Let's (Not) Refer the Child To The Hospital !
STREAMLINING PAEDIATRIC REFERRALS

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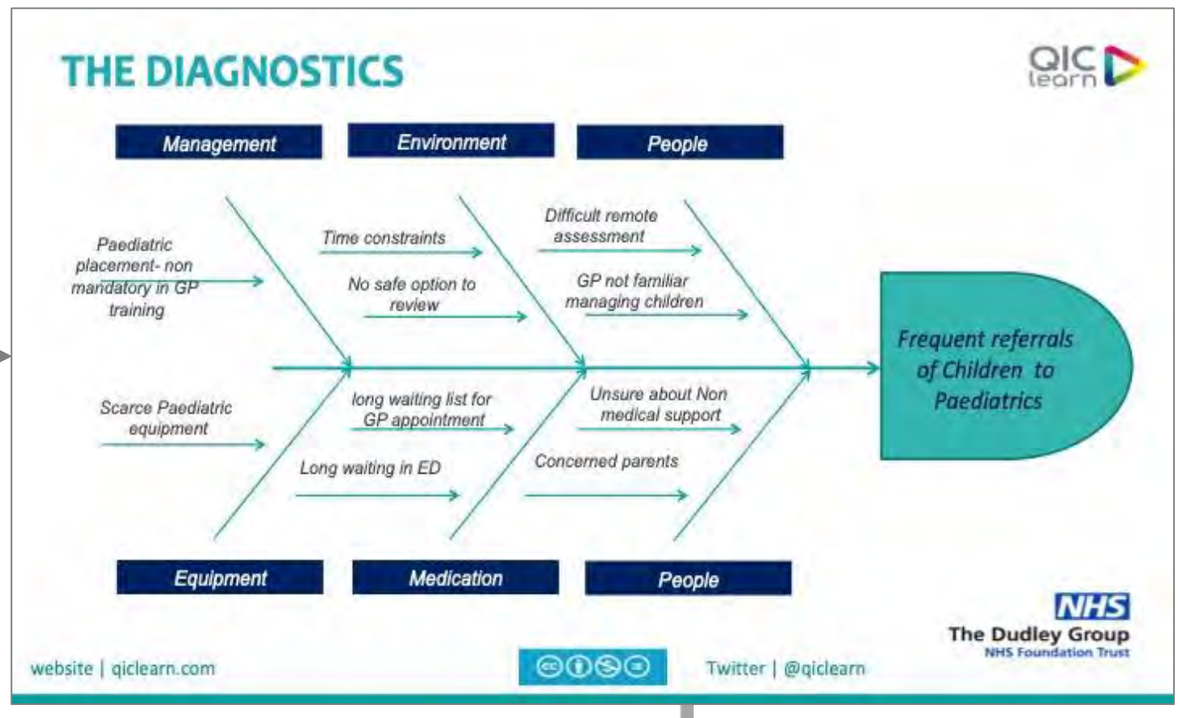
BACKGROUND:

- Most Paediatric referrals from the GP get accepted to the Hospital
- Common outcome : Discharge with oral/no medication
- ***Can we manage these children safely in the Community?***
- ***REF:*** **Babies, Children and Young people's experience of Health care-** NICE Guideline [**NG204**]; Pub 25 Aug 2021
  -Planning Health care and shared decisions



AIM: To Streamline the GP referrals to the Paediatric unit at Hospital by offering

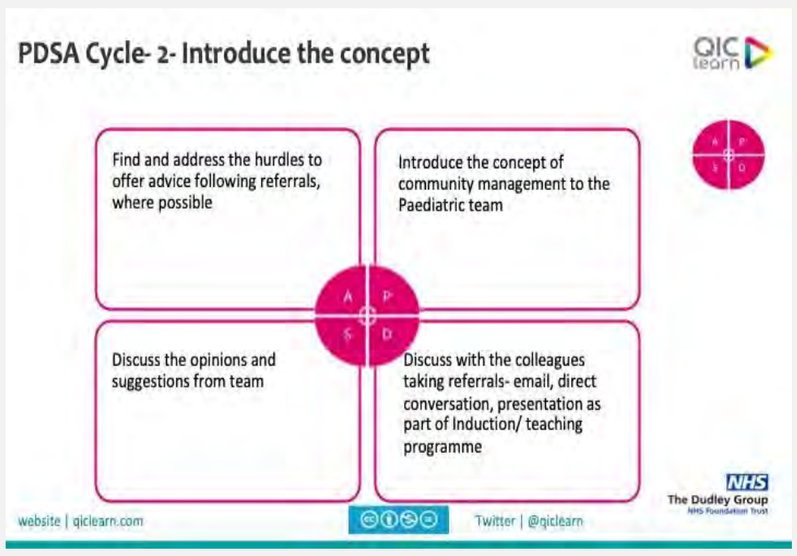
- advice for community management and
- a safe option for review(open access to the Hospital for a specific period)

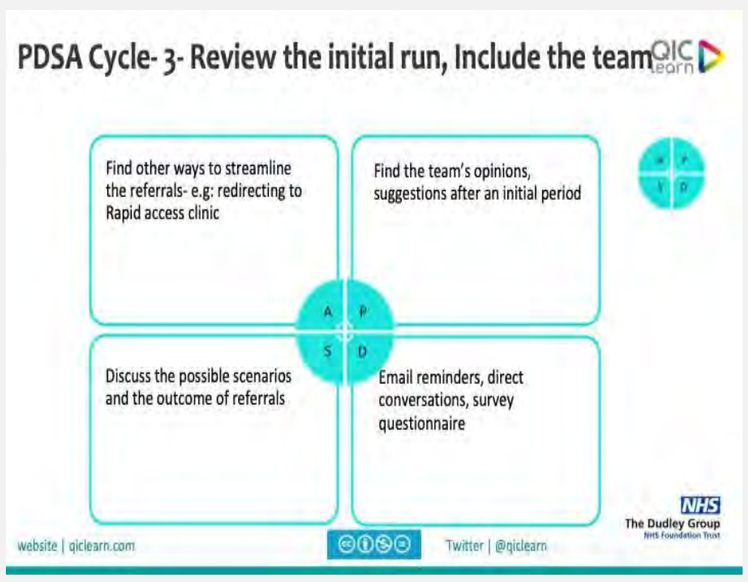
MEASURES: Number of referrals with advice, open access
INCLUSIONS: Paediatric referrals from the GPs
EXCLUSIONS: Referrals from the Emergency department

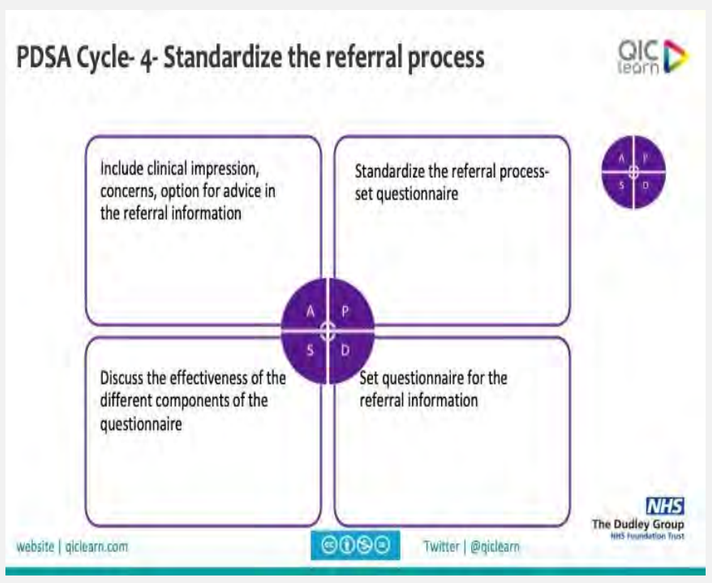
CHANGE IDEAS:

- Identify the scenarios for community management
- Introduce the concept(advice and open access) to the Paediatric team
- Review the initial run and improvize
- Standardise the referral process- include clinical impression , concerns, options for outcome as part of the referral information
- Include the team in the Project to continue the progress.

PDSA cycles







REFLECTIONS & LEARNING

- Frequent concerns with GP referrals - Lack of familiarity with Paediatrics, Difficulty in offering review (not unwell child)
- The clinical impression and concerns are the key referral details. Offering advice is complemented by an open access to Paediatrics – this is not a failed outcome.
- Including the team in the project offered more promising ideas to streamline the referrals and ensured the continuity of the project.

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