

## **A case study from ESTH as part of the South London KQuIP Transplant Project**

### **Implementing and establishing e-referral as part of the transplant pathway**

#### **Describe the 'before' situation**

Referral of people with lived experience for transplant assessment was often done by telephone, email, corridor conversations or copied into a letter. On occasion it was by post it note. The approach was inconsistent and therefore open to error.

#### **Describe the impact of this on those with lived experience and the process**

As a result, there were avoidable delays in starting the process impacting the aim of listing for transplant pre-emptively. Time taken from referral to activation was several months and on occasion longer.

There were also unnecessary steps in the process when the referrer requested the transplant team to start the referral process and then an additional referral was required to start the investigations.

Lack of audit trail to follow up delays.

#### **What did you do – what change**

An e-referral using CV5 was already available but underutilised. Discussions with IT experts took place and drop-down boxes were created to enable referral to transplant team and to commence investigations at the time of appointment. This can be done in real time with the patient present aiding the sharing of information and partnership working. E-referral commenced at ESTH main hospital as there were challenges to linking the IT with other centres.

This new approach was shared with the multi-professional team and agreement gained. This was followed up by a brief communication on how to do an e-referral.

#### **What were the challenges to making the change happen?**

IT infrastructure to enable different systems to access CV5 and the e-referral

Some members of the MDT were happy with the current process and didn't want to change

#### **What is the current situation (the success?)**

Can you give details of what has been achieved – is this something that has now been embedded as a way of working and what are the next steps if it isn't yet?

Are all referrals now as e-referrals as I know it hadn't been accepted previously by one colleague who wouldn't change from letters!

Electronic referrals on CV5 are being downloaded weekly and patients contacted within a two-week timeframe to book education seminars

patients who live locally and will have diagnostic tests at St Helier, these are being requested at point of referral being received to try & achieve the 6–8-week target for completing diagnostics

Date referral made by Dr	Date req sent to nephrologist for surgical referral	Weeks from date consultant req referral TO tx nurse request surgical referral letter - WEEKS
25/08/2021	29/04/2022	35
12/11/2021	07/03/2022	16
18/11/2021	23/05/2022	27
18/11/2021	05/05/2022	24
31/07/2021	08/03/2022	31
03/02/2022	28/02/2022	4
01/09/2021	29/04/2022	34
08/12/2021	29/04/2022	20
18/01/2022	15/03/2022	8
16/11/2021	24/05/2022	27