

## **BC Cancer Agency Community Oncology Network**

### **CONRef Referral Process**

The CONRef system is a secure online web-based system that facilitates the delegation and transfer of care from a BCCA regional centre to a CON clinic responsible for delivering an element of that care.

The CONRef referral form indicates the treatment plan for the patients; allowing for the safe administration of chemotherapy closer to home. The associated CON referral policy III -110 describes the minimum required process steps for transferring care from a BCCA medical oncologist or radiation oncologist to CON clinic staff.

Improvements have been made to the referral form and accordingly, the policy has been updated. The following FAQ provides answers to frequently asked questions about the changes.

It is important to remember however, that this updated policy and web form are necessary but not sufficient to fulfil the shared responsibility between CON physicians and the patient's BCCA MRP.

The BCCA MRP delegating care, remains the MRP though-out the course of care at the CON clinic and thereafter until such a time as the patient is formally discharged (or deceased).

### **FAQ**

1. What is the purpose of a CONRef patient referral?

A CONRef patient referral is an electronic referral process by which a BCCA Oncologist or designate submits a request for delegation of care for chemotherapy treatments and medical care to one of the Community Oncology Network (CON) Clinics.

2. Who can complete the CONRef referral form besides the BCCA Oncologist/MRP?

The CONRef referral web form can be completed by a GPO, Nurse Practitioner (NP) or Resident provided that the CONRef Referral form is filled out under the direction of the BCCA MRP who is delegating a management plan that they are responsible for deciding in consultation with the patient.

3. Is it possible to submit more than one protocol on the same form?

It is not possible at this time.

4. How should the referring physician contact box be completed?

The referring physician contact box auto populates with the email of the person completing the referral form. If a referring physician wants to replace it with their phone number or that of their secretary they can do so by deleting the email address and adding their phone number. If a GPO or NP is filling out the form on behalf of the oncologist, they can include the oncologist contact email or phone number and should check with that individual regarding what their contact preference is.

5. Why was it necessary to add a forced function for instructions of when to send a patient back to the BCCA MRP?

A force function was added to ensure that the BCCA MRP sends instructions for when the CON clinic physician should refer the patient back, so the MRP can advise on ongoing management or close the loop at the end of a course of therapy. Even if the plan is for the patient to be discharged following a course of say, adjuvant therapy, the MRP should still see that patient again to ensure appropriate transfer of care to a primary care physician at that time.

6. How should the CON clinic refer the patient back to their MRP?

That may depend on the individual physician or regional cancer centre. At this time, this cannot be achieved via the CONRef referral web form. Please discuss with the regional cancer centre as to the preferred method for re-referral e.g fax, phone call, letter etc.

It is advisable that at the time of referral, the BCCA MRP also orders either a chart check or return appointment so there is always a future appointment in CAIS, even if that will need to be adjusted at a later date. However, it is the responsibility of the CON clinic physician to refer the patient back to the MRP at the instructed time.

7. What are the 'key' required fields?

The key required fields are:

1. Refer back to MRP
2. Clinical Summary
3. Recommended monitoring

8. Why was the field for dose modification and special instructions changed?

The field for dose modification and special instructions was changed to align with the policy which now specifies that a medical consultation must be dictated and be available to and checked by CON clinic staff prior to administering any therapy. Referring clinicians can still add free text into the referral form under the clinical summary but the dictated note is the source of truth.

If there are discrepancies in any information received, staff at the CON clinic should verify **before** proceeding with treatment.

9. What is meant by next chemotherapy date?

The time frame that a patient should be treated that is still clinically appropriate.

10. What additional documentation for the BCCA MRP could be included by the treating physician?

Each physician visit at the CON clinic should be documented and sent back to the MRP and include details of any significant dose adjustments and toxicities. On transfer back to the MRP, ideally there should be a summary that includes number of cycles, significant side effects new medical conditions and rationale for any changes, if adjustments to the original treatment plan were made.

11. Can out of province referrals be sent to CON clinics using the CONRef system?

No.

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