

Evaluation of Electronic Urology Referrals at Queen Elizabeth Hospital: Assessing Appropriateness, Information Quality, and Response Times

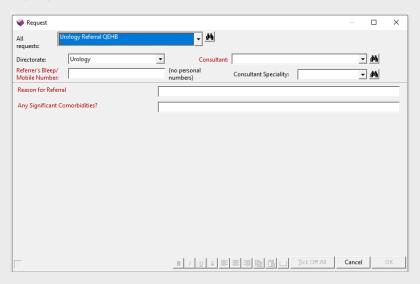
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Background

Queen Elizabeth Hospital Birmingham (QEHB) had a vision of transforming all specialty to specialty referrals into electronic requests via its main interface PICS. The aim is to make communication of referrals between different teams easier and more efficient. This should in theory result in more prompt and safer patient care as well as having an auditable trail. The aim of the referral system was to get an opinion on non urgent and semi urgent urological concerns and findings

This audit aimed to assess the referral system functionality and highlight areas for improvement.



Methods

This is a Retrospective Study that assessed the PICS referrals to urology team between 20th October 2022 and 31st January 2023 (104 days) at QEHB.

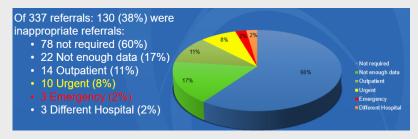
The study looked into assessing both the quantity and the quality of referrals. This included: Number and site of referrals, referrer grade and specialty, referral appropriateness and detail/Medical History completeness.

Results

Urology team received 337 referrals Over 104 days with average 3.24 referral/day. The peaks of referrals was on 5th Jan 2023 with 17 referrals.

While General Medicine accounted for most of referrals (57%), Senior House officers made the most referrals (190)

The Most Common Referral Reasons were: Incidental scan findings: 33.8% and Haematuria: 13%



Recommendations

The audit recommended the revision of referral template to Include checkboxes for urgency, history and relevant investigations. In addition, restrict referrals to be limited to active inpatient admissions. Finally it encouraged a training initiatives for resident doctors on appropriate referral practice

Conclusion

This audit highlights the importance of refining the electronic referral systems to enhance the appropriateness, completeness, and timeliness of urology consultations. Streamlining the referral process is crucial for improving patient care outcomes and optimizing the use of healthcare resources.