

Mar10, 2021

Dear colleagues in Primary Care,

**Re: New triage process for referrals to QEH Pediatric Clinic**

The QEH Pediatric Clinic currently has a wait list in excess of 1 year, and steadily growing, for referrals that we triage as non-urgent. Our group has been below complement for the last few years. The pace of referrals being sent to us exceeds capacity, and this will still be true once we are back to full complement in July 2021.

A significant number of referrals would be more appropriately sent to another service, mostly in the mental health / learning / behaviour problem category. See Attachment for examples and recommended approach.

Our approach to new referrals, effective immediately, will be as follows:

- 1. Not all referrals will be accepted.** If not accepted, the referral will be returned to the referral source and a note will be sent back to the referral source and the child's primary care provider (PCP), indicating the reason and any recommended course of action, i.e. where we suggest you refer the patient.
- 2. We request that referrals not be directed to a specific pediatrician. Please fax all non-emergent QEH Peds Clinic referrals to 902-894-2477.** If a child has been seen in the Peds Clinic before, we try to assign them to the same paediatrician for any subsequent consultations. Similarly, if the child has a sibling currently followed in the Peds Clinic, we try to assign them to the same pediatrician, so it is helpful to have that information on the referral.
- 3. We strongly request that referrals not be made to more than one service for the same problem, at the same time,** e.g. referring to Mental Health services or Psychiatry **and** Peds Clinic at the same time. This is a major contributor to our long waiting list. The wait list for Mental Health services has shortened somewhat. Please refer to one service and wait to see if that is effective before sending another referral.
4. Some referrals might be dealt with more efficiently by a **clinician-to-clinician telephone consult**, and in that case the pediatrician will try to arrange a telephone consult with the child's PCP.
- 5. Catching up on our waitlisted referrals is a priority** for our group. A nurse will contact these families to determine if the referral is still required. If it is, the referral will be re-triaged by a pediatrician, to either a pediatrician assessment, or a pediatric social worker (MSW) assessment.
6. There are a few "medical" referrals that are more appropriately seen directly by a pediatric subspecialty service, and our group will assess and redirect these referrals for you.

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Examples:

Child with suspected celiac disease and positive TTG: to Peds GI for endoscopy and biopsy confirmation of diagnosis prior to the child starting a gluten free diet.  
Some children with suspected food allergies: to Peds Allergy Clinic

We are also trying to reduce follow-up visits, to shorten our wait list. We believe we offer most value with an initial consultation and confirmation of a successful treatment plan. Children with chronic health conditions such as asthma, ADHD or anxiety will be transitioned back to their PCP for ongoing care, once their condition is stable,. We will remain available for medication adjustment advice, either via repeat consultation or telephone consultation with the child's PCP. Please send a written request for a telephone consult for medication adjustment, as it should be with the child's usual pediatrician.

Please contact me if you have any questions about these changes.

Peggy Bethune MD FRCPC  
Dept Head, QEH Pediatrics

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**Attachment:**

**Examples of referrals that are more appropriately referred to another service:**

1. Children with **major mental health concerns**- should be referred directly to Community MH or Psychiatry: [https://www.princeedwardisland.ca/sites/default/files/forms/child\\_and\\_youth\\_mental\\_health\\_referral\\_form\\_2210.pdf](https://www.princeedwardisland.ca/sites/default/files/forms/child_and_youth_mental_health_referral_form_2210.pdf)

2. Children with **mild-moderate difficulties with anxiety or depression**- medication is usually inappropriate as first line therapy. We suggest referral to Student Well Being Team. Referrals are sent on-line: <https://www.princeedwardisland.ca/en/service/make-student-well-being-team-referral>, and can be sent by parent or HCP. Student Well Being Teams are the entry level MH service in PEI for school-age children, whether or not the problem impacts the child's functioning at school. The Student Well Being Team also has the capacity to assess and refer to the Community Mental Health Services should the needs of the child or youth warrant such a referral.

3. Families of **children with anxiety** can be directed to the Anxiety Canada website: <https://www.anxietycanada.com>, or referred to the Strongest Families program- anxiety module, for ages 6-17: <https://www.princeedwardisland.ca/en/information/health-pei/strongest-families>.

4. Families of **children with behaviour problems** can be directed to Triple P: <https://www.triplep-parenting.ca/can-en/find-help/triple-p-parenting-in-prince-edward-island/> or referred to the Strongest Families program- behaviour module, for ages 3-12: <https://www.princeedwardisland.ca/en/information/health-pei/strongest-families>.

5. **Preschoolers with ADHD type symptoms** are rarely appropriate to be treated with medication; these families should be referred to a behaviour program (see above). In many cases, preschool children with behaviour problems can benefit from daycare attendance, as can most children with delayed language or other developmental delay. The family may be eligible for the PEI child care subsidy: <https://www.princeedwardisland.ca/en/information/social-development-and-housing/help-for-child-care-expenses>.

6. Infants and preschool children with delayed or abnormal development are appropriate referrals for the Pediatric Clinic, but **school age children with significant learning problems** require a psychoeducational assessment- pediatricians do not do this; this is accessed through the child's school, or can be accessed privately, although this is expensive: <https://www.pa-pei.org/private-practice-directory>.