

Development of Reform Pathways for Patients referred for a Routine Appointment to a Respiratory Outpatient Department

RA Sharkey ¹, N Duffy ², N Walker ¹, A Porter ¹, E Henderson ¹, D Clifford ¹

¹Dept. of Respiratory Medicine, Altnagelvin Hospital, Derry, BT47 6SB. ²Oakleaf Medical Centre, 49 Great James St, Derry, BT48 7DH.

Introduction

Routine new referrals to the Respiratory Outpatients Department had increased by 25% (2012 to 2016) with a waiting time of up to 18 months for patients waiting to be seen by a Respiratory consultant. This situation was intensified by consultant recruitment difficulties and there was no indication that this situation was going to change in the immediate future.

A project team was formed consisting of a Respiratory consultant, a GPSI (GP with a special interest) in Respiratory medicine, project supports and a project manager who met on a regular basis throughout the Quality Improvement initiative.

An audit of GP referrals to the Respiratory Outpatients Department indicated that approx. 70 % of 'Routine' referrals was for 3 conditions namely Obstructive Sleep Apnoea (OSA), chronic cough and recurrent chest infections/ bronchiectasis. The waiting time to see a Respiratory consultant for these referrals was greater than 18 months.

Aim

To develop new pathways, with minimal consultant input, for the management of 'Routine' referrals for possible OSA, Chronic Cough and Bronchiectasis (i.e. 70% of total routine referrals). These pathways would result in patients being seen and managed in a more appropriate timeframe.

Method

A GPSI in Respiratory medicine was recruited to work with the service for one afternoon each week. Each 'Routine' referral was reviewed in depth by both the Respiratory consultant and GPSI. The electronic care record was also reviewed, as was any subsequent referrals, x-rays or any details pertinent to the referral. New pathways were developed for OSA, chronic cough and recurrent chest infections /bronchiectasis. Engagement events took place with the respiratory service to discuss the new pathways.

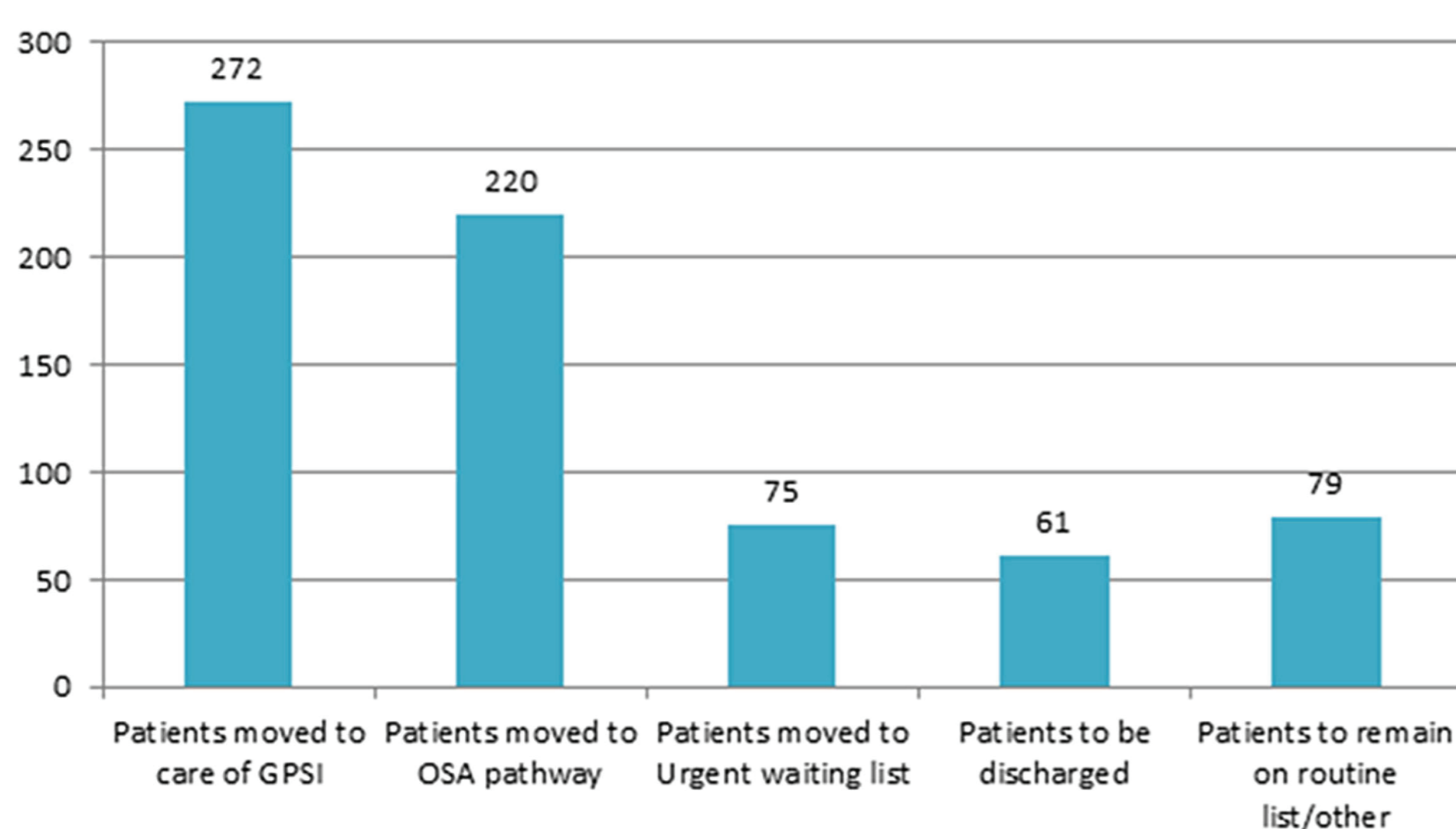
The agreed outcomes and pathways established were as follows:

- Patient for Discharge
- OSA Pathway
- Patient required to move from 'Routine' waiting list to 'Urgent' waiting list
- Patient to be seen by GPSI at outpatients clinic
- Patients to remain on Routine waiting list / Other (RIP / Patient transferred to other site).

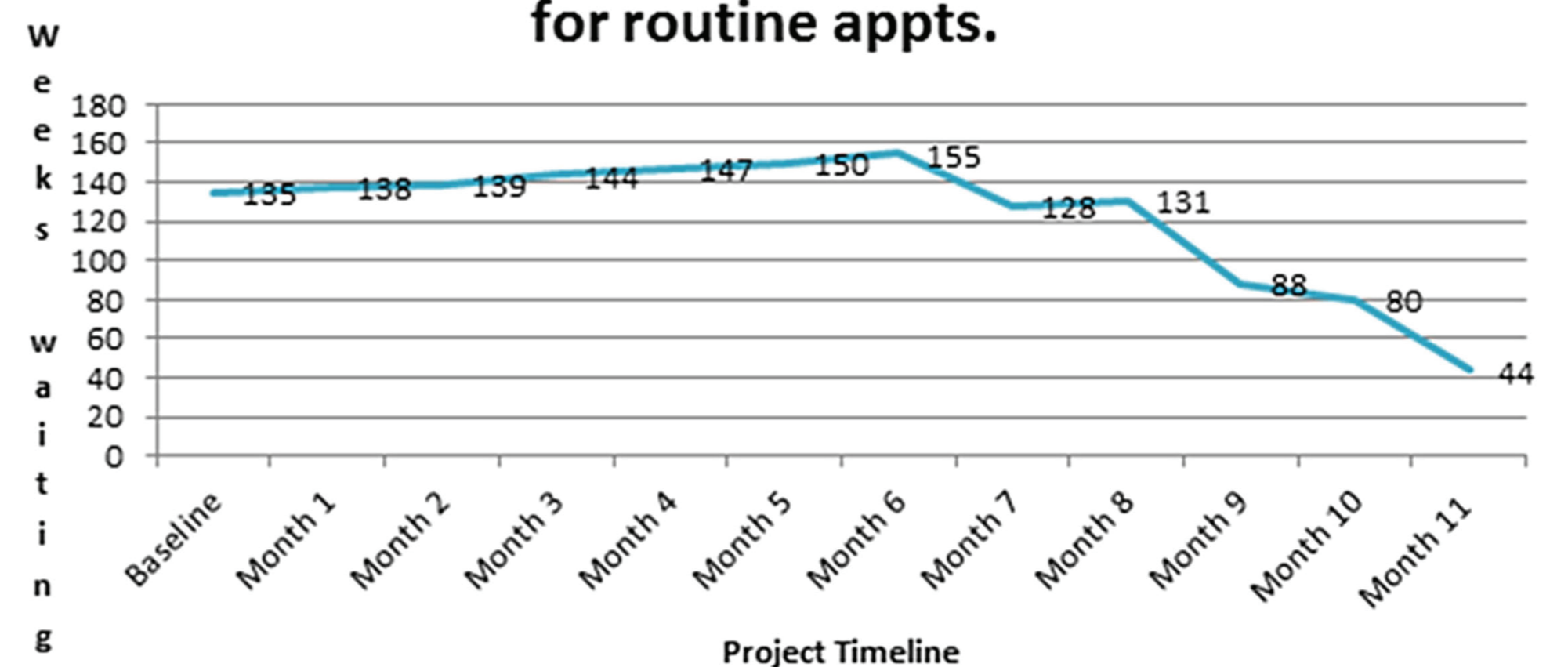
Results

The outcomes of the Quality Improvement project were measured on a weekly basis. To date, in total, 707 patient referrals have been reviewed. From these referrals, 576 (81%) are being managed via alternative pathways. This has resulted in a reduction of waiting time for patients to be seen for a routine appointment, from 135 weeks to 44 weeks.

Alternative Pathway Management for Routine Referrals



Project Outcome - reduction in weeks waiting for routine appts.



Conclusion

This exercise has demonstrated that it is possible to introduce pathways with minimal Respiratory consultant input resulting in patients being managed in a more appropriate timeframe. Reduced waiting times for patients results in less patient anxiety, control of symptoms at an earlier stage and reduced risk of complications due to their respiratory condition.

Contact: Deborah Clifford, Respiratory Project Manager, Email: deborah.clifford@westerntrust.hscni.net, Altnagelvin Hospital, Glenshane Road, Derry, BT47 6SB.