# Procedure: Management of duplicate and updated Outpatient referrals

## 1. Purpose

This Procedure details the process for the identification and management of duplicate and updated referrals for the same patient to the same Outpatient specialty. It supports:

- patient safety
- equitable service access
- outpatient waitlist accuracy
- referral data quality

It seeks to ensure that WACHS Outpatient services align with the WA Outpatient Services Policy and Guideline requirement that Health Service Providers (HSPs) should have processes in place to identify and manage duplicate and updated referrals, and that the two are differentiated from each other.

## 2. Procedure

This Procedure applies to all WACHS non-admitted Outpatient services that have access to and use endorsed referral, patient administration, and medical record systems (eReferrals, webPAS, and DMR).

### 2.1 Referral sources

Public outpatient services are accessed through lodgement of a referral.

WACHS Outpatient services receive referrals from external and internal sources. All eligible referrals are registered in eReferrals for triage by a clinician for the referred specialty.

#### 2.1.1 External referrals

External referrals are those received by WACHS sites from referrers outside of WA Health, for example, general practitioners (GPs), nurse practitioners, and private specialists.

These referrals may be received at site via Central Referral Service (CRS) (if the region has outpatient specialties in scope for CRS) or directly via email, fax, post, or hand delivery. External referrals are then uploaded to eReferrals for clinical triage.

#### 2.1.2 Internal referrals

Internal referrals are initiated in eReferrals during an episode of care within WA Health from:

- a department at the same site (emergency department, inpatient ward, or another outpatient speciality);
- another WACHS hospital/site within the same region / district; or
- another WACHS region / district or metropolitan hospital.

## 2.2 Referral types

In general, a patient should only have one referral per referral category per presenting complaint and per treatment phase registered and open in webPAS at any given time. However, there are several exceptions to this.

### 2.2.1 Multiple referrals

A patient may have multiple open referrals to the same specialty for *different presenting complaints* (e.g. patient has orthopaedic referral for a knee replacement, and a separate orthopaedic referral for a fractured wrist). In this instance, the presenting complaint for each referral must be clearly documented in webPAS.

When a patient requires care from multiple disciplines for the *same* presenting complaint, a separate referral must be written for each service. However, if a patient has been referred to a multidisciplinary team (MDT) clinic or a multidisciplinary service within the one specialty, only one referral is required.

### 2.2.2 Duplicate referrals

A duplicate referral is an exact copy of an existing open referral (same patient, speciality, referrer, presenting complaint, and **exactly the same** referral information).

If a further referral(s) is received for the same patient/specialty/presenting complaint, but differs in any way from the existing referral, then it is not considered to be a duplicate, but as an updated referral (see 2.2.3).

**Duplicate referrals must not be registered in webPAS.**

**Exceptions** to this are when a duplicate referral is registered to enable transfer of care and associated care.

#### Transfer of care

A transfer of care referral is a type of internal referral to enable the transfer or continuity of care for patients, e.g.:

- transitions from paediatric to adult care
- transfer between different HSPs (due to permanent relocation)

#### Associated care

An associated care referral is a type of internal referral requesting support from another outpatient service/HSP, specialty, or sub-specialty relating to the patient's existing reason for referral and pathway of care. These include:

- requests for assessment, diagnostic tests, or investigation from another provider to support diagnosis and/or treatment planning.
- referrals to another provider for preoperative review or clearance before surgery.

Associated care referrals and transfer of care referrals are not considered to be duplicate referrals. In these instances, the reason for the exception should be added to both referrals in webPAS (i.e. associated care referral or transfer of care).

### 2.2.3 Updated referrals

An updated referral is additional or updated information provided in referral format for a patient who has an existing referral (for same outpatient specialty and presenting complaint) **and has not yet attended their first (new) appointment**.

An updated referral may be provided from the same or different referrer to:

- escalate the clinical priority of the existing referral due to patient deterioration; or
- to provide new clinical information such as new symptoms or imaging/pathology results.

Updated referrals are not considered duplicates as the clinical content is not identical to the original. However, an updated referral (and the existing referral) must be managed to ensure that only one referral is open in webPAS.

## 2.3 Managing duplicate and updated referrals

Outpatient clinical and clerical staff can identify and/or manage duplicate and updated referrals at various points of the outpatient referral journey, including:

- referral request (internal referrals)
- clerical receipt and registration (external referrals)
- referral triage
- appointment booking
- referral audit

### 2.2.1 Referral request

When a clinician creates an internal Outpatient referral request, eReferrals uses the patient URMN to search for existing referrals to the selected Unit and Service.

If found, a duplicate message will display ***"Patient has the following active referral(s) to this unit"*** with a hyperlink to the existing eReferrals.

Clinicians should review the existing referral(s) via the hyperlink/s, before deciding whether to continue with a new referral request.

### 2.2.2 Clerical receipt and registration

Before registering an external referral in eReferrals, check if the patient has open referrals to the same specialty in eReferrals and webPAS, then manage the incoming referral as follows:

| Referral search result | Incoming referral management |
|---|---|
| **NO open referrals** | This is a **new** referral:<br>• Register the referral in eReferrals |
| **Open referral: SAME as incoming** (i.e. same referrer, specialty, and exactly the same referral information). | This is a **duplicate** referral:<br>• **Do not register in eReferrals**<br>• Mark the incoming referral as "duplicate" and batch for medical record management. |

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| | • **If the duplicate was received via CRS,** 'edit' the CRS referral status to reflect the triage outcome of the existing eReferral, |
| **Open referral: DIFFERENT to incoming** (i.e. Different referrer and/or different referral information). | This is an **updated** referral:<br><br>**If existing eReferral status is 'requested'** (i.e. not yet triaged)<br>• Upload the incoming referral to the existing eReferral as an attachment.<br>**or**<br><br>**If existing eReferral status is 'triaged':**<br>• Register the referral in eReferrals.<br>• Add 'Referral Details' for Gatekeeper, e.g.:<br>- *"Pt has P3 referral from GP w/NEW appt booked 25/10/24"*<br>- *"Pt has waiting P2 referral from ED"*<br>- *"Pt has open Ortho referral at FSH"* |

### 2.2.3 Referral triage

The eReferrals Gatekeeper should:

1. Review the incoming referral, attachments, and any clerk notes regarding existing referrals/appointments.
2. A duplicate message may also display ***"Patient has the following active referral(s) to this unit"***. Click on the hyperlink(s) to view the patient's existing referrals.
3. Triage the incoming referral as follows:

| Assessment of incoming referral | Triage action |
|---|---|
| **NEW referral (e.g.):**<br>- patient has no existing referral/s;<br>- different presenting complaint requiring separate referral; or<br>- associated care/transfer referral. | • Triage incoming referral as Priority 1, 2, or 3<br>• Add Note to Clerk with any appointment instructions or referral info, e.g.:<br>- *"Referral for [presenting complaint]"*<br>- "*Associated care referral"* |
| **UPDATED referral: <u>Priority upgrade</u>** required on existing referral | **If existing eReferral status is 'booked':**<br>• Triage <u>incoming referral</u> with upgraded Priority.<br>• Add Note to Clerk: *"Priority upgrade"*<br>**or**<br>**If existing eReferral status is 'triaged':**<br>• Open <u>existing referral</u> and upgrade the Priority. |

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| | • Add Note to Clerk with any appointment instructions then:<br>• Triage incoming referral as 'No Appointment Required' to prevent the referral being created in webPAS.<br>• 'Respond' immediately and add response: "*Priority upgrade to existing referral*".<br>• Select 'Complete' to send referral to DMR. |
| **UPDATED referral: No upgrade** required on existing referral | • Triage as 'No Appointment Required'.<br>• 'Respond' immediately and add response: "*Has existing referral, no priority upgrade".*<br>• Select 'Complete' to send referral to DMR. |
| **DIFFERENT presenting complaint:** can be seen under existing referral. | • Triage as 'No Appointment Required'.<br>• 'Respond' immediately and add response: "*Referral for [different complaint]. Can be seen under existing referral."*<br>• Select 'Complete' to send referral to DMR. |
| **DUPLICATE.** Patient has existing referral at different site/HSP. | • Contact other site/HSP to discuss ownership of referral.<br>• Reject or triage the referral according to discussion/decision. |

**DO NOT** use Notes to Clerk when triaging as 'No Appointment Required'. They do not appear in webPAS for clerical actioning.

### 2.2.4 Appointment booking

When booking/requesting appointments from the webPAS Action List, the 'Patient Referral List' must be checked to ensure the booking/request is linked to the correct referral.

If the patient has more than one open referral to the same specialty, review the referrals and manage them as follows:

**Patient has duplicate referrals**

- **Retain** the oldest referral.
- **Cancel** the newest referral:
  - Cancellation reason "*duplicate*"
  - Cancellation comment "*duplicate cancelled per audit*"

**Remember:** transfer of care referrals and associate care referrals are not considered duplicates.

## Patient has an updated referral/s

**If there are clear 'Booking Instructions'** on the newest referral regarding how the referrals should be managed, process the referrals as follows:

| 'Booking Instruction' | Clerical action |
|---|---|
| **"Priority upgrade"** (to Priority 1) | • **Retain oldest referral & update appointment:**<br>- Book appointment for ASAP.<br>- Add Comment to referral and appointment "*Upgrade to Priority 1 as per Dr xxxx*".<br>• **Close newest referral:**<br>- Close reason: 'audit'<br>- Close comment: "*Priority upgrade applied to referral dated xxx as per Dr xxx*". |
| **"Priority upgrade"** (to Priority 2) | • **Retain oldest referral & update appointment:**<br>- If referral date > 90 days ago, change preferred date to current date, *or* bring forward booked appointment to ASAP.<br>**or**<br>- If referral date is < 90 days ago, bring forward preferred date *or* booked appointment to reflect Priority 2 timeframe.<br>• **Add Comment** to referral and appointment "*Upgrade to Priority 2 as per Dr xxxx*".<br>• **Close newest referral:**<br>- Close reason: 'audit'.<br>- Close comment "*Priority upgrade applied to referral dated xxx as per Dr xxx".* |

**If there are no/unclear 'Booking Instructions'** on the newest referral, seek clinical direction via local site processes to confirm:

- the comparative nature of the referrals (e.g. presenting complaints);
- whether a priority upgrade has been applied;
- whether the referral is for transfer of care or associated care; or
- which site will retain the referral (if referrals exist at different sites/HSPs).

Clerical staff should not attempt to interpret the "presenting complaint" of a referral. This is a clinical role.

### 2.2.5 Referral audit

Outpatient services must undertake regular referral audits to identify and manage duplicate and updated referrals for individual patients.

Where there is no valid reason for a patient to have multiple open referrals to the same speciality, manage as follows:

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| **Duplicate referrals** | **If one of the referrals has activity** (i.e. a booked or requested appointment):<br>• **Retain** the referral with activity.<br>• **Close** the referral with no activity:<br>- Close reason "*duplicate*"<br>- Close comment "*duplicate cancelled per audit*" |
| | **If neither referral has activity:**<br>• **Retain** the oldest referral.<br>• **Close** the newest referral:<br>- Close reason "*duplicate*"<br>- Close comment "*duplicate cancelled per audit*" |
| **Updated referrals** | Manage as per Section 2.2.4 |

## 3. Roles and Responsibilities

All WACHS Outpatient clinical and clerical staff involved in Outpatient referral request, receipt/registration, triage, booking, and audit are required to follow this Procedure.

**Heads of Department/Clinical Leads** are responsible for ensuring Outpatient clinical staff are made aware of and follow this Procedure.

**Outpatient Managers/Administration Coordinators** are responsible for ensuring clerical staff are made aware of and follow this Procedure and coordinate regular audits of outpatient referrals to identify and manage duplicate and updated referrals.

**Outpatient clinical staff** triage outpatient referrals based on all accessible referral information for the patient and provide clear instructions to clerical staff regarding the management of updated and duplicate referrals.

**Outpatient clerical staff** manage referrals at referral receipt/registration, booking, and audit as per this Procedure, and escalate for clinical direction where required.

## 4. Monitoring and Evaluation

Monitoring of compliance to this Procedure is to be undertaken by WACHS Outpatient Services via regular audits of outpatient referrals.

This Procedure will be evaluated as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every two years by WACHS Outpatient Reform.

## 5. Definitions

| Term | Definition |
|---|---|
| **Active referral** | A referral in webPAS which has a first appointment requested, booked, or attended and has not yet been closed. |
| **Central Referral Service (CRS)** | A centralised service which manages the intake and allocation of non-immediate outpatient referrals from external referrers to in scope WA public hospitals. |
| **eReferrals** | The electronic referral system used in WA public hospitals to create, register, and triage outpatient and inpatient referrals. |
| **Gatekeeper** | The responsible clinician who triages referrals in eReferrals. |
| **Open referral** | A referral in webPAS with a referral status of 'waiting' or 'active'. |
| **Non-admitted outpatient** | A patient who has an appropriate referral to an outpatient clinic; whose referral is registered and triaged (i.e. allocated a priority code); and who receives care at an outpatient clinic service. |
| **Waiting referral** | A referral in webPAS which does not yet have a first appointment booked or requested. |
| **webPAS** | The web-based Patient Administration System. |

## 6. Document Summary

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| **Coverage** | WACHS Outpatient services |
| **Audience** | Outpatient clerical and clinical staff |
| **Records Management** | Non Clinical: Corporate Recordkeeping Compliance Policy<br>Clinical: Health Record Management Policy |
| **Related Mandatory Policies / Frameworks** | DoH Outpatient Services Policy<br>DoH Outpatient Services Guideline (Non-Mandatory)<br>DoH Non-Admitted Activity Data Business Rules |
| **Related WACHS Policy Documents** | Nil |
| **Related Training** | • eReferrals Learning Module<br>• webPAS: Outpatient Training for Clinicians and Clerical Staff (WPLIA EL1) |
| **Aboriginal Health Impact Statement Declaration (ISD)** | The completion of an Aboriginal Health Impact Statement and Declaration (ISD) is required for all new and revised policy documents. For further information, please see the ISD Guidelines.<br>ISD Record ID: 5277 |
| **National Safety and Quality Health Service (NSQHS) Standards** | Standard 1 Clinical Governance (Actions 1.07; 1.16) |

## 7. Document Control

| Version | Published date | Current from | Summary of changes |
|---|---|---|---|
| 1.0 | 7 July 2026 | 7 July 2026 | New policy document |

## 8. Approval

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| **Policy Owner** | Executive Director, Strategy & Change |
| **Co-approver** | Executive Director, Clinical Excellence |
| **Contact** | Katie Jones, Senior Project Officer |
| **Business Unit** | WACHS Outpatient Reform & Access |
| **EDRMS #** | ED-WA-26-193762 |



**This document can be made available in alternative formats on request.**