action is noted in the progress notes (who to, time and date) and is able to be reopened at any time from the letters screen.

An issue with the current version of Medical Director is that the message is sent as plain text (stripped of all colour and font formatting).

The email system from Medical Director doesn't work on all GP systems. Those with network internet connections have difficulty emailing from Medical Director (although it should work according to Medical Director support staff). Those with a dial up connection from the doctor's PC have least difficulty with the connections.

The fact that an internal email system is used is also an impediment to the introduction of electronic security for the data. A more suitable system for the E-Ref project would be for Medical Director to attach the message to the email system resident on the doctor's computer.

### **MAPI Compatible Systems**

Agencies with Outlook, Outlook Express, Microsoft Exchange Client, or another 32-bit email program compatible with the Messaging Application Programming Interface (MAPI) are able to be set up as the MAPI client, are able to send the E-Ref Referral and Reply forms from within MS Word.

A number of the agencies involved in the E-Ref project had non MAPI compatible systems

For agencies **With** a MAPI compatible system, an E-Ref referral is sent by selecting a Mailto button in Word, selecting the recipient in the email program then pressing the Send Message button.

For agencies **Without** a MAPI compatible system, an E-Ref referral is sent by:

- Saving the file
- Switch to the email program
- Start a new message
- Attach the file just created, select the recipient then press send

## Office Packages

Apart from users of Medical Director, where E-Ref referrals or replies are emailed, they come as a MSWord attachment (Medical Director sends messages embedded in an email message). However, whilst all the participating agencies use MS Word, some use version 6.0/95 and others use Word 97.

Users must be able to share information with one another without worrying about what application created it or what is needed to view it. To achieve this, the project distributed a converter to provide Word 6/95 users with the full read-write access to files that were created in Word 97.

## **Participation**

Involvement in the trial was voluntary and needed to be restricted to GPs or other service providers within agencies which were already familiar with email and in agencies that have an appropriate level of hardware and software to support the trial.

All participating agencies/services were required to:

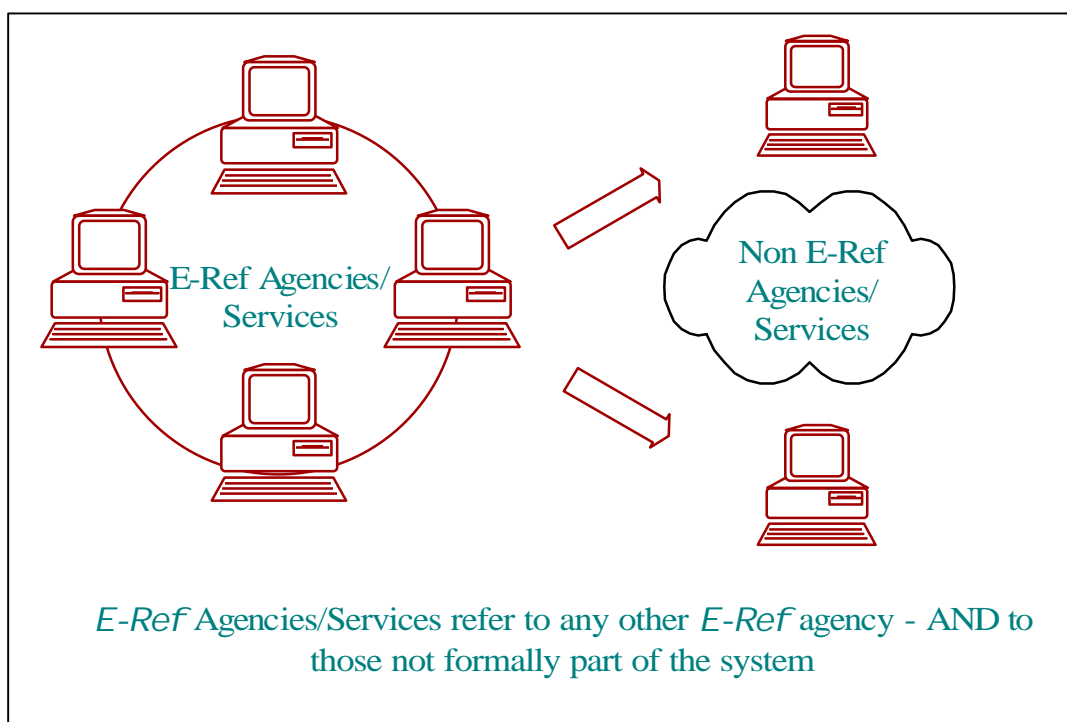
- Have external email access
- Use MS Word Version 6/95 or higher
- GP participants were required to be using the full functionality of Medical Director and have it set up for email
- Be prepared to adjust agency systems and processes to participate
- Be prepared to provide feedback on process

An analysis of referral patterns between the participating agencies revealed that no single agency would send or receive a large volume of referrals. As GPs are likely to refer to all the other participants (albeit sometimes infrequently) the participation of a reasonably large number of GPs was considered crucial to generating sufficient flow of referrals in the system.

At the time of writing this report, there were four GPs set up to send E-Ref referrals. There have been expressions of interest from other GPs. The impediments to further GP involvement are:

- Lack of an Email connection (although this issue is reducing with current PIP grants)
- The problems with Emailing from Medical Director
- Whilst a large number of GPs use Medical Director not all routinely use it as part of a consultation

Another of the agencies that would tend to generate a large number of referrals is the Aged Care Assessment Service. Unfortunately the information system and business processes used by the Southern Health Care Network based ACAS were such that it was not possible to introduce an electronic referral system that resulted in a net reduction in the time associated with making a referral.



### **Installation Process**

To support the implementation of the E-Ref project, a manual was prepared for the users. Four different versions of the manual were prepared to accommodate the variations in the information systems. Manuals were prepared for Medical Director, Care Manager 2000, SWITCH32 and for those using electronic means just to reply to a referral.

The manual covered:

- ❑ Summary of the Project
- ❑ Referral Process Diagram
- ❑ Instructions for preparing an E-Ref referral
- ❑ Frequently Asked Questions
- ❑ Information on the agencies/services involved
- ❑ Example Forms
- ❑ Instructions on how to install the system

See the Appendix 2 for the contents of the manual for Medical Practitioners.

In addition to the manual, participants were provided with a floppy disc with the templates to be loaded onto the system, an electronic file with the email addresses of participants and the Word 97 to Word 6/95 converter.

The system was installed by the project consultant or by the IT support people from the participating agency/service.

## **Current Status**

The original brief for the project was to develop and implement a trial electronic referral system with a limited number of agencies within a three month timeframe.

However, the number of agencies involved and the timeframe have increased significantly.

A larger number of agencies were included in the system as:

- It was considered important that key service providers in the community and home based aged care sector were involved.
- A limited number of agencies would have required a participating service to have different processes for referrals to participants and non-participants in the E-Ref project.
- More referrals will be made using the system. This is important for evaluation purposes and so that those making the referral use the system enough to become familiar with the processes involved.

The timeframe for the project was extended:

- To enable the processes to be developed for the increased number of agencies
- To allow time to resolve some technical issues (which were apparent with each of the systems used as part of the trial).

At this stage there has been insufficient referrals made using the system to be able to provide a reasonable basis for evaluation of the process. It is important that the system is maintained and developed and monitored over the next six months to consolidate the significant gains made over the past six months.

## **Conclusion and Recommendations**

Despite technical barriers and complexities, significant progress has been made during this project.

The E-Ref project has successfully implemented a simple electronic referral process that:

- Is customised for three different information systems
- Accommodates a variety of email systems
- Allows agencies without compatible systems to participate as receivers of referrals
- Has provided a clear indication of how the system should develop
- Has created a good deal of interest from elsewhere in the state and Australia.

Most other attempts to facilitate electronic referrals have relied on either all participating agencies/services using the same information system or re-keying the data into a new system for the purposes of the referral.

The uniqueness of the E-Ref system is that it integrates with the existing systems used by the agencies involved. Its simple basis also means it is an inclusive system in the sense that it is easy to add new participants and that referrals to non participants can also be facilitated by the process.

The system is in a position where it can be significantly improved and expanded with relatively little cost as long as it progresses to another stage to consolidate and develop the project. The key issues that need to be addressed in Stage 2 include:

- Security of client data needs to be a high priority
- The capacity of some client information systems to export data for referral needs to be improved
- The number of agencies participating needs to be increased
- The project needs to be centrally administered – keep email addresses up to date, adding new agencies, periodic evaluation etc)

Stage 2 should be implemented over a six month period to ensure enough referrals can occur to make evaluation worthwhile. Ideally the project would commence on 1 January 2000 so that there is not a significant gap between the original E-Ref project and its second stage.

### ***Address Data Security Issues***

An essential component of Stage 2 of the E-Ref project is the capacity to encrypt the client data that is transmitted.

This is an issue that is being faced by all agencies in the state (and Australia) and therefore need statewide input to the resolution of the issue.

RDNS have offered to participate in any further development of the security of the E-Ref project. This offer should be taken up and enhanced by the inclusion of

Department of Human Services representatives with a broad interest and responsibility for information security.

*Recommendations:*

- That RDNS and Department of Human Services representatives with a broad interest and responsibility for information security be asked to participate in the data security side of the further development of the E-Ref project.

### **Developing the System**

#### **Increasing the Number of Participants**

The project would benefit from an increase in the number of participants. In particular, the number of participating general practitioners can be increased relatively quickly and at little cost.

Other agencies in the Kingston Bayside area, such as the Bentleigh Bayside Community Health Service have already been receiving referrals from GPs involved in the E-Ref project.

*Recommendations:*

- That additional general practitioners added to the system as soon as possible.
- That the Steering Committee consider the addition of other district agencies, such as Bentleigh Bayside Community Health at an early stage.

#### **Develop the capacity of current information systems**

Each of the information systems used by participants in the E-Ref project would benefit from some further development to enhance their capacity to send data electronically.

#### **Medical Director**

Medical Director was one of the two easiest systems to customise for the project. However there remain a couple of issues that need to be addressed to improve its capacity to electronically refer clients.

The fact that emails are sent from within Medical Director limits the ability to implement independent Digital IDs for E-Ref. In addition, emailing from within Medical Director does not work at with some networked GPs.

A more minor issue is that the emails sent from Medical Director have no formatting (The colours and fonts used with the E-Ref referral are lost).

Each of these issues would be resolved if Medical Director linked to the resident email package used by the GPs.

*Recommendation:*

- That Medical Director be encouraged amend the system to link to the MS Word and the resident email package used by the GPs.

### **Care Manager 2000**

With Medical Director, Care manager 2000 enabled the implementation of an E-Ref referral process that is fully integrated into the package.

A good feature of Care Manager 2000 is that the letter writing function opens a document in MSWord. This enables the user to send an email using the resident email system. It will also facilitate the implementation of Digital IDs to secure the data transmitted.

At the moment, the system does not have the ability to add to the displayed list of document templates so the E-Ref template had to be added by overwriting an existing template. A small number of fields that were in the system were not available to be inserted in the in the templates (NESB, Needs Interpreter, Aboriginality, GP Phone)

#### *Recommendation:*

- That the developers of Care Manager 2000 be asked to include the capacity to add the name of a custom template and add NESB, Needs Interpreter, Aboriginality and GP Phone to the list of fields available for use in templates.

### **SWITCH32**

The process to complete a referral using SWITCH32 is a little too complex for most users and does not really produce a net saving in the time taken to prepare and send a referral.

However, the some of the steps are able to be compressed or simplified with the assistance of KCS, the program's developer.

#### *Recommendation*

- That the SWITCH32 developers, KCS, be asked to prepare a procedure to simplify the export of data for a referral.

### **Sharikat Khoo**

Three of the participating agencies use the Sharikat Khoo system to manage their client and service details. Currently Sharikat Khoo does not have a process for exporting client details and sending them as part of an email message.

The developers of Sharikat Khoo were asked to provide a quotation on adding this functionality to the system. Sharikat Khoo can be amended to send key client data to a text file and run a Word template that will merge that data into an E-Ref referral form. The process will also make a note in the client file of the date and recipient of the referral. This amendment would need to be purchased by each agency using the system at a one-off cost that is roughly equivalent to the cost of a new module.

#### *Recommendation:*

- That, as part of Stage 2, Sharikat Khoo developers be commissioned to prepare the export referral procedure.

### **Administering the System**

The E-Ref system needs to be maintained and developed by someone charged with that responsibility. The main maintenance tasks are to:

- Advise agencies of changes to email addresses
- Act as a contact point for participants if there are problems with a part of the system
- Update the manuals when necessary
- Install the system at new agencies/services
- Regularly seek feedback from participants on the number of referrals sent and received, suggestions for improvement and any other issues that need to be addressed.

A web site is proposed to act as a repository for information on the system, latest manuals and other news on the project. The benefit of using a website is that participants will always be able to find the latest version of manuals and participant lists without the need to directly contact the administrator. It will also provide a useful focus for non-participants to find details about the system.

#### *Recommendations:*

- That a web site be developed as a repository for information about the project and as a download centre for new participants and for updates required by existing participants.
- That one of the participating agencies take responsibility for maintenance of the E-Ref system (keeping the manual current, updating email addresses, advise all agencies of changes and distribute, install at new agencies)
- That all participants be asked for a regular summary of E-Ref activity

## **Appendix 1: Steering Committee and Contact Information**

### Steering Committee

Nancy Norton (Chair)	Bayside Community Options
Judy Beaumont	Department of Human Services
Leanne Braithwaite	Bayside City Council
Julie Murphy	RDNS Moorabin
Amanda Murphy	Central Bayside Community Health Services
Carolyn McClean	City of Kingston
Judith Hyde	Aged Care Assessment Team SHCN
Deborah Harvey	Home Based Allied Health Service SHCN
Carol Fountain	Southern Health Care Network
Paul Geyer	Central Bayside Division of General Practice
Diana Seekers	Central Bayside Division of General Practice
Jack Oster	Central Bayside Division of General Practice
Peter Law	Bethlehem Community Palliative Care Service

### Steering Committee Chairperson:

Nancy Norton  
Bayside Community Options  
PO Box 2130  
Moorabbin Vic 3189

Phone: 9532 1235  
Fax: 9532 1317  
Email: [care@baysideoptions.com.au](mailto:care@baysideoptions.com.au)

### Project Consultant:

Tim McMahon  
Reporting Solutions Pty Ltd  
PO Box 1119g  
Greythorn 3104

Ph: 98916642  
Mob: 0412 394 368  
Fax: 03 92213448  
email: [tmcmahon@repsol.com.au](mailto:tmcmahon@repsol.com.au)

## **Appendix 2: E-Ref Manual (Medical Director Version)**

### **HACC Service System Integration Project**

### **Coastal Planning District**

### ***Referring To HACC Service, A Manual for:***

### **E-Ref *An Electronic Referral Process for HACC Services***

### ***Medical Director Version for General Practitioners***

*For Use when referring clients for Home and Community Care Services.*

*October 1999*

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## ***E-Ref*** *An Electronic Referral Process for HACC Services*

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### **Summary of the HACC Service System Integration Project**

#### **The Project**

A number of GPs and Agencies servicing HACC (aged care) clients in the Central Bayside area are participating in *E-Ref*, a trial of an electronic referral process.

The trial builds on the GP/HACC referral process with which many service providers are already familiar. As well as the fact that the referral will be electronic, the other main difference in this trial is the fact that it will accommodate referrals between all participants, not just from GPs.

#### **Participants**

Those involved include:

A number of General Practitioners	City of Kingston
Bayside Community Options	Central Bayside Community Health Services
Bayside City Council	RDNS Moorabin
Aged Care Assessment (SHCN)	Community Care Options (SHCN)
Home Based Allied Health Service (SHCN)	Bethlehem Community Palliative Care Service (an associate participant)

New participants will be added from time to time at which time you will be provided with an updated list of participants.

#### **Referring to Non *E-Ref* Participants**

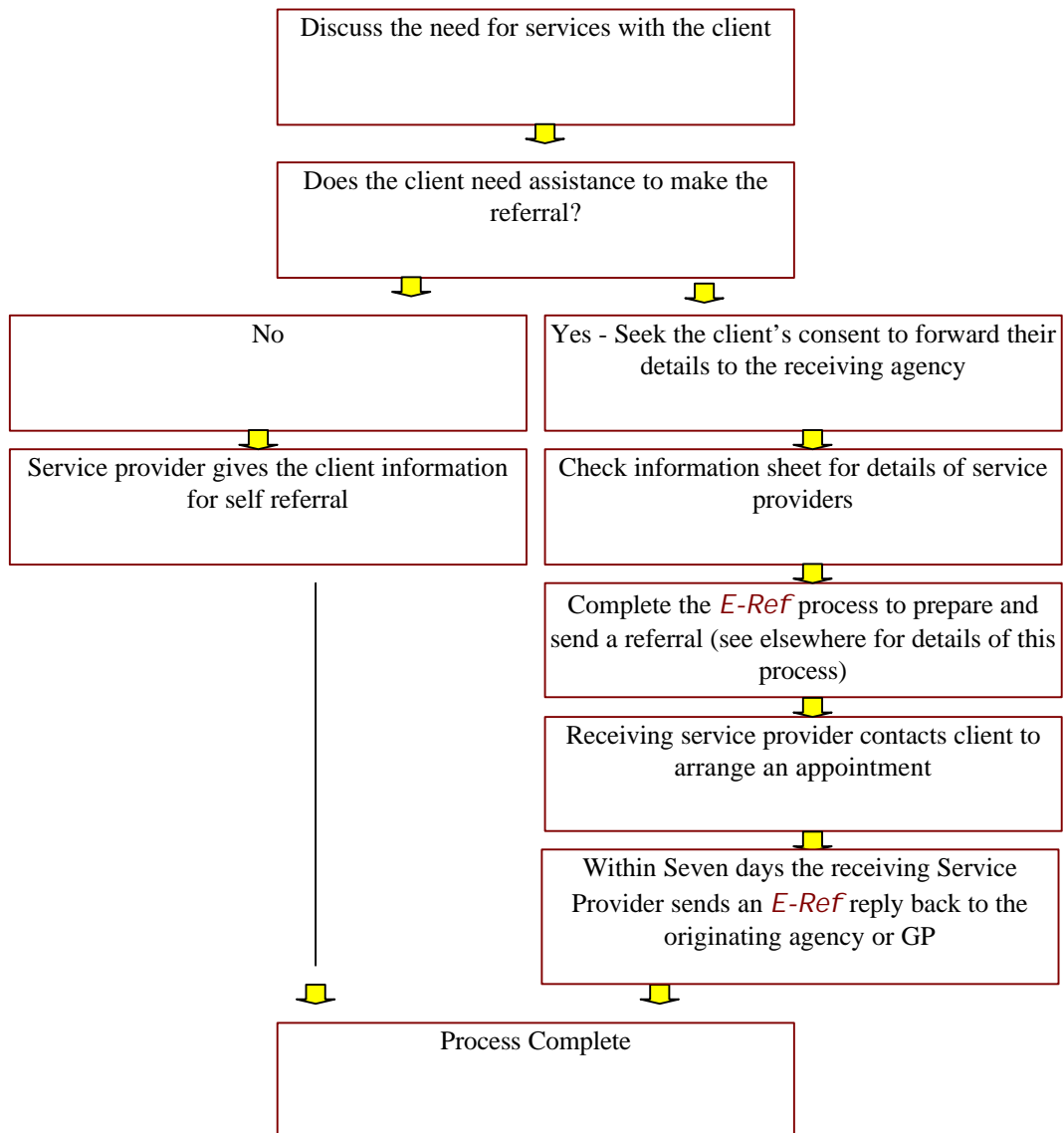
The *E-Ref* process can also be used to refer clients to other agencies or service providers. Simply fax the document produced by the *E-Ref* process to the intended receiver.

#### **Benefits**

The benefits will be:

- A reduction in the amount of time needed to prepare a referral
- Details of the referral will be automatically recorded in most systems
- All participating services have agreed to send an update on the outcome of the referral within seven days of its receipt.

## Referral Process Diagram




## **Guidelines for the E-Ref Electronic Referral Process for HACC Services**

### Purpose of the guidelines

These guidelines have been designed to enhance communication between general practitioners and providers of Home and Community Care (HACC) services when they use the *E-Ref* referral processes.

### How to Make a referral

With Medical Director open at the record of the patient you want to refer

1. Open the letter writer – select the letter  icon at top or right click and select New Item when in the letters screen
2. Press “Use template” button
3. Select the E-Ref referral template
4. Select the recipient - type the first few letters of the name in the surname box or scroll down the list. Alternatively change the specialty to HACC to display just the *E-Ref* participating agencies
5. Fill in the fields when prompted
6. The referral will then be displayed on the screen – make changes if you want
7. To Mail – select the Mail Icon
8. Check that the recipient address has been correctly inserted in the To box
9. Hit the Send button at the bottom
10. Close then document (button on the bottom right)

If sending to an agency that is not part of the *E-Ref* process, simply select Print at Step 9 and fax to the recipient.

## **Frequently Asked Questions**

### **What Are HACC Services?**

HACC services provide support in the community and at home for frail older people, people with disabilities and their carers.

### **Can I still make contact with a HACC service by phone?**

Yes, but participants will ask you to send them an *E-Ref* referral as well.

HACC services will also be happy to discuss the appropriateness of a referral with you by phone. This could be before or after an *E-Ref* referral is sent.

Calls to discuss a client's needs of history are best made after you have sent the *E-Ref* so the worker can refer to the referral information during the telephone discussion.

### **What should I expect in response to a referral?**

All participants in the *E-Ref* project have agreed to provide you with a form summarising the progress of the referral within seven days of its receipt. An example of the *E-Ref* reply form you will be receiving is included in this document.

The referring service should contact the client within 3 days to make an appointment for an assessment or first treatment session. They will also keep you informed, with the client's consent, of any major changes to the type or level of service provided. Major changes include referral to another service, discharge from the service, admission to residential care etc.

### **What do other participants in the process expect of my practice/agency?**

Participants in the project expect local agencies and GPs to be aware of the *E-Ref* process and how it should be used.

You will be expected to use the process for all referrals to participating agencies and to reply to a referral you receive within seven days.

### **When should the patient take responsibility for self referring and when should I use the *E-Ref* process?**

Consumers do not need a referral to access a HACC service. They or their family can contact any service to arrange an assessment themselves. The majority of HACC consumers access HACC in this way.

However sometimes the patient may need help to contact services, particularly if they have a disability, are frail or have dementia. GPs and other service providers can provide assistance in these situations by using the *E-Ref* referral process. In other situations, the GP or service provider may need to provide background medical or social information or may need to receive feedback from the HACC service provider about the referral outcomes in order to keep up to date with their client's progress.

GPs or other service providers should discuss the best method of referral with the client.

What if the receiving agency does is not an *E-Ref* trial participant?

The *E-Ref* process can also be used to refer clients to other agencies or service providers. The information used in the referral form should be appropriate for any receiving agency.

Simply prepare the *E-Ref* referral and fax rather than email the document to the intended receiver.

## Provider Information

Service	Organisation	Contact Name	Address	Phone	Fax	email
General HACC Services ♦ (Home help, Delivered meals, Home maintenance, Respite, time out and support for carers, Personal Care)	Bayside City Council	Yvonne Westcott	Royal Avenue Sandringham	95994398	95984474	referral@baysideecc.mav.asn.au
Home Nursing	RDNS Moorabin	Julie Murphy	609 South Road Moorabin 3189	9555 6755	95533124	e-ref@rdns.com.au
Linkages/ Brokerage	Bayside Community Options	Nancy Norton	Level 1, 1001 Nepean Highway Moorabin	95321235	95321317	care@baysideoptions.com.au
Community and Allied Health	Central Bayside Community Health Services	Amanda Murphy	335-337 Nepean Highway Parkdale	85870200	85870210	eref@cbchs.org.au
General HACC Services ♦ (Home help, Delivered meals, Home maintenance, Respite, time out and support for carers, Personal Care)	City of Kingston	Di Buckley	999 Nepean Highway, Moorabin, Vic 3189	95814847	95814500	e-ref@kingston.vic.gov.au
Aged Care Assessment	Aged Care Assessment Team SHCN	Judith Hyde	335-337 Nepean Highway Parkdale	85870104		acas_intake@shcn.com.au
Community and Allied Health	Home Based Allied Health Service SHCN	Debbie Harvey	335-337 Nepean Highway Parkdale	85870198	85870191	hbahs@shcn.com.au
Palliative care	Bethlehem Community Palliative Care Service	Mark Cockayne	476 Kooyong Road South Caulfield 3162	9596 2853 ext 183	95960412	cpcs@bethlehem.org.au

## **Set Up Kit – Medical Director Sites**

### Introduction

You are one of a number GPs servicing HACC (aged care) clients in the Central Bayside area that are participating in *E-Ref*, a trial of an electronic referral process.

The first stage of the project will see General Practitioners referring clients to any of the other participants in the project. Other agencies will start sending referrals using this process as their systems are set up.

### Set Up to Send From Medical Director

#### **Get MD Ready to Email**

1. Make sure you have included a valid email address for yourself in the user setup section of MD
2. If you haven't already done so, set up MD to email - Under the Tools, Options, Email menu insert your Dial Up Account and Email server address (see the MD help files for more details)

#### **Install the Referral template**

With Word and Medical Director both Open:

1. Open the mdEref.doc from the enclosed disc (it will open as a Word Document)
2. Copy the whole contents (Ctrl A, Ctrl C will copy all otherwise use the select all and copy items on the Edit menu)
3. Shift to MD, select Letters, then the Templates menu, select Create Template, put the cursor in the blank document, Paste (this should put the whole of the contents of the Word document into the MD template)
4. Select Save As, call the file E-Ref then close

#### **Load the email addresses of participants**

To be able to automatically insert email addresses, the recipients need to be put into the MD Address Book.

1. Open the address book – on the File menu select Address Book
2. At the Bottom left, select New Person and type in the details from the provider list in this Manual:
  - a. Type Eref in the First Name and Category fields
  - b. Type the Organisation name in the Surname category
  - c. Put the contact person in the Notes area
  - d. Put the phone number, fax number and email address in the corresponding fields in Medical Director.
3. Repeat for each participant.

The provider list is available as a text file (provider3.csv) that is able to be opened in Excel.

## To Be Able to Read all Replies to Your *E-Ref* Referral

Participants in the *E-Ref* process have agreed to respond to referrals within seven days of their receipt. The replies will come via fax or email.

Where replies are emailed they will come as a MSWord attachment. However, whilst all the participating agencies use MS Word, some use version 6.0/95 and others use Word 97.

Users must be able to share information with one another without worrying about what application created it or what is needed to view it. To achieve this, the project is recommending the installation of a converter to provide Word 6/95 users with the full read-write access to files that were created in Word 97.

If you use Word 6/95, you will need to load the latest converter that allows you to read Word 97 files which is enclosed with this kit (Wd97cnv.exe is a 1011 kb file)

### Enclosed for your attention

You will find the following files on the disc accompanying this kit:

- ◆ The latest Word 97 converter for installation on Word 95 systems (Wd97cnv.exe)
- ◆ The template for loading into Medical Director (mdEref.doc)
- ◆ A file with information about the agencies participating (provider3.csv)

## Appendix 3: Example Forms

### Example Referral From a GP

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## **E-Ref** *An Electronic Referral Process for HACC Services*

This Referral for HACC Services has been made using the Electronic Referral Process  
Developed for the Coastal Planning District of the Southern Metropolitan Region

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**To:** Bayside Community Health Services  
**From:** Tim McMahon  
**Regarding** Mr David Anderson  
**Senders Client ID:** 345  
**Date:** 05/12/1999

---

### **SOURCE OF REFERRAL**

Tim McMahon,  
PO Box 1119g,  
Greythorn. 3104.  
Phone: 03 98916642  
Fax: 03 92213448  
Provider No.: 12345

tmcMahon@repsol.com.au

---

### **REASON FOR REFERRAL**

*Reason for referral and/or type(s) of assistance being sought:*

Patient is recovering from a broken hip and requires assistance physiotherapy and podiatry

*If the Need is Urgent, describe the situation:*

No

*Has the client agreed to this referral?:*

Yes

---

### **CLIENT INFORMATION**

Mr David Anderson,  
61 Wallace St.,  
Demotown. 1234.  
Phone: 9456 2345  
Date of Birth: 03/04/1956  
Medicare No.: 1234 22362 3

*Prefers to be Called:* David  
*Municipality:* Demotown

*Is the client living at their normal address? If not please provide details:*

*Gender:* Male  
*Age:* 43

*Is language/communication assistance required?:*

No

*Does the client identify themselves as an aboriginal or Torres Strait Islander person?:*

No

*Client's pension number:*

3454

---

## CLIENT CONTACTS

*Client's lives with?*

Wife

*Does the client have informal assistance is available on a regular basis (e.g. Carer, friend, social club or church group)?:*

Yes, neighbour

*Please provide contact details for a carer or other alternative contact person*

Neighbours is Pete Demo Phone 123432

*Relationship of this person to the client?*

---

## SUPPLEMENTARY DATA

*Major Diagnosis and Past History:*

*Social Situation:*

Wife also has mobility problems

*Recent Investigations/Results:*

N/A

*Urinary Incontinence? Y/N, Comments*

N/A

*Faecal Incontinence? Y/N, Comments*

N/A

*Confused Acute? Y/N, Comments*

N/A

*Confused Chronic? Y/N, Comments*

N/A

*Falls? Y/N, Comments*

N/A

*Poor Mobility? Y/N, Comments*

N/A

---

## MEDICATIONS

*What medications is the client taking?*

F.A.B. CAPSULE      5mg    1 mane

---

## OTHER INFORMATION

*Additional Information in support of this referral:*

In accordance with the agreed protocols for the E-Ref process, participating agencies are expected to advise on the progress of this referral within SEVEN days.

Thank you for receiving this referral.

**Consent Form**

---

**E-Ref** *An Electronic Referral Process for HACCC Services*

This Referral for HACCC Services has been made using the Electronic Referral Process  
Developed for the Coastal Planning District of the Southern Metropolitan Region (Form 2)

**Client Consent Form**

---

**Client Information**

**Name:**

**Address:**

**Telephone:**

**DOB:**

---

**Consent for Transfer of Information**

Following an assessment of your situation and discussions with you, we have concluded that you would benefit by being referred to another agency for services.

To protect your right to personal and informational privacy, we are seeking your permission for the transfer of relevant and confidential information to the receiving agency to inform them of your situation and need for services.

I understand that the information being provided is to enable a co-ordinated approach to services I require and hereby agree to the transfer of that information

Client Signature: .....

Staff/Service Provider Signature: .....

Date: .....

Comments/Notes:

**Reply Form**

---

***E-Ref*** *An Electronic Referral Process for HACC Services*

This Referral for HACC Services has been made using the Electronic Referral Process  
Developed for the Coastal Planning District of the Southern Metropolitan Region

---

To: \_\_\_\_\_  
From: \_\_\_\_\_  
Today's Date: \_\_\_\_\_  
Regarding \_\_\_\_\_  
Senders Client ID: \_\_\_\_\_  
Date of Referral \_\_\_\_\_

---

**Action Taken**

Please check the appropriate selection and provide additional information when requested

- Client was assessed – If yes on what date \_\_\_\_\_
- Client to be assessed – If yes on what date: \_\_\_\_\_
  
- We will provide (Specify service type) \_\_\_\_\_  
Starting on – (date): \_\_\_\_\_
  
- Client has been placed on our waiting list  
If yes – review date: \_\_\_\_\_
  
- Further information is attached
- We will send you more information  
If yes, when?: \_\_\_\_\_
  
- Client was not eligible/suitable for our service
- Client was referred to (name): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

*Any additional information about this referral?:* \_\_\_\_\_

---

Please contact us if you have any queries about this matter.

Thank you for sending us this referral

## **Appendix 4: Referral Procedure by System**

### **Medical Director**

With Medical Director open at the record of the patient you want to refer

1. Open the letter writer – select the letter icon at top or right click and select New Item when in the letters screen
2. Press “Use template” button
3. Select the E-Ref referral template
4. Select the recipient - type the first few letters of the name in the surname box or scroll down the list. Alternatively change the specialty to HACC to display just the *E-Ref* participating agencies
5. Fill in the fields when prompted
6. The referral will then be displayed on the screen – make changes if you want
7. To Mail – select the Mail Icon
8. Check that the recipient address has been correctly inserted in the To box
9. Hit the Send button at the bottom
10. Close then document (button on the bottom right)

If sending to an agency that is not part of the *E-Ref* process, simply select Print after Step 6 and fax to the recipient.

### **SWITCH32**

Before you start, make sure you know the UR Number of the client to be referred.

#### *In SWITCH32*

1. Open SWITCH32.
2. Select Enquiries, Custom, E-Ref
3. Right click somewhere in the table and select Sort by
4. Put the UR Number of the client to be referred in both the start and end Client ID Number boxes at the bottom of the screen
5. When the selected client is displayed, right click somewhere in the table and select export, say Yes when it tells you that the list is incomplete
6. In the export dialog box that pops up, select the file radio button and type the file name as **G:\e-Ref\eref.csv**
7. Change the Export format to Comma Separated Values (CSV)
8. Press OK and you will get a dialog box informing you that the export is complete, say OK

#### *Word Template*

9. Press the *E-Ref* template button (on the toolbar)

10. The referral letter will be displayed on the screen as a MS Word document. Press the Merge Button situated on the toolbar to partly fill the form with information from SWITCH32.
11. Press enter when a dialog box will pops up which will merge to a new document, and press OK when told there is a field error (this is just because of the way the data is exported from SWITCH, it still works properly).
12. Fill in the remainder of the form. Fields that need to be filled in are designated by two red crosses **XX**.
13. Save the file (use the same directory for all referrals).

#### *Email Program*

14. Switch to your the email program and Start a new message
15. Attach the file just created, select the recipient then press send

If sending to an agency that is not part of the *E-Ref* process, simply select Print after step 12 and fax it to the recipient.

#### **Care Manager**

1. Open Care Manager 2000 and double click on the client you want to refer.
2. Under the New Event menu item, select correspondence.
3. This version of Care Manager does not allow us to clearly name the *E-Ref* forms, so names of built in templates have had to be used. Select the third item, "Empty Letter to Formal Guardian" which holds the *E-Ref* template.
4. The referral letter will be displayed on the screen as a MS Word form. The form will be partly filled in with information from Care Manager. Fill in the remainder of the form, navigating through the fields using the tab key or the mouse.
5. Save the file (use the My Documents/your name/ directory for all referrals). You will receive a message that the document has been inserted in Care Manager.
6. Switch to your the email program and Start a new message
7. Attach the file just created, select the recipient then press send

If sending to an agency that is not part of the *E-Ref* process, simply select Print after step 5 and fax it to the recipient.