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# Repeated referrals in community rehabilitation: prevalence and reasons

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## Repeated referrals in community rehabilitation: prevalence and reasons

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### Background

Repeated referrals are considered problematic in many healthcare settings including acute hospitals (Black, 2014), primary care (Welzel, 2017), and outpatient physiotherapy (Topley, 2021) however evidence on repeated referrals in a community rehabilitation setting is lacking. Clinical experience suggests repeated referrals can prolong waiting lists and incur increased costs to the NHS. They may suggest initial care was insufficient to address the original problem and that issues remained unaddressed at point of discharge.

### Aim

To identify the prevalence, and reasons for repeated referrals to the Bideford Community Rehabilitation Team.

### Method

Service data was collated between 01 June 2021 to 31 May 2022 from the electronic patient records system (EPRS) including the number of repeat referrals for physiotherapy/occupational therapy intervention, referral source and reason. Repeat referrals within the Community Health Services (CHS), which includes referrals from short-term services, district nursing and community matrons, were explored further.

### Results

Mobility problems was the main repeat referral reason from the acute hospital (61.7%), CHS (62.7%), GP (65.8%), Social Services (41%), Mental Health Service (50%) and Care Homes (50%). The other main reasons for repeat referrals included falls risk from the ambulance service (97.8%) and equipment provision from the hospice (81.8%) and care agencies (57.9%). Within the CHS, equipment provision was the main referral reason from

the community matron team (45%) and district nursing team (48.1%). Figure 1 illustrates details of repeated service referrals by source.

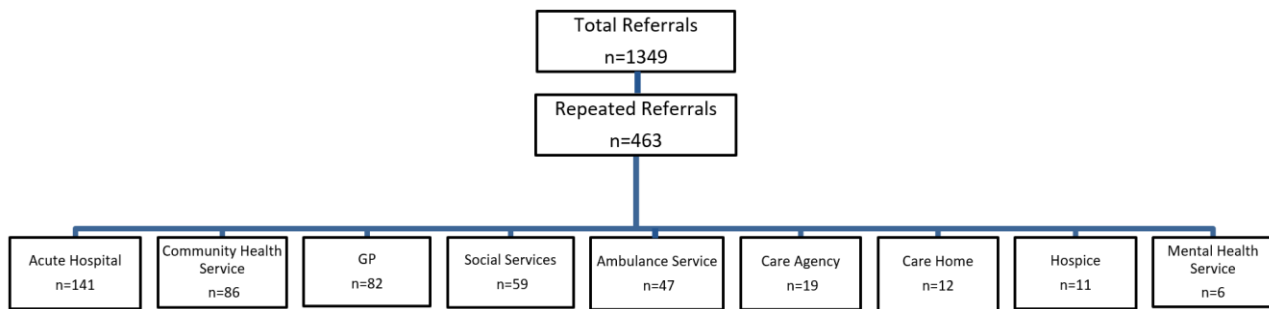


Figure 1: Diagram of the number of repeated service referrals by source

## Discussion and conclusion

Repeat referrals for mobility and falls risk may be appropriate considering the majority of the patient caseload are frail older adults at an increased risk of deterioration. However, the high number of repeat referrals for equipment provision suggests that either equipment is not being considered during the previous episode of care or referring professionals do not feel confident and/or competent to issue. Solutions to reduce the number of referrals, for example further training, for equipment could positively impact the service.

To improve patient care and reduce the rate of re-referral, further exploration is needed to determine if previous rehabilitation was insufficient, potentially leaving patients with unmet needs at point of initial discharge. Additionally, further analysis of the appropriateness of the re-referral is needed to identify potential training needs in referrers.

A repeat audit will be completed with data from our new EPRS, which allows access of notes between acute and community teams, and therefore comparator data. Additionally, there is a need to complete a more contextual review of referrals, and the first episode of care, by gathering data on professional(s) involved, length of stay, discharge reason, use of outcome measures and goal setting.

## References

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