

The development of a new tool to improve referral practices to the Haematology department at Hillingdon Hospital

Background:

- The haematology department at Hillingdon Hospital currently relies on referrals conducted via pagers, which are a one-way form of communication.
- There is a risk to vulnerable patients of becoming unwell due to improper communication and documentation of medication and care.

Objectives:

- Primary objective: Improve **patient care** as a result of timely interventions
- Secondary objectives: Improve the **quality of referrals** and **quality of life** for the doctors involved

Method:

1) A questionnaire given to all members of the haematology team (N=10).

Assessing 4 main domains:

- Perceived patient **safety** + impact on patient **care**
- Quality of patient information **received**
- Quality of **documentation** of the referral
- Impact on current doctor's **quality of life**

2) Risks were identified from the responses. From this, a form was created, consisting of a set of questions to be answered by the referring doctor prior to referral.

3) 2 months later, a repeat questionnaire, assessing the same 4 domains, was given to members of the haematology team (N=7).

4) Responses were analysed to assess the efficacy of our implementation and whether our primary and secondary objectives were met.

5) Future steps were discussed and the IT department was contacted to develop an online referral platform.

Implementation:

The form developed included the following questions:

1. Referral type
2. Referral urgency
3. Patient's clinical history
4. Patient's medical history
5. Patient's drug history (anticoagulants, chemotherapy)
6. Most recent blood + coagulation results.
7. What is your question for haematology

Guidance was delivered to the team on how to use and access this proforma.

Impact:

- Enables haematology team to gain a **holistic patient overview**, improving the **quality of management** provided.
- **Quicker referral turnover** as complete information is provided from the start.
- Allows referrals to be **triaged** in an **urgency dependent manner**.
- Provides **structure** to the referral.
- **Improves documentation** of any discussion and decisions taken.
- Allows **current safe referral guidelines** to be met.

References

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Analysis:

Cronbach's alpha coefficient was calculated as 0.7, confirming the reliability of the preliminary questionnaire.

Many problems with the current referral procedure were identified, primarily involving the inability to document discussions and poor quality of note taking. Responses included that the current system was:

"Inefficient as each patient needs multiple discussions"

"causing extra workload due to non-traceability of referrals"

"dependent solely on the medical/surgical team to give correct information"

"lacking formal electronic record of in-patient referrals"

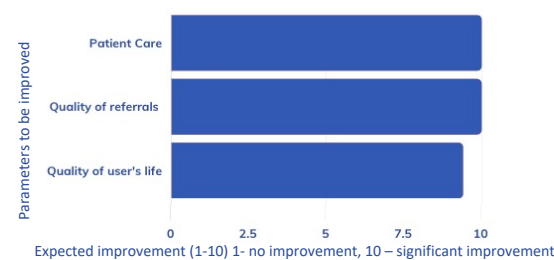
The department on average received **10 referrals a day**, of which **100%** were via telephone or bleep.

Figure 1: Average reported safety of the current referral system:



Only **50%** of respondents were aware of the current guidelines for safe referral practice.

Figure 2: Scores demonstrating the extent that a new referral system would improve the following metrics:



The impact of the newly implemented form was analysed in a follow up questionnaire 2 months later.

Figure 3: Impact of the new form on the quality of referrals and improvement in patient safety

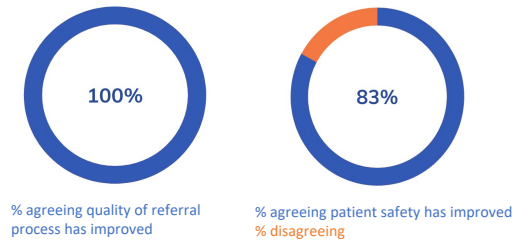
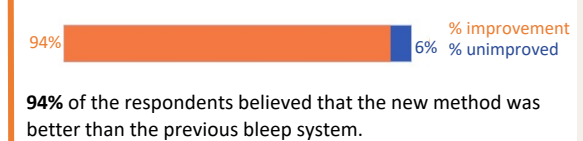


Figure 4: Average overall improvement in referral process



Evaluation:

- We fulfilled our primary objective to a achieve greater standard of patient care, through timely interventions, by allowing efficient access to important information and enabling better documentation.
- Secondary objectives were met to an extent; referrals can now be conducted in a more timely and structured manner, which improves the quality of referrals and doctors' lives. However, this would be further improved by moving the system online.
- Our sample size was small so a test of reliability were performed on our data to ensure our evidence was of a high quality.

Conclusion:

- Referral practice is an important process that must be well documented and traceable, since inpatients usually have multiple comorbidities and require the attention of multiple specialities.

Future development + Sustainability:

- Bring the new system online and ensure sustainability of its use by delivering adequate training alongside.
- Re-audit at a department level to assess whether objectives have been achieved and identify any further points of concern.