# Northern NSW Local Health District

# eReferrals

## Quick Start Guide:

For GPs using Medical Director referring to NNSWLHD Outpatient Clinics

Health
Northern NSW
Local Health District
NSW GOVERNMENT

NSW GOVERNMENT | eHealth

**STEP 1**

With the desired patient click the "HealthLink" Online tab.



**STEP 2**

From the next screen click "New Form" to launch the eReferral SmartForms.



QRG-How to complete SmartForms referral With Medical Director v0.1
Date created 15.01.2020

## STEP 3
**Select NNSW Local Health District Services**

General Services

--This is the AU UAT Environment--

Referred Services

Northern NSW Local Health District services

## STEP 4
1. Click the service you want to refer to.
2. Then click "Continue".

**Health** Northern NSW Local Health District

Continue

Ear Nose & Throat Clinic

- Orthopaedic Clinic
- Fracture Clinic
- Ear Nose & Throat Clinic
- Gynaecology Clinic
- Respiratory
  - Respiratory Clinic
  - Respiratory Laboratory

Refer to the respiratory referral section for a quick guide on respiratory referrals.

QRG-How to complete SmartForms referral with MD
v0.1  Date created 15.01.2020

## STEP 5
Start form with the "Requested Information" tab.
Mandatory Fields are marked with ✱
Choose who to refer to.

Requested Information
Orthopaedic Clinic

Form has been auto-saved.

Narrative: Personal

Referred To*          Please Select
Referral Date*        15/01/2020
Referral Continuation*   ● New        ○ Amend/update previously sent referral

## STEP 6
1. Fill all relevant data
2. Select Referral period and urgency.   ℹ Displays urgency definition.

Referred To*          Please Select
Referral Date*        15/01/2020
Referral Continuation*   ● New                    ○ Amend/update previously sent referral
Patient available for short notice appointment   ○ Yes   ● No
Referral Period*      12 months
Interpreter Required*   ○ Yes   ● No
Urgency*              Non-urgent: 30 – 365 days

## STEP 7
1. Type referral letter in "Referral Details" and add up to 3 recent consult notes from you system via "Browse for Consult Notes".
2. Add social history and special need requirements

Referral Details*     Browse for Consultation Notes

1

Social History and Other Information: Please include social history, patient services and any other relevant information as appropriate

2

Special Needs / Reasonable Adjustments for Disability*   ○ Yes   ● No
Does patient have a carer/support person?*   ○ Yes   ● No
Compensable Status   Please Select

## STEP 8
**Tabs requiring mandatory information will display** ⚠️
**1. From the Attachments tab,**
**2 Add documents required for the referral by checking boxes.**
**3. If you would like to preview files before attachment click**



## STEP 9
**1. Move to the "Medications/Warnings" tab.**
**2. Check medications are accurate and add further if needed.**
**3. Check medical warning boxes.**
**4. Add comments if required.**



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## STEP 10
**1. Move to "Medical History" tab.**
**2. Check boxes to add long term, patient and family history.**
**3. Add smoking history or other relevant information.**



## STEP 11.
**Check patient & referrer information is correct.**



## STEP 12.
**1. Preview or submit (Submission can be made from a preview).**
**2. Print patient copy (if desired).**

### STEP 1
**With the desired patient click the "HealthLink" Online tab.**



### STEP 2
**From the next screen click "New Form" to launch the eReferral SmartForms.**

## STEP 3
**Select NNSW Local Health District Services.**

General Services

--This is the AU UAT Environment--

Referred Services

Northern NSW Local Health District services

## STEP 4
**1. Click the service you want to refer to.**
**2. Then click continue.**

**Health** NSW GOVERNMENT | Northern NSW Local Health District

**2** → Continue

**1** → Ear Nose & Throat Clin

- Orthopaedic Clinic
- Fracture Clinic
- Ear Nose & Throat Clinic
- Gynaecology Clinic
- Respiratory
  - Respiratory Clinic
  - Respiratory Laboratory
- Infectious Disease

**Respiratory Clinic referrals enable you to refer to a specilaist +/- ordering lab tests.**

**Respiratory Laboratory referrals are just for ordering Lab tests.**

## STEP 5
**If you choose Respiratory clinic, you will be required to select between a respiratory specialist referral or a specialist referral with lab tests.**

| Referred To* | Dr Bliegh Mupunga |
| --- | --- |
| Referral Date* | 27/03/2020 |
| Referral Continuation* | ● New | ○ Amend/update previously sent referral |
| Patient available for short notice appointment | ○ Yes ● No |
| Referral Period* | 12 months |
| Interpreter Required* | ○ Yes ● No |
| Urgency ℹ | Non-urgent: 30 - 365 days |

Referral Details* | Browse for Consultation Notes

Social History and Other Information: Please include social history, patient services and any other relevant information as appropria

| Type of referral* | ● Specialist only referral | ○ Specialist referral + respiratory lab tests |
| --- | --- | --- |
| Special Needs / Reasonable Adjustments for Disability | ○ Yes ● No | |
| Does patient have a carer/support person?* | ● Yes | ○ No |

## STEP 8

1. When selecting "+ respiratory lab tests", test ordering options appear.
2. Click the boxes to order tests.

*Note: When making a lab-only referral, the tests are always visible and the referral goes to the Laboratory.

## STEP 9

By choosing Lab tests "Important Patient Information" will appear. This information will be printed with the referral so the patient can have a copy.

Type of referral* ○ Specialist only referral   ●—1→ ● Specialist referral + respiratory lab tests

**Respiratory lab tests**
Please select the required test(s) *

☐ Complex Lung Function Test - Spirometry, Lung Volume, and Diffusion Capacity

☐ Spirometry (Pre and Post Bronchodilator)

☐ Bronchial Provocation Test - Mannitol

☐ Bronchial Provocation Test - Hypertonic Saline

☐ High-Altitude Simulation Test - with Oxygen

☐ High-Altitude Simulation Test - without Oxygen

☐ Postural vital capacities

☐ Exhaled Nitric Oxide (eNO)

☐ Maximal respiratory pressures

—2→

Compensable Status   Please Select ▾

**Important Patient Information**   ←—1

Please refrain from using your bronchodilator within this time frame prior to testing as they can affect the validity of the data collected.
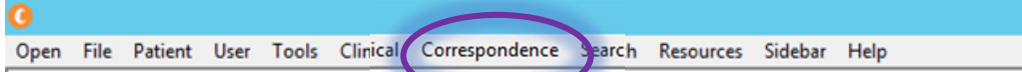
| Withholding Time | Drug |
|---|---|
| 6-8 hours | • Inhaled Nonsteroidal Anti-inflammatory Agents |
| 8 hours | • Short-acting Bronchodilator |
| 12 hours | • Inhaled Corticosteroids<br>• Anticholinergic Bronchodilators |
| 24 hours | • Inhaled Corticosteroids and Long Acting Beta Agonists Combination Products<br>• Long-Acting Bronchodilators<br>• Phosphodiesterase Inhibitors / Adenosine Receptors |
| 72 hours | • Anticholinergics<br>• Antihistamines: Over-the-Counter & Prescription |
| 4 days | • Leukotriene-Receptor Antagonists |
| Day of Test | • Caffeine-containing foods: coffee, tea, cola drinks, chocolate, etc<br>• Vigorous exercise<br>• Smoking at least 6 hours prior to testing |

**Contraindications for performing tests**
Certain conditions can pose a threat to pose the accuracy of the data collected, and the patient health and wellbeing. If you have experience any of the following, please contact the clinic at least 24 hours prior to testing to reschedule an appointment.
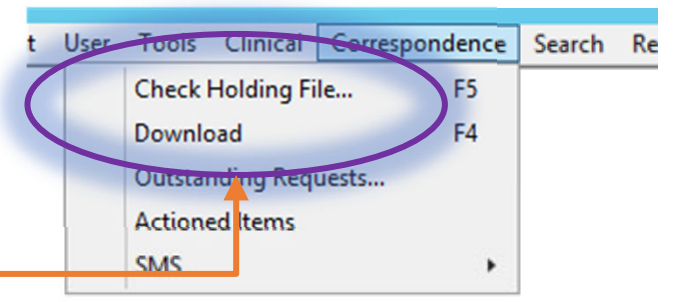
## STEP 12.

The remainder of the eReferral form is completed as per other services.

Open | File | Patient | User | Tools | Clinical | **Correspondence** | Search | Resources | Sidebar | Help

**STEP 1**
Click the "Correspondence" menu in Medical Director.

t | User | Tools | Clinical | **Correspondence** | Search | R

| | |
|---|---|
| **Check Holding File...** | F5 |
| **Download** | F4 |
| Outstanding Requests... | |
| Actioned Items | |
| SMS | ▶ |

**STEP 2**
Click "Check Holding File".

**STEP 3**
Click on the update you would like to read.

**STEP 4**
Update is bolded in letter.
Updates such as: booked, declined, more information and Did Not Attend will be updated here

**Demographics and Contact Details**
Person:
Name: Smith, Alex
Address:

D.O.B.: 11/01/1978
Gender:
Medicare No: 2950190661

Person or Organization
Referring Provider    Andrew Dodds
Referred to Provider  Bronwn Gillespie
Facility Location:
Referrer

Referree

10 of 10 Records

| Date Collected | Patient | Subject | Result | Recipient/Doctor | Sender/Provider |
|---|---|---|---|---|---|
| 4/12/2019 | ANDREWS, MAUREEN | RSD - Notification | | Dr Bronwn Gillespie | Hospital Referral Portal Roy... |
| 4/12/2019 | ANDREWS, MAUREEN | RSD - Notification | | Dr Bronwn Gillespie | Hospital Referral Portal Roy... |
| 4/12/2019 | ANDREWS, FRED | RSD - Notification | | Dr Bronwn Gillespie | Hospital Referral Portal Roy... |
| 4/12/2019 | ANDREWS, FRED | RSD - Notification | | Dr Bronwn Gillespie | Hospital Referral Portal Roy... |
| 4/12/2019 | ANDREWS, FRED | RSD - Notification | | Dr Bronwn Gillespie | Hospital Referral Portal Roy... |
| 25/10/2019 | FLOWER, ROBBIE | RSD - Medical | | Dr Bronwn Gillespie | Andrew Dodds |
| 25/10/2019 | FLOWER, ROBBIE | RSD - Medical | | Dr Bronwn Gillespie | Andrew Dodds |
| 23/10/2019 | SMITH, ALEX | RSD - Medical | | Dr Bronwn Gillespie | Andrew Dodds |

**Discharge Information Type:**
Completion Status: Pending
Type: MEDICAL
Priority: Routine
*Disposition:*
        Update health record
Referral Reason:

**Investigations**
Lab. Reference: NNSW-410
Complete: Final
**LETTER - eRef update: Unspecified, Ear, Nose and Throat Clinic, Processed: Declined (Other reason)**

The referral has been updated with the following details:

**STEP 1**
**With the patient open click the "HealthLink" tab.**



**STEP 2**
**Double click on the submitted entry to view it or reopen and complete a saved form.**