Med22

East Sussex Healthcare NHS Trust

Improving the Inpatient Referral System in the Acute Medical Unit

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Introduction

AMU receives high number of patients with variety of medical conditions. Specialist team input is part of patient care. We found that patients were waiting longer for review when a referral was made to a speciality team which not only impacted on patient care but also on the flow of patients within the department.

Aim

To Improve the Inpatient speciality referral system in AMU

Objectives

1. To Identify :

i) Time taken for review of the patient after referral
ii) Impact on length of stay of patients in AMU
iii) Speciality Inpatient Referral process

2. Goals :

i) Minimise avoidable delays for speciality review
ii) Improve Referral pathway
iii)Improve junior doctors efficiency

Methodology

1. Location: AMU, EDGH
2. Time: Nov-Dec ,2020 : 3 weeks – continuous data
3. All patients admitted to AMU screened who required a specialist input as per Consultant PTWR
4. Data Collected:

• Date/Time of referral
• Speciality referred
• Date/Time seen by the Speciality team
• Reviewed in AMU or outside AMU
• Discharges from AMU – any delay in referral?

5. Source: Medical notes, Esearcher, Evolve
6. Junior doctor Survey post intervention(Google Survey)

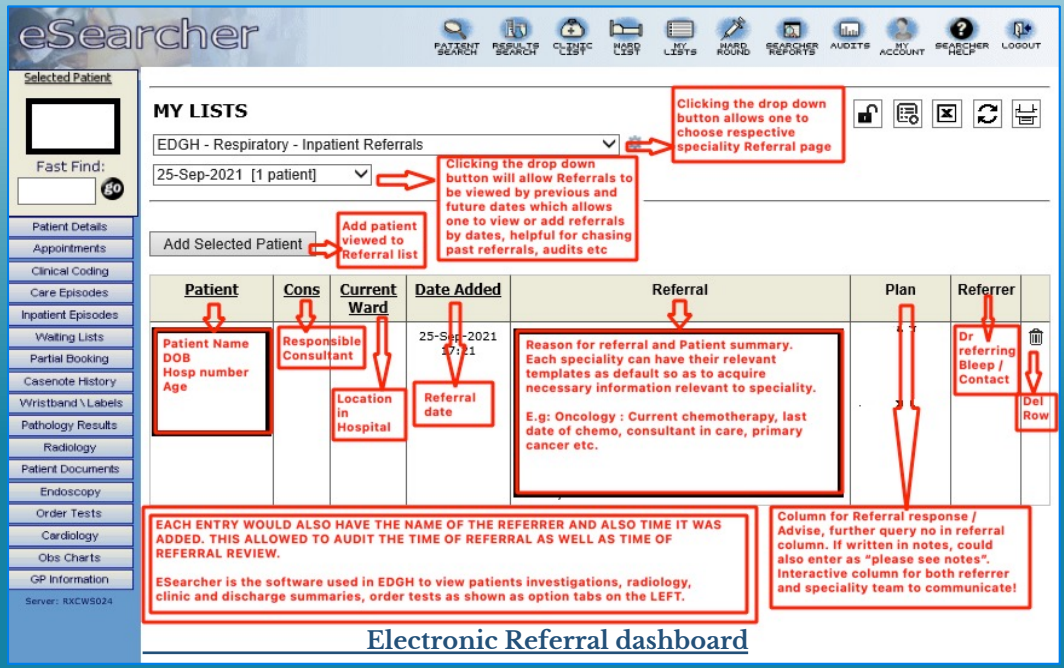
Results and Concerns

1. 185(39%) of 475 patients required a specialist input
2. Gastroenterology,Cardiology,Respiratory and Oncology comprised of 60% of Referrals.
3. 53% of referrals were seen < 24hrs, 22% referrals 24-48hrs, 8% >48hrs. 17% data inadequate.
4. 24(13.6%)patients were identified as avoidable delayed discharge due to delayed speciality review.

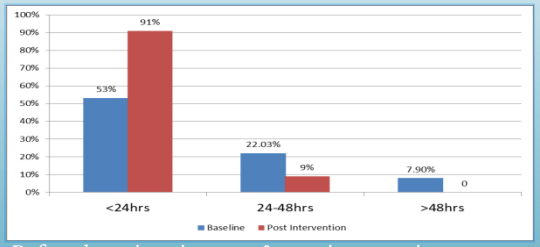
Key Causes for delays:

1. Pre weekend Referrals (Thursday/Friday) were less likely to be seen before the weekend contributing to delays compared to other weekdays.
2. Time of referral – Afternoon generated referrals were less likely to be seen on same day.
3. Process: Paper referrals were difficult to trace and duplicated work.
4. Referrals responded after 17:00 were unlikely to be picked up by the parent team on the same day with exception in cases of Neurosurgical referrals.
5. Lack of awareness of the doctor of the referral process can contribute to delay in making the referral.
6. Lack of access or information of contact details of who the referral registrar or consultant was for that day could potentially delay in review

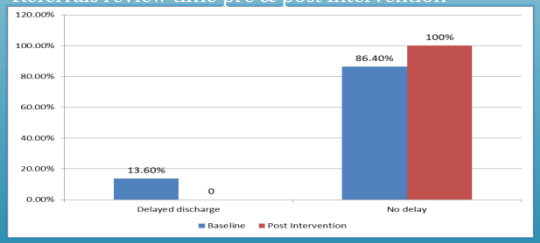
Interventions and Results:



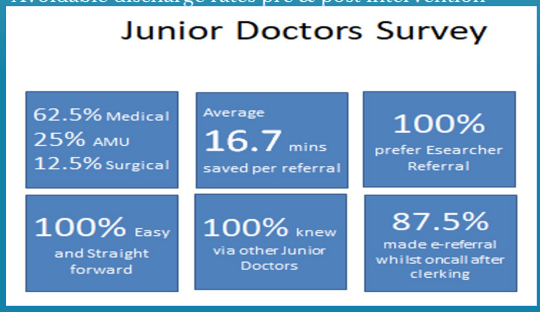
Electronic Referral dashboard

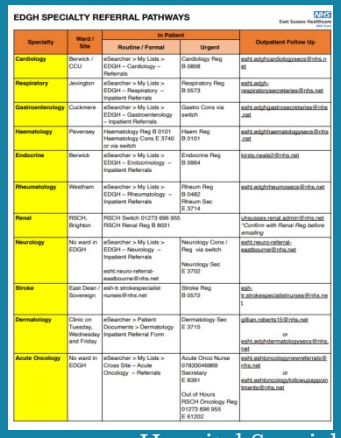


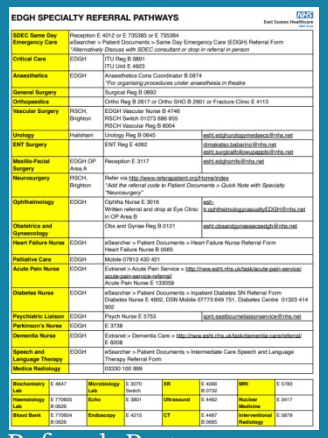
Referrals review time pre & post intervention



Avoidable discharge rates pre & post intervention







Hospital Specialty Referrals Poster

(Included in New Doctors Induction)

Results Summary:

1. Specialities onboard the electronic referral pathway in EDGH: Respiratory, Cardiology, Gastroenterology, Endocrine, Neurology, Acute Oncology, Rheumatology.
2. Patients seen <24hrs of referral increased from 53% to 91%.
3. All referrals were seen within 48hrs from previous 7.9%.
4. No Discharge delays from AMU due to delayed speciality referrals seen(Previously 13.6%).
5. No referrals were missed to be generated by junior doctors in AMU(Previously 4%).
6. Post Intervention Junior doctors survey : (see chart above).
7. **Overall reduction in ward work by 16.7mins per referral** (generating to submission).
8. Immediate benefit also to referrals generated from wards outside AMU as adopted same platform.
9. Adoption by Acute Oncology team cross site(Conquest Hospital,Hastings) with postive feedback.

Conclusion:

The flow of patients in AMU can also be improved by streamlining the Hospital Referral System. This provides timely patient care ensuring positive patient experience whilst in hospital. Electronic referral system was found to be an efficient means of making an inpatient referral. This project has also helped improve junior doctors morale, efficiency and communication which had a positive impact given the challenges of the pandemic in the hospital.

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