As Clear as Mud

Muddling through multiple referral systems

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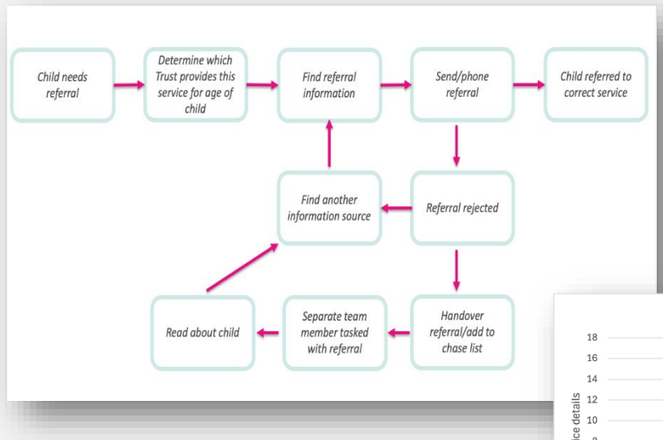
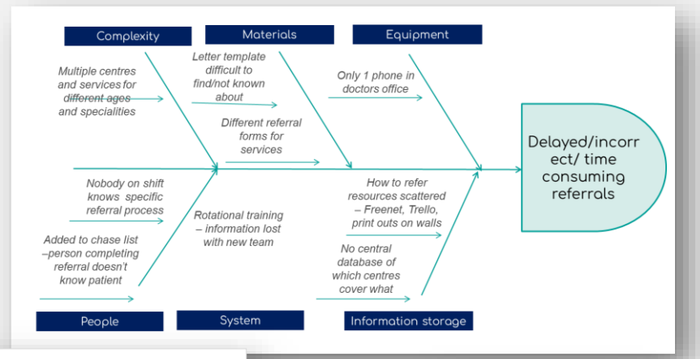
New doctors joining our team are at a loss to find referral pathways for the many conditions our children present with.
We waste time with outdated information. Rejected referrals for children mean delays in care.

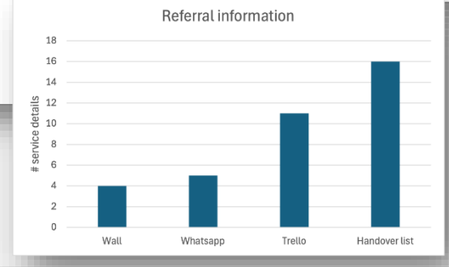
BACKGROUND

Barnet is a District General Hospital. We often refer to community teams, different teams within Barnet (SLT (Speech & Language Therapist), dieticians, clinics) and to sub-specialities at Tertiary centres. The criteria for who goes where is not only location based, but also often age dependent. The information on how and where to refer is in a multitude of places, and more often just in experienced Consultant or Registrar heads! It is then often difficult to find out if the referral has been made.

DIAGNOSTICS







AIM

By February 2025 – all referrals will be completed correctly, without any bounced back for admin error.

MEASURE

Number of rejected referrals

Inclusions
All email referrals – both external & internal
General Paediatric referrals

Exclusions
Phone referrals
NICU referrals

Sample joint SHO email inbox every week – referral rejected or accepted

CHANGE IDEAS

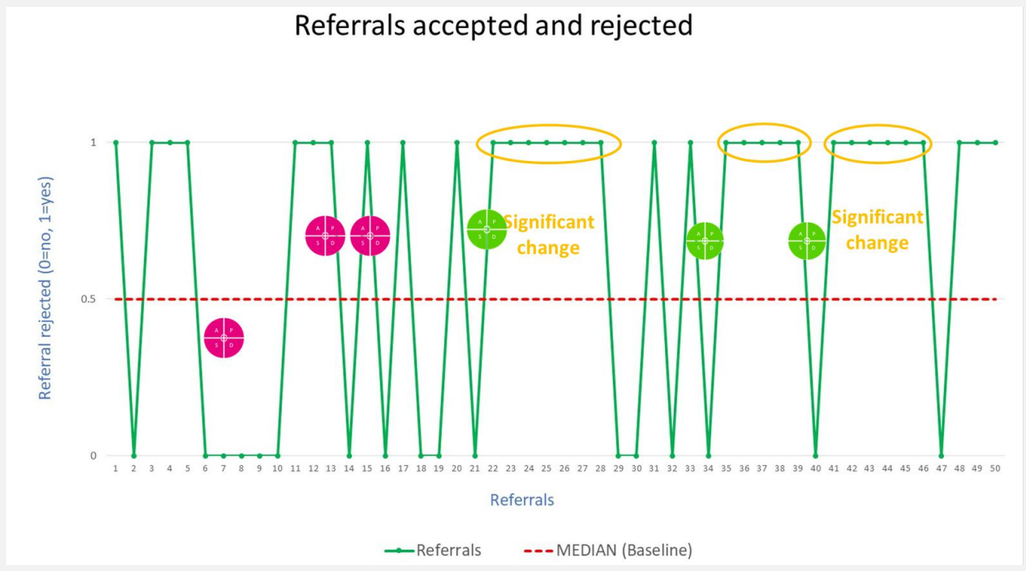
- All NHS services use same referral forms
- Create letter template
- Create database of all referral pathways
- Data (such as postcode, GP information) to auto populate from EPR
- Extra phone in doctor's office

PDSA cycles

PDSA Test #	PLAN	DO	STUDY	ACT
1.1	Create a document with referral information	Gathered information to create a document with all the referral information in discussion with dietitians/local MDT and external teams about the referral process	Make note of all different ways referrals are made, including different formats, so find a way to include all of these in document	Create document with all gather information
1.2	Share document with colleagues	Show document to colleagues	Combine document and knowledge from colleagues to identify gaps in information provided and adapt layout of document	Add missed information and reformat to speciality based rather than location based be easier to use
1.3	Adapt document to include extra information	Edit document to include extra information – how to burns referral, how to surgical referral, testicular torsion pathway	Showed to colleagues each day over a week period, no clear gaps identified by team	No obvious gaps – distribute document

PDSA Test #	PLAN	DO	STUDY	ACT
2.1	Distribute document amongst colleagues	Send via WhatsApp groups	Check people are using document (times accessed on Google) and whether they are still asking how to find referral information. A lot of people have the group muted/weren't looking when not at work so not aware it was distributed.	Make the document available at work - ? print out vs some other way of being accessible.
2. 2	Create QR code for accessing document	Create QR code online and print this out in doctors' office. Highlight the existence of this by pointing out to colleagues and mentioning in teaching/induction of changeover.	Check use of document by google document hits/opens. Check with colleagues if they have used it/know it exists. The QR code was a lot better received – it is directly above desk where most referrals are being made and meant that it was a memory jog of the existence of document at the time referral is being done. Run chart of rejected referrals.	Increase awareness and use of document, continue adding extra information on an ad hoc basis
2.3	Increase use and knowledge of document	Highlight the existence QR code by educating colleagues in teaching/induction of changeover.	Check use of document by google document hits/opens. Check with colleagues if they have used it/know it exists. Feedback from colleagues that would be helpful to have QR code in other places (outpatient clinic room)	Put QR code in other spaces, including outpatient ambulatory clinic room

RUN CHART



CONCLUSIONS

This project overall improved number of referrals accepted. Runs of 6 data points above the median baseline indicate a significant change as a result of our interventions. Going forward – it will be important to establish if the change is sustained.

REFLECTIONS & LEARNING

Anecdotally it improved that harder to measure outcome – ease of referral and reducing colleague frustration with systems. From this, I think my learning is the importance of a multi-pronged approach for something like this. Some people like print outs, some like online, some like to download, some like to access when needed.
The document is freely editable by all staff members – but information might become out of date quickly.

| qiclearn.com | londonpaediatrics.co.uk
| @qiclearn | @LondonPaeds

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