Oxford Healthcare Improvement

Dealing with Incomplete Referrals: A Quality Improvement Approach

NHS Oxford Health NHS Foundation Trust

Jill Higson, Bernadette Stock, Mpho Makasi, Stephen Pope, Tony Perry, Natasha Bloodworth

Introduction

Background

Shrublands Day Hospital hosts the Older Persons Community Mental Health Service (CMHT/OP) and Memory Assessment Service (MAS). Referrals into both services come through the Duty Team for initial triage, which runs from 9am to 8pm each day, however there is a restricted service over weekends.

The Duty Team reported a significant increase of referrals and substantial issues processing the volume being received. Which had a potential impact on the quality, patient experience and safety of the service. The team were under pressure to manage the volume of referrals and up to 67% of these were considered to be incomplete. Critical information required to progress the referral was absent, which could influence the decision making around risk, assessment and management. Through team discussions and understanding of the referral process, the referral criteria in use at that time was identified as a significant factor in the volume and quality of referrals received by the duty team.

Baseline data was collected which showed a high number of incomplete referrals and significant variation in the quality and comprehensiveness of the referral to the service. This variation was resulting in the inefficient use of staff time/resources following up referrals with incomplete essential information. The findings from the baseline data reflected the literature; that standardisation in healthcare provision is necessary for patient safety (Dixon-Wood and Pronovost 2016). It also supported the need for a project within the context of safety, efficiency and patient experience, taking a quality improvement approach would minimise the risk suggested by Dixon-Wood and Pronovost (2016) that many hands find many solutions to problems.

Aim and Objectives

AIM: Reduce the number of inappropriate/incomplete referrals by 50%

- **The problem was defined as incomplete referral information arising from a poorly designed referral form**
- **The task was to re-design the referral form with stakeholders to include specific information about reasons for referral and physical health information using NICE guidelines**

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Method

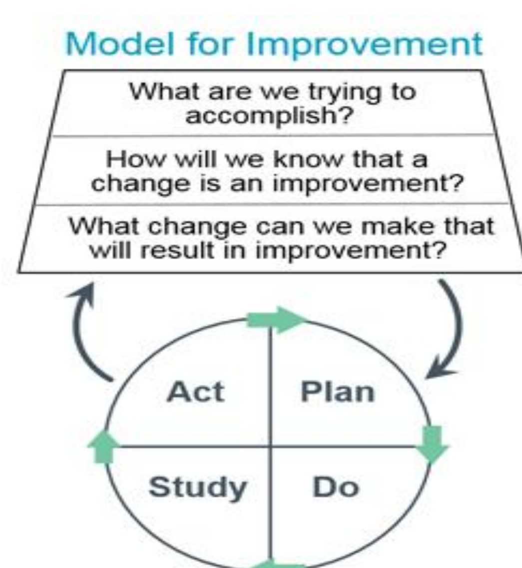
1. **Using the Institute for Healthcare Improvement's (IHI) five step approach (Preparation, Launch, Diagnosis, Implementation and Evaluation) a systematic framework was incorporated into the quality improvement project. The IHI Model for Improvement provides this framework for developing, testing and implementing change that has the potential to lead to an improvement. The model moves through what the project is trying to accomplish (diagnostics), how it can be identified a change is an improvement (measures) and what intervention results in the improvements the project seeks, moving through the Plan Do Study Act (PDSA) cycle.**

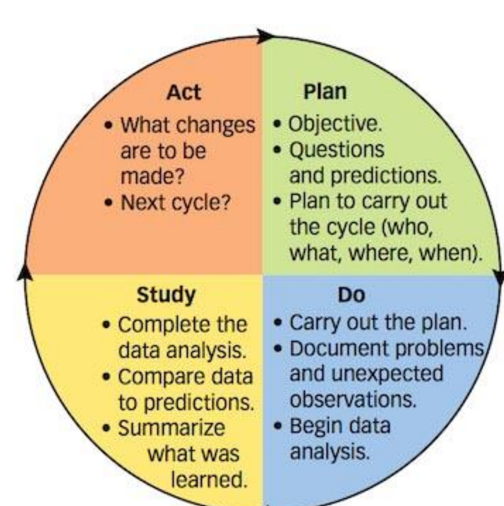
2. **As referrals into the Duty Team were identified by the service as a significant problem, the referral process was mapped. The start and end of the process was agreed as was the level of detail. Initially a high level process map was conducted, which helped to identify areas of the process, such as the referral criteria, as potential risk points. A more detailed mapping was undertaken of this identified part of the process. A thorough diagnostics of the problem was completed and an aim was developed.**

3. **Through the use of a Driver Diagram in line with the aim of the project; two primary drivers, three secondary drivers and two change ideas were identified. The first primary driver identified communication as a significant issue. The secondary drivers identified referral criteria and partnership working. From this two change ideas were established and have moved forward to the test phase.**

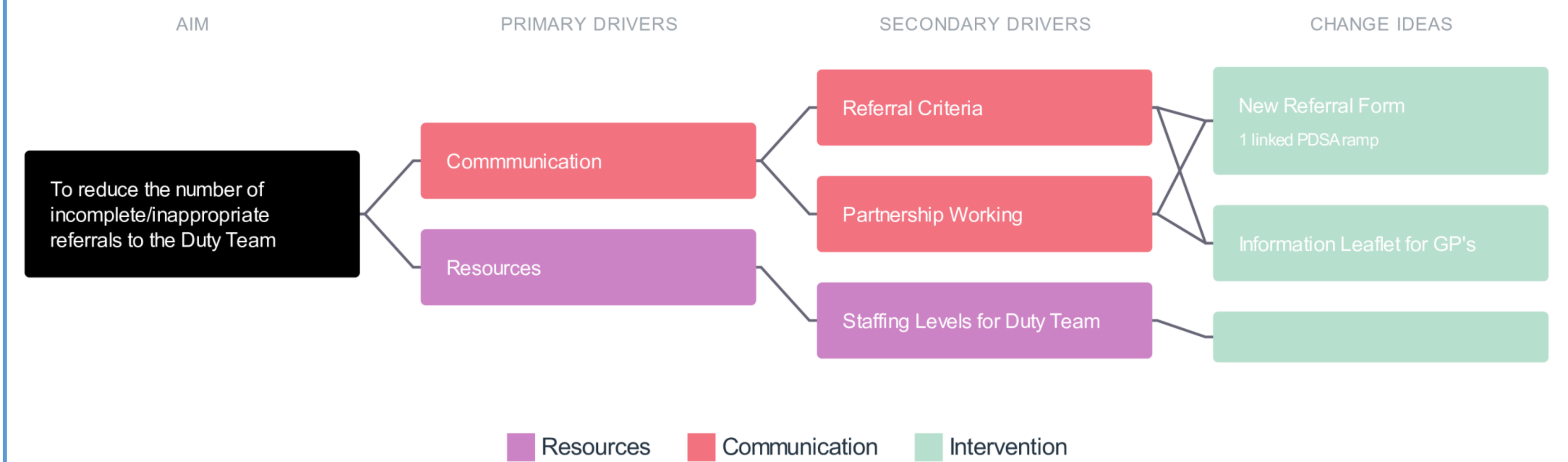
The referral was developed and evaluated using PDSA cycles:

- **Duty Team – for relevance to service provision**
- **Oxford Health NHS FT – ensure governance and alinement with Trust values and priorities**
- **Local CCG – minimize potential contractual issues in regards to commissioning service provision**
- **Locally Leads – user ability and acceptability by G.P's**





Driver Diagram



Conclusions and Further Considerations

The project is currently progressing well with the referral form and information being reviewed by the Locality Leads. A further measure has been introduced in regards to acceptability which will indicate the level of usability of the forms by G.P.'s. Discussions are being conducted with the local IT provider to understand the feasibility of digitizing the referral form and adding coding to allow information around patient demographic and pathology results to be automatically populated. This would add to the efficacy and usability of the form. The G.P. could complete the form in the presence of the patient giving a real time element to the referral which could then be sent electronically to the service from source.

Sustainability is a key issue for this project. The project lead has been cautious in ensuring a foundation is established to support sustaining the project:

- **Time and resources were given, from both Oxford Health Improvement and the Duty Team to integrate the forms into practice.**
- **Baseline evidence was collected and data continues to be collected throughout the project as a means of evidencing the improvements and benefits of change. Significant engagement work from the project lead was done with staff to build the readiness of the team for improvement.**
- **Leadership for the project maintained staff engagement and momentum of the project.**
- **Understanding was gained of the local context and the importance of stakeholder involvement throughout the project.**

Further Considerations

This project identified patient flow though a health care system is complex and has the potential to delay access to services at the point of need. The project further identified the need for a comprehensive referral process, supported by a clear, concise and standardised referral form. Significant staff time and resources were being used dealing with the high number of incomplete referrals made to the services. The project has addressed this inefficiency in order to smooth the patient flow through the health system, impacting on access to service at the point of need. It has also addressed staff's reported frustration, 'using valuable time to 'chase' essential information required', to progress a referral in a timely manner. This will free time for face to face contact with patients, increasing the patient experience of the service, increasing the level of quality of the service and making the service safe.

The NHS has seen significant increase in demand for services the teams within this project are not in isolation, other community teams have also experienced increase in referral rates and face the same issues in ensuring relevant information is received in a timely manner.

Summary of Project

- **The problem was defined as incomplete referral information arising from a poorly designed referral form**
- **The task was to redesign the referral form with stakeholders to include specific information about reasons for referral and physical health information using NICE guidelines.**
- **The Test of Change is to test the new form at one GP practice and observe the effect.**

References

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Shrublands Day Hospital Duty Team

Oxford Health Improvement

Oxford Health NHS FT

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