East Sussex Healthcare Improving the Inpatient Referral System in the Acute Medical Unit

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Introduction

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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.

eSearcher

MY LISTS

EDGH - Respiratory - Inpatient Referrals

Selected Patient

Fast Find:

Patient Details

Appointments

Clinical Coding

Care Episodes

Inpatient Episodes

Waiting Lists

Partial Booking

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Wristhand \ Labels Pathology Results

Radiology

Patient Documents

Endoscopy

Order Tests

Cardiology

Obs Charts

GP Information

80

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
- 3. 53% of referrals were seen < 24hrs, 22% referrals 24-48hrs, 8% >48hrs. 17% d inadequate.
- 4. $\overline{24(13.6\%)}$ 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 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 tea same day with exception in cases of Neurosurgical referrals.

5. Lack of awareness of the doctor of the referral process can contribute to delay 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

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(Included in New Doctors Induction)



NHS Trust



ary:

- electronic referral pathway in EDGH: Respiratory, Cardiology, crine, Neurology, Acute Oncology, Rheumatology.
- referral increased from 53% to 91%.
- vithin 48hrs from previous 7.9%.
- om AMU due to delayed speciality referrals seen(Previously 13.6%). d to be generated by junior doctors in AMU(Previously 4%).
- doctors survey : (see chart above).
- ard work by 16.7mins per referral (generating to submission). o referrals generated from wards outside AMU as adopted same
- ology team cross site(Conquest Hospital, Hastings) with postive

AMU can also be improved by streamlining the Hospital provides timely patient care ensuring positive patient ospital. Electronic referral system was found to be an king an inpatient referral. This project has also helped s morale, efficiency and communication which had a the challenges of the pandemic in the hospital.