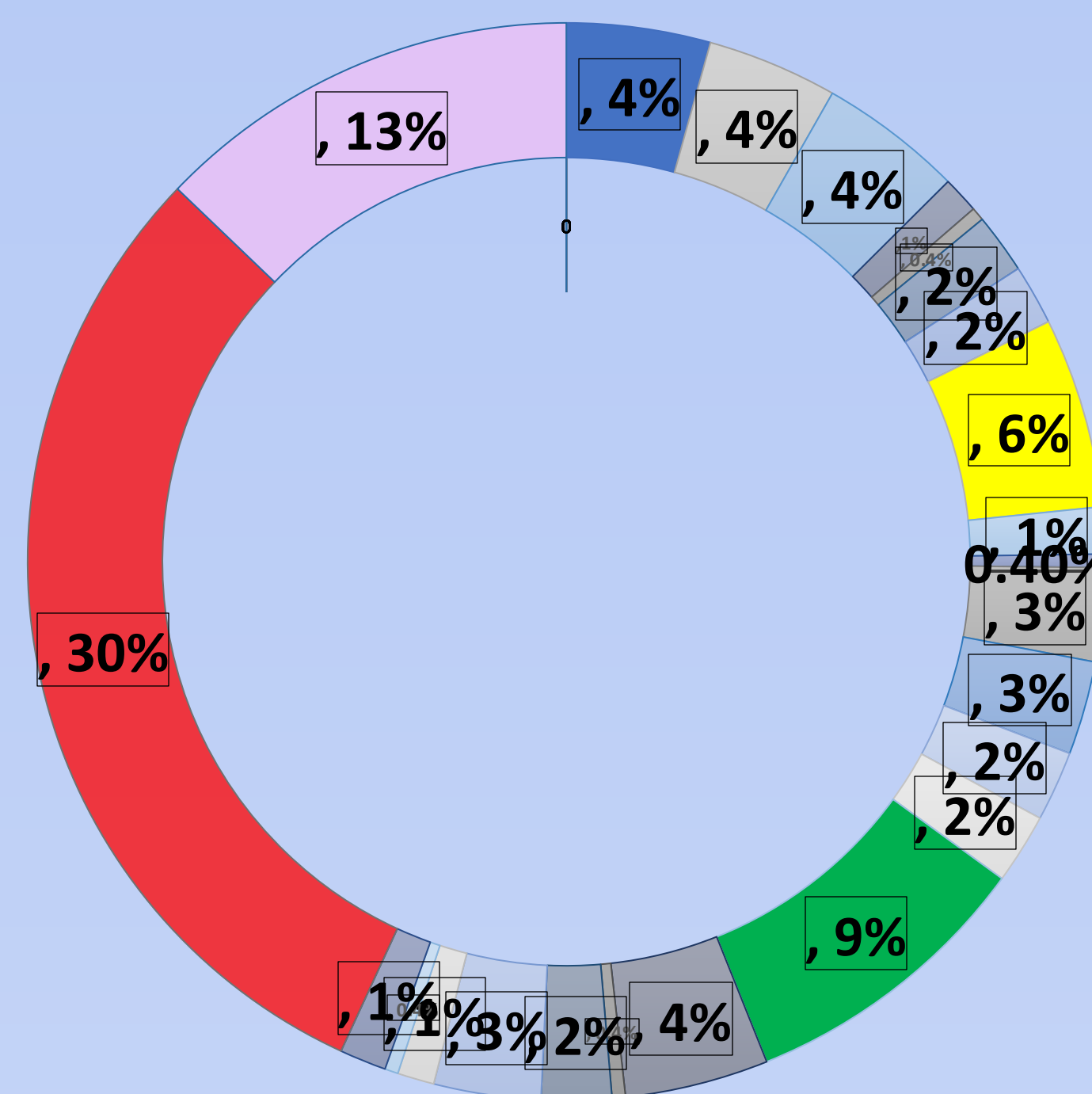


## Introduction

The Infectious Disease consult service in SVUH transitioned to an email-based referral pathway in December 2019. During this period the consult service received a high volume of referrals.

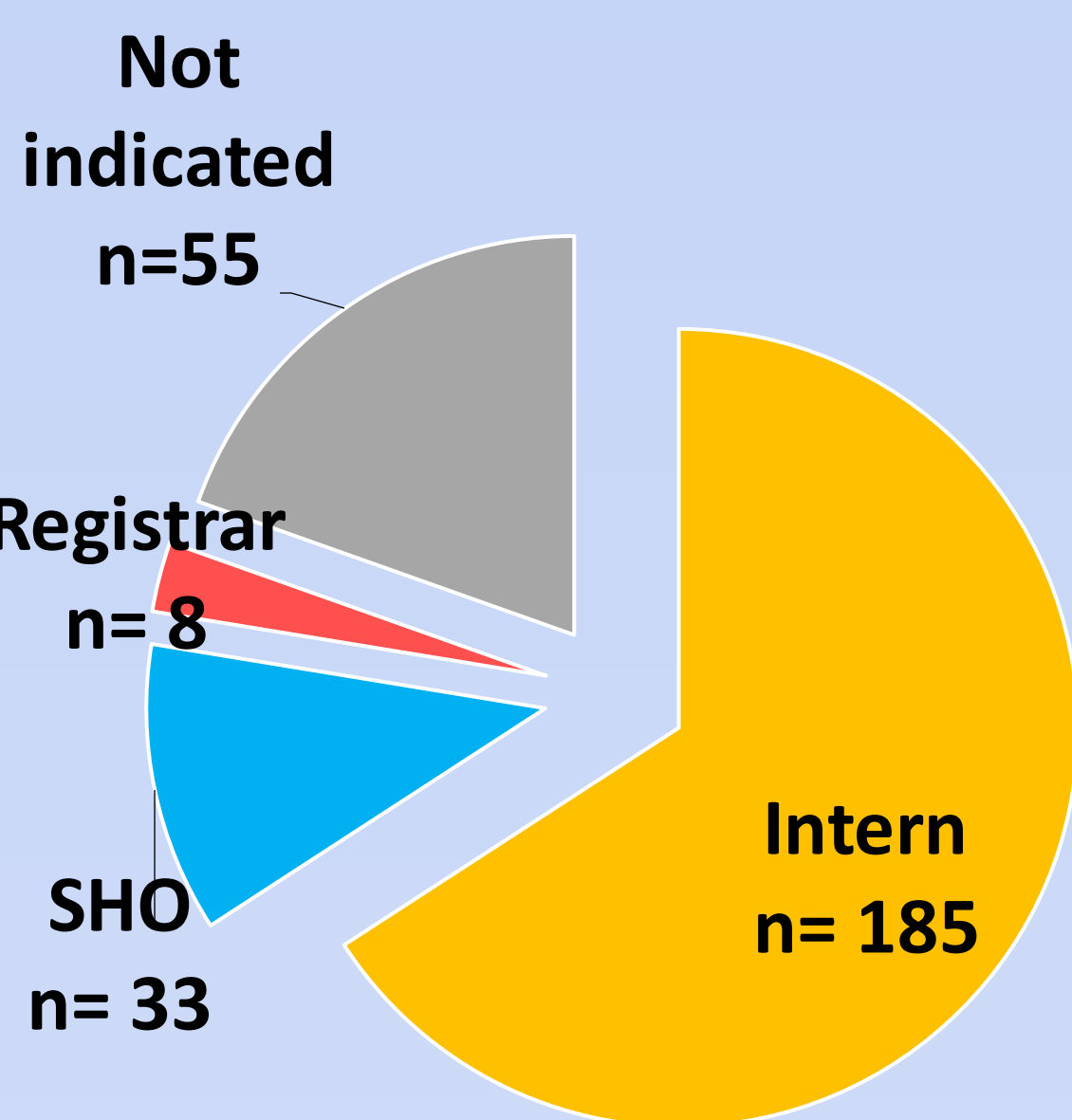
Information included in consult requests from other specialties in a specialised hospital aids in correctly identifying patients and triaging these requests based on priority. An audit was undertaken to identify whether adequate information was included in the consult request to the infectious diseases department

### Referrals by Speciality

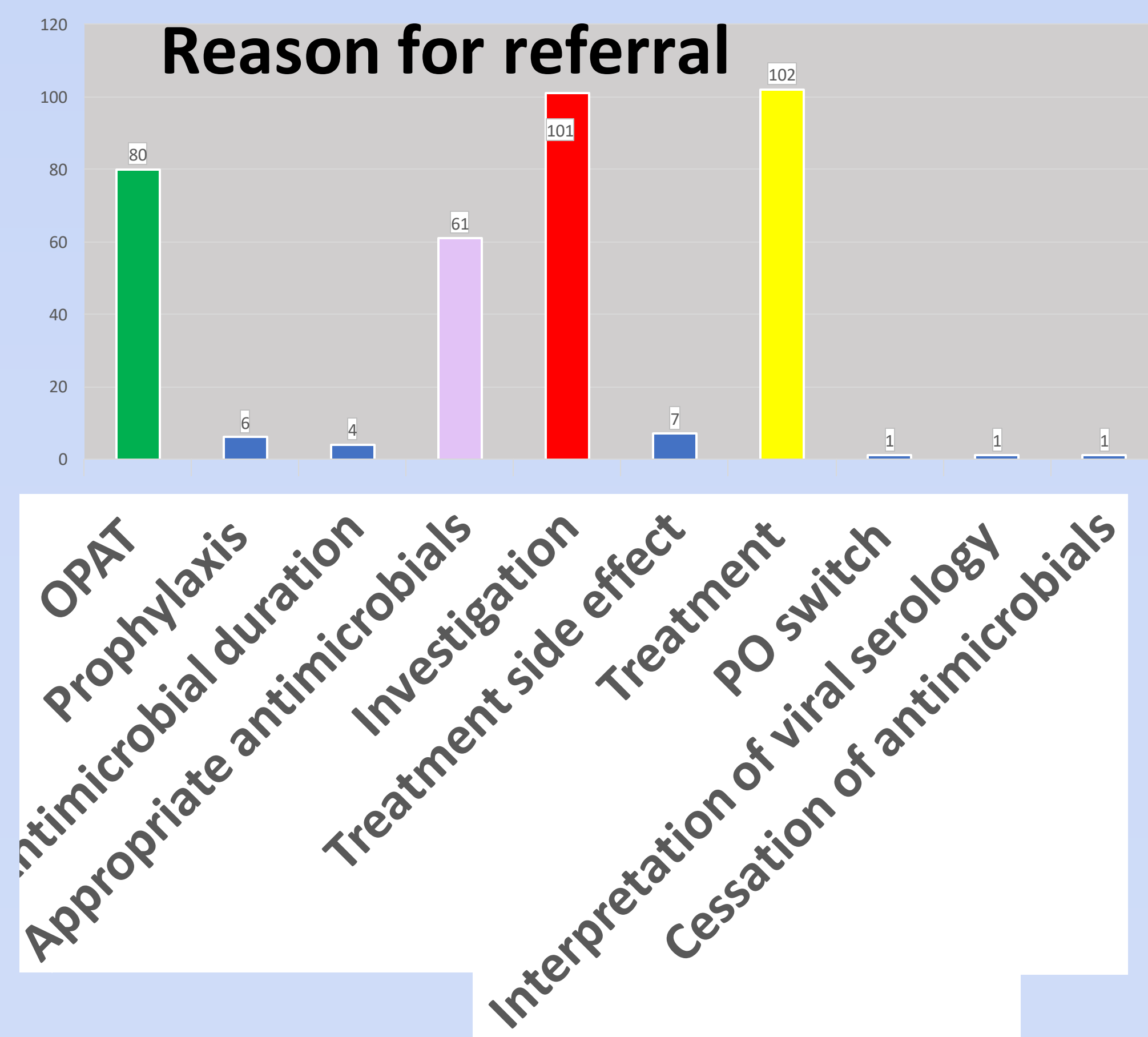


- AMU
- Breast surgery
- Cardiology
- Colorectal
- Dermatology
- Endocrine
- ENT
- Gastro**
- Geriatrics
- Haematology
- Hepatology
- HPB
- Neurology
- Oncology
- Orthopaedic**
- Plastics
- Psych
- Renal
- Respiratory
- Rheumatology
- Upper GI
- Urology
- Vascular**
- Not indicated

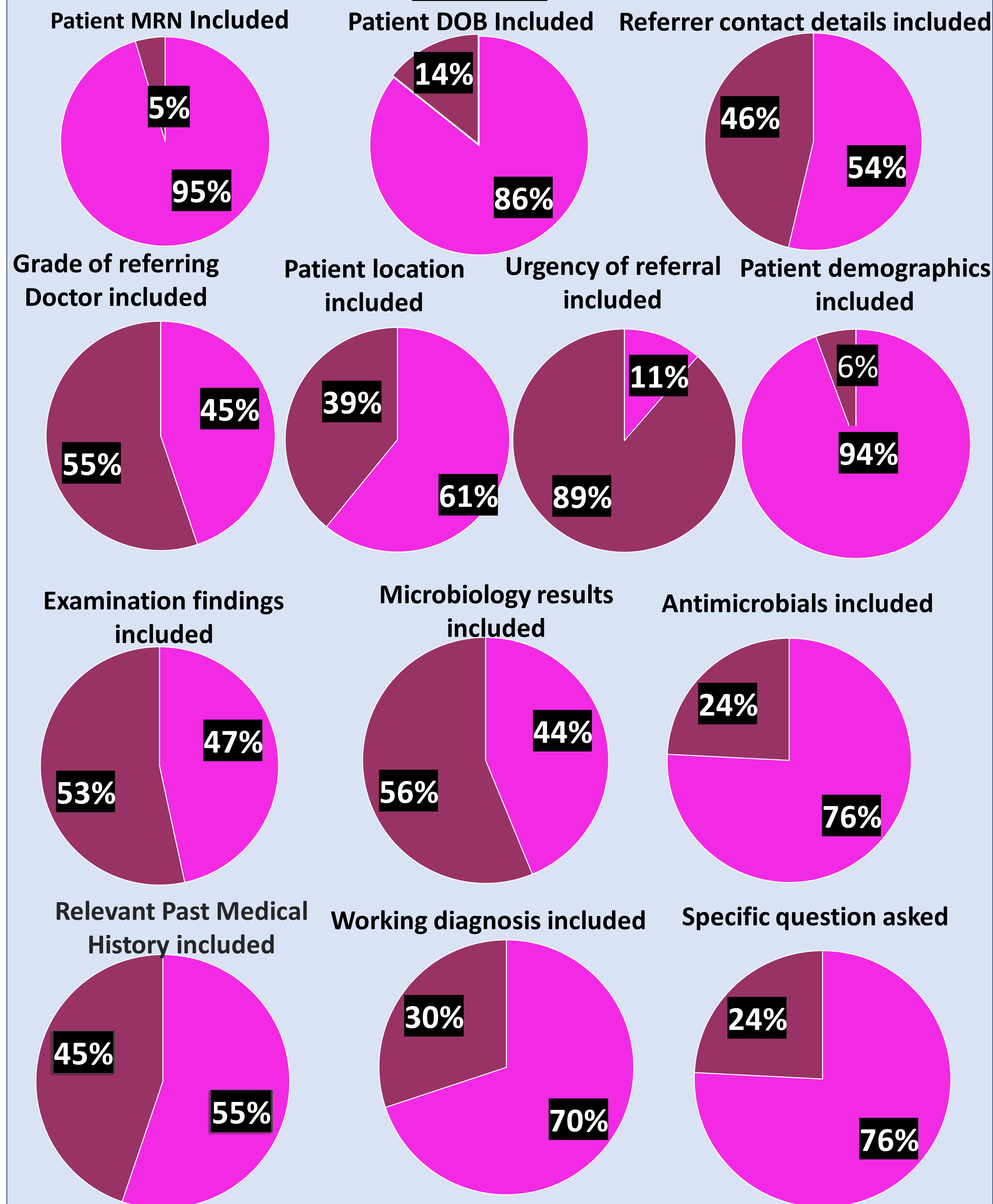
### Referrer Grade



### Reason for referral



## Results



## Methods

Retrospective review of referrals to the Infectious diseases email consult service over the period from 17th December 2019 to 17th December 2020. Email requests by other surgical and medical specialities for consults were included. Internal correspondence within the speciality and external emails were excluded. Sample size was 281. Data was collected manually and recorded using a Microsoft Excel spreadsheet.

This retrospective study looked at whether thirteen pre-defined data points were present in referral emails. These data points were decided following review of HSE and HIQA guidelines and in consultation with relevant stakeholders.

## Overview

MRNs were included in 95% (n=268) of cases and DOB included in 86% (n=241) of cases. Referrer contact details were included in 54% (n= 151) of cases and 61% (n=171) of referrals included patient location. The urgency of referral was included in only 11% of cases (n=32).

Patient demographics were included in 94% (n=265) of cases. In addition, 48% of emails included Examination findings (n =136), 44% reported Microbiology results (n=123) and 55% referred to relevant past medical history (n=155). Current antimicrobials were recorded in 76% (n=213) of referrals. Working diagnosis was indicated in 77% (n=216) of emails. 76% (n=213) of requests asked a specific question of the Team.

## Conclusions

From the above we can see that inclusion of unique patient identifiers was nearly universal. Results suggest that improvements could be made in the inclusion of referrer contact details. Notably, less than half of referrals had microbiology results. Very few referrals included indication of a timeframe for urgency of referrals.

As most referrals were submitted by interns this is a key group to involve in improving the consult requests. Interventions would be undertaken in the form of educational sessions for the intern group, creation of a proforma to prompt referrers and regular meetings with the most frequent referring specialties to improve the quality of consult requests

## References

- HSE Communication (Clinical Handover) in Acute and Children's Hospital Services: National Clinical Guideline 2015
- HIQA Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standard for Patient Referral Information 2011.
- Contact email: ireneodea@svhg.ie