

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.

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.



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

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%.

THERAPY REFERRALS: MAKE THEM COUNT
INCLUDE THE REASON TO REDUCE DELAYS AND IMPROVE PATIENT FLOW

WHY THIS MATTERS - OUR BASELINE DATA

PT referrals: 24 41% appropriate	OT referrals: 23 34.7% appropriate	8.3% had clear reason documented as to why referral is being made	64 hours average time to see a new referral
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ALWAYS INCLUDE THESE 4 THINGS IN EVERY REFERRAL

- Reason for referral (post-operative)
- Baseline function (mobility, ADLs, cognition)
- What has changed
- Discharge context (home setup, support)

OCCUPATIONAL THERAPY (OT)

REFER WHEN:

- Functional change in mobility, personal care or cognition causing concern about staying at home
- Changes in cognitive state not attributable to acute illness
- Patients requiring personal care equipment post-discharge
- New stroke or amputee

DO NOT REFER FOR:

- Quick checks prior to discharge
- Patients with well-managed wounds
- Assessment purely for FTA completion
- Patients from nursing homes
- Patients with no change in functional status
- No patient or family concerns
- Patients who are mobile and self-caring and have no cognitive issues

PHYSIOTHERAPY (PT)

REFER WHEN:

- Patient not mobilising to a level to enable them to return home
- Recent falls or fall leading to admission
- Significant functional decline or decreased endurance due to prolonged hospital stay
- New fracture
- Post-operative open and unhealed surgical wounds
- Patients admitted with orthopaedic lower limb injuries and spinal fractures

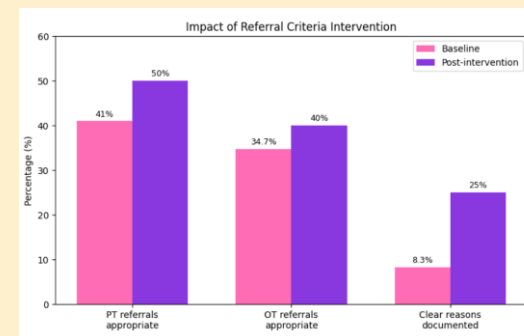
DO NOT REFER FOR:

- Beds due to medical reasons
- No postural repositioning
- Patient undergoing dialysis or experiencing chest pain
- Patient who was full-coded pre-admission or was full-coded on their transfer to theatre
- Patients who are independently mobile and self-caring on the ward

REFERRAL EXAMPLE

POOR REFERRAL:
"OT/PT review"

BETTER REFERRAL:
PT: Reduced mobility post-fall, previously independent, now requiring assistance of 2. Assess mobility and safety post-admission. Assess safety post-discharge needs.



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.