

# Cinapsis

## SmartReferrals

### From paper & pagers to an NHS-approved App

#### Summary

In 2019 Gloucestershire Hospitals NHS Foundation Trust replaced their pager system with the Cinapsis SmartReferrals App, creating a more efficient workflow for clinicians and improving patient flow. Referrals from Primary Care into A&E stopped entirely as a result of telephone referrals and advice shared using Cinapsis, with 41% of patients being managed in the community as a result. This case study will explore the benefits of using Cinapsis SmartReferrals for instant communication between clinicians.

#### Introduction



Dr Thomas Kus - General Paediatrician who provides a paediatric voice on Trust IT projects - tells us about the transformation that he's seen for his service.

The Acute Paediatrics service initially provided advice to Primary Care through switchboard calls and pagers ("bleeps") for the 74 local GP practices.



#### What wasn't working?

##### Workflow

One of the main problems that Dr Kus found with the system was that the telephone referrals and advice calls coming through the hospital's switchboard were often intrusive. The GP rang the switchboard, which then bleeped the paediatrician on-call regardless of whether he/she was in the middle of a consultation. When going to the ward phone to ring the switchboard back, the consultant spent time taking down basic patient and caller details on a paper referral form, which was taken to the Assessment Unit after the call.

##### Audit and security

Moreover, if 2 calls came through the switchboard at the same time, the second call was held by the switchboard. If dropped, the consultant didn't know any details about who had called and the chances of an A&E referral were higher.

Not only was the workflow problematic, but the use of paper referral forms meant that if any details were missing from the paper referral form, they couldn't be included in the patient's record, resulting in lost clinical information. The outcome on the paper referral form was not recorded in the patient's record.

## How did Cinapsis SmartReferrals solve these problems?

As the Trust was already using Cinapsis SmartReferrals for Acute Medicine with **83% of referrals from primary care eliminated**, Dr Kus worked with the CCG and Cinapsis to develop referral pathways appropriate for Acute Paediatrics.

### Workflow

The GPs now ring consultants for advice and guidance using their own device. The system also supports call back, video calls and instant messaging.

The App on the consultant's phone is non-intrusive and it gives Dr Kus' team the option to pause their rota with one tap when on-call. The service defines the call cascading system, so that if 2 calls come through at once, the second call can go to the next person on the rota.

“ The responsiveness to clinician feedback is second to none with suggested development improvements sometimes implemented within days. There is a real joy in having a system where developers listen to clinicians with an exceptional can-do attitude. ”

DR THOMAS KUS

### Audit and insights

Prior to Cinapsis, auditing was difficult and the lack of digitised data made it impossible to analyse service delivery. Because Cinapsis automatically links to the patient's electronic record, the trust has an overview of referral data that they are using to improve service delivery and focus on prevention.

“ I can spend time talking about the problem instead of taking patient and caller details. ”

DR THOMAS KUS

### Safeguarding

Before Cinapsis, safeguarding concerns were difficult to address (e.g. if the account that the family had given to the GP differed later on). Because all the conversations between the GPs and consultants are recorded and linked to the patient's record, Cinapsis can be used to check recordings, times and other details for efficient safeguarding.

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Click below to read about the way Cinapsis SmartReferrals has changed patient flow in other specialties in the Trust.

**83%** of patients are managed in the community across Acute and Emergency Care specialties

**70%** of dermatology patients are managed without a face-to-face appointment