Neurosurgery On-call Referral Management using OARS
Standard-Operating-Procedures

New referrals

- All new referrals should be made using OARS (this is a Departmental policy, approved by the Division and supported at Trust board level).
- In the initial phase we expect that referrals will also be phoned through – please take the name of the patient and the contact details of the referrer in case the referral does not appear on OARS.
- In emergency situations (when the referring doctor is actively treating the patient or the patient requires time critical transfer), you should submit the referral on behalf of the referrer (click “Create referral” from the dashboard). You need do this whilst the referrer is on the phone so that you can get all their details (this will then generate a user account for them so they can go and check the referral).
- Be aware that the majority of referrers will not have used the system before and therefore will need support to find the site and use the system (please be patient!)
- We have confirmed the site works in all our common referring centres: oars.ouh.nhs.uk or https://oars.ouh.nhs.uk (there is a link on the OUH intranet and now there is a twitter account @OARS_OUH which can be ‘googled’ to find the link)
- The system can be accessed from devices connected to the NHS’s secure network (N3) – this is all computers in hospitals and GPs practices.
- Please instruct referrers that they need to log back into the system to read the messages we write – they can do this at any time but they also get emails to prompt them whenever a new message is submitted. (IF THEY DON’T DO THIS THE REFERRAL CAN’T BE CLOSED AND IT WILL BE YOUR RESPONSIBILITY TO CHASE THEM!)
- All new referrals also get saved as a PDF in the OARS_Neurosurgery/active directory on the Neurosurgery network share (they are moved to the closed directory once the referral is closed, therefore if the system crashes the active directory will contain those referrals that need managing)

Managing a new referral

- When a new referral is submitted, it triggers a ring tone on the OARS iPad – As the system becomes more established you won’t be able to rely on referrers phoning you to say there is a new referral.
- Once you are aware of a new referral, please respond to it as soon as possible – even if that is just to say “Thank you for the referral I am waiting for scans / need more info” etc. The time from referral to response is a key metric that we can use to
demonstrate the responsiveness of our service. Future audit meetings might feature registrar response-time league tables!

- If a referral hasn’t been replied to within 12hrs, an alert email gets sent to the iPad and to the super-user to highlight the fact.
- Along similar lines, please enter a decision (this can only be done following the initial reply) as soon as you can make it.
- The decision can be changed prior to the consultant authorising it by clicking the “Change decision” button at the bottom of the page.

**Existing referrals**

- Referrals remain visible on the ‘My Speciality’ / ‘My Referrals’ pages until they are closed. (Old closed referrals can be seen by ticking the box at the top of the page)
- Referrals can only be closed when 3 things have occurred:
  1. A decision is made
  2. The decision is read by a referrer
  3. A consultant has authorised the decision
- At this point a button appears next to the referral on the ‘My speciality’ page, either “Admit” if the patient is TCI or “Close” for all other decisions.
- Administrator has access to a list of all the TCI admissions and will ‘admit’ them once they arrive on the ward (this simply involves clicking admit and entering their OUH MRN, so we can link the referral to their EPR record). Team members should be able to cover (holidays / weekends).
- The on-call registrar is responsible for keeping the ‘My Speciality’ list up to date – this involves ‘admitting’ patients if they have arrived on the ward, ‘closing’ referrals that are complete and chasing up referrers who have not read the messages we have entered (so the referrals can be closed).
- Before ‘closing’ a referral you should open it to check that there aren’t any updated messages e.g. you don’t want to close a referral where we made a decision (‘Local Management’) to palliate a patient with a poor grade SAH but where the referrer has subsequently added a message to say the patient now has a good GCS.
- To emphasise – it is the on-call person’s responsibility to manage the all the open referrals and progress them to closure. If this is not done, with 10+ new referrals a day the list will very quickly become unmanageable.
- If new information is added to a referral, a green “New Info” label appears. To make these referrals easier to find you can click the boxes at the top-right of the page to only list the referrals with new information.
Closed referrals

- On any list page, you can also show closed referrals by ticking the box at the top-right of the page. (This is the default on the search page as it is assumed you might be trying to find old referral information.)
- Once a referral has been closed, no further information can be added to it.
- (A PDF containing all the referral information is also saved into the OARS_Neurosurgery/closed directory on the Neurosurgery network share. Ultimately, these will be imported to EPR.)
- If a referrer wants to have a further discussion about a patient, they will need to submit a new referral. For this reason, don’t close referrals on patients who you’ve asked for further feedback or to have a repeat scan in several days / weeks – these referrals should remain open on the list page, the on-call registrar each day will be able to determine if this remains appropriate.

Consultant Authorisation

- Once decision is made, consultant authorisation is required to close a referral.
- (NB if a consultant makes a decision they have to authorise their own decision in a second-step)
- It is performed by clicking the blue “Authorise” button at the bottom left of the conversation page. A message can be submitted at the same time.
- Authorisation should happen as soon as it is feasible. However, once a decision is authorised it cannot be changed.
- OARS conversations can continue and the patient can still be transferred prior to authorisation.
- At present, an alert is generated to the iPad and super-user if consultant authorisation has not taken place within 12hrs of a decision being made.

Morning Handover

- The previous day and night on-call registrars should prepare a printed list with the names of the patients to be discussed. All other details will be sourced from the OARS system.
- The list should have the following sections:
  - Neurovascular cases
  - Paediatric cases
  - All other new adult referrals
  - Old referrals requiring discussion (e.g. updated scans / new information)
- A copy of this list should be given to the neuro-radiologists and meeting chair (consultant or incoming day on-call registrar)
• The ward-registrar will operate the laptop to search for and display each referral as it is presented by the on-call team.

Evening handover

• At the evening handover, both registrars should review every cases on the ‘My Speciality’ list. This list is the active ‘workload’ for the on-call neurosurgery service.
• The registrars should aim to progress these referrals to closure. Depending on status this will require:
  o **Done (Admit)** -> admit on OARS if have arrived on ward, ensure bed manager aware if has not arrived.
  o **Done (Close)** -> review conversation and close if no further messages.
  o **Authorised** - > chase referrer to read messages (and hence acknowledge), one option is to add a new message to the conversation asking for this to be done – this will send another alert email to the referrer.
  o **Outcome decided** - > arrange consultant authorisation.
  o **Specialist reviewed** - > make decision
  o **New** - > review referral

Feedback

• If referrers (or you) have comments or suggestions, please direct them to send it to oars.feedback@ouh.nhs.uk

Help

• A list of FAQ and a downloadable ‘Quick Start’ guide can be found at oars.ouh.nhs.uk/help, there is also a link to this page at the bottom of ever page on the OARS site.
• Non-urgent help queries can be sent to oars.help@ouh.nhs.uk
• If you (or referrers) have problems accessing the system / think it has broken you can also call the IT helpdesk. They will be able to do basic troubleshooting but will pass most queries on to our development team.
• If you cannot access the system you should revert to using the bleep, telephone and paper lists. In this circumstance, you should print the PDFs of active referrals that are backed up in the neurosurgery network share so that their care can continue.
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