

POSTER ABSTRACT

Primary Care Referral Letters to the Emergency Department; An Audit of the National Standardised Patient Referral Template

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John Brennan¹, Clare Hayden¹, Brendan McAuliffe¹, Daragh Shields²

1: HSE Dublin Mid-Leinster General Practice Training Programme, Ireland;

2: St James' Hospital Emergency Department, James' St, Ireland

An introduction: (comprising context and problem statement) Effective communication at the interface of primary and secondary care is critical for the provision of effective, high quality and safe patient care. The aim of this audit was to examine current standards and use of the National Standardised Patient Referral Template when referring from General Practice to St. James's Emergency Department.

Short description of practice change implemented: GP letters received by the Emergency Department of St. James's Hospital over a one week period in October 2013 were reviewed retrospectively and examined under the following headings:

- Legible GP Name
- GP Medical Council Registration Number
- GP Contact Details
- Reason for referral and/or anticipated outcome
- Symptoms
- Examination Findings
- Past Medical History
- Medication List
- Allergies

Results were distributed to a sample of general practitioners within the St. James's catchment area along with information on the referral template. Also included was a questionnaire seeking feedback on discharge letters from the Emergency Department. Referral letters from a one week period in May 2014 were then re-audited, and requested feedback collated.

Aim and theory of change: The aim of this study was to explore use of the National Standardised Patient Referral Template. A secondary aim was to increase engagement between General Practitioners and the Emergency Department in order to improve the transfer of information between primary and secondary care. It was envisaged that opening a forum for dialogue between these two care areas would lead to improvement.

Targeted population and stakeholders: All patients referred to St James' Emergency Department by their GP, GP's in the local area and staff of the Emergency Department.

Timeline: October 2013 to May 2014

Highlights: (innovation, Impact and outcomes) 188 GP referral letters were received by the Emergency Department over a one week period in October 2013.

64% of these letters were typed and 14% were from an on call service. Only one referral of the 188 used the National Standardised Patient Referral Template. Information pertaining to allergies was documented in only 22% of letters.

Results on reaudit in May 2014 demonstrated little difference from the October 2013 data.

This project failed to improve the overall content of GP referral letters to the Emergency Department. The most significant success from this project came from the opportunity for GP's to provide feedback to the Emergency Department on patient care and information transfer systems. This resulted in increased awareness of staff in the Emergency Department of the needs of local Primary Care providers, helped to illustrate some of the difficulties that GP's can encounter in trying to provide comprehensive information in emergency referral letters and highlighted the need for further engagement in order to inform improvement.

Comments on sustainability: This project highlights the need for sustainable and continuous engagement between GP's and their local Emergency Department in order to improve the quality of care transitions.

Comments on transferability: The learning gained from this project is transferable across all care transition settings.

Conclusions: (comprising key findings) This study demonstrates that the National Standardised Patient Referral Template is not being used routinely for referrals from general practice to the Emergency Department in St. James's Hospital.

Discussions: The referral letters studied in this project fall short of the desired standards in identification of the referring doctor and inclusion of essential clinical data. The failure of this intervention highlights the need to develop further engagement between Primary and Secondary care.

Lessons learned: Development of the interface between primary and secondary care should be prioritised in order to improve the quality of care transitions.

Keywords: general practice; primary care; referral letters; emergency department; care transitions
