

Improving the inpatient referral system in the acute medical unit

Authors: Anant Gurung,^A Nikhil Patel,^A Karen Sarmiento,^A Thomas Hickman-Casey,^A Allen Shakya,^A Rabia Kiani^A and Wut Yee Thazar^A

EASTBOURNE DISTRICT GENERAL HOSPITAL SPECIALITY REFERRAL PATHWAY

Specialty	EDGH Ward/ Site	In Patient		Outpatient Follow Up
		Routine/Formal	Urgent	
Cardiology	Berwick/CCU	eSearcher, Mylist	Cardiology Reg B0808	esht.edghcardiologysec@nhs.net
Respiratory	Jevington	eSearcher, Mylist	Respiratory Reg B0573	esht.edgh-respiratorysecretaries@nhs.net
Gastroenterology	Cuckmere	eSearcher, Mylist	Gastro Cons via switch	esht.edghgastrosecretaries@nhs.net
Stroke	East Dean/ Sovereign	esh-tr.strokespecialist nurses@nhs.net	Stroke Reg B0572	esh-tr.strokespecialistnurses@nhs.net
Renal	Royal Sussex County Hospital, Brighton	Contact Royal Sussex County Hospital, Brighton via Switchboard and ask for Renal Registrar oncall RSCH Switch board 01273 696955 Bleep: 8031 (RSCH Renal spr)		
Neurology	No ward in EDGH Contact Neurology SPR/Oncall Consultant	eSearcher, My list esht.neuro-referral-eastbourne@nhs.net	Neurology SPR or Oncall Neuro consultant via switchboard Neurology secretary E3702	esht.neuro-referral-eastbourne@nhs.net
Haematology	Pevensey	Haematology Reg B 0101 Haematology consultant E3740 or via switchboard	Haem Reg B 0101	esht.edghhaematologysecs@nhs.net
Rheumatology	Westham	eSearcher, Mylist	Rheum Reg B 0482 Sec E3714	esht.edghrheumosecs@nhs.net
Endocrine	Berwick	eSearcher, Mylist	Endocrine Reg B0964	Kirsty.neal2@nhs.net
Dermatology	Dermatology Clinic on Tuesday, Wednesday and Friday	eSearcher, patient documents through generate then send	Dermatology sec E3715	Gillian.roberts15@nhs.net Or esht.edghdermatologysecs@nhs.net
Acute Oncology	No Oncology ward in EDGH/ Conquest	eSearcher, My list (Cross site - Acute Oncology)	AO nurse 07833046869 AO secretary E 8391 Oncology Reg, RSCH(out of hrs) E #61202, 01273696955	Esht.eshtoncologynewreferrals@nhs.net esht.eshtoncologyfollowupappointments@nhs.net esh-tr.acuteoncology@nhs.net (do not use for OP clinic referrals)

EASTBOURNE DISTRICT GENERAL HOSPITAL SPECIALITY REFERRAL PATHWAY

SDEC (Same Day Emergency Care)	Reception E 4012, E735383, E735384 Referral: eSearcher, patient documents through generate and send Alternatively Discuss with SDEC consultant/Drop in referral in person (purple zone, Level 2)
Orthopaedics	Ortho Reg B2617 or Ortho SHO B2901 or Fracture Clinic E4113
General Surgery	Surgical Reg oncall B 0892
Vascular	RSCH, Brighton Brighton switchboard and ask for vascular Reg oncall Switch board 01273 696955 Vascular reg Bleep 8004 Vascular nurse specialist in EDGH B 4746
Urology	Haikham Urology Reg B 0645 Esht.edghurologysecs@nhs.net
ENT	ENT Reg oncall E 4262 Dimakisto.babacino@nhs.net Esht.surgifollowupappts@nhs.net
Max Fax	EDGH OutPatient Area A Reception E 3117 esht.edghomfs@nhs.net
Neurosurgery	RSCH, Brighton Through (http://www.referepatient.org/Home/index) Please add a new document on eSearcher and insert the referral code generated after submitting the online neurosurgical referral
Ophthalmology	EDGH/ OP Area B Eye Clinic E 3016 Written referral and drop in Eye Clinic in OP Area B esh-tr.opthalmologycasualtyEDGH@nhs.net
Psych Liaison	EDGH/ Psychiatry department E 5753 SPNT.Eastbourne.liaisonService@nhs.net
Obstetrics and Gynaecology	Obs and Gynae Reg B 0121 esht.obsandgynaesecs@nhs.net
ITU	EDGH ITU Reg B 0891 ITU Unit E 4923
Anaesthetics	EDGH Anaesthetics Reg B 0891
Speech and Language Therapy	EDGH e-searcher, patient document – electronic referral form - Adult Speech and Language referral form
Diabetes Team	EDGH e-searcher, patient document - electronic referral form E 4902, DSN Mobile 07773649751, Diabetes Centre 01323414902
Palliative Team	EDGH Call 07813430421
Parkinson Team	EDGH E 3738
Pain Team	EDGH Extranet, Acute pain Service E 133059
Dementia Team	EDGH Extranet, Dementia Care Team referral E 6208
Heart Failure Team	EDGH eSearcher – Patient documents through generate and send (Heart Failure Nurse Referral) If urgent – B 0565

Fig 1. Hospital referral pathway poster.

Introduction

The acute medical unit (AMU) receives high number of acutely unwell patients with variety of medical conditions. For an AMU to function well, it needs to maintain strong links with all hospital specialties.¹ Specialist team input is part of patient care. An efficient referral pathway is vital for timely management of acute patients. In our AMU, we found that patients were waiting longer for specialty team review. This impacted on patient care, discharge and flow of patients to and from the AMU.

Author: ^AEastbourne District General Hospital, Eastbourne, UK

Aim

To improve the inpatient specialty referral system in our AMU.

Objectives

- To identify:
 - time taken for review of the patient after referral to specialty team from AMU
 - any impact on length of stay of patients in hospital due to delay in specialty review
 - specialty team referral process.
- To reduce delay:
 - for specialty team review
 - improve method of referral
 - improve junior doctors' efficiency in the AMU.

Selected Patient

MY LISTS

EDGH - Cardiology - Referrals

Fast Find: #0

14-Apr-2021 [3 patients]

DAILY CARDIOLOGY REFERRALS

The Cardiology team will aim to see the referral within 24hours. If urgent please bleep the Cardiology SPR on 0808.

Referral question (Ref Q) and all sections under Background are mandatory.

Please leave the "Card Plan" section blank. We will write our plan here and this will be available on eSearcher.

Add Selected Patient

Patient	Current Ward	Background	Ward Seen	Cons	Ref Q	Card Plan	Date Added
	Acute Medical Unit	PMH: EVAR for AAA, L femoral bypass, R popliteal stent, COPD, Osteoporosis Presentation (admission): sudden L side chest pain + clamminess (wife adds SOB but pt denies), few weeks of calf swelling Functional Baseline & Exercise Tolerance: independent, lives alone, walks 100 steps w/ stick or scooter for longer distance				As Ddimer is 6700, please get CTPA and come back to us	14-Apr-2021 14:17

Fig 2. Electronic referral system for all specialties.

Materials and methods

- > Location: AMU, Eastbourne District General Hospital (EDGH).
- > Time: 16 November – 4 December 2020: 3 weeks' continuous data.
- > Study patients: all patients admitted to the AMU who required specialist input after the consultant post-take ward round.
- > Data collected:
 - > date of referral
 - > specialty referred
 - > date/time seen by the specialty team
 - > discharges from AMU – whether a delay in referral is present.
 - > Source: Medical notes, eSearcher, Evolve.
 - > Data analysed: MS Excel, Google Survey.

Results and discussion

- > 185 of 475 (39%) patients were referred to a specialty.
- > Eight (4%) referrals were missed by the junior doctor, despite planned on post-take.
- > The top five specialties for referrals were gastroenterology (22%), cardiology (16%), respiratory (11%), oncology (11%) and mental health team/psychiatry (6%).
- > 24 (13.6%) patients were identified as having an avoidably delayed discharge due to delayed specialty review.

- > Of all the referrals, only 53.1% of referrals were seen by the specialty team within 24 hours, 22.03% in 24–48 hours, 7.9% in >48 hours. 16.96% of referrals were omitted due to missing data.

Common causes of delays included paper referral requiring hand delivery, limited accessibility and communication, lack of junior doctor awareness, increased admin work and duplication, impact of the pandemic.

Interventions/actions:

- > Electronic referral system for all specialties. Key advantages included faster submission, paperless, secure, minimising errors, shared access and improved communication between referrer and reviewer.
- > Hospital referral pathway poster (mobile phones, intranet accessibility), see Fig 1.

Reaudit and outcome:

- > June 2021, 155 patients.
- > Specialties on board with the electronic referral pathway in EDGH: respiratory, cardiology, gastroenterology, endocrine, neurology, acute oncology, rheumatology.
- > Patients seen within 24 hours of referral increased from 53% to 91%, those seen within 24–48 hours reduced from 22.03% to 9%.
- > No referrals were seen after 48 hours. Previously 7.9%.
- > No discharge delays from AMU were due to delayed specialty referrals seen. Previously 13.6%.

- > No referrals were missed by junior doctors. Previously 4%.
- > Post-intervention, a junior doctors' survey showed that 100% preferred the electronic referral system to paper and agreed that it was easy and straightforward. 87.5% of doctors had made a referral while being on call, rather than leaving it for the ward team after liaising with the registrar/consultant.
- > Overall reduction in ward work by 16.7 mins per referral (time from generating to submission).
- > Immediate benefit also to referrals generated from wards outside AMU which adopted the same platform.
- > Adoption by acute oncology team is cross-site and expanding.

Conclusion

We have shown that the flow of patients through the AMU can be improved by streamlining the hospital referral system. This provides timely patient care, ensuring a positive patient experience

while in hospital. An electronic referral system was found to be an efficient means of making an inpatient referral. This project has also helped improve junior doctor morale, efficiency and communication, which had a positive impact given the challenges of the pandemic in the hospital. ■

References

- 1 Royal College of Physicians. *Acute internal medicine services: acute medical unit: scope of care:-specialty in-reach to AMU*. RCP, 2018. www.rcpmedicalcare.org.uk/designing-services/specialties/acute-internal-medicine/services-delivered/acute-medical-unit [Accessed 18 March 2022].
- 2 Royal College of Physicians. *Acute internal medicine: designing services*. RCP, 2018. www.rcpmedicalcare.org.uk/designing-services/specialties/acute-internal-medicine [Accessed 18 March 2022].