

CENTRAL REFERRAL OFFICE



National Guidance Document
Scheduled Care Reform Initiatives
Version: 2.0 April 2024

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CHAPTER 1: INTRODUCTION TO CROs



Contents covered in this Chapter:

- 1.1: This Guidance Doc
- 1.2 CRO and Sláintecare
- 1.3 Purpose of a CRO
- 1.4 What is a CRO
- 1.5 Why move to a CRO
- 1.6 The principles of CROs
- 1.7 Patients likely to benefit from a CRO
- 1.8 International Research to support the benefits of CROs



Target Audience:

Reviewers
CRO Team
Clinical Lead

Chapter 1: Introduction to CROs (Central Referral Offices)

1.1: This Guidance Document

The purpose of this document is to outline the national approach to implement and deliver for Central Referrals Offices (CROs) in Ireland in identified hospital sites.

1.2 CRO and Sláintecare

The logo for Sláintecare, featuring the word "Sláintecare" in a bold, black, sans-serif font, with a small blue dot above the letter 'e'.

The 2017 Sláintecare Report highlights the need for long waiting lists to be addressed and commits to maximum wait time targets. In 2024, as the next step towards achieving the Sláintecare maximum waiting times, revised interim maximum waiting times have been defined in the 2024 HSE National Service Plan:

- Outpatient: 10% reduction in patients breaching the Sláintecare wait times of 10 weeks for OPD (from December 2023)
- Inpatient/Day Case: 10% reduction in patients breaching the Sláintecare wait times of 12 weeks for Inpatient/Daycase (from December 2023)
- GI Scopes: 10% reduction in patients breaching the Sláintecare wait times of 12 weeks for GI scopes (from December 2023)

The Waiting List Action Plan (WLAP) 2024 mandates Central Referrals (CR) in all hospitals for all specialties.

1.3 Purpose of CROs

The purpose of implementing CROs is to:

- Enable referrals to be managed centrally (at CHO/ Hospital Group (HG)/ RHA level)
- Ensure that patients are on the most appropriate care pathway
- Ensure patients are seen as soon as possible

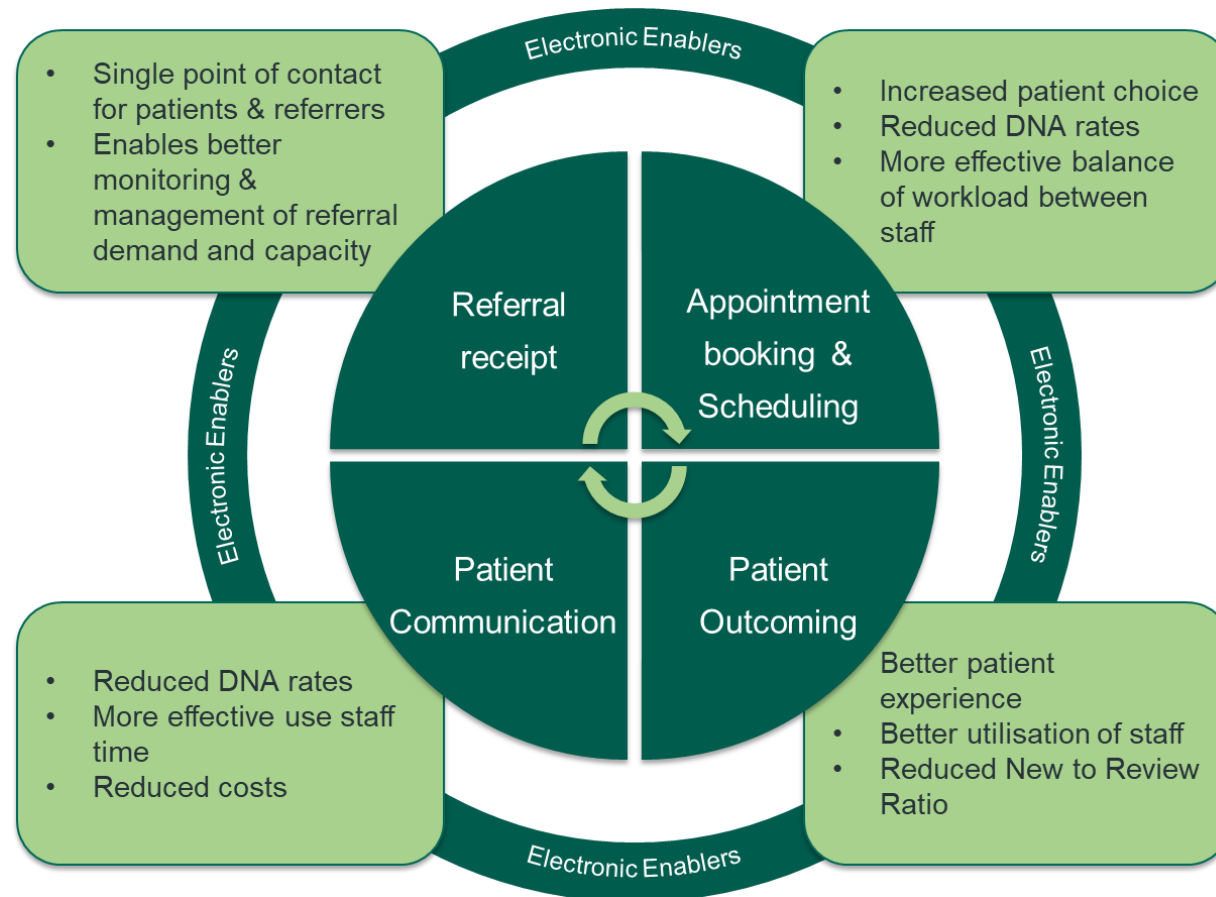
1.4 What is a CRO

The Central Referrals Office (CRO) is a department that processes referrals from General Practitioners (GPs), Emergency Departments, Consultant to Consultant referrals, Inpatient referrals originating from an admission, Other Hospitals or Health Centres and National and regional specialist clinics including National Cancer Control Programme. The office assesses the referral and issues a priority based on clinical need and an appointment date is issued based on this priority.

CROs encompass the referral and booking processes from the decision to refer through to scheduling of first and subsequent appointments in the Acute Hospital and Community settings.

1.5 Why move to CROs

Many benefits are achieved by implementing CROs – both for the hospitals and the patients involved. A summary of the benefits identified for moving to a CRO are outlined below. Our targets are aligned to the National Outpatient Waiting List Management Protocol 2022.



1.6 The principles of CROs

Key principles for CRO include:

1. Increased level of Centralisation

A hybrid approach to centralisation is most suitable for patient-centred booking arrangements in the Irish Health Service. Specifically, all administrative responsibilities are centralised at HG or Community Healthcare Organisation (CHO) level (e.g. referral registration, assignment and booking) and all clinical responsibilities occur at Clinician/HSCP or specialty/CHN level (e.g. clinical prioritisation). CROs will enhance centralisation by coordinating and collaborating with all administrative staff and implementing the to-be processes and sub-processes.

2. Standardisation and Streamlining

The standardisation of care pathways is being taken forward through the wider Scheduled Care Reform Initiatives and will streamline access to care. CROs will facilitate the implementation of these reformed scheduled care pathways, acting as the 'air traffic control centre' for referral and booking processes.

3. Enhanced Patient / Service User Engagement

Processes are put in place to facilitate active patient engagement throughout the referral and booking processes. Specifically, implementing patient reviews, establishing a single point of contact (at the administrative level), partial booking, clear, accurate and timely sharing of information; and creating and reporting on KPIs to measure patient booking experience, specifically relating to patient-centred booking arrangements.

1.7 Patients likely to benefit from CROs

The following types of patients are most likely to benefit from the implementation of CROs:

- Patients who are long waiters on the waiting list
- Urgent patients, as the implementation of CROs will ensure patients are scheduled an appointment within 28 days
- Patients that require flexibility for appointment times with the introduction of partial booking

1.8 International Research to support the benefits of CROs

Extensive research has been undertaken to understand benefits of introducing elements of patient centred booking arrangements. A summary of the benefits identified through implementing CROs internationally are outlined below.

Improved Patient Experience:

- NHS - quarterly patient feedback gathered through NHS Digital found that 72% of patients felt they were able to make choices that met their needs (across Q4 2018 and Q3 2019).
- Canada - 96% of patient respondents felt that eReferral led to an improved healthcare experience; 90% of patient respondents felt that eReferral was an easy process to follow; and 81% of patient respondents felt more informed about their care.

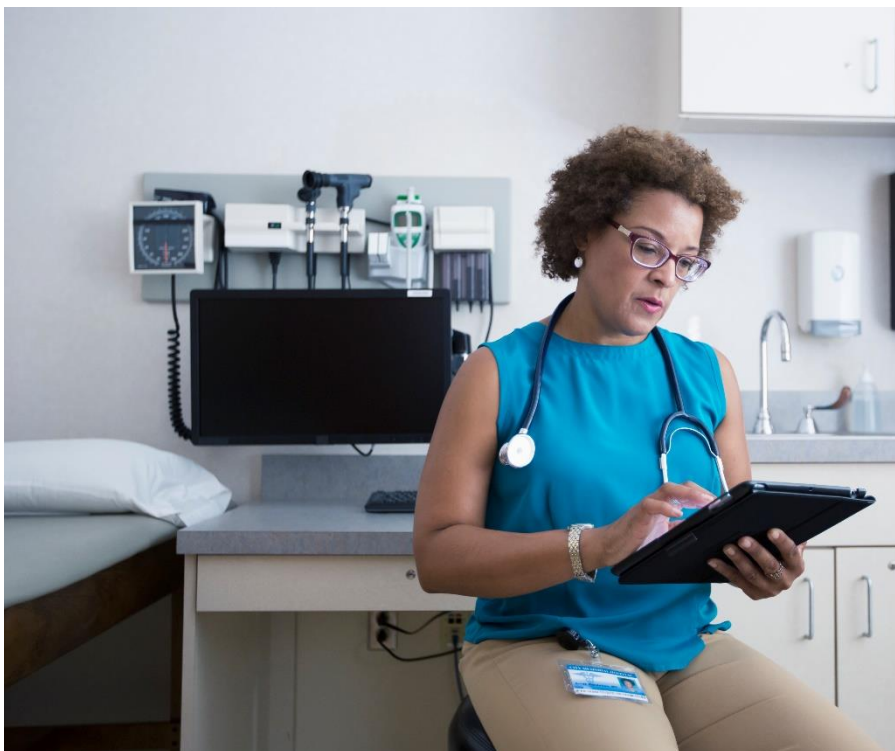
Enhanced Referral Management:

- New Zealand - Referral system decreased the number of days it takes referrals to be received and triaged by specialists from 8 days to 5 days (2008 study)
- Canada - reduced referral turnaround time (average 68 hours using a fax system to average 23 hours using electronic system), reduced wait times, improved patient safety and lowered costs

Cost /Efficiency:

- New Zealand - 9,800 hours saved in New Zealand health service in 2019 using robotic eReferral processes.

CHAPTER 2: ESTABLISHMENT OF CROs



Contents covered in this Chapter:

- 2.1 CRO Establishment
 - 2.1.1 CRO Roles and Responsibilities
- 2.2 Selection of speciality
- 2.3 Clinical Governance
 - 2.3.1 Clinical Lead Roles and responsibilities
- 2.4 Validation of the Waiting List
- 2.5 Pooling of Waiting List



Target Audience:
Scheduled Care Leads
CRO Teams

Chapter 2: Establishment of CROs

This chapter outlines the key activities to be delivered for the establishment of a CRO, the resourcing of key roles within the CRO, the selection of a speciality which the CRO will support, the establishment of clinical governance for the specialty’s outpatient waiting list, validation of the waiting list and pooling of the relevant waiting lists.

2.1 CRO Establishment

What is a Central Referrals Office and why should hospitals move to a Central Referral model?

- The Central Referrals model aims to design and implement a central function for referrals to outpatient specialities. This function - the Central Referrals Office - will manage the process from referral receipt to waiting list placement and appointment scheduling through to follow up or discharge.

How does a CRO support the National Model of Care?

- The CRO Model supports specialities to deliver safe and efficient outpatient services in line with their model of care through:
 - Referral pooling
 - Clinical integration
 - New ways of working through Electronic Health Care
 - Improved end-to-end Referral processing
 - Alignment to best practices
 - Reduced duplication of referrals

2.1.1 CRO Roles and Responsibilities

There are three key non-clinical stakeholders whose roles and responsibilities are critical to the success of the end-to-end CRO implementation including the CRO Hospital Lead, the CRO Officer, and Scheduled Care Reform Initiatives Support. In addition to these roles the CRO Clinical Lead is critical in the implementation of CRO. Detailed role descriptions are included below.

Role	Responsibilities	CRO Phase
CRO Hospital Lead	Co-ordinate all CRO readiness activities	Pre-Implementation
	Manage relationships with stakeholders in the hospital to progress CRO activities	All Phases
	Co-ordinate activities with the Clinical Lead for CRO	All Phases
	Confirm staff for roles	Pre-Implementation

	Confirm training requirements for CRO participants	Implementation
	Confirm that all entry criteria for CRO implementation have been met	Implementation
	Ensure that the agreed to-be processes are followed	Post-Implementation
	Report on progress and status at scheduled calls with Acute Operations team	Post-Implementation
	Report on progress against the agreed metrics	Post-Implementation
	Report on risks that may impact CRO and issues that have impacted delivery	Post-Implementation
	Support metrics gathering by requesting information from local teams where required	Post-Implementation
	Co-ordinate with the local iPMS/PAS team where required to support CRO activities	All Phases
	Co-ordinate with the NTPF where required	All Phases
	Provide input into the Hospital site CRO plans	All Phases

Role	Responsibilities	CRO Phase
CRO Clinical Lead	Provide clinical sign off on CRO participation for the specialty	Pre-Implementation
	Encourage participation in CRO among Clinician group	All Phases
	Co-ordinate activities with the CRO Hospital Lead	All Phases
	Deliver training/share knowledge with clinicians as required	All Phases
	Provide input into the Hospital site CRO plans	All Phases

Role	Responsibilities	CRO Phase
CRO Officer	Participate in training in advance of CRO implementation commencement	Implementation
	Review referrals received to the CRO	Post-Implementation
	Record or stamp all referrals received in to the CRO	Post-Implementation
	Confirm that all the required information is provided in the referral	Post-Implementation
	Contact SOR to request additional information if required	Post-Implementation
	Update iPMS/PAS at the following stages: <ul style="list-style-type: none"> ➤ Creation or update of patient record (where required) ➤ Creation of referral record ➤ Management of referral in wait list ➤ Update of referral with outcome of clinical review ➤ Closure of referral 	Post-Implementation
	Print all referral related letters and issue to the patient/guardian of patient, GP and SOR where required	Post-Implementation
	Prepare referrals and associated information for clinical review	Post-Implementation
	Schedule appointments according to the clinical prioritisation category assigned by the Clinician	Post-Implementation
Reject referrals where specific criteria are not met	Post-Implementation	

Role	Responsibilities	CRO Phase
Acute Operations Team Support	Share To-Be processes	Pre-Implementation
	Develop the resources map	Pre-Implementation
	Develop the CRO Hospital implementation plan with CRO Hospital Lead	Pre-Implementation
	Design and develop education sessions for the CRO team	Pre-Implementation

	Share the communications pack for CRO team in hospitals	Pre-Implementation
	Attend scheduled meetings with CRO Hospital lead and project team	All Phases
	Deliver regular status reports on CRO progress	All Phases

2.2 Engagement with specialities

CR (Centralised Referrals) is now mandated among all clinical specialities. There are several critical questions and factors that must be considered when implementing CR. Four key categories to consider are noted below.

Clinical Buy in	Waitlist Optimisation	Readiness	Model of Care
<ul style="list-style-type: none"> • This is key to engage with specialities in the hospital 	<ul style="list-style-type: none"> • CR will help ensure that the waiting lists in specialists are optimised and there will be benefits to the clinicians and patients 	<ul style="list-style-type: none"> • Does the proposed speciality already have CR in place? • What capacity is needed to support CR model? 	<ul style="list-style-type: none"> • Ensure that the CR system is aligned to the Model of Care for the chosen speciality

2.3 Validation of the Waiting List

Validation is a process whereby patients are contacted to ensure they wish to remain on an Outpatient Waiting List. This can be completed either in house or administrative validation is facilitated by the NTPF (National Treatment Purchase Fund) for public hospitals. The process involves identifying and agreeing specific patients for validation in collaboration with the NTPF. These patients are then contacted. Validation ensures only patients who still require an appointment remain on the waiting list until offered an appointment.

It is good practice to ensure that a waiting list is data cleansed and validated prior to pooling.

2.4 Pooling of Waiting List

In 2011 (Protocol for the Management of Outpatient Referrals) HIQA recommended that referrals are made by a source of referral to a specialty/service where possible, rather than a named individual or named clinician. As a minimum all un-named or “Dear Doctor” referrals should be pooled. Generic referrals are good practice and should be encouraged from the

source of referral. This will promote equity of access as waiting times will depend on next availability rather than specific clinician availability.

Prior to commencing pooling of the waiting lists, it is essential to ensure that the local Business Intelligence Units and facilitators of the extract file to the NTPF are aware that the lists are being pooled into one waiting list. This information should also be communicated to the NTPF.

2.4.1 Clinical Governance of a pooled Specialty/Service Outpatient Waiting List

Clinical Governance is defined as 'a framework through which the healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they deliver'.

International best practice suggests that every patient on an Outpatient Waiting list must be allocated to a specific Clinician in terms of clinical responsibility. With a pooled waiting list, there must be a named Clinician who assumes responsibility for this patient until such a time as this patient is allocated an appointment in clinic under a specific Clinician.

The OSPIP Guidance document 005 'The Service Provision Agreement' (Table 1, No. 3) details the type and quantum of services which must be applied to an Outpatient Service, included within this service agreement is governance of a pooled waiting list decided at a hospital or regional level.

Table 1. Data items of Service Provision Agreement

1. Specialty/discipline name
2. Range of services provided, to indicate main focus of work and sub-specialism, as appropriate (set out per clinician)
3. Governance of service (who refers, admits, clinically prioritises, sees patient, discharges) and pooling arrangements
4. Description of specialty team to include consultants, junior medical staff, allied health professionals, nursing, technician, and support staff
5. Number of WTE staff as per above list
6. Description of clinic structure indicating whether standard, shared or joint delivery
7. Description of provision of telemedicine services
8. Proportion of new and review patients to be seen utilising:
 - a. Face-to-face consultation with consultant-led service
 - b. Face-to-face consultation with allied health or nurse led service
 - c. Diagnostic prior to first consultation
 - d. Direct access to outpatient procedure clinic
 - e. Direct admission to day case service
 - f. Direct admission to in-patient service
 - g. Providing advice plan to SOR
9. Number of new referrals per month in current year (in tabular format) broken down by clinician and sub-specialty where appropriate
10. Number of patients on the waiting list for a new appointment broken down by clinician and sub-specialty where appropriate
11. Number of new urgent and routine clinic slots to be provided per month in coming year (in tabular format) broken down by clinician and sub-specialty where appropriate
12. Number of review patient slots to be provided per month in coming year (in tabular format) broken down by clinician and sub-specialty where appropriate
13. New to review ratio for the specialty, per clinician, broken down to sub-specialty where appropriate
14. Specialty-specific procedure for managing patients who fail to attend
15. Associated PAS clinic codes and wait list codes per clinician or group where shared/joint clinics are operated
16. Number of clinic hours provided per week per clinician (in tabular format)
17. Maximum wait time guarantee for new urgent patients, including suspect cancer patients
18. Maximum wait time guarantee for new routine patients
19. Set out procedure/plan for managing patients at risk of breaching maximum wait time guarantees
20. Set out procedure for management of referrals awaiting clinical prioritisation at risk of breaching the required five (5) day turn-around
21. Leave management process including application and notice process. Set out cover arrangement for clinical prioritisation when clinician is on leave and procedure for seeing patients within required timeframes who have been postponed and/or rescheduled
22. Set out succession management procedure

The following referral review and management activities are proposed for the CR implementation:

- The referral is received in a centralised location either manually or electronically.
- The referral is added to the PAS system and placed on a pooled waiting list within 24 hours of receipt.
- The referral is waitlisted under the named clinician (either the Clinical Director for the Speciality or the Clinical Lead for the specialty).
- The referral remains on the waiting list under the named clinician until transferred to a specific Clinician's clinic. At this stage, the referral becomes the responsibility of the Clinician under which the patient is now booked to see.

The patient should be allocated to the appropriate clinician from the pooled waiting lists on the basis of clinical suitability, subspeciality or expediency always keeping in mind the best interests of the patient.

CHAPTER 3: HIGH LEVEL CRO PROCESSES



Contents covered in this Chapter:

- 3.1 High-Level CRO Operating Model
- 3.2 CRO Processes and Sub-Processes

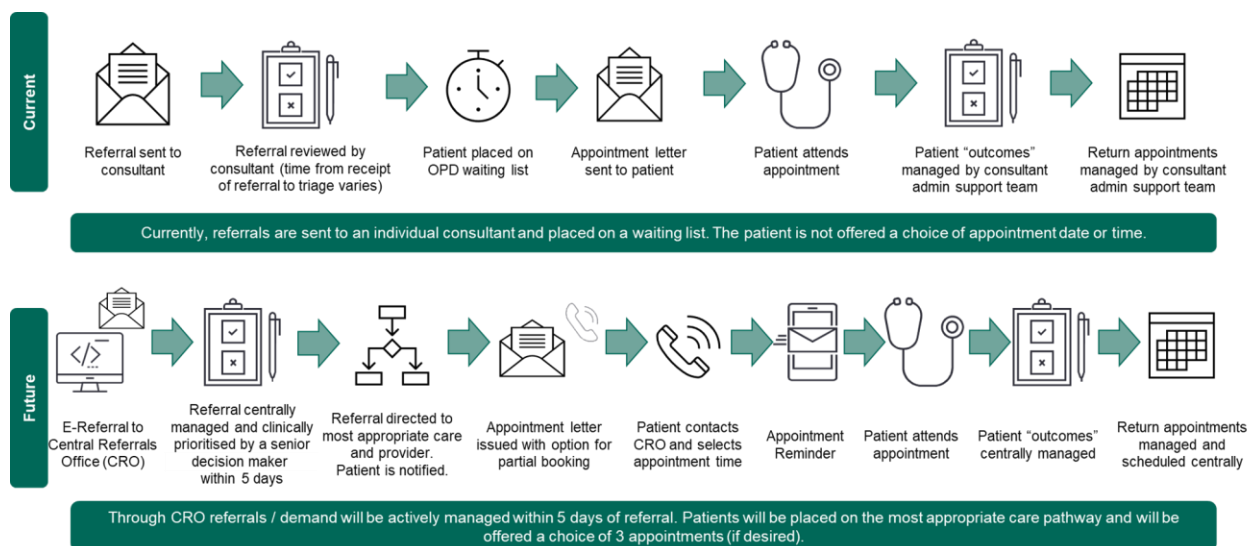


Target Audience:
Scheduled Care Leads
CRO Teams

Chapter 3: High-Level CRO Processes

3.1 High-Level CRO Operating Model

The high-level current and future view of the CRO Operating Model is included below. This includes an overview of the current referral receipt, review and scheduling approach and an overview of the same activities delivered through CRO.



3.2 CRO Processes and Sub-Processes

The end-to-end CRO journey consists of 9 To-Be processes and sub-processes.

All of the processes have been developed to align with the HSE National Outpatient Waiting List Management Protocol 2022.

To-Be Processes have been drafted for CROs to specify how activities should be delivered in each hospital implementing a CRO. These processes will be amended as required, taking into account the variability of technology available and existing efficient processes in place per hospital.

For each process, a process map has been defined with a summary of the steps and identified technology gaps. Detailed steps of each process and sub-process are captured within Chapter 6.

The To-Be Processes and Sub-processes include:

1. Referral receipt and registration, (ideally including specialty specific e-referral forms) and registration of referral
2. Referral assignment to Clinician and referral prioritisation
3. Reject referrals
4. Schedule appointments
5. Generate and Issue Letters

6. Attend Appointment
7. Can Not Attend/ Cancel Appointment
8. Follow up Appointment
9. Did Not Attend

CHAPTER 4: WAITING LIST MANAGEMENT



Contents covered in this Chapter:

- 4.1 CRO Delivery – Wait List Management
- 4.2 CRO Delivery – Clinic Management
- 4.3 CRO Delivery – Letters and Communications
- 4.4 Policies, Procedures, Protocols and Guidelines (PPPGs)
- 4.5 Clinical Reconciliation / Outcome



Target Audience:

Scheduled Care Leads
CRO Teams

Chapter 4: Waiting List Management

4.1 Wait List Management

Wait List Management is a key step in the establishment of CRO. All required wait list management activities must be completed before CRO can be implemented. These activities will be completed by the hospital's CRO team with guidance provided by the Scheduled Care Reform Initiatives team.

Activities to be completed for Wait List Management

1. Assess current waiting list for specialty
2. Check validation status of the waiting list
3. Engage with Lead Clinician for the specialty in terms of merging all waiting lists into one generic pooled waiting list – identify governance.
4. Decide on name for pooled waiting list and set up appropriate session code and rules.
5. Contact the NTPF to inform them of the single merged waiting list for the specialty giving details of specific date and time on which this will occur.
6. Transfer all patients from individual waiting lists to pooled waiting list attached to the clinician responsible for triage.
7. Cross check all previous waiting lists to ensure they are now closed, and all patients have been safely transferred to the new pooled waiting list.
8. Provide training to all staff responsible for maintaining the waiting lists.
9. Initiate new waiting list and booking process

4.2 Clinic Management

Clinic Management is a key step in the establishment of a CRO and the steps below provide an outline of what is to be done. All required clinic management activities must be completed before a CRO can be implemented. These activities will be completed by the hospital's CRO team with guidance provided by the Scheduled Care Reform Initiatives team.

Activities to be completed for Clinic Management

1. Review current clinic templates in terms of demand and capacity.
2. Evaluate if local categories are attached to the waiting list and that appropriate clinic codes are set up to facilitate local categories.
3. Identify booking slots for Urgent, Semi-Urgent and Non-urgent and ensure new CPCs (Clinical Prioritisation Pathways) are embedded into the triaging process.
4. Ensure patients are not booked beyond six (6) weeks in advance.
5. Ensure robust policy for implementation of leave is in place to ensure clinics are not cancelled without adequate notice.

4.3 Letters and Communications

Communications are issued at key stages during the patient booking processes. These are issued to patients, SORs and GPs. Letter templates have been developed and these can be customised. The Letter templates will be provided to the hospital and updated as required.

Letter	When to issue	Related process
1. Acknowledgement of Receipt of Referral (Patient Only)	This is issued when the referral has been checked by the CRO officer and it has been added to the specialty wait list.	Process 2.1 – Referral Receipt and Registration
2. Referral Accepted and Placement on the Waiting List with CPC	This is issued to the SOR to inform them of the patient’s clinical prioritisation.	Process 2.1 – Referral Receipt and Registration
3. Notification that the referral is redirected	This is issued to the SOR to inform them that the referral has been reviewed and has been redirected.	Process 2.2 – Referral assignment to Clinician and prioritisation
4. Notification that the referral is rejected	This is issued to the GP, SOR and patient when the referral is rejected.	Process 2.3 – Reject referral
5. Partial Booking Letter	This is issued to the patient 8 weeks before the appointment date and includes instructions to cancel the CRO within 14 days to select their appointment time.	Process 4 – Schedule Appointments
6. Appointment Letter	This is issued to the patient when their appointment details are confirmed after they contact the CRO and select their appointment time,	Process 4 – Schedule Appointments
7. Reminder Letter (alternative to SMS)	A reminder of appointment is issued 2 weeks in advance typically by SMS. This letter is an alternative letter option in the event that SMS reminder is not available to the hospital.	Process 4 – Schedule Appointment
8. DNA letter (letter to urgent or high clinical and/or social needs)	This is issued to a patient who did not attend their appointment and their Clinician has determined that another appointment should be offered to them.	Process 6.2 – Did Not Attend Appointment
9. DNA letter (removed from Waiting List)	This is issued to a patient who did not attend their appointment and their Clinician has determined that another appointment should not be offered to them.	Process 6.2 – Did Not Attend Appointment

10. Cannot Attend (CNA) Letter (removed from Waiting List)	This is issued to a patient who cannot attend their appointment and their Clinician has determined that another appointment should not be offered to them.	Process 5.1 CNA / Cancel Appointment
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The templates for the ten letters are included within Chapter 7.

4.4 Policies, Procedures, Protocols and Guidelines (PPPGs)

All PPPGs in relation to Outpatient Waiting lists should be updated to reflect the OP National Waiting List Protocol and to include reference to Central Referral (CRO). All hospital groups/hospitals must ensure they have an OP Waiting List Management SOP which aligns with the Outpatient (OP) Waiting List protocol. CROs end to end processes and implementation approach has been developed to align with the HSE National Outpatient Waiting List Management Protocol 2022.

4.5 Clinical Reconciliation / Outcome

Principles for clinical reconciliation / outcome are as follows:

- Each patient must be given an outcome following either attendance or non-attendance at an Outpatient Clinic.
- This outcome should reflect the appropriate follow up for the patient, for example discharged from the specialty, requires further attendance at clinic, DNA, return, transferred to other hospital/ clinician or PIFU/PIR (Patient Initiated Review)

CHAPTER 5: DATA AND REPORTING



Contents covered in this Chapter:

- Reporting Metrics
- Equity



Target Audience:
Scheduled Care Leads

Chapter 5: Data and Reporting

The following metrics will be utilised to measure the effectiveness of a CRO:

1. Hospital Speciality Waiting List by Wait-time bands
2. Attendances - Attendances and New:Return ratio
3. Referral receipt to triage
4. Adherence to Clinically Recommended Time-Frame (CRT):
 - Urgent patients are offered an appointment ≤ 28 days
 - Semi-urgent patients are offered an appointment ≤ 13 weeks
 - Non urgent patients are offered an appointment ≤ 26 weeks
5. Attendances – Did Not Attend
6. Attendances – Cancellations by type

Monitoring and reporting mechanisms should be implemented at each hospital rollout site to assess the feasibility and impact of a CRO.

Equity

The impact of CROs on different patient groups should be considered across all evaluation metrics, including against protected characteristics, to ensure that the service is provided equitably by the introduction of mitigating actions if required.

CHAPTER 6: DETAILED CRO PROCESSES



Contents covered in this Chapter:

- 6.0 Processes Overview
- 6.1 Process 2.1: Referral receipt and registration
- 6.2 Process 2.2: Referral assignment to Clinician and referral prioritisation
- 6.3 Process 2.3: Reject Referrals
- 6.4 Process 3.1: Advanced Clinical Prioritisation
- 6.5 Process 4: Schedule Appointment
- 6.6 Process 4.1: Generate and Issue Letters
- 6.7 Process 5: Attend Appointment
- 6.2 Process 5.1: Cancel Appointment
- 6.9 Process 6.1: Follow up Appointment
- 6.10 Process 6.2: Did Not Attend (DNA)



Target Audience:
Scheduled Care Leads

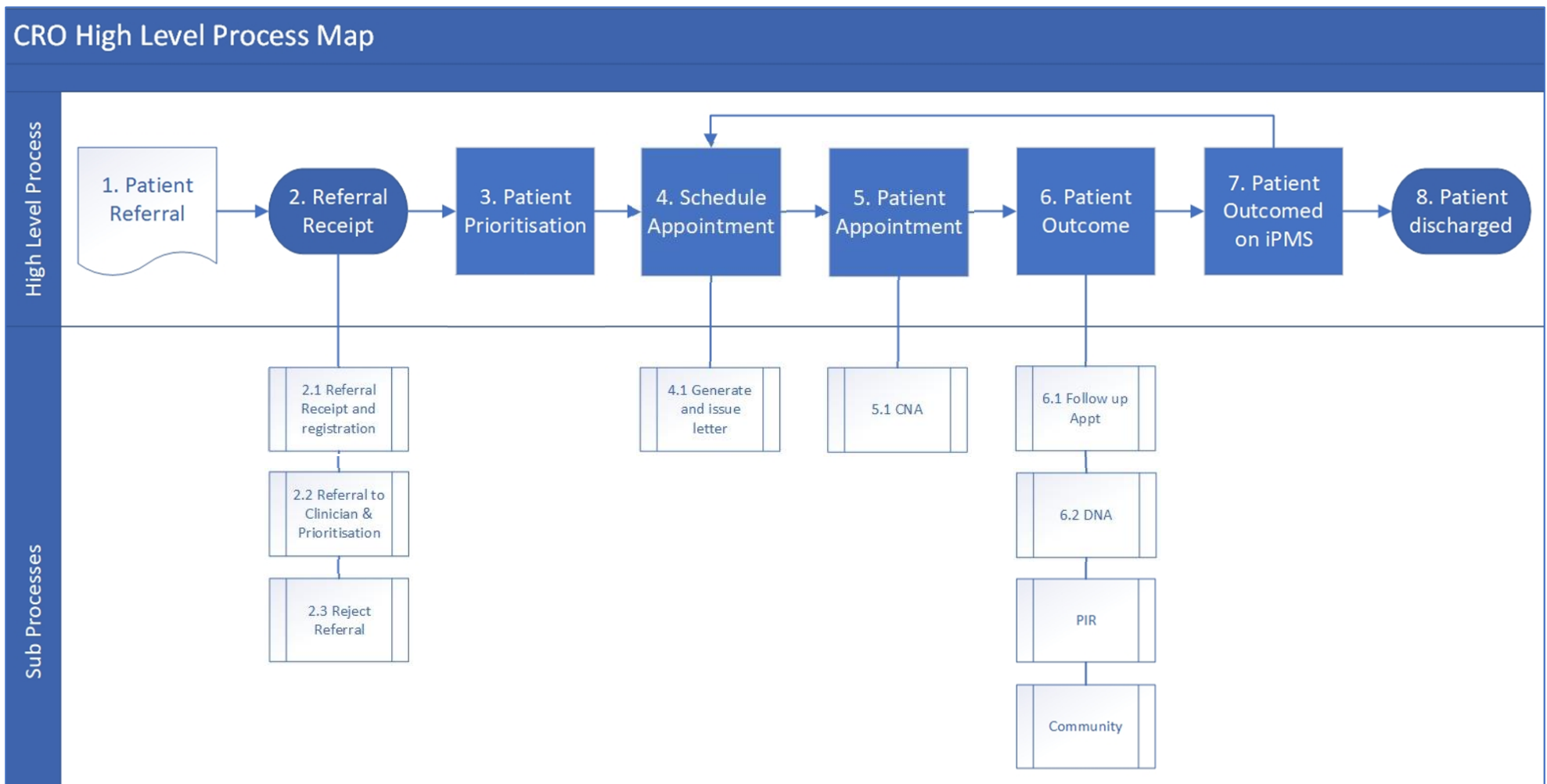
Chapter 6: Detailed CRO Processes

6.0 CRO Processes Overview

The following sections include individual process maps for each process and sub-process, along with detailed steps per process to elaborate on the components within each map. A high-level overview of each process and sub-process is outlined in the process map and table below. The table is colour coded to align to the respective processes covered throughout the Chapter.

Process Name	High-Level Description	Page
2.1. Referral receipt and registration	The streamlined referral process includes all steps from the notification of a referral by the relevant Source of Referral (SOR) to the issuing of acknowledgement notifications to the patient / guardian of the patient, and the SOR.	29
2.2. Referral assignment to Clinician and referral prioritisation	The Referral assignment to Clinician and referral prioritisation process continues after the conclusion of the Referral Receipt and Registration process and includes all steps in the Clinician review and clinical prioritisation of referrals.	33
2.3. Reject Referrals	The Reject Referral process includes all steps to reject referrals.	37
4. Schedule appointments	The Schedule Appointments process continues after the conclusion of the Referral to Clinician and Prioritisation process and includes all steps in scheduling appointments.	41
4.1. Generate and issue letters	The Generate and issue letters process details the steps required to generate and issue appointment letters	46
5. Attend appointment	The Attend Appointment process includes all steps to manage appointments after a patient attends their appointment.	47
5.1. CNA / Cancel appointment	The Can Not Attend / Cancel Appointment process details all steps to cancel appointments and complete all associated checks.	50
6.1. Follow up appointment	The Follow Up appointment process includes all steps in the management of follow up appointments for review patients.	53
6.2. Did Not Attend	The Did Not Attend process includes all steps to manage appointments after a patient did not attend their appointment.	56

Process Map: CRO High Level Process Map



6.1 CRO Process Step 2.1: Referral receipt and registration

This section includes a table with detailed steps for the Referral receipt and registration process. Each step represents a component within the process map which is included under the table.

Step	Description	Technology Gap
1. Send referral to CRO	The Source of Referral (SOR) submits a Referral as an electronic record through Healthlink or as a hard copy letter through the Post to the CRO. The SOR can be internal or external. Guidelines on the information to be included in the referral can be issued to the hospital if required.	C. 80% of GPs who represent the majority of external SORs use Healthlink.
2. Receive referral	The referral is received either as a Healthlink record or as a hard copy letter in the Post.	
3. Healthlink referral?	Decision point to confirm if the referral has been received from Healthlink or as a letter in the Post. If the referral has been received through Healthlink, the next step is Step 4. If the referral has been received through the Post, the next step is Step 5.	
4. Print letter from Healthlink	If the referral has been received through Healthlink, the letter is printed from Healthlink to facilitate the management of all Patient related records as hard copy files.	An E-HR solution could be utilised to manage all Patient data digitally.
5. Stamp letter	The letter is stamped with the date of receipt if it is a Postal letter and the date of creation of the referral on Healthlink if it was created in Healthlink.	i) If all referrals are reviewed and prioritised as eReferrals this step is not required. ii) Postal letters could be scanned and associated with the Patient record in a fully digitised solution.
6. Review letter	The letter is reviewed to ensure that the minimum administration information is included.	This can be done through Healthlink where a Healthlink referral is submitted.
7. Letter complete?	If the letter is not complete the next step is Step 8. If the letter is complete the next step is Step 14.	
8. Contact SOR to request required information	The SOR is contacted by the CRO to request the required information. This is currently done by telephone.	This information could be requested as an email or as a notification from a

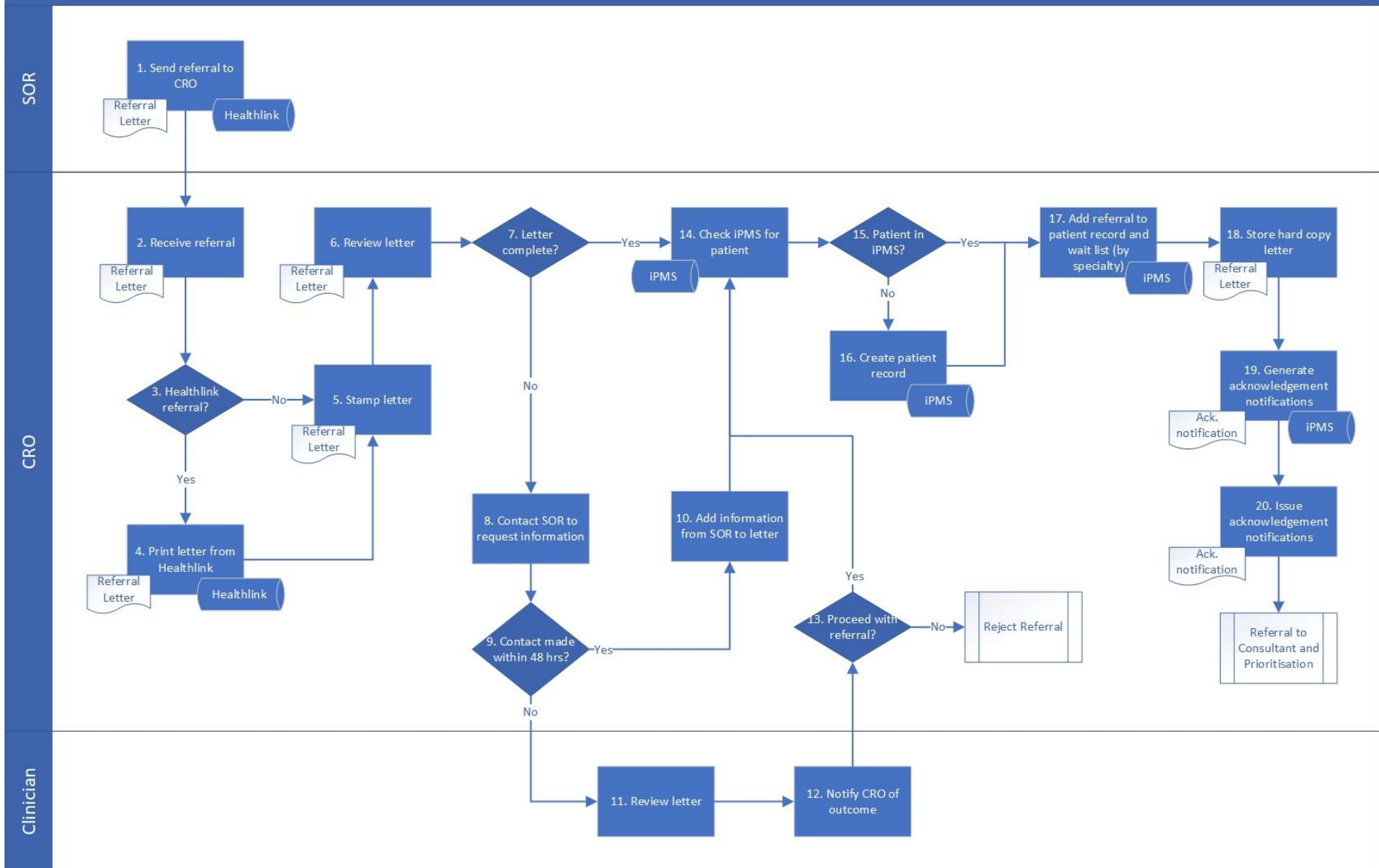
Step	Description	Technology Gap
		system such as Healthlink (functionality to be confirmed).
9. Contact made within 48 hours of receipt?	If contact has been made within 48 hours, the next step is Step 10. If contact has not been made within 48 hours, the next step is Step 11.	
10. Add information supplied from SOR to Letter	The information is amended using the following approach: <ul style="list-style-type: none"> Records shall not be erased or destroyed but shall be amended if incorrect Correction fluids shall not be used. The original entry shall remain visible Deletions or alterations shall be made by scoring out with a single line followed by: <ul style="list-style-type: none"> Signature (plus name in capitals) and counter signature, if appropriate Date and time of correct entry. Reason for amendment. Corrections shall be made as close to the original recording as possible. 	If a digital record of the referral is used then comments could be added immediately and retained as a permanent element of the referral record.
11. Review letter	The Clinician supporting review activities for the CRO will review the hard copy of the Letter.	The referral letter could be reviewed through a system such as Healthlink.
12. Notify CRO of outcome	The Clinician informs the CRO of the outcome of their review of the referral letter.	The outcome of the review could be recorded in a system and the CRO would then be notified that this is available.
13. Proceed with referral?	If the referral will be proceeded with the next step is Step 14. If the referral will not be proceeded with the next step is the Reject Referral process which is a separate process (see pg. 37)	Confirm in system - checks could be included in system checklist.
14. Check iPMS/PAS for Patient in referral	Access iPMS/PAS and search for the patient record.	Patient records to be transferred from referral system to iPMS/PAS without manual intervention.
15. Patient in iPMS/PAS?	If there is a patient record for the patient in the referral the next step is Step 17. If there is no patient record for the patient in the referral the next step is Step 16.	
16. Create Patient record	Create a new record for the referral patient in iPMS/PAS using the data in the referral letter.	Patient records to be transferred from referral system to iPMS/PAS

Step	Description	Technology Gap
		without manual intervention.
17. Add referral to patient record and wait list	Record details of the referral in iPMS/PAS for the patient record and add to the wait list.	Patient records to be transferred from referral system to iPMS/PAS without manual intervention.
18. Store hard copy of letter	The letter is stored to facilitate the management of all Patient related records as hard copy files.	An E-HR solution could be utilised to manage all Patient data digitally.
19. Generate acknowledgement notifications (within 7 working days) for SOR and patient / guardian	<p>The acknowledgement notification may be a letter or a Healthlink response or a SMS message to inform the patient/guardian and the SOR that the referral has been received.</p> <p>A Healthlink response is generated if the referral was received in Healthlink.</p> <p>If the notification is a letter this will be generated in iPMS/PAS and associated with the referral record.</p> <p>If the notification is a Healthlink response this is generated in Healthlink.</p> <p>If the notification is a SMS message this will be generated through the hospital's SMS messaging system.</p>	<p>Letter template in iPMS/PAS could be provided to automatically populate waiting times information.</p> <p>Notifications issued by SMS can be issued to the recipients immediately.</p> <p>Waiting time in the notification is to be automatically populated as these are not populated.</p>
20. Issue acknowledgement notifications (within 7 working days) to SOR and to patient / guardian	<p>The notification is sent as a letter by Post if a letter is generated in Step 19.</p> <p>If the notification is generated in Healthlink it is sent through Healthlink.</p> <p>If the notification is generated as a SMS message it is issued electronically.</p>	The letters could be issued digitally as emails to the SOR and the patient / guardian.
Referral to Clinician and Prioritisation	The referral is transferred to the Referral to Clinician and Prioritisation process.	Detailed in the Referral to Clinician and Prioritisation process.

Table 6.1 – Detailed steps for the Referral Receipt and Registration process

6.1 CRO Process Map Step 2.1: Referral receipt and registration

CRO To-Be Process 2.1 - Referral and Registration



6.2 CRO Process Step 2.2: Referral assignment to Clinician and referral prioritisation

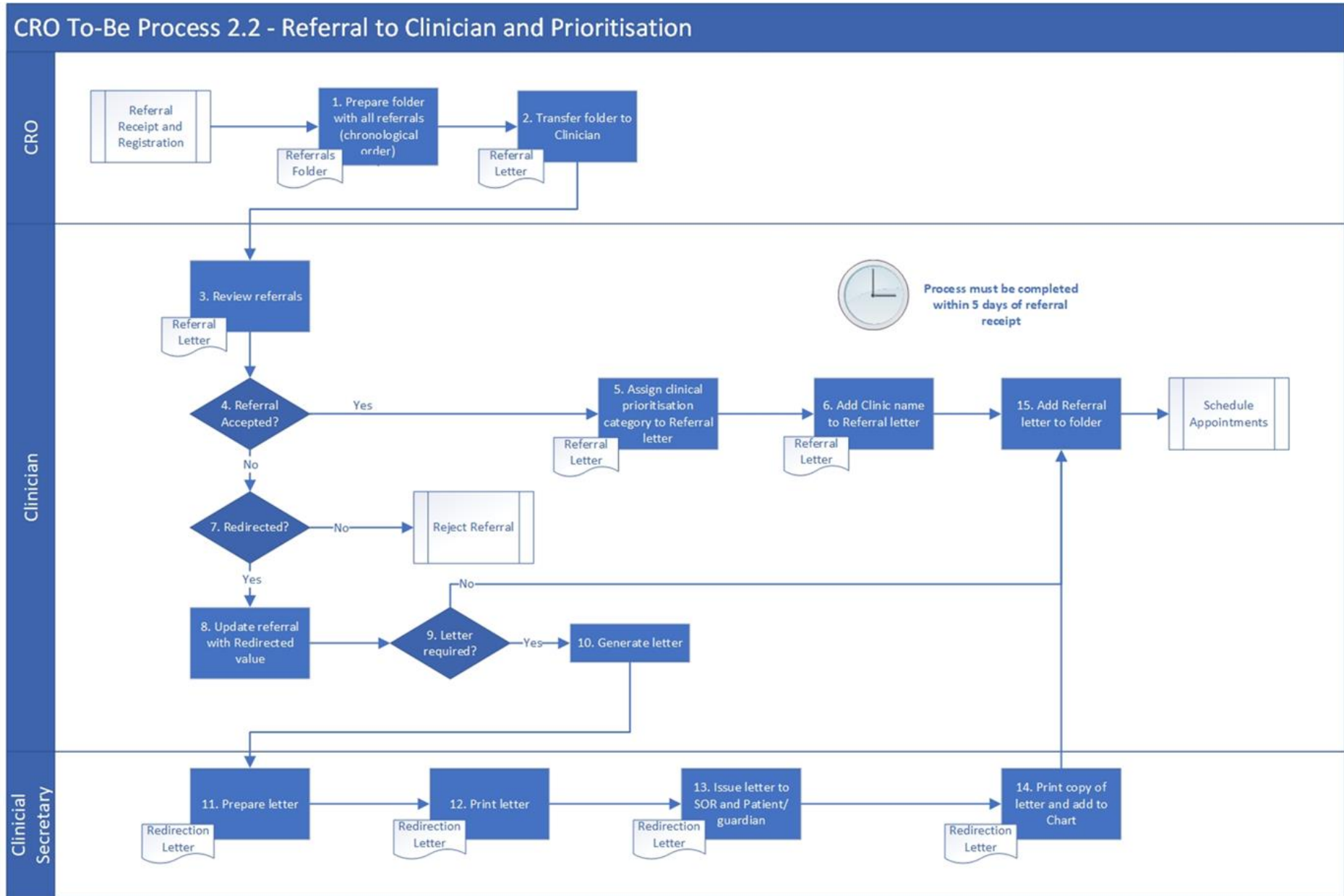
This section includes a table with detailed steps for the Referral assignment to Clinician and referral prioritisation process. Each step represents a component within the process map which is included under the table.

Step	Description	Technology Gap
1. Prepare folder with all referrals	The CRO officer places referrals in date order with the first referral received in the previous process on top of the folder.	A digital folder could be created within iPMS to facilitate reviews <i>(this functionality is to be confirmed)</i> .
2. Transfer folder to reviewing Clinician	The referral folder is provided to the Clinician who will review the referrals.	A system generated message could be sent to the Clinician when the referrals are ready for review.
3. Review referrals	The Clinician reviews the referrals that have been placed in the Folder by reviewing the hard copy referral documents.	The referrals could be reviewed in iPMS.
4. Referral accepted?	If the referral is accepted by the Clinician, the next step is Step 4.1. If the referral is not accepted by the Clinician, the next step is Step 7.	The review decision could be recorded digitally on iPMS.
5. Assign clinical prioritisation category to Referral letter	The Clinician assigns the clinical prioritisation category by ticking the appropriate box in the stamp that was applied to the referral letter in Process 2.1. Referral receipt and registration (see pg. 29)	The clinical prioritisation could be selected from a set list within iPMS for the referral record.
6. Add Clinic name to Referral letter	The Clinician notes the name of the clinic that the patient will be referred to directly on the referral letter.	The name of the clinic could be recorded with the referral record in iPMS.
7. Redirected?	If the Clinician determines that the referral is to be redirected the next step is Step 8. If the Clinician determines that the referral does not require redirection the next step is the Reject Referral process which is a separate process (see pg. 37)	
8. Update referral with redirected value	The Clinician writes "Redirected" on the Referral letter or ticks a category on the stamp on the Referral letter.	The name of the Clinician could be recorded with the referral record in iPMS.
9. Letter required for redirection?	If a specific letter is required to facilitate the redirection of the referral the next step is Step 10.	

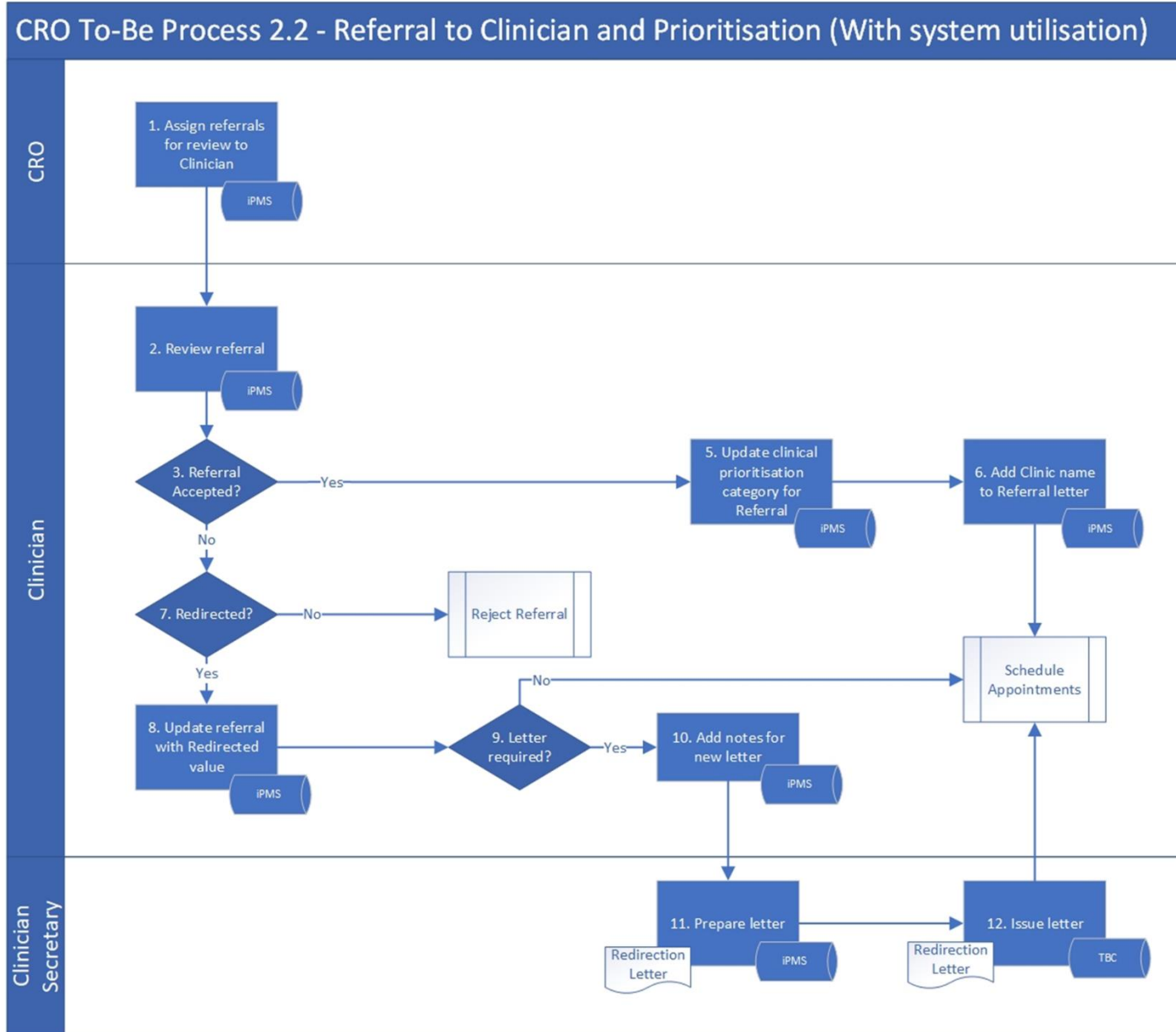
Step	Description	Technology Gap
	If a specific letter is not required to facilitate the redirection of the referral the next step is Step 10.	
10. Generate letter	The Clinician dictates notes for the new letter using a Dictaphone or TPro.	Notes for the letter could be recorded with the referral record in iPMS.
11. Prepare letter	The Clinician's Secretary types the new redirection letter in Microsoft Word.	The redirection letter could be generated in iPMS using the information entered by the Clinician in Step 11.
12. Print letter	The letter is printed from Microsoft Word.	The letters could be printed centrally as a scheduled batch job for the CRO. The letters could also be issued digitally to email addresses from iPMS.
13. Issue letter to SOR and to patient / guardian	The letter is sent to all recipients by Post.	The letters could be issued digitally as emails to the SOR and the patient / guardian.
14. Print copy of letter and add to Chart	The redirection letter is printed and added to the patient's paper chart.	i) The redirection letter could be stored with all of the patient data in a system. ii) The letter could be stored with the referral record in iPMS.
15. Add referral letter to folder	The referral letter is placed back in the folder, and this is then transferred back to the CRO.	The referrals could be progressed on an individual basis using iPMS rather than waiting for all referrals to be reviewed and placed back in the folder and transferred back to the CRO.

Table 6.2 – Detailed steps for the Referral assignment to Clinician and referral prioritisation process

1.2 CRO Process Map Step 2.2: Referral assignment to Clinician and referral prioritisation



CRO Process Map Step 2.2B: Referral assignment to Clinician and referral prioritisation (with system utilisation)



6.3 CRO Process Step 2.3: Reject Referrals

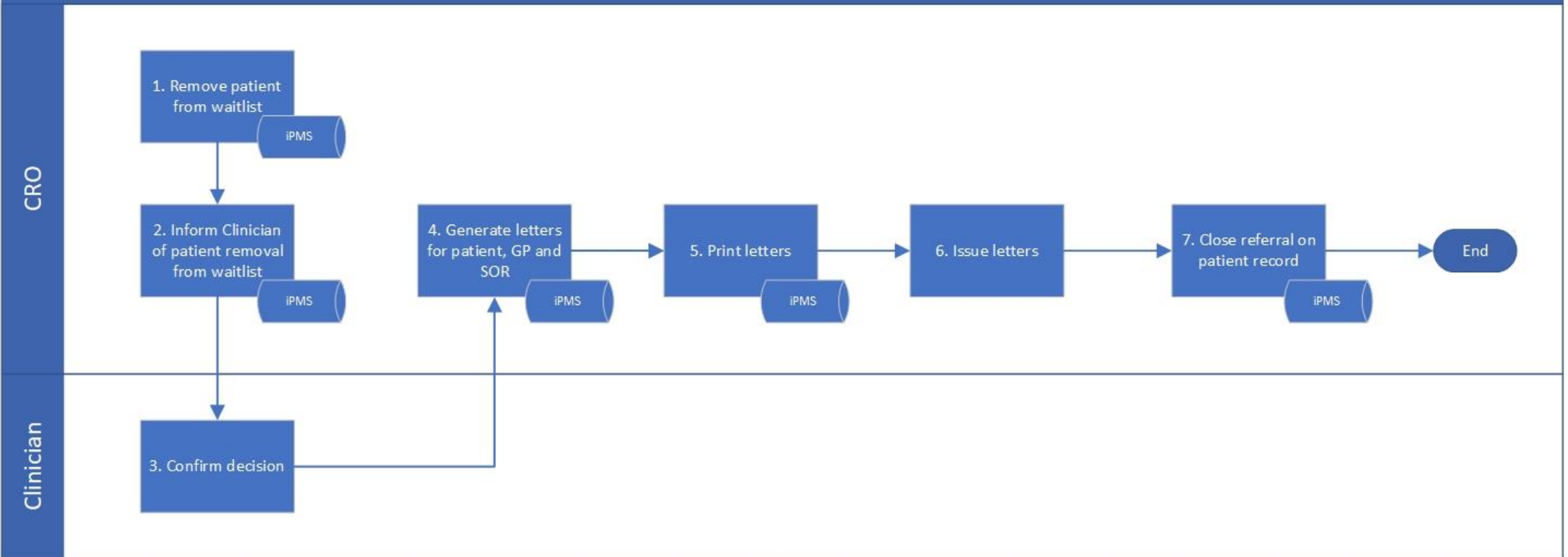
This section includes a table with detailed steps for the Reject Referrals process. Each step represents a component within the process map which is included under the table.

Step	Description	Technology Gap
1. Remove patient from waitlist	The CRO officer removes the patient record from the Clinician's waitlist.	
2. Inform Clinician of patient removal from waitlist	The CRO officer informs the Clinician that the patient record has been removed from the wait list.	The request for the Clinician to review this decision could be recorded in a system and then sent to the Clinician.
3. Confirm decision	The Clinician reviews the referral and confirms this decision.	The Clinician could record their decision in a system.
4. Generate letters for patient and SOR	The CRO officer generates letters to notify the patient/ patient guardian and the SOR that the patient has been removed from the waiting list.	The system could generate this letter automatically if the decision to reject the referral is recorded.
5. Print letters	The letter is printed from iPMS/PAS.	The letters could be printed centrally as a scheduled batch job for the CRO. The letters could also be issued digitally to email addresses from iPMS/PAS.
6. Issue letters	The letter is sent to all recipients by Post.	The letters could be issued digitally as emails to the patient / guardian.
7. Close referral on patient record	The CRO officer closes the referral on the patient record in iPMS/PAS.	

Table 6.3 – Detailed steps for the Reject Referral process

CRO Process Map Step 2.3: Reject Referrals

CRO To-Be Sub-Process 2.3 – Reject Referral



6.4 CRO Process Step 4: Schedule Appointment

This section includes a table with detailed steps for the Schedule Appointment process. Each step represents a component within the process map which is included under the table.

Step	Description	Technology Gap
1. Review referrals letters	The CRO officer reviews the referral letters in the folder sent to the CRO after the completion of Process 2.2 – Referral to Clinician and Prioritisation (see pg. 33).	The referrals could be viewed with all review notes in a system.
2. Update referral record with outcome of review	The CRO officer accesses iPMS/PAS, locates the patient referral record and updates the record with details from the Clinician review of the referral. This will include the clinical prioritisation category selected by the Clinician.	Referral review information could be sent directly within one system or through an integration with another system if the review completed in Process 2.2 (see pg. 33) was recorded at the time in a system.
3. Update waitlist for patient record	The patient record in iPMS/PAS is updated with the waitlist.	As noted for step 2 above, this could be completed automatically by a system. The waitlist would be updated on completion of the review based on certain conditions being met (e.g. category entered etc.).
Generate and Issue Letter	After Step 3, the wait list letter is generated as detailed in the Generate and Issue Letter process (see pg. 46). This letter is generated to inform the patient that they have been added to the wait list.	Detailed in Generate and Issue Letter process (see pg. 46).
4. Review Clinician assigned to referral	The CRO officer checks the referral letter for notations detailing the Clinician who will see the patient.	The referrals could be viewed with all review notes in a system.
5. Clinician update required?	If the CRO officer determines that the Clinician for the referral is to be updated the next step is Step 6. If the CRO officer determines that the Clinician for the referral is not to be updated the next step is Step 8. The decision on updating the Clinician for the referral may be related to information such as Clinician availability.	

Step	Description	Technology Gap
6. Transfer hard copy letter to Clinician's folder	The CRO officer transfers the printed referral letter to the updated Clinician's folder of referrals.	This could be transferred to a patient record on a system. An eHR solution would be required to facilitate this.
7. Transfer patient to Clinician waitlist on waiting list	The CRO officer transfers the patient record to the updated Clinician's waiting list.	
8. Triage is urgent?	If the prioritisation category assigned for the referral is urgent the next step is Step 9. If the prioritisation category assigned for the referral is not urgent the next step is the Generate and Issue Letter process (see pg. 46).	
Generate and Issue Letter (after step 8) – Offer of Appointment Letter	After Step 8, for non-urgent referrals the offer of appointment letter is generated as detailed in the Generate and Issue Letter process (see pg. 46). This letter is generated to inform the patient of their appointment date and it is issued 8 weeks before the appointment date. This letter will include text that provides a phone number for the patient to contact the CRO within 2 weeks for an appointment to be scheduled.	Detailed in Generate and Issue Letter process (see pg. 46).
9. Review capacity to schedule appointment within 28 days	The CRO officer reviews the Clinician's waiting list on iPMS/PAS to confirm that an appointment can be scheduled within 28 days.	
10. Capacity available?	If the CRO officer determines that an appointment can be scheduled within 28 days, the next step is Step 12. If the CRO officer determines that an appointment cannot be scheduled within 28 days, the next step is Step 11.	
11. Inform Clinician of capacity issue	The CRO Officer informs the Clinician that the patient cannot be seen within 28 days, and they confirm the most appropriate approach to manage this.	

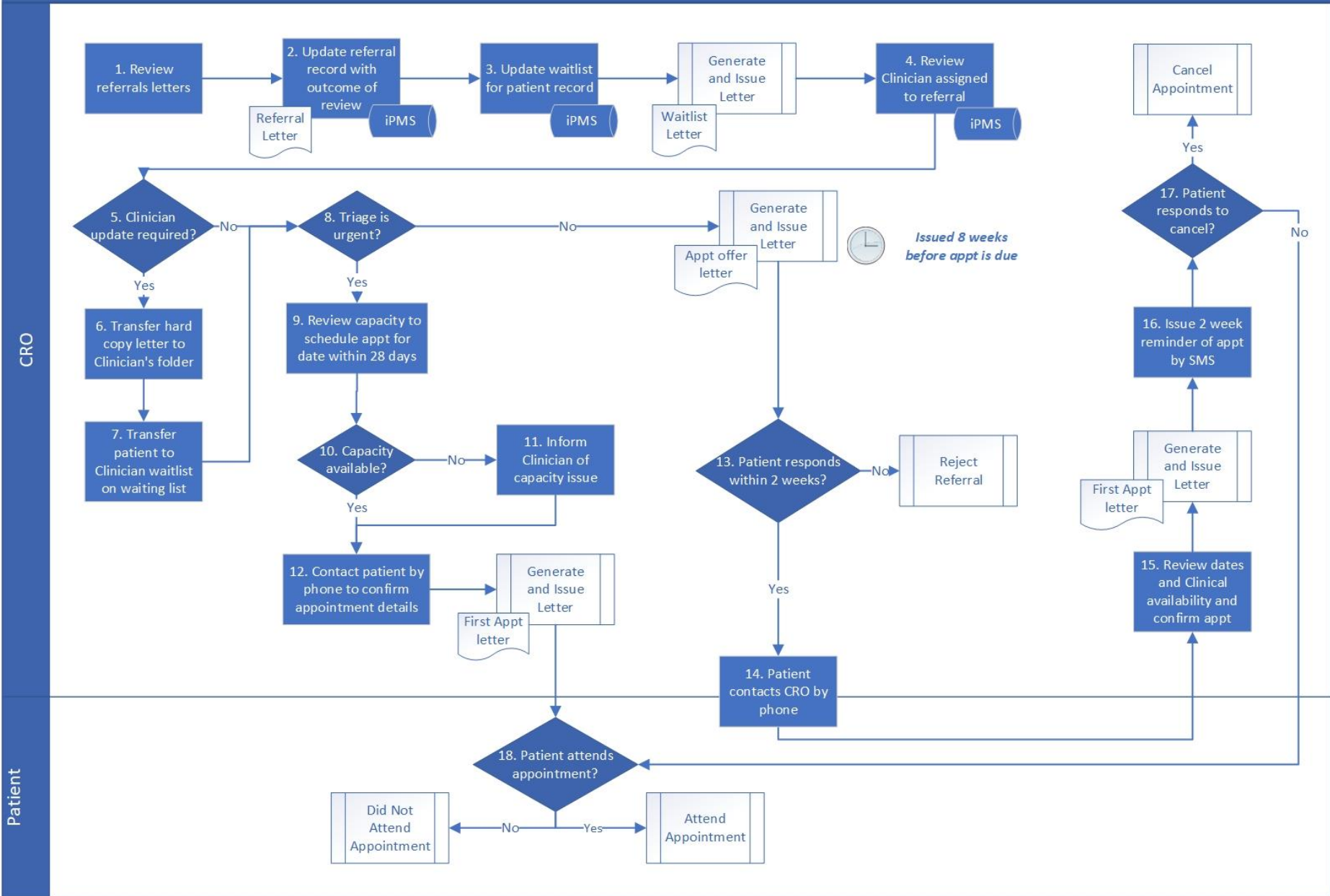
Step	Description	Technology Gap
12. Contact patient by phone to confirm appointment details	The CRO officer contacts the patient by telephone to determine an appointment date.	
Generate and Issue Letter (after step 12) – First Appointment Letter	After Step 12, the first appointment letter is generated as detailed in the process 4.1 Generate and Issue Letter (see pg. 46). This letter is generated to inform the patient of their appointment date. <i>Note – This may be delivered after the patient has attended their appointment if they are seen very quickly.</i>	Detailed in process 4.1 Generate and Issue Letter (see pg. 46).
13. Patient responds within 2 weeks?	If the patient contacts the phone number provided in the letter the next step is Step 14. If the patient does not contact the phone number provided in the letter the next step is process 2.3 Reject Referral (see pg. 37).	
14. Patient contacts CRO by phone	The patient contacts the CRO using the telephone number provided in the offer of appointment letter.	The patient could schedule their own appointment using a web portal that would display available appointments at the required time.
15. Review dates and Clinician availability and confirm appt	The CRO officer reviews available times and dates when the patient contacts the telephone number provided in the offer of appointment letter and confirms the appointment time with the patient.	The patient could schedule their own appointment using a web portal that would display available appointments at the required time.
Generate and Issue Letter (after step 15) – First Appointment Letter	After Step 15, the first appointment letter is generated as detailed in process 4.1 Generate and Issue Letter (see pg. 46). This letter is generated to inform the patient of their appointment date.	Detailed in process 4.1 Generate and Issue Letter (see pg. 46).
16. Issue 2-week reminder of appt by SMS or Reminder Letter	An SMS is sent to the patient 2 weeks before the scheduled appointment date. It is expected that the patient will only respond to the text if they are cancelling the appointment.	The SMS generation and issue could be automated based on dates entered in iPMS/PAS for the patient appointment (to be

Step	Description	Technology Gap
	The letter is an alternative letter option in the event that SMS reminder is not available to the hospital.	confirmed how this aligns with current practice).
17. Patient responds to cancel?	If the patient does not respond to the SMS, the next step is Step 18. If the patient responds to the SMS, the next step is the Cancel Appointment process (see pg. 50).	The patient could cancel their appointment by responding with a specific message to the SMS or by cancelling their appointment in a web portal where appointments are scheduled and cancelled.
18. Patient attends appointment?	If the patient attends the next step is process 4 Attend Appointment (see pg. 47). If the patient does not attend the next step is the Did Not Attend Appointment process (see pg. 56).	Detailed in process 4 Attend Appointment (see pg. 47) and process 6.2 Did Not Attend Appointment (see pg. 56).

Table 6.5 – Detailed steps for the Schedule Appointment process

CRO Process Map Step 4: Schedule Appointment

CRO To-Be Process 4 – Schedule Appointments



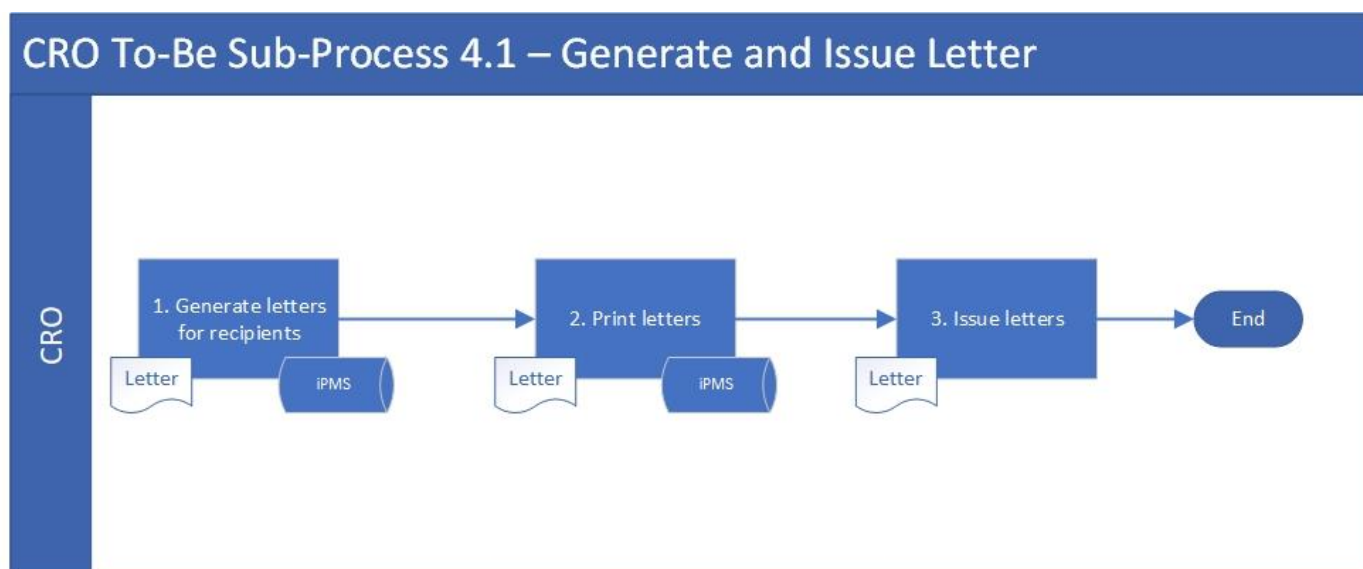
6.5 CRO Process Step 4.1: Generate and Issue Letters

This section includes a table with detailed steps for the Generate and Issue Letters process. Each step represents a component within the process map which is included under the table.

Step	Description	Technology Gap
1. Generate letters for recipients	The CRO officer generates letters to inform the patient/guardian of the patient and/or the SOR of key steps in the referral management process. The letter generated will be the letter associated with the step 15 in Process 4. Schedule Appointment (see pg. 41)	The system could generate this letter automatically if the system recognised what letter should be generated in the stage of the process.
2. Print letters	The letter is printed from iPMS/PAS.	The letters could be printed centrally as a scheduled batch job for the CRO. The letters could also be issued digitally to email addresses from iPMS/PAS.
3. Issue letters	The letter is sent to all recipients by Post.	The letters could be issued digitally as emails to the patient / guardian.

Table 6.6 – Detailed steps for the Generate and Issue Letters process

CRO Process Map Step 4.1: Generate and Issue Letters



6.6 CRO Process Step 5: Attend Appointment

This section includes a table with detailed steps for the Attend Appointment process. Each step represents a component within the process map which is included under the table.

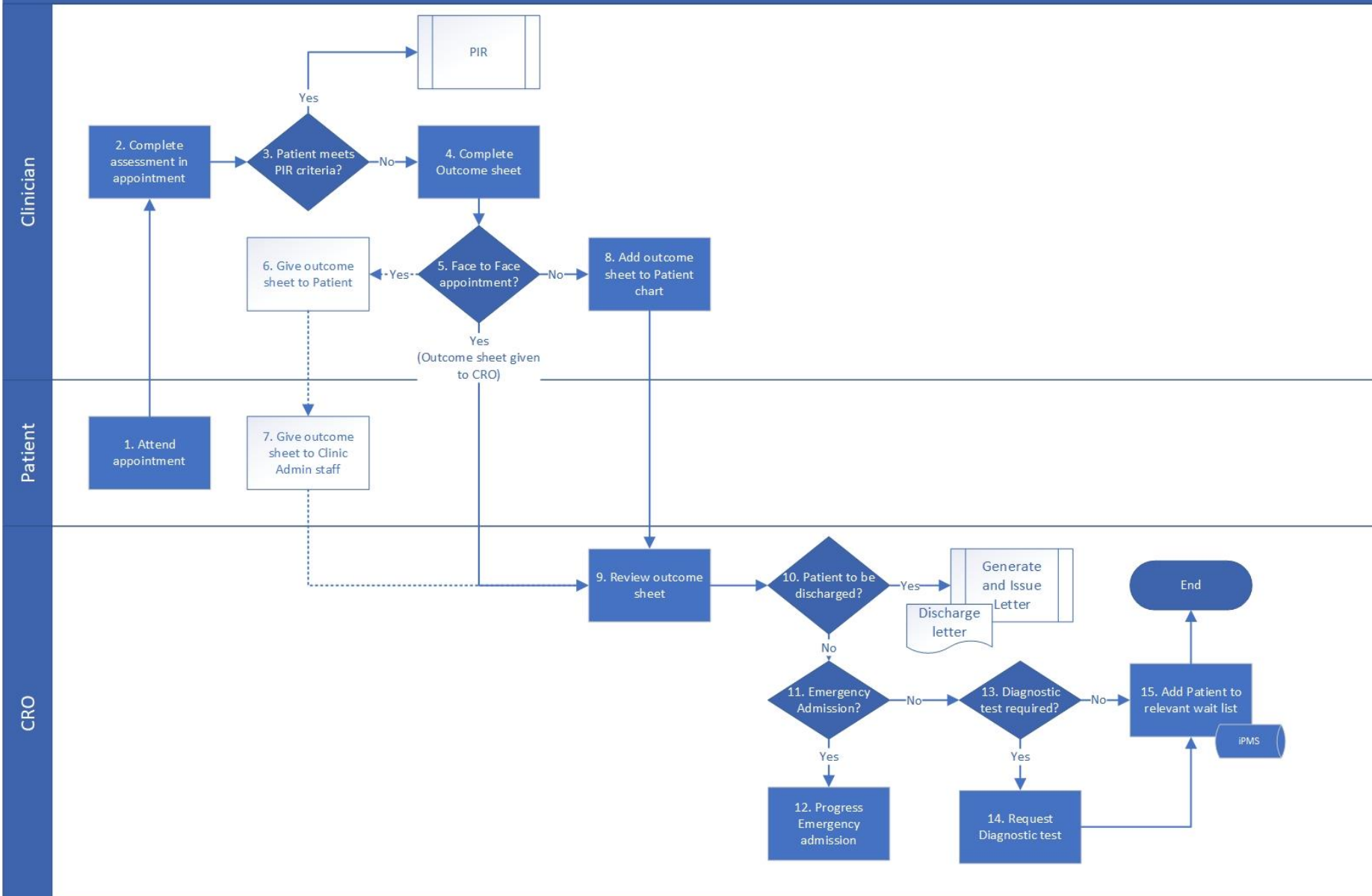
Step	Description	Technology Gap
1. Attend appointment	The patient attends their scheduled appointment.	
2. Complete assessment in appointment	The Clinician completes their assessment of the patient during the appointment. All clinical information for the patient including the relevant referral and all diagnostic tests completed for the patient is included in the paper chart record for the patient.	The system could display all clinical information including the review of the relevant referral and all diagnostic tests completed for the patient.
3. Patient meets PIR criteria?	If the Clinician determines that the patient meets specific PIR criteria (as defined by the specialty) the next step is the PIR sub-process. If the Clinician determines that the patient does not meet specific PIR criteria (as defined by the specialty) the next step is Step 4.	
4. Complete outcome sheet	The Clinician completes the paper outcome sheet with the outcome of their assessment.	The system could provide a facility for the Clinician to record the outcome of their assessment.
5. Face to face appointment?	If the appointment has taken place face to face (or in person) the next step is Step 6. If the appointment has taken place as a virtual appointment (by video or telephone call) the next step is Step 7.	
6. Give outcome sheet to patient	The Clinician gives the completed outcome sheet to the patient and asks them to give the sheet to the Clinic Admin staff when they leave the appointment.	This would not be required if the system provided a facility for the Clinician to record the outcome of their assessment.
7. Give outcome sheet to Clinic Admin staff	The patient gives the completed outcome sheet to the Clinic Admin staff when they leave their appointment.	This would not be required if the system provided a facility for the Clinician to record the outcome of their assessment.
8. Add outcome sheet to Patient chart	If the appointment was not a face-to-face appointment the Clinician adds the completed outcome sheet to the patient's chart.	

Step	Description	Technology Gap
9. Review outcome sheet	The CRO officer reviews the paper outcome sheet.	The CRO officer could review the outcome sheet within a system after the Clinician has recorded the information there.
10. Patient to be discharged?	If the Clinician has recorded that the patient should be discharged a discharge letter is generated as detailed in the process 4.1 Generate and Issue Letter (see pg. 46). If the Clinician has not recorded that the patient should be discharged the next step is Step 11.	The system could assess the relevant patient information to propose the next step.
Generate and Issue Letter (after step 10) – Discharge Letter	After Step 10, the discharge letter is generated as detailed in the process 4.1 Generate and Issue Letter (see pg. 46) and is issued to the SOR.	Detailed in process 4.1 Generate and Issue Letter (see pg. 46).
11. Emergency Admission?	If the Clinician has recorded that the patient requires an emergency admission the next step is Step 12. If the Clinician has not recorded that the patient requires an emergency admission the next step is Step 13.	The system could assess the relevant patient information to propose the next step.
12. Progress Emergency admission	The CRO officer progresses an emergency admission for the patient.	
13. Diagnostic test required?	If the Clinician determines that a diagnostic test is required, the next step is Step 14. If the Clinician determines that a diagnostic test is not required, the next step is Step 15.	The system could assess the relevant patient information to propose the next step.
14. Request diagnostic test	The CRO officer requests the diagnostic test that were proposed by the Clinician in the outcome sheet.	
15. Add Patient to relevant wait list	The CRO officer adds the patient to the relevant wait list on iPMS/PAS.	

Table 6.7 – Detailed steps for the Attend Appointment process

CRO Process Map Step 5: Attend Appointment

CRO To-Be Process 5 – Attend Appointment



6.7 CRO Process Step 5.1: Can Not Attend / Cancel Appointment

This section includes a table with detailed steps for the Can Not Attend / Cancel Appointment process. Each step represents a component within the process map which is included under the table.

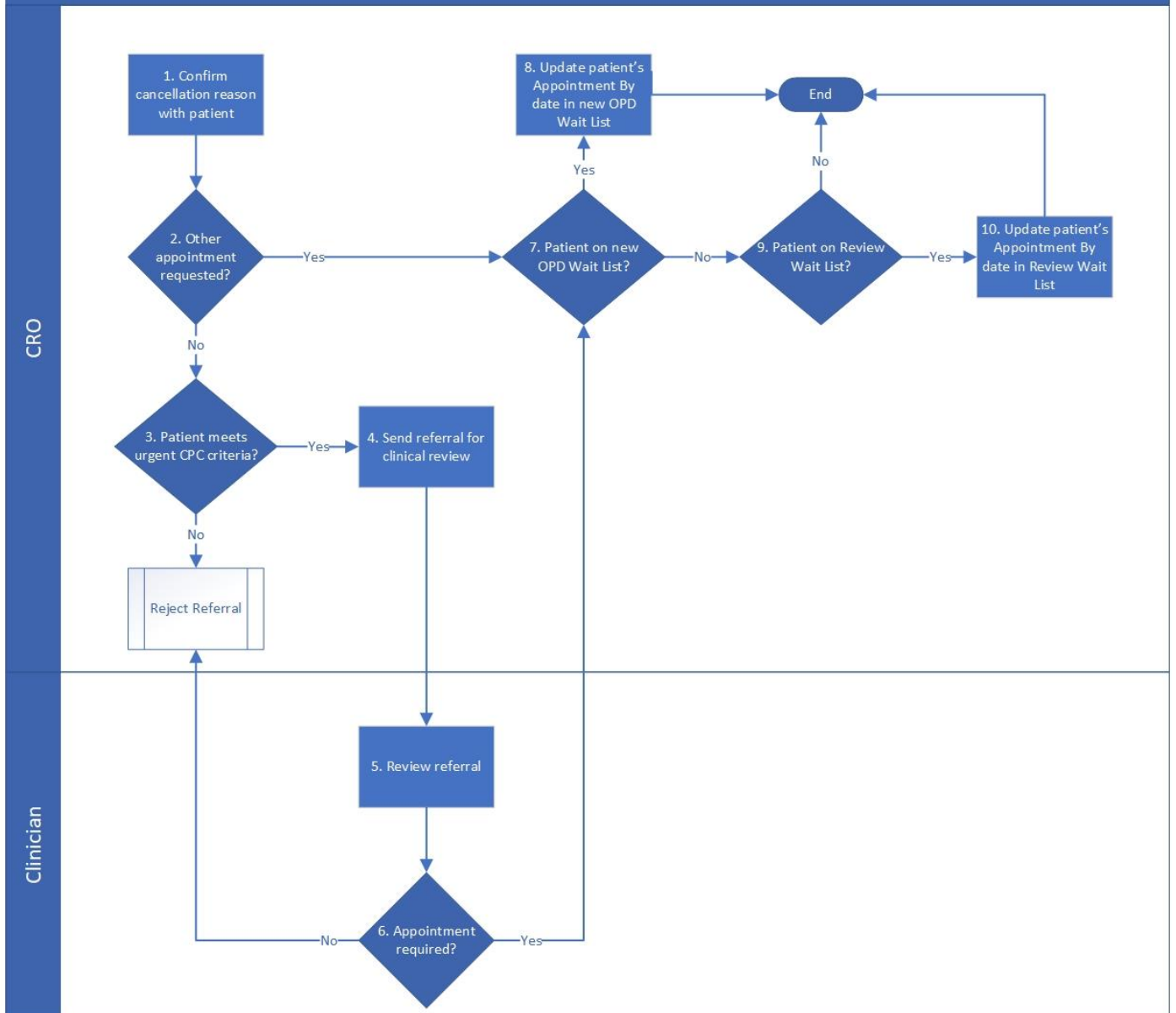
Step	Description	Technology Gap
1. Confirm cancellation reason with patient	The CRO officer confirms the reason for cancellation with the patient when they contact the CRO to cancel their appointment.	The patient could be requested to record their reason for cancellation of their appointment using a web portal where appointments are scheduled and cancelled.
2. Other appointment requested?	If the patient requests another appointment to be scheduled the next step is Step 7. If the patient does not request another appointment to be scheduled the next step is Step 3.	The patient could be offered the option to reschedule their appointment using a web portal where appointments are scheduled and cancelled. Note – this facility would be dependent on the definition of specific criteria to allow rescheduling.
3. Patient meets urgent criteria?	If the patient does not request another appointment but the CRO officer has determined that the patient meets specific urgent criteria (identified on their record as urgent, and/or high clinical, and/or social needs) the next step is Step 4. If the patient does not request another appointment and the CRO officer has determined that the patient does not meet specific urgent criteria (identified on their record as urgent, and/or high clinical, and/or social needs) the next step is the Reject Referral process outlined in process 2.3 Reject Referral (see pg. 37)	The system could assess the relevant patient information to propose the next step.
4. Send referral for clinical review	The CRO officer sends the referral to the Clinician for review.	A digital folder could be created within iPMS/PAS to facilitate reviews

Step	Description	Technology Gap
		<i>(this functionality is to be confirmed).</i> A system generated message could be sent to the Clinician when the referrals are ready for review.
5. Review referral	The Clinician reviews the referral to determine if another appointment should be offered to the patient.	The referrals could be reviewed in iPMS/PAS.
6. Appointment required?	If the Clinician determines that an appointment is required, the next step is Step 7. If the Clinician determines that an appointment is not required, the next step is process 2.3 Reject Referral (see pg. 37).	The system could assess the relevant patient information to propose the next step.
7. Patient on new OPD Wait List?	The CRO Officer reviews the new OPD Wait List to confirm if the patient is in the List. If the patient is on the List the next step is Step 8. If the patient is not on the List the next step is Step 9.	
8. Update patient's Appointment By date in new OPD Wait List	The patient's Appointment By date is updated in the new OPD Wait List.	
9. Patient on Review Wait List?	The CRO Officer reviews the Review Wait List to confirm if the patient is in the List. If the patient is on the List the next step is Step 10. If the patient is not on the List the process is ended.	
10. Update patient's Appointment By date in Review Wait List	The patient's Appointment By date is updated in the Review Wait List.	

Table 6.8 – Detailed steps for the Cancel Appointment process

CRO Process Map Step 5.1: Can Not Attend / Cancel Appointment

CRO To-Be Sub-Process 5.1 – Can not Attend / Cancel Appointment



6.8 CRO Process Step 6.1: Follow Up Appointment (Review Patients)

This section includes a table with detailed steps for the Follow Up Appointment (Review Patients) process. Each step represents a component within the process map which is included under the table.

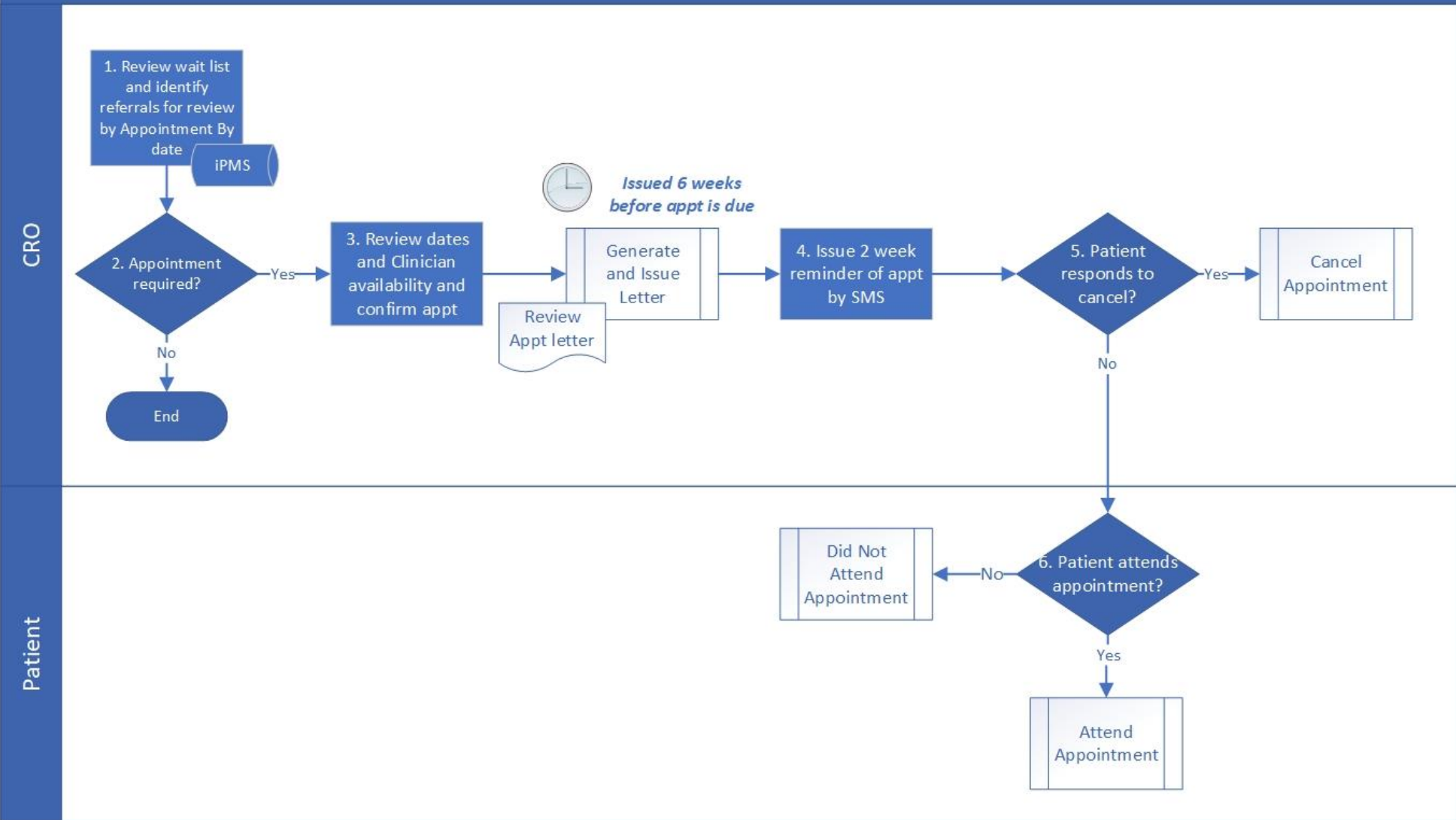
Step	Description	Technology Gap
1. Review wait list and identify referrals for review appt.	The CRO officer reviews iPMS to identify patients who have already attended at least one appointment and who are required to have a follow up appointment.	
2. Appointment Required	Decision point to confirm if another appointment is required for the patient. If another appointment is required, the next step is the process 4.1 Generate and Issue Letter (see pg. 46) which takes place 6 weeks before the appointment should take place.	
3. Review dates and Clinician availability and confirm appt	The CRO officer reviews available times and dates as to when the Clinician can meet the patient.	If partial booking is in place, the patient could schedule their own appointment using a web portal that would display available appointments at the required time.
Generate and Issue Letter	After Step 3, the review appointment letter is generated as detailed in the process 4.1 Generate and Issue Letter (see pg. 46). This letter is generated to inform the patient of their appointment date.	Detailed in process 4.1 Generate and Issue Letter (see pg. 46).
4. Issue 2-week reminder of appt by SMS	An SMS is sent to the patient 2 weeks before the scheduled appointment date. It is expected that the patient will only respond to the text if they are cancelling the appointment.	The SMS generation and issue could be automated based on dates entered in iPMS for the patient appointment (to be confirmed how this aligns with current practice).
5. Patient responds to cancel?	If the patient does not respond to the SMS, the next step is Step 8. If the patient responds to the SMS, the next step is process 5.1 CNA/ Cancel Appointment (see pg. 50).	The patient could cancel their appointment by responding with a specific message to the SMS or by cancelling their appointment in a web portal where appointments

Step	Description	Technology Gap
		are scheduled and cancelled.
6. Patient attends appointment?	If the patient attends the next step is process 5. Attend Appointment (see pg. 47). If the patient does not attend the next step is process 6.2 Did Not Attend Appointment (see pg. 56).	Detailed in process 5. Attend Appointment (see pg. 47) and process 6.2 Did Not Attend Appointment (see pg. 56).

Table 6.9 – Detailed steps for the Follow up appointment (Review patient) process

CRO Process Map Step 6.1: Follow Up Appointment (Review patients)

CRO To-Be Process 6.1 – Follow Up Appointment (Review Patients)



6.9 CRO Process Step 6.2: Did Not Attend (DNA)

This section includes a table with detailed steps for the Did Not Attend process. Each step represents a component within the process map which is included under the table.

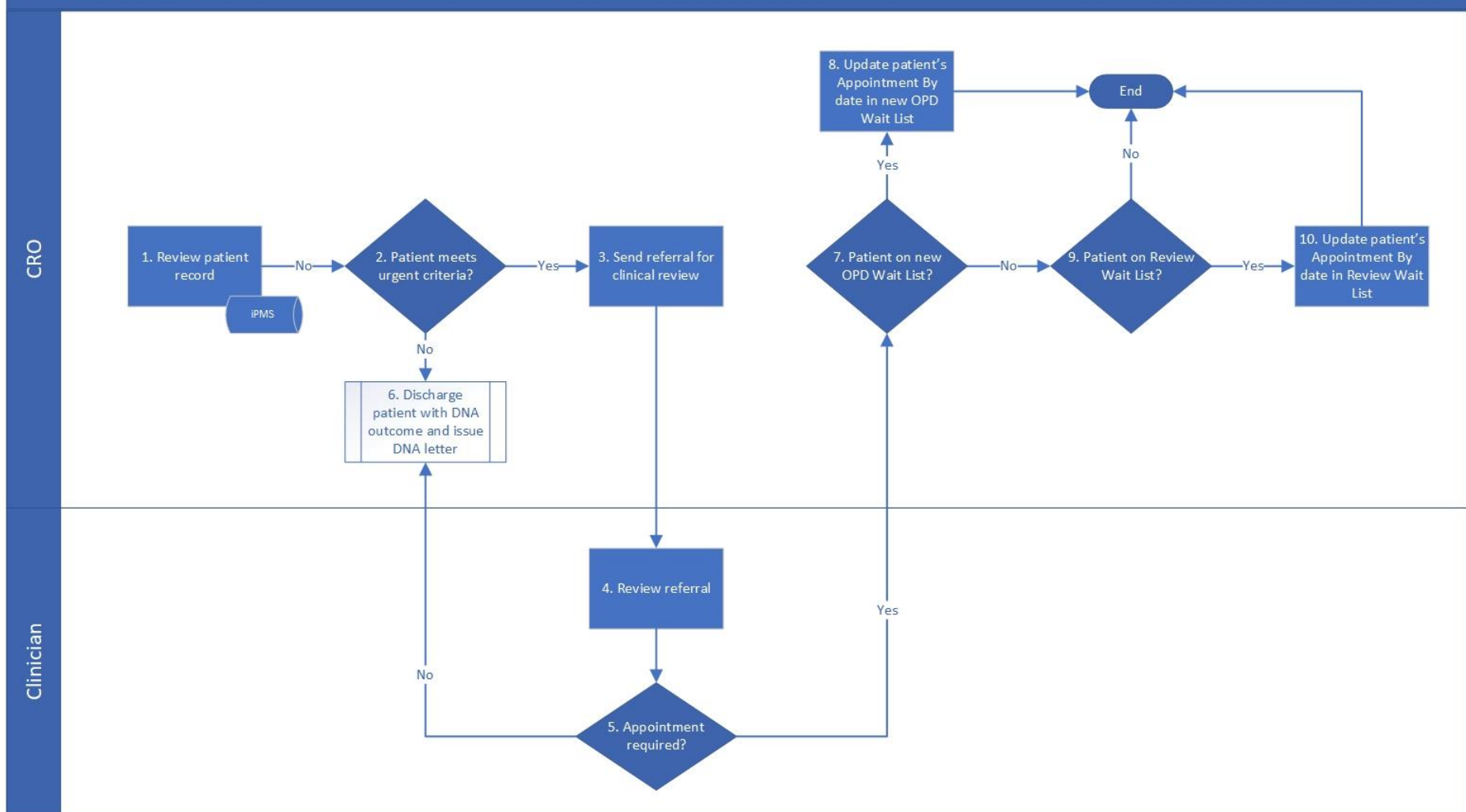
Step	Description	Technology Gap
1. Review patient record	The CRO officer reviews the patient's record on iPMS/PAS after they did not attend their appointment.	The patient could be requested to record their reason for not attending their appointment using a web portal where appointments are scheduled and cancelled.
2. Patient meets urgent criteria?	If the CRO officer determines that the patient meets specific urgent criteria (identified on their record as urgent, and/or high clinical, and/or social needs) the next step is Step 3. If the CRO officer determines that the patient does not meet specific urgent criteria (identified on their record as urgent, and/or high clinical, and/or social needs) the next step is process 2.3 Reject Referral (see pg. 37).	The system could assess the relevant patient information to propose the next step.
3. Send referral for clinical review	The CRO officer sends the referral to the Clinician for review.	A digital folder could be created within iPMS/PAS to facilitate reviews <i>(This functionality is to be confirmed)</i> . A system generated message could be sent to the Clinician when the referrals are ready for review.
4. Review referral	The Clinician reviews the referral to determine if another appointment should be offered to the patient.	The referrals could be reviewed in iPMS/PAS.
5. Appointment required?	If the Clinician determines that an appointment is required, the next step is Step 7. If the Clinician determines that an appointment is not required, the next step is Step 6.	The system could assess the relevant patient information to propose the next step. The system could provide functionality for the Clinician to record their decision.
6. Discharge patient with DNA outcome and issue DNA letter	The CRO officer discharges the patient and records DNA as the outcome reason for this in iPMS/PAS. The CRO officer also generates and issues a DNA letter to the patient/patient guardian, SOR and GP.	The system could automate this step when the Clinician records their decision that another appointment is not required.

Step	Description	Technology Gap
7. Patient on new OPD Wait List?	The CRO Officer reviews the new OPD Wait List to confirm if the patient is in the List. If the patient is on the List the next step is Step 8. If the patient is not on the List the next step is Step 9.	
8. Update patient's Appointment By date in new OPD Wait List	The patient's Appointment By date is updated in the new OPD Wait List.	
9. Patient on Review Wait List?	The CRO Officer reviews the Review Wait List to confirm if the patient is in the List. If the patient is on the List the next step is Step 10. If the patient is not on the List the process is ended.	
10. Update patient's Appointment By date in Review Wait List	The patient's Appointment By date is updated in the Review Wait List.	

Table 6.10 – Detailed steps for the Did Not Attend process

CRO Process Map Step 6.2: Did Not Attend

CRO Process Step 6.2 – Did Not Attend Appointment



CHAPTER 7: CRO LETTER & COMMS PACK

TO BE ADAPTED LOCALLY

Contents covered in this Chapter:

- 7.0 Overview
- 7.1 Acknowledgement of Receipt of Referral (Patient Only)
- 7.2 Referral Accepted and Placement on the Waiting List with CPC
- 7.3 Notification that the referral is redirected
- 7.4 Notification that the referral is rejected
- 7.5 Partial Booking Letter
- 7.6 Appointment Letter
- 7.7 Reminder Letter (alternative to SMS)
- 7.8 DNA Letter (Letter to urgent or high clinical and/or social needs)
- 7.9 DNA letter (removed from WL)
- 7.10 Cannot Attend (CAN) Letter (removed from WL)



Target Audience:
Scheduled Care Leads

Chapter 7: CRO Letter and Communications Pack (to be adapted locally)

7.0 Overview

A Central Referral Office encompasses referral and booking processes from the decision to refer through to scheduling of first and subsequent appointments in the Acute Hospital and Community settings. As outlined in the Multi-Annual Waiting Lists Reduction Plan, the purpose of a CRO is to: (i) engage patients in decision making processes regarding planning their care and treatment, (ii) centralise referral and booking processes, (iii) ensure that patients are on the most appropriate care pathway and (iv) ensure that patients are seen as soon as possible.

Letters are issued at key stages during the CRO processes. These are issued to patients or guardians of patients, Source of Referrals (SORs) and GPs. Letter templates have been developed and these can be customised. The letter templates are provided to the hospital and updated as required.

This document includes nine letter templates, which are to be populated accordingly and customised as required to the local hospital.

Letters

A total of eleven letters have been defined and these are detailed in this section. For each letter, the text of the letter is included in this section.

An overview of the letters and the processes that are issued in is included in the table below.

Letter	When to issue	Related process
1. Acknowledgement of Receipt of Referral (Patient Only)	This is issued when the referral has been checked by the CRO officer and it has been added to the specialty wait list.	Process 2.1 – Referral Receipt and Registration
2. Referral Accepted and Placement on the Waiting List with CPC	This is issued to the SOR to inform them of the patient’s clinical prioritisation.	Process 2.1 – Referral Receipt and Registration
3. Notification that the referral is redirected	This is issued to the SOR to inform them that the referral has been reviewed and has been redirected.	Process 2.2 – Referral assignment to Clinician and prioritisation
4. Notification that the referral is rejected	This is issued to the GP, SOR and patient when the referral is rejected.	Process 2.3 – Reject referral
5. Partial Booking Letter	This is issued to the patient 8 weeks before the appointment date and	Process 4 – Schedule Appointments

Letter	When to issue	Related process
	includes instructions to cancel the CRO within 14 days to select their appointment time.	
6. Appointment Letter	This is issued to the patient when their appointment details are confirmed after they contact the CRO and select their appointment time.	Process 4 – Schedule Appointments
7. Reminder Letter (alternative to SMS)	A reminder of appointment is issued 2 weeks in advance typically by SMS. This letter is an alternative letter option in the event that SMS reminder is not available to the hospital.	Process 4 – Schedule Appointment
8. Virtual Appointment Letter	This is issued to the patient when their appointment details are confirmed after they contact the CRO and select their virtual appointment time.	Process 4 – Schedule Appointments
9. DNA letter (letter to urgent or high clinical and/or social needs)	This is issued to a patient who did not attend their appointment and their Clinician has determined that another appointment should be offered to them.	Process 6.2 – Did Not Attend Appointment
10. DNA letter (removed from Waiting List)	This is issued to a patient who did not attend their appointment and their Clinician has determined that another appointment should not be offered to them.	Process 6.2 – Did Not Attend Appointment
11. Cannot Attend (CNA) Letter (removed from Waiting List)	This is issued to a patient who cannot attend their appointment and their Clinician has determined that another appointment should not be offered to them.	Process 5.1 CNA / Cancel Appointment

7.1 Acknowledgement of Receipt of Referral (Patient Only)

<Insert Header>

< Date >

< Patient name >

< Patient address >

< Patient address >

Dear <Patient>,

Patient ID: <Healthcare Record Number>

Name: < Patient Name>

Date of Birth: <Date of Birth>

I wish to confirm that we have received a <speciality> referral for you and this referral has been added to the <speciality>Outpatient waiting list.

Your referral will be reviewed by the <speciality> and as part of this process you will receive a phone call from one of our clinicians as part of our advanced clinical prioritisation process.

If you receive an appointment elsewhere or you wish to be removed from the waiting list, we would be grateful if you contact us immediately on Ph: {insert phone no} or email: {insert email}

Thank you,

Yours sincerely,

< User Name >

Central Referrals Office

Phone:

Email:

cc: < SOR name >, <GP>

7.2 Referral Accepted and Placement on the Waiting List with CPC

<Insert Header>

<Insert SOR/GP Information>

<Insert Date>

Dear Dr. ,

Reference:

Patient ID:

Patient Name:

Date of Birth:

We received a referral for the above patient. This patient has been added to the <Hospital Specialty> OPWL. The referral has been reviewed by a Consultant and graded <Urgent> <Semi-Urgent><Non-urgent>

If your patient has received an appointment elsewhere or now wishes to be removed from the waiting list, we would be grateful if you contact us immediately on Phone: {insert number} or email: {insert email address}

Yours sincerely,

Central Referrals Office

Tel: {Insert Number}

Email: {Insert Email address}

c.c. <SOR>, <Patient or Parent/Guardian>

7.3 Notification that the referral is redirected

<Insert Header>

< Date >

< SOR/GP >

<Address>

Dear Dr,

Patient ID: <Healthcare Record Number>

Name: < Patient Name>

Date of Birth: <Date of Birth>

I wish to confirm that we have received a <speciality> referral from your service.

On review of the referral a clinical decision has been made to **redirect** this referral to a more appropriate service _____. We will forward on the letter of referral for clinician review and triage.

If you have any queries at all in relation to this, please do not hesitate to contact us:

Phone: {Insert Number} or Email: {Insert email address}

Thank you,

Yours sincerely,

< User Name >

Central Referrals Office

Tel: {Insert Phone Number}

Email: {Insert email address}

cc: <Patient or Parent/Guardian>,<GP>

7.4 Notification that the referral is rejected

<Insert Header>

< Date >

< SOR name >

< SOR address >

Dear Dr,

Patient ID: <Healthcare Record Number>

Name: < Patient Name>

Date of Birth: <Date of Birth>

I wish to confirm that we have received a <speciality> referral from your service. On review of the referral a decision has been made to reject this referral. Referrals are rejected based on the following criteria:

- The referral has been deemed as an inappropriate referral (i.e. the service/speciality/procedure is not delivered by the hospital).

OR

- The referral contains insufficient clinical information and we are therefore returning this referral to you.

If you have any queries at all in relation to this, please do not hesitate to contact us:

Phone: {Insert Number} or Email: {Insert email address}

Thank you,

Yours sincerely,

< User Name >

Central Referrals Office

Tel: {Insert Number}

Email: {Insert Email Address}

cc: <Patient or Parent/Guardian>, <GP>

7.5 Partial Booking Letter

<Insert Header>

«PatientTitle» «PatientForename» «PatientSurname»

«PatientAddressLine1»

«PatientAddressLine2»

«PatientAddressLine3»

«PatientAddressLine4»

«CurrentDate»

Patient ID: «PatientID»

Outpatient Appointment Offer Letter

Dear «PatientTitle» «PatientSurname»,

You are currently on a waiting list for an outpatient consultation with «Clinician» «WaitingListName».

We are now in a position to offer you an appointment within the {Insert Hospital Group/Hospital}. Please contact the Central Referrals Office on {Insert Phone Number}to arrange an appointment date and time.

If we do not hear from you within **14 days**, we will presume that you no longer require an appointment, and your name will be removed from the waiting list. Your GP and Consultant will be informed.

Yours sincerely,

«UserName»

Central Referrals Office
Phone: {Insert Number}
Email: {Insert email address}

7.6 Appointment Letter

<Insert Header>

<Patient Name>

<Address Line 1>

<Address Line 2>

<Address Line 3>

MRN: <number>

Date of Birth: <DD/MM/YYYY>

Date: <DD/MM/YYYY>

Outpatient Appointment Letter

Dear <Insert Patient Name>,

An appointment has been arranged for you to attend <Insert Clinician Name>, <Insert Specialty> outpatient clinic in <Insert Hospital Name> on:

Appointment Date: DD/MM/YYYY

Time: HH:MM

If you are unable to attend or if you wish to cancel this appointment, please contact the Hospital immediately so that **your appointment can be offered to another patient:**

Email <Insert> or by phone on <Insert>

In line with the National Outpatient Waiting List Protocol 2022,
you may be removed from the Outpatient Waiting List for this speciality if you do not attend this appointment and have not contacted the hospital in advance.

Failure to attend generates a wasted appointment at a cost of €129 to the hospital and a longer wait time for another patient

**INSERT LOCAL HOSPITAL / SPECIALITY
INFORMATION AS REQUIRED HERE**

Yours sincerely,
Central Referrals
Phone: <Insert>
Email: <Insert>

7.7 Reminder Letter (alternative to SMS)

<Insert Header>

<Patient Name>

<Address Line 1>

<Address Line 2>

<Address Line 3>

MRN: <number>

Date of Birth: <DD/MM/YYYY>

Date: <DD/MM/YYYY>

Outpatient Reminder Appointment Letter

Dear <Insert Patient Name>,

An appointment has been arranged for you to attend <Insert Clinician Name>, <Insert Specialty> outpatient clinic in <Insert Hospital Name> on:

Appointment Date: DD/MM/YYYY

Time: HH:MM

If you are unable to attend or if you wish to cancel this appointment, please contact the Hospital immediately so that **your appointment can be offered to another patient:**

Email <Insert> or by phone on <Insert>

In line with the National Outpatient Waiting List Protocol 2022,
you may be removed from the Outpatient Waiting List for this speciality if you do not attend this appointment and have not contacted the hospital in advance.

Failure to attend generates a wasted appointment at a cost of €129 to the hospital and a longer wait time for another patient

**INSERT LOCAL HOSPITAL / SPECIALITY
INFORMATION AS REQUIRED HERE**

Yours sincerely,
Central Referrals
Phone: <Insert>
Email: <Insert>

7.8 Virtual Appointment Letter (alternative to SMS)

<Insert Header>

<Patient Name>

<Address Line 1>

<Address Line 2>

<Address Line 3>

MRN: <number>

Date of Birth: <DD/MM/YYYY>

Date: <DD/MM/YYYY>

Outpatient Virtual Appointment Letter

PLEASE DO NOT ATTEND THE HOSPITAL FOR THIS APPOINTMENT – YOU WILL RECEIVE A TELEPHONE CALL

Patient Details

Name: <Insert Patient Name>

Patient Contact Number: <Patient Phone Number>

DOB: <DD/MM/YYYY>

The contact number you have provided us with is listed above. Please advise us if these details have changed or are incorrect by contacting us at <Hospital Phone Number>

A **TELEPHONE CONSULTATION** has been arranged for you to speak with <Insert Clinician Name>, <Insert Speciality> at the time and date below. Please have a list of your current medications to hand.

Telephone Appointment Details

Clinic Details: <Insert Details>

When: HH:MM

Consultant: <Insert Clinician Name>

Date: <DD/MM/YYYY>

Speciality: <Insert Speciality Name>

Appointment Day: <DAY>

This call will take place between <HH:MM and HH:MM>

If you are unable to attend or if you wish to cancel this appointment, please contact the Hospital immediately so that **your appointment can be offered to another patient:**

Email <Insert> or by phone on <Insert>

In line with the National Outpatient Waiting List Protocol 2022,

you may be removed from the Outpatient Waiting List for this speciality if you do not attend this appointment and have not contacted the hospital in advance.

Failure to attend generates a wasted appointment at a cost of €129 to the hospital and a longer wait time for another patient

Yours sincerely,
Central Referrals
Phone: <Insert>
Email: <Insert>

7.9 DNA Letter (Letter to urgent or high clinical and/or social needs)

<Insert Header>

<Insert Patient Name>

<Insert Patient Address>

<Insert Date>

Dear <Patient>

Our records indicate that you did not attend your Outpatient Appointment:

<Insert Date and Time>Friday 21st October 2022 at 2:30 pm

<Insert Consultant/Clinician Name>

< Insert Clinic Specialty>

The clinician has indicated that a further appointment is to be offered to you. Please make contact with the Central Referrals team within the next 14 days to reschedule this appointment.

Central Referrals Office

Tel: {Insert Phone Number}

Email: {Insert Email Address}

Please note: If we receive no response within this timeframe, we will assume you no longer require this appointment, and remove your name from the waiting list.

Thank you,

Yours sincerely,

«UserName»

Central Referrals Office

Tel: {Insert Phone No}

Email: {Insert Email Address}

7.10 DNA letter (removed from WL)

<Insert Header>

<Insert Patient Name>

<Insert Patient Address>

<Insert Date>

Dear <Insert Patient Name>

Our records indicate that you **did not attend** your Outpatient Appointment:

<Insert Date and Time>

<Insert Consultant/Clinician Name>

<Insert Clinic Specialty>

As you did not attend your appointment, your name has now been removed from the waiting list, in line with the National Outpatients Waiting List Management Protocol.

If another appointment is required a new referral letter will need to be submitted to the Central Referrals Office.

Yours sincerely,

«UserName»

Central Referrals Office
Tel: {Insert Phone Number}
Email: {Insert Email address}

7.11 Cannot Attend (CNA) Letter (removed from WL)

Insert Hospital Header

{Insert Patient Name}
{Insert Patient Address}

{Insert Date}

Dear {Insert Patient Name}

Thank you for contacting us in relation to cancelling your appointment. We have now removed your name from the Waiting List. A copy of this letter will also be sent to your source of referral/GP.

Yours sincerely,

Central Referrals Office
Tel: {Insert Phone Number}
Email: {Insert Email address}

c.c. SOR/GP

CHAPTER 8: EDUCATION TOOLKIT



Contents covered in this Chapter:

- Education Toolkit for hospitals



Target Audience:

Clinical Leads

CRO Hospital Leads

CRO Teams

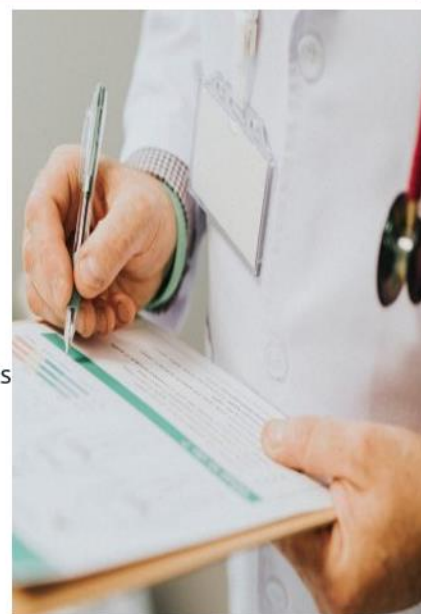
Central Referral Office – Education toolkit for Hospitals

June 2023



Purpose of this document

- ✓ What is a Central Referral Office (CRO)
- ✓ Why do we need Central Referral Offices (CRO)
- ✓ How to implement a Central Referral Office (CRO)
- ✓ Roles and Responsibilities of a Central Referral Office (CRO) teams
- ✓ Impact of a Central Referral Office (CRO)
- ✓ Reporting of Central Referral Offices (CRO)



Learning Objectives

After this training session you should be able to:

- Understand what CRO is
- Understand why CRO is important
- Understand what is required to implement CRO
- Understand the roles and responsibilities of the CRO team
- Understand the impact of CRO
- Understand the reporting and metrics associated with CRO

What is a CRO?

A Central Referral Office (CRO) encompasses referral and booking processes from the decision to refer through to scheduling of first and subsequent appointments in the Acute Hospital and Community settings.

The aim of implementing CRO is to:

- i. Engage patients in decision making processes regarding planning their care and treatment
- ii. Enable referrals to be managed centrally (at CHO/ Hospital Group/ RHA level)
- iii. Ensure that patients are on the most appropriate care pathway
- iv. Ensure patients are seen as soon as possible.

What are the CRO Processes & key components?

To-Be Processes have been defined for CROs to specify how activities pilot should be delivered.

All of the processes align with the HSE National Outpatient Waiting List Management Protocol 2022 and have been developed by the CRO team and verified through the ULHG CRO pilot in November 2022 – May 2023.

The To-Be Processes that have been defined for a CRO include:

- Referral receipt and registration, including specialty specific e-referral forms and registration of referral
- Referral assignment to consultant and referral prioritisation
- Schedule appointments
- Review Wait List
- Reject referrals (sub-process)
- Generate and Issue Letters (sub-process)
- Cancel Appointment (sub-process)
- Did Not Attend (sub-process)
- Attend Appointment (sub-process)
- Advanced Clinical Prioritisation (sub-process)

Why do we need CROs?

The Reform programme aims to ensure:

1. A whole system model of care approach; ensuring patients needing schedule/planned care will receive the right care in the right place, at the right time
2. Clinical and cost-effective care delivery through high-reliability services focused on reducing variability and inequalities and improving clinical outcomes
3. A significant reduction in scheduled care waiting times across Acute and Community in order to achieve the maximum waiting times outlined within the Sláintecare report

Implementing a Central Referrals Office aims to:

- Engage patients in decision making processes regarding planning their care and treatment
- Enable referrals to be managed centrally (at CHO/ Hospital Group/ RHA level)
- Ensure that patients are on the most appropriate care pathway
- Ensure patients are seen as soon as possible.

How do we implement CRO?

The pilot for CRO took place in ULHG from mid November 2022 until mid May 2023.

The pilot included:

- Validation of the CRO To-Be processes
- Advanced Clinical Prioritisation to support clinical review of referrals
- Patient Initiated Reviews

Learnings from the pilot will be used to deliver a national roll out of CROs from mid 2023. The following deliverables will be produced to support the rollout:

- National Standard Operating Procedure for the delivery of Central Referral Offices
- To-Be processes (validated in the ULHG pilot)
- Identified technology enablers
- A national implementation plan for the rollout

Roles and responsibilities of CRO teams – what does it mean for the CRO team?

Referral Receipt and Registration

- Review referrals received to the CRO
- Stamp all referrals received in to the CRO
- Confirm that all of the required information is provided in the referral
- Contact SOR to request additional information if required
- Update iPMS at the following stages:
 - Creation or update of patient record (where required)
 - Creation of referral record
 - Management of referral in wait list

Referral assignment to consultant

- Prepare referrals and associated information for clinical review

Schedule Appointments

- Update of referral with outcome of clinical review
- Schedule appointments according to the clinical prioritisation category assigned by the Consultant
- Reject referrals where specific criteria are not met
- Closure of referral
- Print all referral related letters and issue to the patient/guardian of patient and SOR where required

Roles and responsibilities of CRO teams – what does it mean for the Clinician?

Referral Receipt and Registration

- Review referral and provide guidance where required

Referral assignment to Consultant and Prioritisation

- Review referrals assigned for review with timelines required
- Confirm if referral is accepted, rejected or redirected
- Assign clinical prioritisation for each referral accepted

Ongoing CRO staff training requirements locally

Staff Cohort	Training provided
Clinicians	<ul style="list-style-type: none">• To-Be processes reviewed with lead clinician• ACP training provided to Registrars
CRO Officer	<ul style="list-style-type: none">• Service Meetings• Relevant IT Demos and processes• SOP circulated

Anticipated benefits of introducing CROs in Ireland

- Reduced DNA rates
- Capturing review appointment data
- Enhanced chronological scheduling creating equity for the patient
- A single point of contact for the patient/guardian/source of referral

Reporting of a CRO and key metrics

The following metrics will be utilised to measure the effectiveness of a CRO rollout.

1. Hospital Speciality Waiting List by Wait-time bands
2. Weekly additions to the Waiting List – by Clinical priority
3. Weekly additions to the Waiting List – by Consultant
4. Attendances - Attendances and New : Return ratio
5. Attendances – Did Not Attend
6. Attendances – Cancellations by type

The metrics will be generated by the Acute Operations team on a fortnightly basis and included in a specific CRO metrics report.

THANK YOU



If you have any questions regarding CROs, please contact a member of the Acute Operations Team below and we will be happy to help!

Access Team,
Acute Operations