

Improving Accuracy of Consult Follow Ups

Orthopaedic Surgery Residency Program

PD: Harris Slone, Chief Residents: Alex Chiaramonti, J. Brett Goodloe, Adam Griffith

BACKGROUND

Often, when consulting services place an ambulatory referral order to Orthopaedics, they do not specify a provider so the patient may get sent to a general ortho clinic. This can be an issue as the patient may not see the specific provider that operated on them or see the specific subspecialist provider required for their care.

For example, if a trauma patient comes in that requires an Orthopaedic consult and they have a distal radius fracture but also have a ligamentous injury of the knee, they need a referral to different divisions within the Orthopaedic department (in this example, Ortho Hand and Ortho Sports Medicine).

If the ligamentous knee injury needs surgery and doesn't get referred to the correct provider, then the patient will see an additional provider who then must refer them to the correct subspecialist which can cause a significant delay in the patient getting the care they need.

AIM STATEMENT

Improve number of ortho referrals after consult to a specific provider by 20%

MUSC Pillar: Growth – In Network Care Coordination

METHODS/INTERVENTION

To achieve this goal, we will have our residents place the ambulatory referral order for consults. This will ensure that the patient gets in with the correct provider in the correct amount of time.

Compare referrals to specific providers during Oct-Dec (pre-intervention) then during Jan-Mar (during intervention).

Compare referrals to general Ortho RT7 trauma clinic before and during intervention

RESULTS

Unfortunately, the only data available was for Orthopaedic referrals with no specific provider was for the entire regional health care network so we were unable to analyze data relative to total number of referrals.

We were unable to determine which referrals were previously seen as a consult by Orthopaedics in the ED or in-patient setting. Therefore, a proxy measure is the number of Ortho RT7 Trauma clinic referrals as that clinic does not have a specific provider attached to it and is generally where trauma consults get referred.

There was a significant decrease in the number of referrals without a specific provider for the Ortho RT7 Trauma clinic.

Division	Pre-intervention: Number of referrals to specific provider (10/1/21-12/31/21)	Intervention: Number of referrals to specific provider (1/1/2022-3/31/22)	% increase
Ortho Hand providers	141	210	48.9
Ortho Spine providers	301	340	13.0
Peds Ortho	293	300	2.4
General Ortho (no hand, spine, peds)	1725	1972	14.3
Ortho RT7 Trauma (unspecified provider trauma clinic) <small>*Provider was Ortho RT7 Trauma clinic and not associated with a specific provider</small>	42*	23*	-45.2*

CONCLUSIONS

Overall, there were significant increases in provider specific referrals with Ortho Hand seeing a 48.9% increase, Ortho Spine 13.0%, Peds Ortho 2.4%, and General Ortho 14.3%. More importantly, there was a reduction of 45.2% of referrals to the non-specific RT7 trauma clinic.

We significantly increased the number of consults to specific providers to improve care coordination and to help reduce delay in care.

This also allowed us to identify system errors in Epic regarding placing orders for referrals.

BARRIERS:

- Data included entire regional health network for “Provider Missing” category
- Unable to differentiate which referrals were associated with a prior ortho consult
- Epic issue placing referrals to certain divisions within Orthopaedics, specifically Sports Medicine

NEXT STEPS

Work with Epic to improve the Ambulatory Referral to Orthopaedic Surgery order menu

Improve communication with consulting services regarding specific provider for ambulatory referrals.