



Electronic referral system for critical care - A patient safety and quality improvement project

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Abstract:

Being a major hospital, we come across many patients requiring direct referral to critical care at the earliest. Sometimes, these referrals are in large numbers that prioritizing and managing become challenging. During COVID-19 outbreak, to meet rising demands we implemented an Electronic-Referral system (e-referral) which was designed to facilitate clear information, better tracking and earliest delivery of critical care services. We reviewed the utility of this system as per the Guidelines for provision of intensive care services 2019(3.1) / National Institute for Health and Care Excellence CG50 and modify it for all critical care referrals. Questionnaire-based survey was performed among critical care staff to assess the effectiveness of bleep/telephonic and e-referral. We obtained a total of 40 responses from consultants, trainees and critical care outreach nurses (66% response-rate). Only one-third of the them were satisfied with bleep/telephonic referral. Nearly 70% believe that there is loss of patient information due to multiple calls leading to delay in prioritising patients. Almost 95% found the e-referral useful and efficient for reviewing the patients. More than 80% agree that this system is helpful in maintaining records, clear handover, follow up of intensive care step-downs and facilitate in audits. Overall, e-referral for critical care was great success in reviewing and following up of COVID-19 patients. Based on this experience, we have proposed template to facilitate the need for all referrals. This system is not a replacement of bleep/telephonic consultations but it will strengthen the structure of patient referral to critical care as per the standards.



Biography:

Prashant Khadanga, has an overall 7 years of experience in Anesthesiology and Critical Care. He has accomplished anaesthetic training in India and pursuing higher training in the UK at Northwest London University Healthcare NHS trust, London. He has been involved in multiple researches and quality improvement projects and constantly working towards better outcome of patients.

Recent Publications:

1. Efficacy and Safety of Using Air Versus Alkalinized 2% Lignocaine for Inflating Endotracheal Tube Cuff and Its Pressure Effects on Incidence of Postoperative Coughing and Sore Throat - Prashant Khadanga.

International conference on Critical care and Emergency Medicine, December 14-15, 2020.

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