# ENHANCING PATIENT CARE BY IMPROVING THE REFERRAL SYSTEM

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## BACKGROUND

Poole Hospital is a district general hospital that boasts a range of specialties. Each specialty has its own unique referral structure, which requires the referrer (usually junior doctors) to know the exact process and which system to use when referring. Examples include bleeping, online forms and printing documents. Incorrect referrals are a patient safety risk, cause undue delay in patient assessment by other specialties and can also delay discharges. The goal of this project was to improve the referral system by creating a dedicated information system on the trust intranet detailing the referral process to each specialty and contingency plans if the referrer is unsuccessful. This would enhance patient care by reducing incorrect or missed referrals to other specialties.

## RESULTS

Our intervention is a dedicated information system on the trust intranet detailing the referral process to different specialties located at Poole Hospital. The initial questionnaire (28 respondents) found that many referral **processes were poorly understood**. The Respiratory Medicine referral pathway was the most widely understood and Endocrine Medicine referral pathway the least understood. **88% of respondents agreed that referral errors have caused delays in review, management, and assessment from a specialty.** A post-intervention survey showed 100% (18/18) of respondents found the dedicated information system benefitted patient care.

## LESSONS LEARNED

Our intervention has clarified the differing referral pathways at Poole Hospital. Users are encouraged to highlight pathway changes to ensure the page remains relevant and to continue to cycle improvement. We would advocate similar referral guides for other trusts and to incorporate this into induction teaching for new members of staff to improve patient care.

## CYCLE 1

### PLAN

Objectives: Improve the referral system by creating a dedicated information system on the intranet.
Questions: What are the difficulties junior doctors have with referring to specialties?
How can the current system be improved?
Who/How: Junior doctors to carry out project Over 4 months, to compile evidence into a referral system that is relevant and accurate

### DO

What was already in place? An outdated document on the intranet that had inaccurate details causing confusion. No details were available on how to update document or contact owner. Keeping the information current.
What did we do?
We decided to create a dedicated and current referrals information system for the main medical and surgical specialties on the hospital site.

### STUDY

We collected both quantitative and qualitative data through questionnaires
Quantitative data was analysed using pie charts and bar graphs. Qualitative data was collected in the form of short answer responses and analysed by coding key themes.

### ACT

Our data collection highlighted a clear problem experienced by multiple junior doctors. A streamlined refeferrals system was created to aid with patient care and uploaded on the trust-wide intranet. This was circulated to medical staff of all grades including junior doctors via email.

## CYCLE 2

### PLAN

Objectives: Assess the effectiveness of our intervention and highlight further areas for improvement

Who/ How: Junior doctors to carry out second cycle over 2 months.

### DO

Anonymous data was collected usign an online questionnaire sent to the same group of junior doctors who answered survey 1. Questions ranged from multiple choice to short-answer responses.

What changed in this cycle?
- Highlighting that system is for **non-emergency referrals, only.**
- We used feedback received from specialties to further update our original intervention.
- We updated the contact details so users can inform us of any updates on the referral pathways.

### STUDY

Quantitative data was analysed using pie charts and bar graphs. Qualitative data in the form of short answer responses was analysed using a coding system.

100% of respondents (20/20) of the second survey believe that the dedicated referral system benefits patient care.
One respondent wrote '*Simple and concise... hopefully no more errors in referrals*'
Another wrote '*Much needed, especially when new to a hospital or when the pathway frequently changes*'

### ACT

Despite positive feedback on the updates on the system, there are still ways to continually improve :
1. Update document with new information as soon as it becomes available.
2. Email doctors trust-wide with the new updates to the system every time it is updated
3. Plan for cycle three- expand specialty base e.g. neurophysiology, acute pain team and consider including referral pathways to specialties at other trusts.