Developing a unified, clinician-lead, electronic referral pathway for Cardiology outpatient services at a tertiary care centre

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Background

- St George's Hospital (SGH) - one of the largest teaching hospitals in London
- Caters to ~3.5 million people in South West London and Surrey county
- Activities spread across one main site and 2 satellite centres
- Cardiology is one of the biggest services at SGH
- Annually, several thousands of outpatient referrals are made to Cardiology
- Complex pattern of referrals, including
  - Primary/secondary care to SGH
  - Peer-to-peer for niche services (e.g. ICC)

The Problem

- All referrals enter a common pool and scrutinized by Referral Assessment Service (RAS)
- Old RAS system used at SGH (**e-Triage**) had multiple shortcomings
  - Too many triage queues per service
  - Missed referrals causing multiple complaints and patient safety issues
  - Referral documents not displayed properly causing delay in patient care
  - System not user-friendly, hence more delays
- Historically, admin-lead triaging

OBJECTIVES

Two fundamental objectives

- Phase out e-Triage and introduce **i-Clip triage**
- Transition from admin-lead triage to clinician-lead triage

ADVANTAGES OF THE NEW SYSTEM OF TRIAGE

- ✓User-friendly – seamless linkage to central information portal (i-Clip) and easy access via single sign-on NHS smartcard
- ✓Ability to request tests whilst triaging – saves time for patients and avoids duplicate work for clinicians
- ✓Zero time lag in referrals being uploaded to Trust systems – thus no lost referrals
- ✓Single triage queue per service, hence very simple to manage and audit for administrators

UPFRONT CHALLENGES

Entered the scene when transition already underway
('middle order batsman syndrome')

Became immediately obvious that there was

- no central leadership to guide transition
- chaotic approach to change management
- lack of communication & coherence between teams
- lack of clearly articulated (and realistic) timelines & goals
- little stakeholder (clinician) engagement and training
- lack of appreciation of complexity of Cardiology service
- lack of accountability (e.g. no 'go to' person in IT)
- new Consultant clinics being added amidst transition
- staff fluxes
- worst of all – blame culture

Societal challenges

- COVID-19 pandemic, remote working, staff sickness

Personal challenges

- Assault near hospital and broken wrist
- Worked literally 'single handedly' for 4-5 months
- Associated emotional lows
  (Will I ever be able to operate again?)

LEADERSHIP OPPORTUNITIES

"Never let a good crisis go to waste"

- ❖Greater stakeholder (clinicians, management, administrative and IT staff) engagement in reconfiguring a vital service
- ❖Huge rewards for getting it right the first time
- ❖'Bluetooth function' – bringing diverse teams together to deliver on a common goal
- ❖Paradigm shift from 'diagnostic' to 'dialogic' model for change

HOW DID WE DO IT?

Did **lots of homework and research** on the topic
- understanding NHS e-referral pathways, technical terms

Identified key stakeholders and **initiated weekly/fortnightly MS Teams meetings** on project updates, progression, problems and further planning
- Involved AGM, Service Managers, IT team

Regular updates to Clinical Director and Management on bottlenecks and progress

Interviewed different sections of **staff** to gather their **perspective** of the problem
- fed back to IT team to tailor-make new system to Cardiology

Asked for, obtained & analyzed **weekly data of referrals**
- helped gradual phasing out of the old triaging system
- ensured seamless integration with the new system
- ensured no referrals were lost during crucial transition

Liaised with Care Group Lead and Management for final sign off

Engaged with clinicians to spread awareness of the new system to help with training
- weekly reminders and dashboard of those completing vs. those not completing IT training

Set up an audit trail to monitor transition and correct any anomalies

RESULTS

- My journey started in November 2020
- Successful 'Go-Live' in June 2021
- All backlog on e-Triage successfully cleared
- Excellent engagement from Clinicians
- Enormous support from Management
- Nil patient safety incidents
- Pending action – clinician job plans to be altered

CONCLUSIONS & PERSONAL REFLECTIONS

- ***Despite global, organizational and personal challenges, we demonstrated the highly successful implementation of a unified, clinician-lead, e-referral pathway for our Cardiology outpatient services***
- ***In-depth understanding of the problem (and the need for change) and staying constantly focused on the final goal was key to successful change management***
- ***Timely, extensive and repetitive engagement of all stakeholders proved to be a game-changer in delivering the project at speed and to scale***
- ***Learning new things (including new ways of thinking and working), accepting challenges, working with diverse teams and valuing every member of a multi-disciplinary team enhanced my abilities as a team leader***
- ***Playing to my personal strengths, being open to suggestions, and leading by example ensured harmonious team dynamics***
- ***Above all, by showing empathy and consideration for each other during pandemic times, we proved that nothing is impossible for concerted human efforts***

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