

5.09 Overview of an Electronic Respiratory Inpatient Referral System in a District General Hospital

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Background: This District General Hospital (DGH) runs a 5 day/week email respiratory inpatient referral system whereby referrals are assessed by a respiratory middle grade doctor and discussed with a respiratory consultant. The aim of this study was to assess the number, origin and outcomes of the referrals over a period of time.

Methods: A record of all respiratory inpatient referrals was kept over a 3 month period from November 2022 to January 2023. Number of referrals received, origin of referral, reason for referral and outcome was recorded.

Results: 145 referrals were assessed by the Respiratory Unit over the 3 month period. 90% of these referrals had an initial assessment within 24 hours. The Acute medical Unit and surgical wards accounted for > 50% referrals. The most common reason for referral was a pleural effusion (27, 18%), all of which had an ultrasound performed. Shortness of breath and hypoxia was the second most common reason for referral (25, 17%). 29 patients had to be transferred to the respiratory ward, 28 patients required respiratory follow up either at the Respiratory Ambulatory Hub, with the community respiratory team or via the respiratory outpatients clinic.

Conclusions: The inpatient respiratory referral system provides very rapid access to respiratory expertise throughout the hospital with improved patient turnover. A conservative estimate of 37 bed days were saved during this 3 month period.