

Referral Consultation: Standards for Nurse Practitioners

(Not in effect until approved)

Purpose

This standard ensures that nurse practitioners (NPs) collaborate effectively with other health-care **providers** and recognize their limits in patient care. NPs must communicate clearly with patients about the purpose of specialist referrals, obtain informed consent and ensure that referrals are made with complete and relevant information. This standard also outlines the responsibilities of NPs when making, accepting and providing consultations, ensuring that all referral and consultation processes are documented and managed in a timely, professional and patient-centered manner.

Criteria

To meet this standard, NPs must:

1. Recognize their limits in patient care and collaborate as appropriate with other health-care providers.
 2. Communicate with the patient:
 - 2.1. By explaining the purpose of the **referral consultation**, including the roles of involved providers, and obtain the patient's consent before proceeding.
 - 2.2. Any known fees related to the referral consultation that may not be covered by **publicly funded health services**.
 3. When making a specialist referral:
 - 3.1. Conduct appropriate assessments, complete necessary diagnostics and gather relevant patient information before initiating a specialist referral.
 - 3.2. Ensure the specialist referral is made in writing (preferably electronic) in English.
 - 3.3. Ensure the specialist referral includes:
 - 3.3.1. The patient's name, personal health number and contact information.
 - 3.3.2. The referring NPs name and contact information.
 - 3.3.3. Name and contact information of the consulting provider or service.
 - 3.3.4. Date of specialist referral.
 - 3.3.5. Reason for the specialist referral, noting if it is for a third-party request (e.g. Workers' Compensation Board).
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- 3.3.6.** Pertinent clinical information including history, diagnostic tests completed and pending, treatments tried and response.
 - 3.3.7.** Relevant past medical, surgical, family and social history; medications; and allergies.
 - 3.3.8.** Expected consultation outcomes.
 - 3.4.** Not send specialist referral requests to multiple providers at the same time.
 - 3.5.** Include relevant clinical details on diagnostic test requisitions, as the interpretation is considered a consultation.
 - 3.6.** Not label routine specialist referrals as an **urgent referral**.
- 4.** For urgent or emergent referrals:
- 4.1.** Directly contact the consulting provider or service to discuss the referral and provide clinical details.
 - 4.2.** Submit written documentation unless the consultant agrees otherwise.
- 5.** When providing consultations:
- 5.1.** Make information available to referring providers about the process for receiving consultation requests.
 - 5.2.** Notify the referring provider of receipt of the consultation request within seven (7) days.
 - 5.3.** Notify the referring provider the decision to accept or deny the referral request within a timeframe appropriate to the urgency of the request but not longer than 14 days.
 - 5.4.** Be reasonably available to respond to consultation requests.
 - 5.5.** Provide reasons for denying a consultation request and suggest alternative options when possible.
- 6.** When accepting consultations:
- 6.1.** Contact the patient within a time frame appropriate to the urgency of the request but not longer than 14 days.
 - 6.2.** Response time for urgent or emergent referrals must be based on the patient's condition.
 - 6.3.** Schedule an appointment or, if an appointment is not yet set, update the patient and referring provider on the referral status every three (3) months.
 - 6.4.** Inform the patient of any fees not publicly funded.
 - 6.5.** Provide a written, preferably electronic, report in English to the referring provider no more than 30 days after the initial consultation. The report should include:
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- 6.5.1. The patient's name, personal health number and contact information.
- 6.5.2. Consulting providers' name and contact information.
- 6.5.3. Referring provider name and if known, the patient's primary care provider.
- 6.5.4. Date of consultation.
- 6.5.5. The purpose for the referral as understood by the consultant.
- 6.5.6. Information considered, including history, physical exam and diagnostic tests.
- 6.5.7. Diagnostic conclusions, including pending diagnostic tests and additional specialist referrals.
- 6.5.8. Treatments initiated, including medications prescribed.
- 6.5.9. Recommendations for referring provider follow-up care.
- 6.5.10. Ongoing care by the consultant NP.
- 6.5.11. Referral to other consultants and the referral status.
- 6.5.12. Advice given to the patient.

Glossary

PROVIDER – An NP or physician who makes specialist referral or accepts referral consultations.

PUBLICLY FUNDED HEALTH SERVICES – Health services paid by publicly funded health insurance (e.g. Alberta Health Care Insurance Plan) that are deemed necessary. Individuals do not need to pay out of pocket for these services.

REFERRAL CONSULTATION – The process when a provider refers a patient to another provider for specialized or an alternate level of care.

URGENT REFERRAL – Needed when a patient's condition may deteriorate without prompt review, typically within hours to days.

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