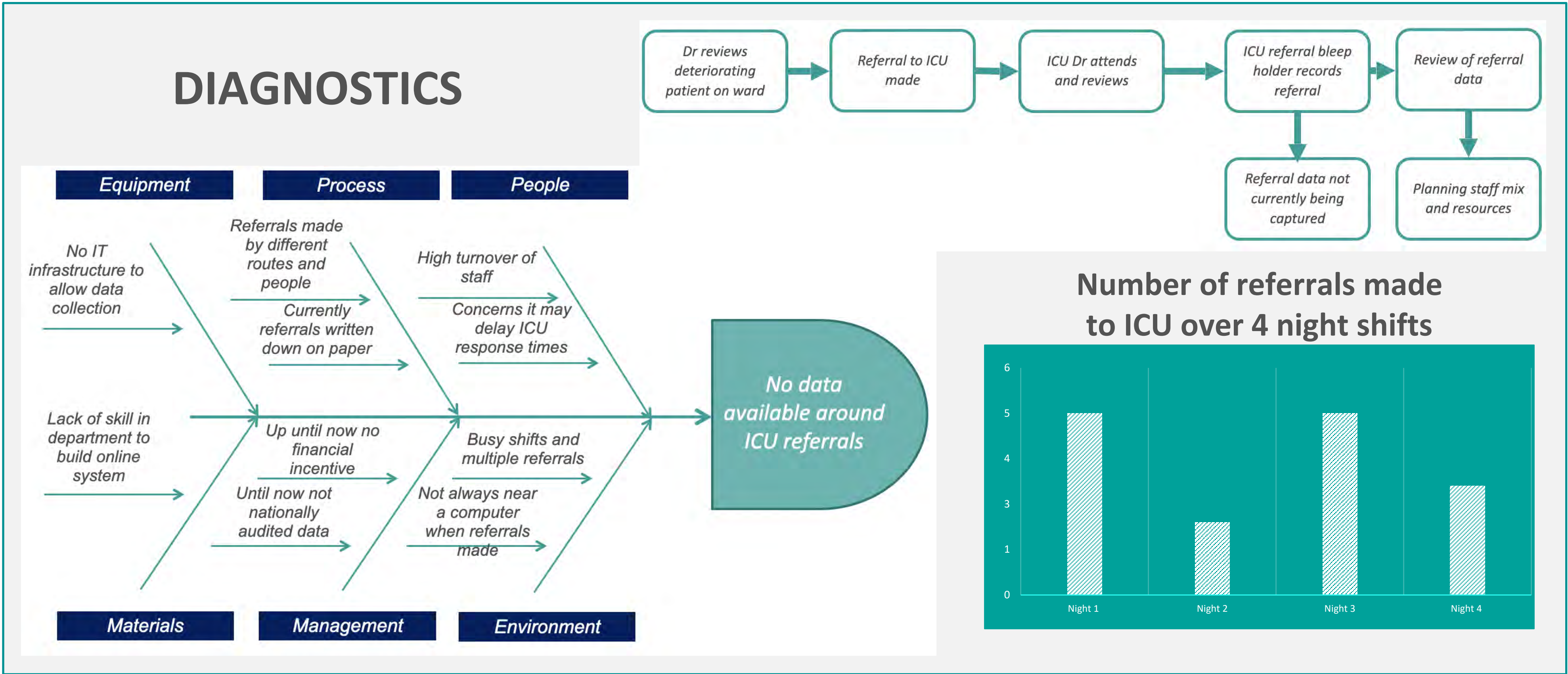




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PROBLEM

Our ICU is referred critically unwell patients. No data on these referrals are collected. We do not know when who or why patients are referred. We are unable to improve our service without quality data.



Aim:
All referrals made to ICU to include the following information: specialty, time of referral, reason for referral, treatment escalation plan, discussion with home consultant and clinical frailty score. This will enable us to understand who, when and what patient are referred.

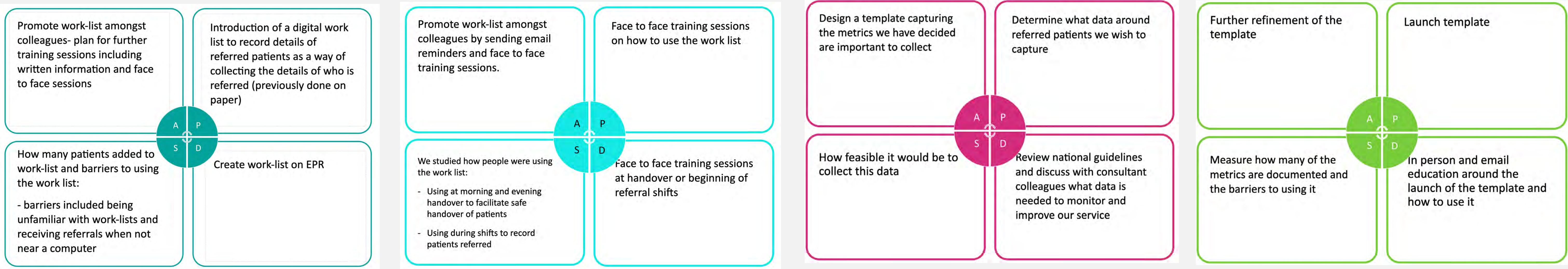
Measure:
Documentation of the following data when a patient is referred to ICU expressed as a number out of 6: specialty, time of referral, reason for referral, treatment escalation plan, discussion with home consultant and clinical frailty score.

Inclusions: Ward in-patients referred to adult ICU
Exclusions: 2222 calls, post operative patients and those referred from ED

CHANGE IDEAS

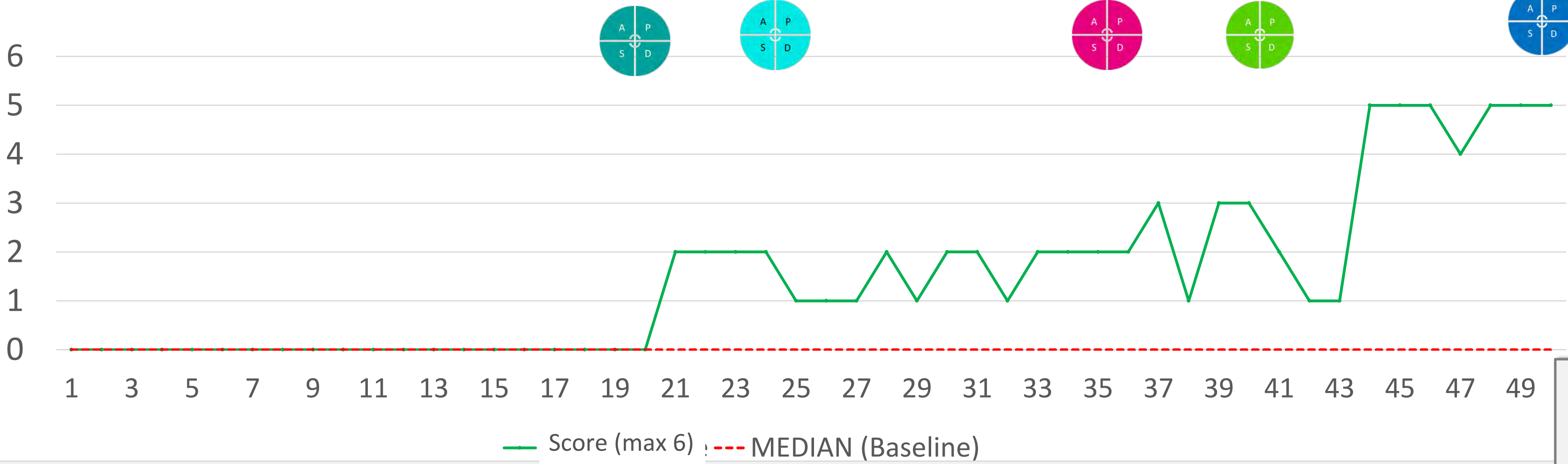
- Referring team to document the referral data in the notes (speciality, time of referral, reason for referral, TEP, referring consultant aware and CFS)
- ICU team to document referral data at time to taking the referral
- **ICU team to document referral data when documenting their review in the notes- via a template**
- **Create a digital referral system like all other specialties use in the hospital**

PDSA cycles



RUN CHART

Documentation of the data when a patient is referred to ICU expressed as a score out of 6 (speciality, time of referral, reason for referral, treatment escalation plan, discussion with home consultant and clinical frailty score).



CONCLUSION

- Our run chart shows a significant improvement from our baseline data.
- The final PDSA cycle shows a further improvement in scores consistently greater than 4.
- Whilst this form captures the data it remains timely to extract.
- Our next step is to introduce an online referral form. This will allow for automated data collection.
- We can then use this data to improve the service we deliver.

Future PDSA Cycle

