



HEALTHCARE FACILITY

REFERRAL CHECKLIST



Healthcare Facility Referral Standard Operating Procedure Sample

In order to meet the Healthcare Facility referral Standard Operating Procedure criteria, the SOP must include these elements:

- ☐ Provides rationale for referral Standard Operating Procedure
- ☐ Documents availability of methods for incoming/outbound referrals
- ☐ Describes standard procedure for an incoming referral
- ☐ Describes standard procedure for an outbound referral
- ☐ Describes standard procedure for referring for tobacco cessation services
- ☐ Describes standard procedure for referring for Diabetes management and prevention services
- ☐ Provides for a method of dissemination to staff



HEALTHCARE FACILITY

SAMPLE POLICY



Rationale

{Facility name} recognizes that health practitioners and providers play a major role in ensuring that the appropriate exchange of information is coordinated. An effective referral system ensures a close relationship between all levels of the health system and helps to ensure people receive the best possible care closest to home. It also assists in making cost-effective use of hospitals and primary health care services. This Standard Operating Procedure provides {facility name} a standard approach to incoming and outgoing referrals for our patients. Note that this is a general SOP and can be adapted as needed for specific patient needs.

Standard Operating Procedure

*Below are examples of SOPs for inbound and outbound referrals. These should be added to and edited to reflect the SOP for your company. Information that is considered essential is noted, all other steps are examples of ways to document your process and are **not** to be interpreted as required SOP for your office.*

Effective as of {Date}

1. Methods available:
 - a. {Company's name} utilizes the following methods for inbound and outbound referrals [Must include this information, select all that apply]:
 - i. Fax
 - ii. Phone call
 - iii. E-referral
 - iv. Other {Specify}
2. Inbound referrals:
 - a. Option one:
 - i. {Company's name} maintains formal and informal agreements with referring providers
 - ii. {Designated staff position} receives an inbound referral [must include position that receives referral]
 - iii. {Designated staff position} requests necessary documentation from referring provider
 - iv. {Designated staff positions} calls the patient and schedule a visit [must include how visit is scheduled]
 - v. Following a visit, {Designated staff position} sends a Continuity of Care Document (CCD) to the referring provider
 - b. Option two:

- i. {Company's name} maintains formal and informal agreements with referring providers
 - ii. {Designated staff position} receives an inbound referral [**must include position that receives referral**]
 - iii. {Company's name} awaits a call from the patient to schedule a visit [**must include how visit is scheduled**]
 - c. *Option three:*
 - i. {Company's name} does not currently accept incoming referrals because {rationale: such as, no provider in the area, no current need} [**must include this information**]
- 3. Outbound referrals:
 - a. *Option one:*
 - i. {Company's name} maintains formal and informal agreements with referring providers based on the needs of the patient population
 - ii. {Designated staff position} will schedule the referral visit on behalf of the patient [**must include how visit is scheduled**]
 - iii. {Designated staff position} provides consultant/specialist the clinical question, required timing, and type of referral [**must include position that makes referral**]
 - iv. {Designated staff position} provides consultant/specialist pertinent demographic and clinical data, including test results and current care plan
 - v. {Designated staff position} obtains Continuity of Care Document (CCD) feedback from the referring provider and {inputs into the EHR and/or places in patient file}
 - vi. {Designated staff position} calls the patient to confirm the visit took place
 - b. *Option two:*
 - i. {Designated staff position} sends the referral and relies on the patient to schedule their referred visit [**must include how visit is scheduled**]
 - c. *Option three:*
 - i. {Company's name} do not currently make outgoing referrals because {rationale: such as, no provider in the area, no current need} [**must include this information**]
- 4. Tobacco Cessation Services:
 - a. *Option 1*
 - i. {Company's name} refers patients directly to the Louisiana QuitLine using {fax-to-quit, secure email referral} [**must include this information**]
 - b. *Option 2*
 - i. {Company's name} hosts in-house tobacco cessation services and refers patients directly to this using {describe method of referral} [**must include this information**]
 - c. *Option 3*
 - i. {Company's name} does not refer patients for tobacco cessation services [**must include this information**]
- 5. Diabetes Services

- a. *Option 1*
 - i. {Company's name} refers patients to the following programs {list here – such as the YMCA Diabetes Self-Management Education Program, National Diabetes Prevention Program} using {fax-to-quit, secure email referral, patient self-referral} [**must include this information**]
 - b. *Option 2*
 - i. {Company's name} hosts in-house diabetes prevention and management services and refers patients directly to this using {describe method of referral} [**must include this information**]
 - c. *Option 3*
 - i. {Company's name} does not refer patients for diabetes prevention and management services [**must include this information**]
6. Staff Dissemination [**Must select at least one of these methods. Even if the procedure is that there are no inbound/outbound referrals, this must still be disseminated to staff**]:
- a. In order to ensure that all staff of {Company's name} are aware of and familiar with this SOP, {Company's name} disseminates this information in the following way(s):
 - i. Reviews annually at an all-staff meeting
 - ii. Includes in new employee training materials
 - iii. Sent annually via email to all-staff