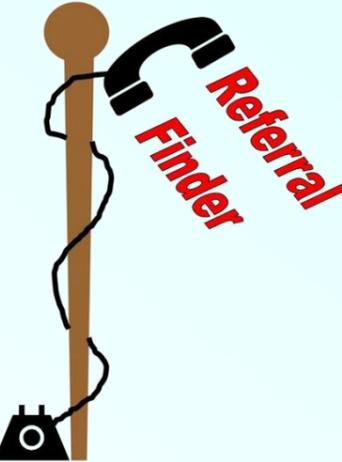


# Referral Finder: Improving in-hospital referrals in Ninewells Hospital, Dundee

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## Problem

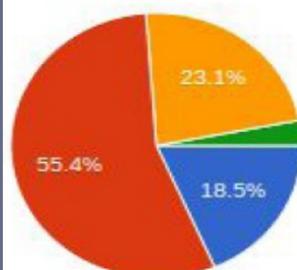
We spent a lot of time finding contact details to make referrals and felt like we often did not have the correct information to hand

## Background

We surveyed 75 foundation doctors who said:

- 79% called the operator 3 times or more per day with main reason being to get a number for referral
- 47% reported it took 2-3 minutes to get in touch with the operator
- Most doctors felt that time spent waiting for the operator was taking away from patient care

To what extent do you agree. There has been times were a patient's treatment was delayed by awaiting



- Strongly agree
- Agree
- Disagree
- Strongly disagree

## Improvement

We set up a page on the staff intranet called 'Referral Finder,' which included the contact numbers/ email for specialties in the hospital along with a guideline of information to include in the referral, made by the registrars. The page also included links to other guidelines which could help the FYs with their problem without the need to phone.

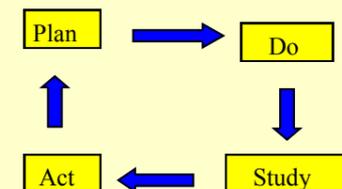


Speciality	<b>Oncology</b>
Preferred contact method	We in Oncology prefer email referrals. However in emergencies, i.e Cord compression or neutropenic sepsis, please contact by bleep (4196)
Contact details	Tay-UTED oncology@nhs.net, Bleep 4196
Best time to refer	We check emails frequently, at least three times a day between 9am and 5pm on weekdays. Any urgent referrals over the weekend will be through the on-call bleep
Details you should have available	It would be useful if reason for referral is highlighted at the start eg general advice regarding new diagnosis, investigations, radiotherapy or just referring the relevant team of the admission. Patients general condition and current performance status, detailed history of symptoms that you are seeking opinion for, any relevant investigations that patient has had and whether the results have been discussed with the patient and relevant family
Guidelines to be aware of	Oncology admission guidance
Other helpful details	<ul style="list-style-type: none"> <li>Consider full detailed systemic history and examination in patients with Cancer of Unknown/Secondary primary including Breast exam for female patients and prostate exam (after sending off baseline PSA) for male patients. Consider testicular examination in young males if appropriate</li> <li>We prefer to review patients with all relevant investigations in the relevant oncology clinic. However sometimes there will be a need to review a patient beforehand to assess if they would be fit for any treatment and to decide on the appropriateness of sensitive investigations. We will advise on this based on your referral. Please do not advise patients that they will be seen by Oncology until we have had a chance to look through things and get back in touch with you.</li> <li>We would like the patient to be informed of all relevant imaging findings and suspicious about cancer before Oncology review.</li> <li>If there is an obvious primary then referral would be through the appropriate medical or surgical team ie respiratory, breast surgeons, Gastroenterology, gynaecology etc to advise on investigations and facilitate MDT discussion.</li> </ul>
Speciality	<b>Respiratory</b>
Preferred contact method	we prefer emails, but if referrals very urgent then phone
Contact details	Keep respiratory page in 4988 and is available 24/7 Monday to Friday, email in Tay-UTED respiratory@nhs.net
Best time to refer	We check emails after ward rounds at about half 11 and regularly throughout the afternoon. Contact after 1130 is preferable but we are a busy service and try to respond promptly to all calls whenever they come in.



## Baseline data

PDSA method was used. Baseline data was collected via a questionnaire emailed to the foundation doctors (PDSA cycle one). For small scale testing, we showed the website to a couple of foundation doctors to gain feedback which was positive (PDSA cycle 2). We then posted the website on the intranet and collected a repeat questionnaire 2 months later (PDSA Cycle 3). We compared data before and after the intervention.



Use of Referral Finder	Before	After
>3 calls to operator per day	79.1%	37.5%
Agree that there are times they do not have information to hand for referral	83.1%	25.8%
> 5 minutes spent gathering information	73.8%	45.4%
Agree they know what specific details each speciality needs for referral	42.2	67.8

## Comments from Foundation doctors

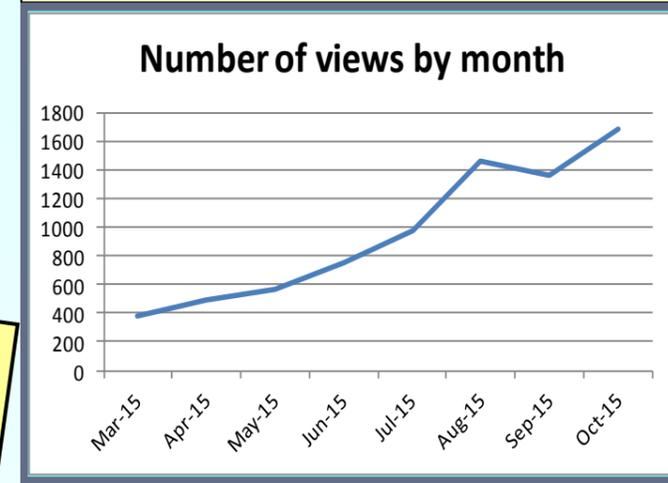
"It's fantastic thanks so much for all your work on it"

"This is the best thing ever! Thank you so much for putting it together - it will make my life so much easier"

"Very useful site; has made finding the correct pathway and knowing particular details that will be required a much easier process,"

## What now?

We are now looking to include Perth Royal Infirmary and have been asked to extend the service to GP practices. Referral finder improves the quality of referrals and saves valuable doctor time; improving patients' care. The quality improvement project was praised among doctors as a useful, innovative and replicable project.



The site is updated every 4 months and users are encouraged to suggest improvements and keep the information up to date. Contact neilcowan@nhs.net or jcathcart@nhs.net