Define the referral cohort

Use aggregate, non-identifying information only. Choose one service line and a fixed referral period. Follow approved clinical escalation procedures immediately when safety is at issue.

Scope, channel, review period, cutoff date

Accountable role, clinical escalation role, backup

Patient-centered aim and boundary (what is out of scope?)

Cohort definition, eligibility, exclusions, and source system

Known access barriers and whose perspective is missing

Baseline: numerator / denominator, time window, and data owner

Inspect the handoffs

For each transition, write the evidence of completion, owner, receiving role, exception path, and unresolved count. Do not enter patient details.

1. Received: completeness, routing, acknowledgment

2. Contacted: attempts versus two-way contact; barriers

3. Scheduled: appropriate slot, acceptance, capacity

4. Visit: completed / pending / declined / redirected / unknown

5. Follow-up: accepted owner, due point, escalation

6. Referrer informed: approved channel and closure evidence

Test one improvement for 30 days

Choose one routine operational mechanism. This review is not a substitute for urgent clinical action. Compare cohorts with equivalent follow-up windows.

Verified handoff failure and supporting evidence

Proposed change; accountable owner and backup

Receiving role, acceptance signal, and escalation trigger

Measure: definition, baseline, target, source, review date

Balancing measures: patient barriers, staff time, downstream work

Day-30 observation: benefit, burden, uncertainty, feedback

Decision: continue / revise / stop; next action, owner, due date