Improving the Quality of Referrals to the Therapies Teams in Acute Medicine

Produced by | Dr Nikita Gore
Case Study Date | 20/05/2026

SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

It has been noticed that a blanket 'PT/OT' (physiotherapy/occupational therapy) referral is often documented in patient plans often with no justification in the medical entry as to why a referral is being made. This has a direct impact on the length of time taken for the therapy teams to see patients, cause delays in therapy teams to see patients that need to be seen and can lead to delays in patient discharges as well. In March, the time taken for a response to a new referral was 64 hours causing delays to patient care, discharge and patient flow.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To increase the percentage of referrals to the therapy department from the Acute Floor that include a reason for referrals by 30% by 29th May 2026

PLAN

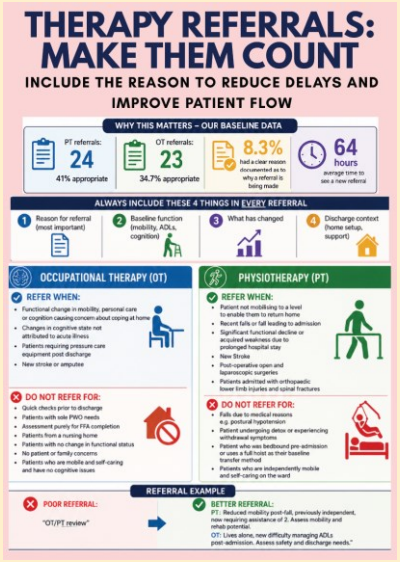
- Conduct an audit of the number of referrals made to Physiotherapy and Occupational Therapy across the Acute Floor at RSH
- The number Physiotherapy or Occupational Therapy referrals that were made, the appropriateness of those referrals as per the referral criteria and whether clear reasons for the referrals being made were documented were taken into account.
- Create posters following the audit aimed at Resident Doctors, Consultants and ACPs and discuss this in huddles to remind them reinforcing the importance of stating reasons why a referral is being made

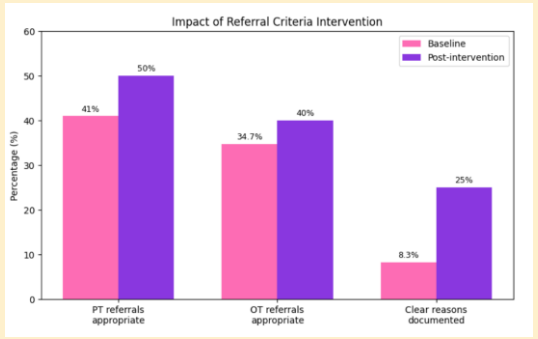
DO

- Initial data: across 64 patients on the acute floor and found that there were 24 referrals to PT (of which 10 were appropriate) and 23 referrals to OT (of which 8 were appropriate). Only 1 referral had a clear reason documented as to why the referral was being made.
- A poster was made stick up in offices and on the walls across the acute floor and was sent on the Acute Medicine WhatsApp group
- The poster included the referral criteria along with information about why this is important
- This was promoted further with other infographics being promoted on the SaTH Acute Medicine Network LinkedIn page
- This was discussed in huddles
- Data post-intervention: across 63 patients on the acute floor. 10/20 of the referrals to PT were appropriate and 8/20 of the referrals to OT were appropriate. 5/20 of the referrals had clear reasons documented as to why the referral was being made.

STUDY

Overall, the appropriateness of referrals to PT increased from 41% to 50%. The appropriateness of referrals to OT increased from 34.7% to 40% and the number of referrals with clear reasons documented increased from 8.3% to 25%.





ACT

- Plans are being made to discuss this issue further and find ways to implement this as part of Check, Chase, Challenge.
- A proposal will be made to potentially implement a more formal way of referring patients to Therapies, i.e. with a short online form just as there is with other clinical services and specialties
- This would be to make referrals clearer, filter out inappropriate referrals in a more efficient way and ultimately reduce delays and improve patient flow.

ACKNOWLEDGEMENTS & REFERENCES | Rachel Crawford, Dr Shiang Kwan and Dr Nawaid Ahmad