
Clinical Prioritisation Criteria (CPC) – An Integrated Approach

Initiative Type

Service Improvement

Status

Initiate

Added

07 August 2017

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13 April 2021

URL

<https://test.clinicalexcelsence.qld.gov.au/improvement-exchange/cpc-integrated-approach>

Summary

Mackay Base Hospital has integrated the CPC into Mackay Health Pathways which is an established and well utilised web-based information site which helps clinicians guide patients through the complex health system. It provides support in assessing and managing patients (including accessing specialist advice and support) and clear referral pathways for their patient to general community and secondary care services.

Key dates

Nov 2016

Jun 2017

Implementation sites

Mackay Base Hospital

Partnerships

Healthcare Improvement Unit

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Aim

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- Address limitations and inconsistencies in current Referral Management System to maintain patient safety and improve access to services.
 - Maintenance of sufficient levels of engagement with GPs and specialists to maintain compliance to change processes.
 - Implementation of SOSIS compliance for Outpatients specialist waitlist.
 - Compliance to pre-requisite criteria and standardised categorisation of internal and external referrals.

Benefits

- Improves communication with GPs and internal referring Doctors to improve patient outcomes by viewing the individual's interaction with health services in a more holistic manner.
- Patients seen within recommended wait times with reduced duplication of tests.

Background

Mackay Base Hospital was selected as one of 4 Proof of Concept (PoC) sites to implement the Clinical Prioritisation Criteria (CPC), which are clinical decision support tools that will help to ensure patients referred for specialist outpatient services are assessed in order of clinical urgency.

Solutions Implemented

Based on data for FY2017 to date, General Practitioners send 64% of all referrals for CPC specialties, with 28% coming from internal MHHS clinicians and 8% coming from other external sources. Referrals for current CPC specialties represent 33% of all MHHS Outpatient Services referrals, and 65% of all reportable clinic referrals. Volume of referrals for CPC categories have stabilised, with a slight decrease evidenced at this stage. In November 2016, 5% of GP referrals for CPC specialties were returned. In December 2016 only 2% were returned. Waitlisted referrals with a status of AI (Awaiting Information) are steadily decreasing on an average of 50 at point of reporting each month prior to project commencing. As of the December 2016 census date there were 6 AIs listed. These have been investigated and validated. General Practitioners are currently categorising over half of the referrals they submit for CPC specialties, with an average of half the referrals complying with CPC categorisation. This is expected to increase as this is only a period of 1.5 months since implementation. Self-categorised referrals by GP's have a lesser return rate than those not categorised by GP's. The clinical content and information contained in GP referrals for all specialist clinics (not just CPC) has improved by 49% since the commencement of the project. This indicates a reduction in the necessity to perform internal investigations. Prior to the internal

implementation of CPC in January, a November audit of HHS triaging for the top CPC specialties demonstrates compliance to CPC categorisation of over 60%. Usage of Health Pathways (where CPC are being localised) has risen since the commencement of the project. The recent data is demonstrating a correlation between a decrease in referrals of the first localised specialties, and the number of “hits” in Health Pathways for these specialties.

Lessons Learnt

Mackay HHS commenced turn back of GP referrals non-compliant with CPC on the 17th October 2016. Turn back of internal referrals that are non-compliant with CPC, and internal referrals that do not meet triage category 1, commenced on the 9th January 2017. The implementation and engagement so far indicates that both general practitioners and internal MHHS staff have willingness to embrace behavioural and process change for the implementation of the CPC, as long as these changes can continue to demonstrate benefits and outcomes. The implemented processes and auditing has identified issues and led to resolutions that streamline SOPD business practices and referral management. These outcomes are not yet sustained and link to other projects in place at the MHHS looking at redesigning various elements of ambulatory care process, prior to CPC no system-wide solution was evident to bring about system reform and no clear approach to address the systemic issues across different care settings existed. An integrated approach taken to launch CPC through Health Pathways has given the clinical evidence required to support a systems change to referral management.

Further Reading

[CPC intranet page \(Queensland Health staff only\)](#) [CPC public website](#)

Resources

[Project snapshot document](#)

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