

# REFERRING TO POPS: A QUALITY IMPROVEMENT PROJECT TO ENSURE SAFE AND EFFECTIVE REFERRAL OF PATIENTS.

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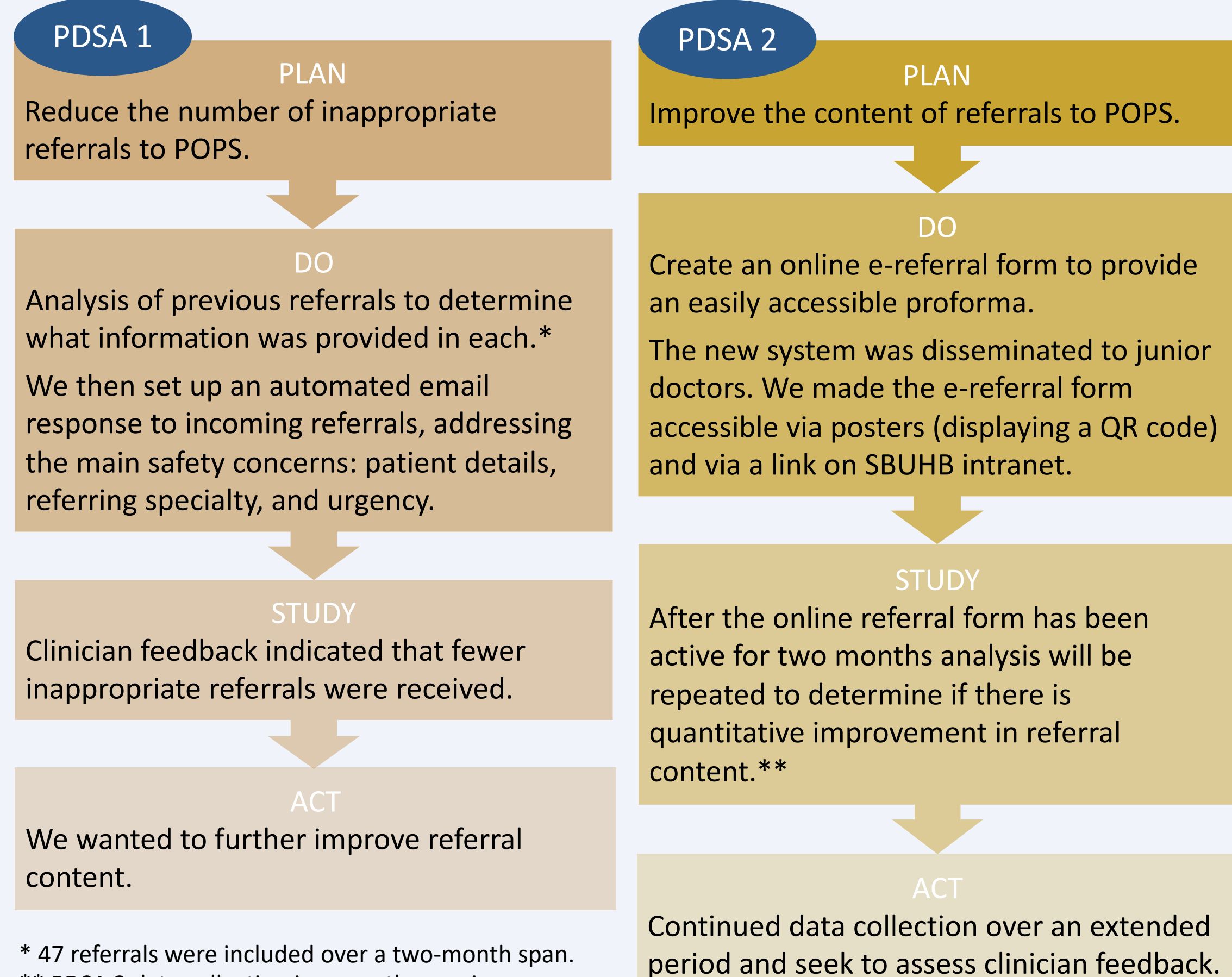
## INTRODUCTION

The POPS service (previously SOPAS) in SBUHB provides geriatrician-led intervention for frail surgical patients. It receives over 300 referrals each year. However, many of these referrals are inappropriate or incomplete.

Previously, referrals to POPS were made by emailing the service directly. The lack of structure to this process resulted in many of the referrals being poor quality, or not suitable for this service. Ultimately, poor referrals pose a threat to patient safety by compromising communication about patient care, and inappropriate referrals reduce service efficiency.<sup>1,2</sup>

This project was conducted as part of a final-year student project for SUMS, in conjunction with senior geriatricians in POPS. The quality improvement project intended to implement changes to the service's referral system which will ultimately improve patient safety and service efficiency. It involved two plan-do-study-act (PDSA) cycles, motivated by quantitative analysis of the previous referrals, and measured by improvement in referral quality.

## METHOD



\* 47 referrals were included over a two-month span.  
\*\* PDSA 2 data collection is currently ongoing.

## AIM

**Our aim was to implement an improved referral system which facilitates the safe, rapid referral of frail surgical patients to the POPS service.**

By improving referral quality, we hoped to improve patient safety and service efficiency. We aimed to achieve this with the following objectives:

1. Assess the effectiveness of the pre-existing referral system.
2. Improve patient safety by addressing safety issues in the previous referrals.
3. Improve service efficiency by developing an effective referral system.
4. Improve clinician education on handover technique and making good referrals.

## DISCUSSION

We demonstrated the need for improvement of the referrals to POPS.

Provision of information and guidance to junior doctors has improved referral quality. After the first PDSA cycle, referrals were more suitable and contained more essential information.

It is well established that proformas are effective at improving referral quality and guiding assessment, and online referral forms are recognised to improve efficiency and communication.<sup>3</sup>

We hope that our intervention successfully improves referral content and quality further.

Hopefully, the new referral system will educate junior doctors with transferrable referral skills.

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### References

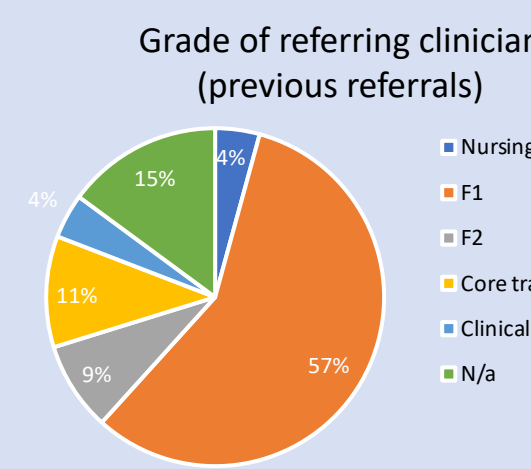
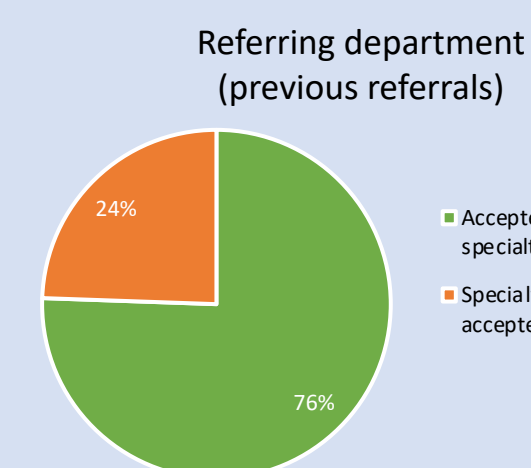
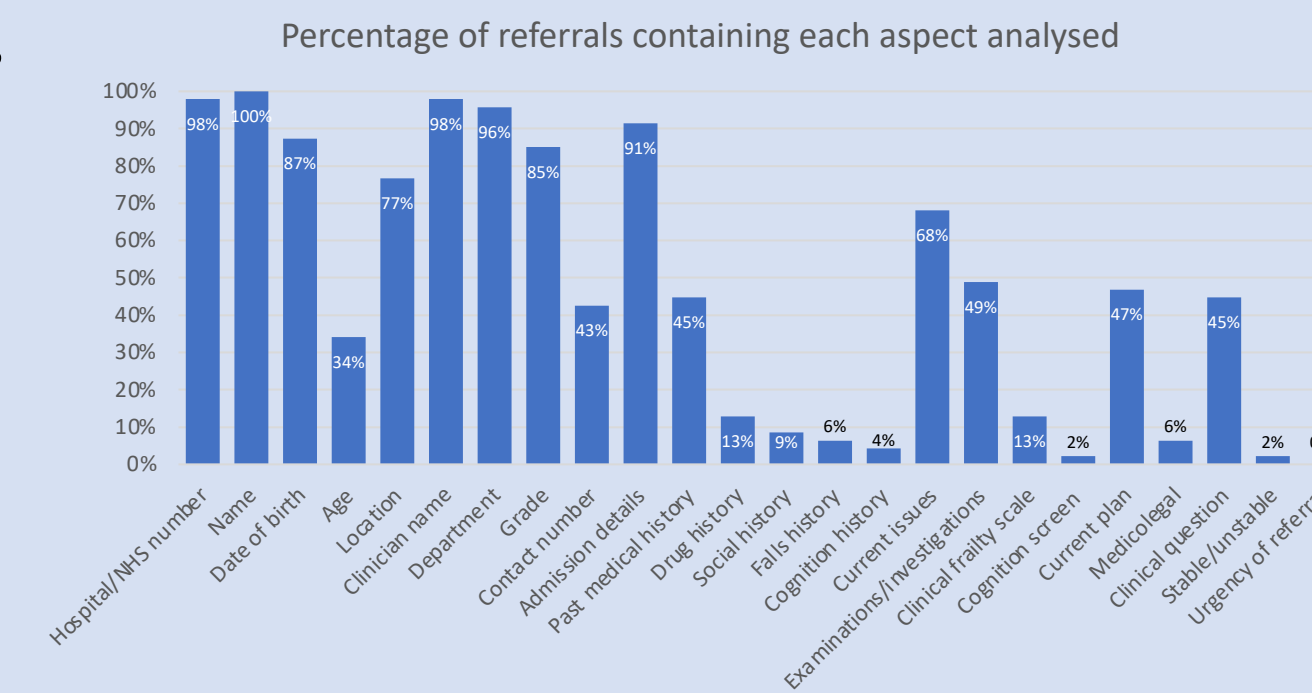
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2. PRSB. Standards for the structure and content of health and care records. Professional Record Standards Body; 2018.
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## RESULTS

Initial analysis of the previous referrals showed that significant information was often not included.

The analysis identified that almost a quarter of referrals were from surgical specialties that POPS did not accept from, and that foundation doctors overwhelmingly made the most referrals to POPS.

Clinician feedback was also that many of the referrals were more urgent than POPS could offer.



### PDSA 1

Following setup of the automated email response, clinician feedback showed significant improvement in referral suitability:

- Fewer referrals received for patients acutely unwell.
- Most referrals now from accepted specialties.
- Identifiable information and location was now almost always provided by the time referrals were answered.

### PDSA 2

Data collection for the e-referral system is currently ongoing. We hope to see that referral content drastically improves with the introduction of an easily-accessible proforma.

## CONCLUSION

Our interventions have significantly improved referral quality. By carrying out further analysis for PDSA 2, we hope to demonstrate this quantitatively.

Results so far show that our changes have allowed POPS to run more efficiently, and for patients to be assessed quickly and safely.

The referral system can be further improved in the future by following-up with further research, such as conducting a survey on clinician feedback and adjusting accordingly.

The improvements made to the POPS referral system can be transferred to other services.

