



**Department of Pediatrics**  
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The Department of Pediatrics and the Divisions of Pediatric Emergency Medicine and General Pediatrics are pleased to announce the creation of an Emergency Department Pediatric Referral Clinic. Members of the Division of General Pediatrics will provide consultant services for patients of the Pediatric Emergency Department that require Pediatric Medicine follow-up for specific problems and concerns identified by the Emergency Medicine Physicians.

The Referral Clinic will be fully operational on February 17, 2010.

Below are the specific details of the type (acuity) of referrals and the referral process.

### **Referral Acuity**

We have chosen a 5-level system for referral acuity.

- Urgent: Within 24hrs referral.
- Semi-urgent: Within 48hrs referral.
- Intermediate: Within 5 working days referral.
- Routine: Greater than 5 working days referral.
- Behavioural and Developmental assessments\*

\* Behavioural and developmental assessments require an extensive time-commitment; consequently, they will be approached as a separate category.

### **Basic Principles for Referral from the ED**

To ensure that the support is being maximally and effectively used, it is important that the following be kept in mind:

1. This is a Pediatric Medicine Clinic.
2. This is NOT a primary care clinic service. However, some complex patients may need a Pediatrician to facilitate their care. If so, this needs to be clearly stated.
3. A clear question for the Consultant Pediatrician to address must be posed.
4. Urgent and Semi-Urgent referrals will be seen in the new McMaster Children's Hospital Pediatric Medicine Emergency Referral Clinic. All others (i.e. Intermediate and Routine referrals) will be seen in the community offices of the Consultant Pediatricians. Referrals will be distributed to the community Pediatricians based on Geographic location or to the Pediatrician who has seen the patient previously.
5. The referring ED physician will determine the appropriate referral window. Specific criteria may be required later, but we believe the referring physician is best placed to determine acuity.  
Behavioural and developmental assessments require an extensive time-commitment; consequently, they are difficult to acutely schedule. Communication between the primary care Physician and the community Consultant Pediatrician is vitally important to the long-term management of these cases. As such, Behavioural and Developmental assessments should ideally be referred by the family physician to the community Consultant Pediatrician. However if a barrier to this pathway of care is identified, please flag the consult appropriately with all pertinent issues and concerns. These cases will be triaged by the receiving physician based on the referring physician's stated concerns and information.
6. The clinics by necessity will only be able to provide weekday coverage. So, please be cognizant of this weekend limitation.

7. All referrals must come through the McMaster Children's Hospital Emergency Department. Patients seen in the other EDs requiring a Pediatric opinion must be referred directly to the Pediatric Emergency Department Physician.

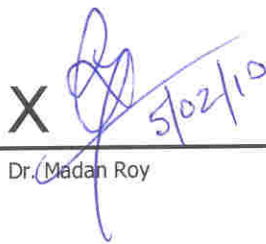
### Referral Process

1. All referrals must be made using the Pediatric Ambulatory Clinics forms.
2. All Referrals must be labeled by the referring physician as:
  - Urgent
  - Semi-urgent
  - Intermediate
  - Routine
  - Behavioural/Developmental
3. Included in the referral will be the patient's name, reason for consult, patient's contact information, and name and billing number of the referring ED physician.
4. The ED is responsible for sending all demographic and pertinent information to the office of the pediatrician to whom the child is being referred.
5. ED Business Clerks are responsible for collating the appropriate demographic and contact information.
6. ED Business Clerks will book all the Urgent and Semi-Urgent Referrals and the patient will be discharged with an appointment time.
7. For Intermediate and Routine referrals, the ED is responsible for ensuring that the patient has a copy of the referral sheet with a card stating the Pediatrician's (or Group) name, phone number, and referral timelines.
8. The Pediatrician's office will call the parents/family to schedule an appointment for Intermediate/Routine referrals on receipt of the full consult and demographics from the ED.
9. An ED Nurse/Discharge Coordinator will follow-up on these referrals to ensure that the receiving offices are made aware of the referral and to insure that all pertinent information is transmitted to avoid duplication and that patients are not 'lost' to follow-up.

Please follow the minimal rules. We ask for patience over the next few weeks. Like all new ventures, there will be some hiccups. Your feedback is essential to making this work better. Please let us know of problems and concerns as they arise.

X 

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