

Optimising Allied Health Referrals in General Medicine

Kate L McLaughlin¹, Carrie Bailey², Jack J Bell³, Hannah L Gullo^{3,4}, Amy E Eldridge⁵

¹ Department of Occupational Therapy, The Prince Charles Hospital, Metro North Health, Brisbane, QLD, Australia, ² Department of Physiotherapy, The Prince Charles Hospital, Metro North Health, Brisbane, QLD, Australia, ³ Allied Health Research Collaborative, The Prince Charles Hospital, Metro North Health, Brisbane, QLD, Australia, ⁴ School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, QLD, Australia, ⁵ Health Care Excellence and Innovation, Metro North Health, Brisbane, QLD, Australia

BACKGROUND: Issues identified across disinvestment nominal groups, spot audits and surveys

95% of AH received referrals they perceived to be low value

Each AH clinician on average spent 1.9 hours per week managing 5.5 referrals they felt were low value

Management of low value referrals diverted AH time and skills away from high value, timely and impactful care

82% AH staff reported receiving low value referrals negatively impacted work satisfaction

No consensus on the meaning of "MDT Review" and variability in team referral processes



AIMS

Develop consensus on high value care

Disinvest in low value referrals by eliminating generic referrals

Improve delivery of high value care through increased specificity of referrals

Increase knowledge and understanding of AH roles

Create culture of safety for respectful discussions to support care delivery

METHOD

Preliminary **stakeholder consultation** through surveys (AH n=36 Medical n=16 Nursing n=24), focus groups (Medical n=19 Nursing n=38) and Visual Analogue Scale for satisfaction of AH responsiveness (Medical n=19 Nursing n=38)

Processes refined through **co-creation**: Stakeholder consensus achieved for generic and blanket referrals to be discontinued, referrals made by senior clinicians after patient review with clear reasons, and escalation pathway developed for disputed referrals

Multi-modal education on staff roles and processes via staff orientation, email, in-service, newsletters, posters and meetings

Multidisciplinary **champion network established** to promote understanding of roles, appropriate referral processes and ongoing education

Chart audits with verbal and written feedback, and **observation** and **role modelling** at MDT meetings

Changes embedded sustainably through reviewed staff orientation processes, ongoing education and champion network advocacy

OUTCOMES

36% reduction in number of referrals perceived as low value

44% reduction in time spent managing them

AH staff time saving of 49 minutes per clinician per week

Increase in satisfaction with AH responsiveness to referrals

Medical teams 9% improvement

Nursing teams 14% improvement

Decrease in generation of generic referrals (10% on audit)

Increase in referrals made with specificity and reason (95% on audit)

Improvement in positive perception of referrer understanding of AH roles

42% → 75% medical teams

47% → 57% nursing teams

85% of AH staff report improvement in confidence and ability to communicate with referrers regarding low value referrals

95% of AH staff report improvement in work satisfaction post implementation

92% of medical referrers report no difficulty referring to AH and all disputes resolved satisfactorily

100% of medical referrers report feeling comfortable with AH staff contacting them to discuss referrals

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