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530 Communication Not Technology: How an Electronic Patient Referral Process Affects Patient Care in Acute General Surgery

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Introduction: The Royal College of Surgeons (RCS) high-risk general surgical patient guidelines recommend that a patient who needs emergency surgical assessment must be seen within 30 minutes in the case of a life-threatening emergency, and within 60 minutes for a routine emergency referral. The aim of this audit was to assess the efficiency of a new electronic referral system in expediting surgical assessment compared with direct referrals to the surgical oncall team.

Method: The study assessed the referral process and time to surgical review over two weeks. We included patients assessed in SAU and excluded patients reviewed in the emergency department (ED). Referrals were received from ED, general practitioners (GP) or surgical outpatient clinics.

Results: A total of 214 patients were included, 54% (116) referred from ED, 32% (69) from GP, 12% (26) from outpatients’ clinic, 1% (3) self-presenting. The median waiting time was 108 minutes. Direct referrals had a median waiting time of 84 minutes (RR 0–347). Patients allocated to the electronic transfer list waited a median of 120 minutes (RR 6–720).

Conclusion: All patients waited longer for review than recommended by RCS guidelines. The electronic transfer system failed to expedite surgical review and may have contributed to delays in some cases. Communication between colleagues, not technology, is imperative to ensure timely assessment of the acute surgical patient.