

Introduction:

The General Medical Clinic at the RIE assesses patients referred from primary care, the Emergency Department (ED), and General Medicine (GM).

Preliminary audit of clinic outcomes in 2015 showed 20% number of patients referred to the clinic could have been referred directly to other specialties.

Referral guidelines into clinic were indistinct and lacked precision, and triage into clinic was varied and not consultant led.

This highlighted the need to make informed changes to ensure that patients were seen by the right person, in the right setting - first time.¹

Aim:

Referral pathways, referral guidelines and triage processes into the General Medical Clinic were re-devised with the primary aims of:

1. Reducing inappropriate referrals to the clinic, and
2. Ensuring that patients are seen by ‘*the right person, in the right setting - first time*’¹

Methods:

To inform change, Between 2015 and 2019:

1. ED and GM staff were surveyed to ascertain their understanding of who is appropriate to refer;
2. Appropriateness of referrals, by reason of referral, was assessed at triage into clinic;
3. Appropriateness of patients seen in clinic and clinic outcomes were audited

The following informed changes were then introduced:

1. Teaching sessions delivered on who and how to refer to the clinic;
2. Referral pathways and guidelines for clinic were re-devised for Primary Care, ED and GM;
3. Consultant led triage with a triage rota was introduced with the referral guidelines also being used as a triage aid

To measure the impact of the changes and assess improvement:

1. ED and GM staff were re-surveyed to ascertain their understanding of who is appropriate to refer
2. Appropriateness of patients seen in clinic and clinic outcomes were re-audited

Results:

Figure 1: ED and GM staff survey results 2017:

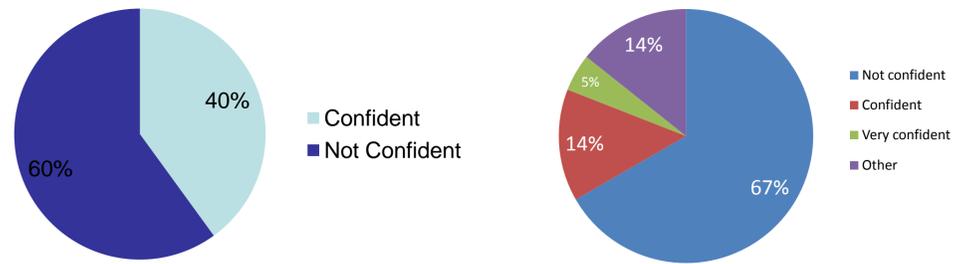
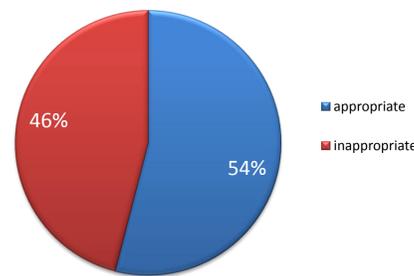


Figure 2: Appropriateness of patients seen in clinic 2017:

116 patients



2019:

117 patients

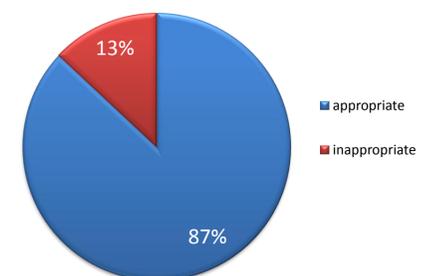
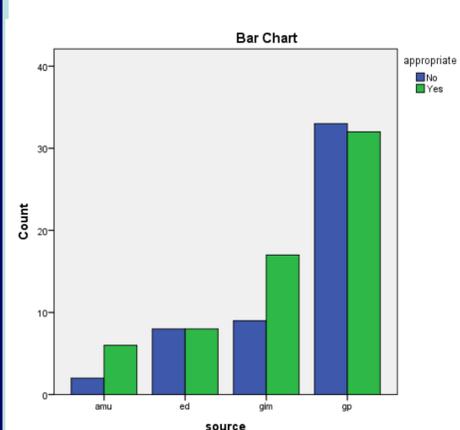
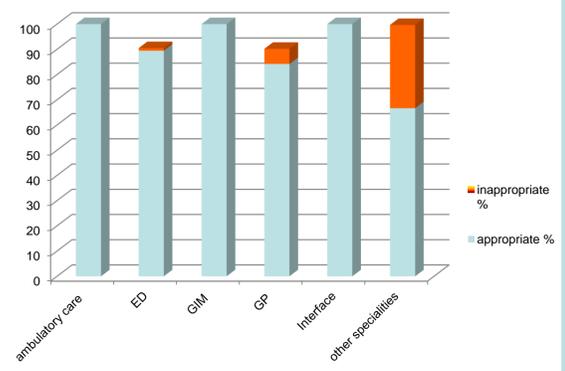


Figure 3. Appropriateness by referral source 2017:



2019:



Conclusions:

As depicted above:

1. Re-devising referral pathways and guidelines into clinic, and introducing consultant led triage with a triage Rota, led to reducing inappropriate referrals to clinic and ensuring that clinic appointments were being used appropriately.
2. Even though our data has shown that the referrals from various sources are more appropriate for clinic assessment, i.e., from <50% to >80%, further work needs to be done to increase the confidence of our intra-hospital referrers in whom and how to refer to clinic.

References:

Royal College of Physicians London. Acute Medical Care - the right person, in the right setting - first time; 2007