But *how*?

Who helps the referrer to refer?

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BACKGROUND

PROBLEM
Junior doctors spend a lot of time referring patients. There are different systems to refer to different services.

Hours are wasted working out how to make a referral which frustrates staff and delays care for patients.

EPR > Requests and prescribing

Mobile via switchboard

EPR>Communicate>Pool

Bleep

OARS

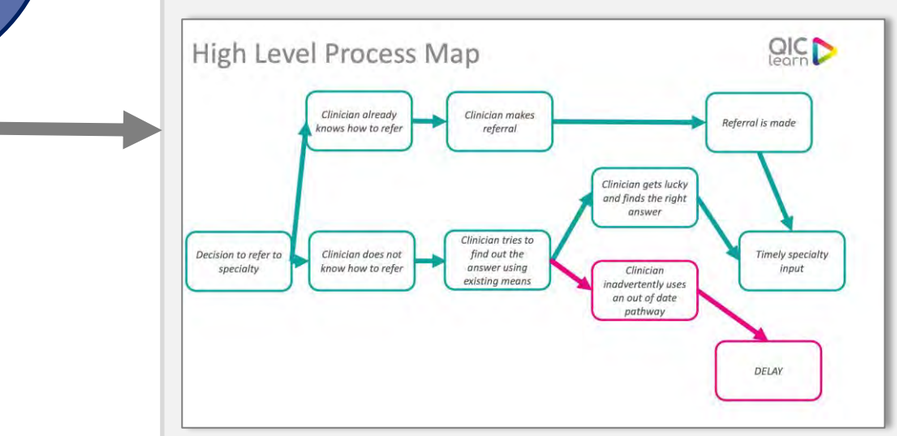
Phone

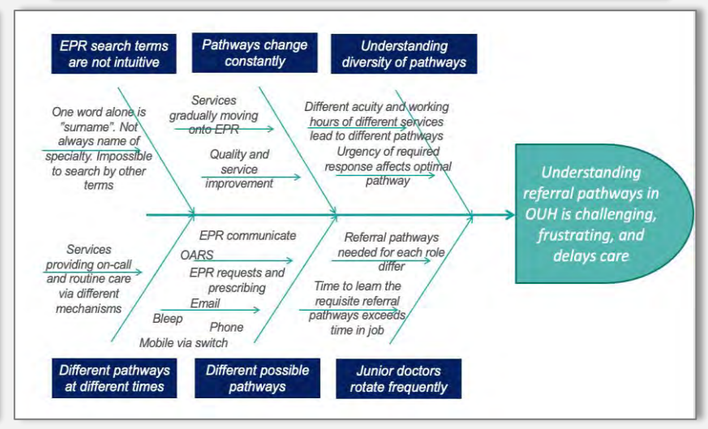
Email

EPR>Communicate>Staff

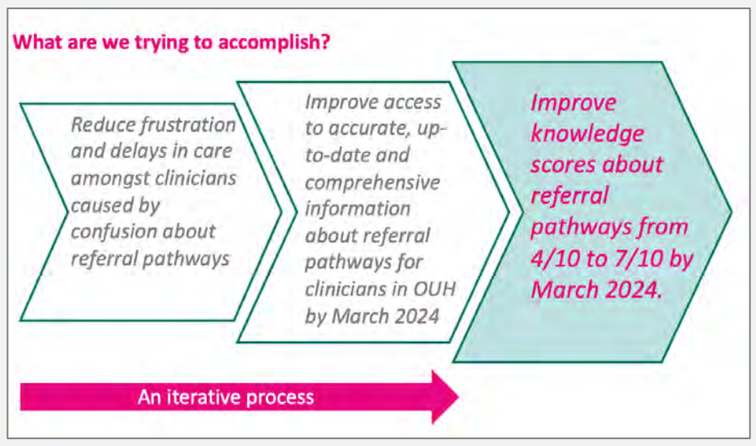
DIAGNOSTICS

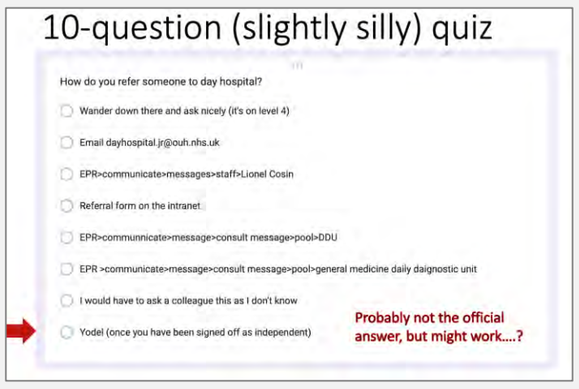
List the things that stop you from giving great care...	How much BETTER would patient care be if this could be fixed? (How IMPORTANT is it?)	Is this something you could help FIX? (How much INFLUENCE do you have?)	How much do you CARE about fixing it? (How MOTIVATED are you to fix this?)	TOTAL SCORE Better X Fix X Care
EPR is impenetrable and often counterintuitive	A lot = 2 X A bit = 1 Not at all = 0	I can fix it = 2 **With my team** I can fix it = 1 Its outside of my sphere of influence to fix it = 0 X	A lot = 2 X A bit = 1 Not at all = 0	0
The pathway to make different referrals changes frequently and isn't intuitive on EPR or elsewhere	A lot = 2 X A bit = 1 Not at all = 0	I can fix it = 2 With **my team** I can fix it = 1 X Its outside of my sphere of influence to fix it = 0	A lot = 2 X A bit = 1 Not at all = 0	4
Induction app lacks the character limit required to store full complex referral data	A lot = 2 A bit = 1 X Not at all = 0	I can fix it = 2 With **my team** I can fix it = 1 Its outside of my sphere of influence to fix it = 0 X	A lot = 2 A bit = 1 X Not at all = 0	0





AIM & MEASUREMENT DEFINITION

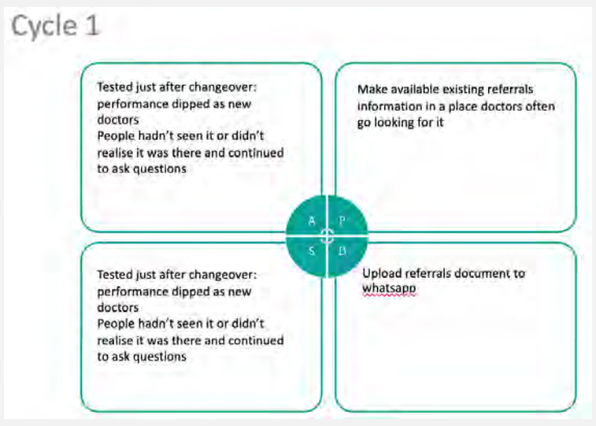


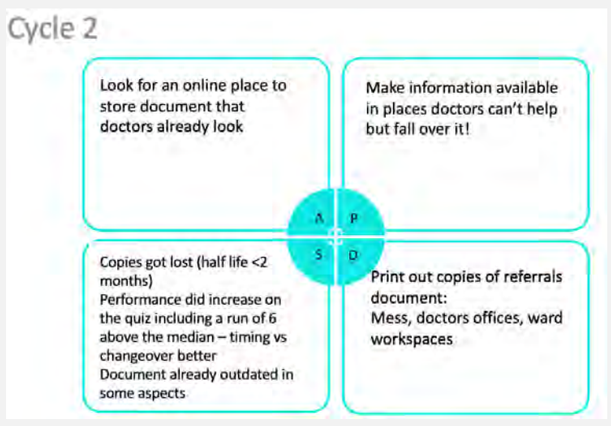


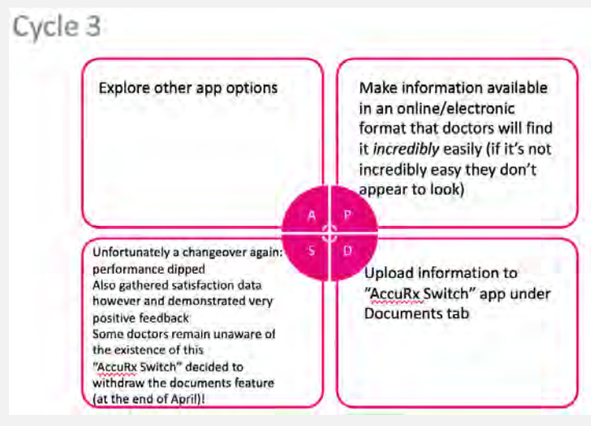
CHANGE IDEAS

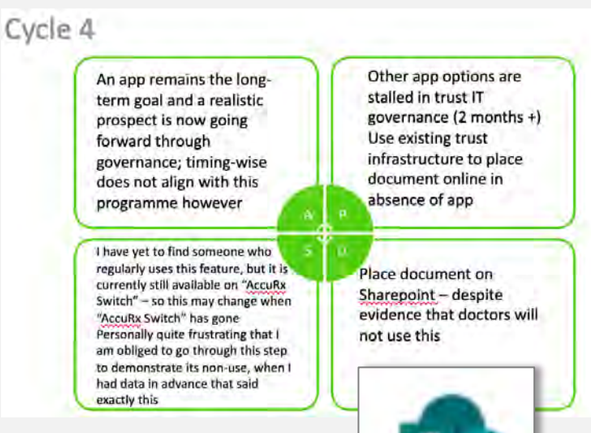
List your change ideas here	LOGICAL? Definitely = 2 Maybe = 1 No = 0	QUICK & EASY? Definitely = 2 Maybe = 1 No = 0	EXCITES ME? Definitely = 2 Maybe = 1 No = 0	SCORE Logic X Quick X Exciting
Wiki app	2	0	2	0
Referrals document (on whatsapp)	2	2	1	4
Referrals document (on paper)	2	2	1	4
Referrals document (on Induction)	2	1	2	4
Referrals document on Sharepoint	2	1	1	2
Referrals information on a website	2	0	1	0
Microguide	2	1	1	2

PDSA cycles

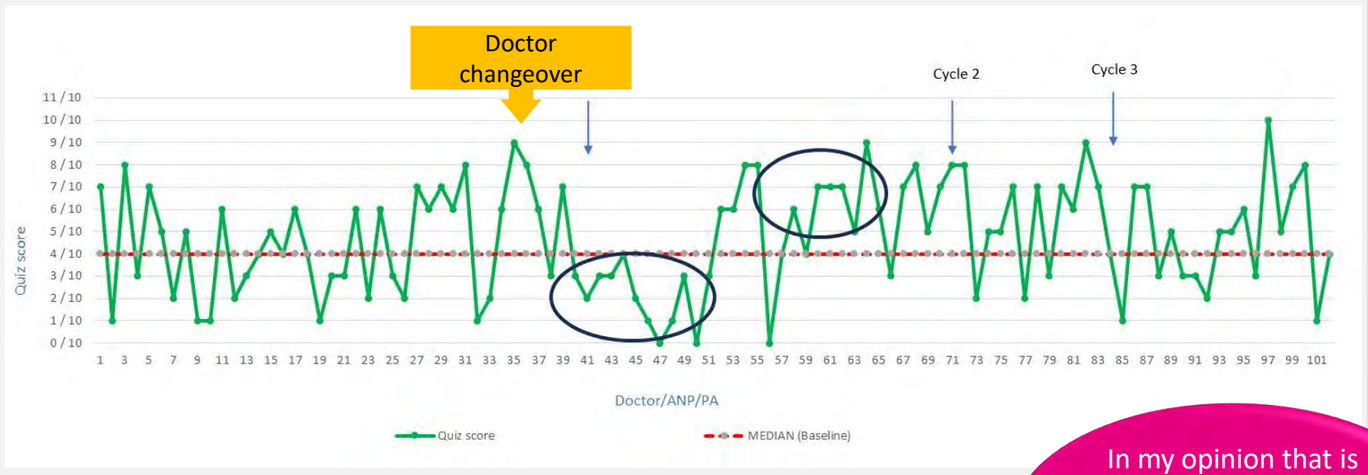








RUN CHART



SUMMING UP

CONCLUSION & LEARNING

Doctor turnover is a greater driver than any QI intervention I could make in driving performance in the quiz – this is not a surprise and is the reason why a robust referrals guide should be produced and well publicised

I remain convinced by watching the behaviour of colleagues, and by dot voting etc, that a mobile app is the way to go here: an app is now substantially advanced but not available within the time constraints of this course – next year's poster I hope!

The nimbleness of QI methodology is useful up until the point it collides with the speed of action of trust IT governance, but we will get there: I am already in possession of the relevant data because I gathered it during this programme, so when I meet a new stakeholder who presents their objections, it is straightforward to provide counter-evidence

REFLECTIONS

Through completing this QIP and through the contacts I made on the course, plans are afoot to produce a similar document in paediatrics. By means of the QIClearn® process, we are hopefully moving towards a trust-wide set of apps

The frustrations of making things happen through NHS governance structures remain substantial. There are stakeholders I didn't even know existed – and this despite involving my Clinical Lead and and Clinical Director early on and their engagement and great enthusiasm for the project.

In my opinion that is the most effective QIP intervention I have ever seen!
Eamonn, medical SHO

Acknowledgements:
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Nicola Davey

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