

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**
- To Identify :
 - Time taken for review of the patient after referral
 - Impact on length of stay of patients in AMU
 - Speciality Inpatient Referral process
 - Goals :
 - Minimise avoidable delays for speciality review
 - Improve Referral pathway
 - Improve junior doctors efficiency

Methodology

- Location: AMU, EDGH
- Time: Nov-Dec, 2020 : 3 weeks – continuous data
- All patients admitted to AMU screened who required a specialist input as per Consultant PTWR
- 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?
- Source: Medical notes, Esearcher, Evolve
- Junior doctor Survey post intervention (Google Survey)

Results and Concerns

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

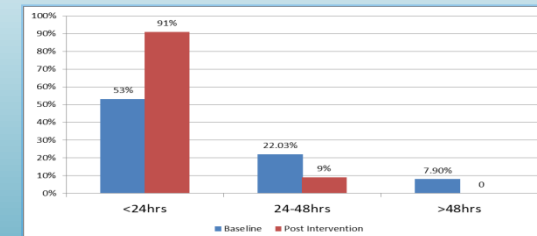
Key Causes for delays:

- Pre weekend Referrals (Thursday/Friday) were less likely to be seen before the weekend contributing to delays compared to other weekdays.
- Time of referral – Afternoon generated referrals were less likely to be seen on same day.
- Process: Paper referrals were difficult to trace and duplicated work.
- 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.
- Lack of awareness of the doctor of the referral process can contribute to delay in making the referral.
- Lack of access or information of contact details of who the referral registrar or consultant was for that day could potentially delay in review

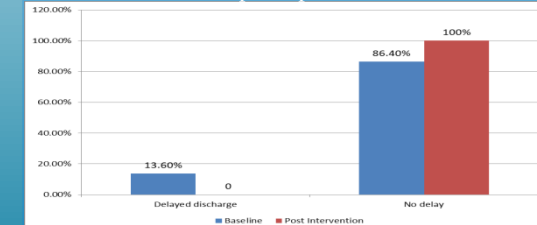
Interventions and Results:

The screenshot shows the eSearcher interface with a sidebar menu on the left containing options like Patient Details, Appointments, Clinical Coding, Care Episodes, Inpatient Episodes, Waiting Lists, Partial Booking, Casenote History, Wristband Labels, Pathology Results, Radiology, Patient Documents, Endoscopy, Order Tests, Cardiology, Obs Charts, and GP Information. The main area displays 'MY LISTS' for 'EDGH - Respiratory - Inpatient Referrals' as of '25-Sep-2021 [1 patient]'. A table lists patient details including Name, DOB, Age, Consultant, Location, and Referral date. A red box highlights the 'Referral' column, stating: 'Reason for referral and Patient summary. Each speciality can have their relevant templates as default so as to acquire necessary information relevant to speciality. E.g: Oncology : Current chemotherapy, last date of chemo, consultant in care, primary cancer etc.' Another red box points to the 'Referrer' column, stating: 'Dr referring / Bleep / Contact'. A third red box points to the 'Add Selected Patient' button, stating: 'Add patient viewed to Referral list'. A fourth red box points to the 'Fast Find' search bar, stating: 'Clicking the drop down button will allow Referrals to be viewed by previous and future dates which allows one to view or add referrals by dates, helpful for chasing past referrals, audits etc'. A fifth red box points to the 'Referral' column, stating: 'Clicking the drop down button allows one to choose respective speciality Referral page'. A sixth red box points to the 'Referral' column, stating: 'Each entry would also have the name of the referrer and also time it was added. THIS ALLOWED TO AUDIT THE TIME OF REFERRAL AS WELL AS TIME OF REFERRAL REVIEW.' A seventh red box points to the 'Referral' column, stating: 'Esearcher is the software used in EDGH to view patients investigations, radiology, clinic and discharge summaries, order tests as shown as option tabs on the LEFT.' A final red box points to the 'Referral' column, stating: 'Column for Referral response / Advise, further query no in referral column. If written in notes, could also enter as "please see notes". Interactive column for both referrer and speciality team to communicate!'

Electronic Referral dashboard

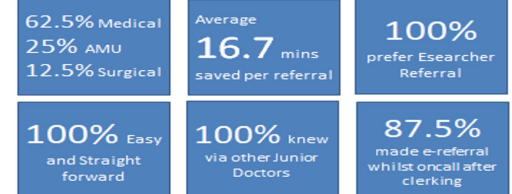


Referrals review time pre & post intervention



Avoidable discharge rates pre & post intervention

Junior Doctors Survey



Results Summary:

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

Hospital Specialty Referrals Poster

(Included in New Doctors Induction)