

# Referral Triage and Waiting List Management – Electromyography and complex nerve conduction studies

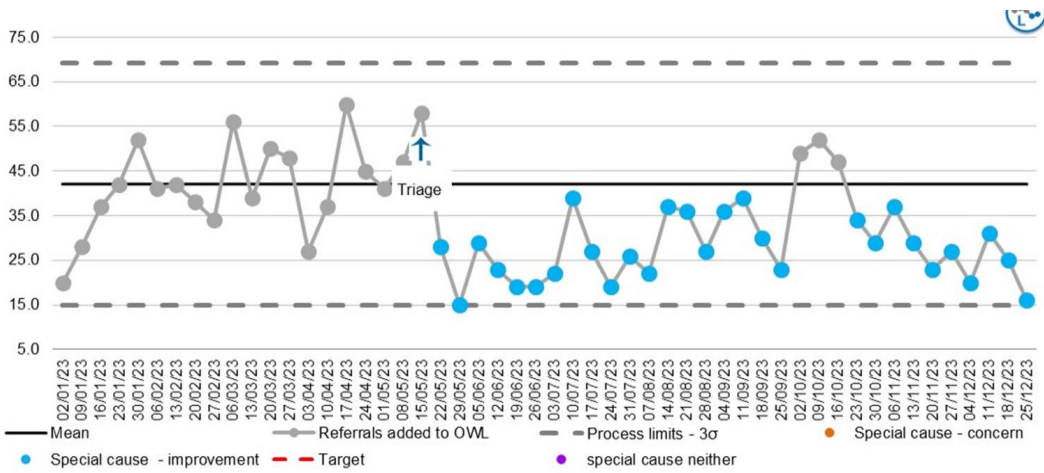
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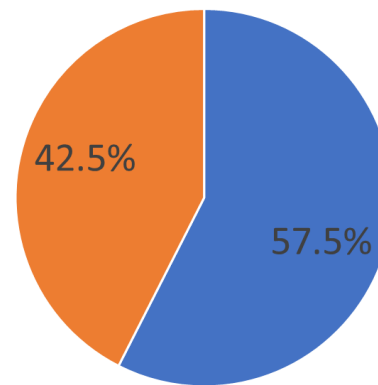
Quality Improvement Awards 2024

## Weekly referrals added to EMG O/P waiting list

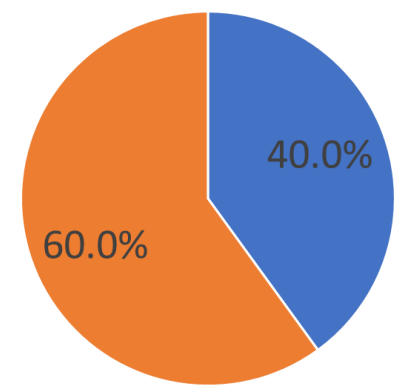


## Abnormality detected in clinic

Before



After



## BACKGROUND

Across England, neurophysiology waiting lists have grown by 30% since 2020. Locally, the neurophysiology department has expanded geographically, establishing satellite clinics and a central administrative hub at New Cross Hospital. **Resources are challenged and the backlog is growing.**

Anecdote and audit evidenced **unnecessary or non-contributory investigations** were being performed. Approximately 70% of referrals to neurophysiology are made by non-specialists (i.e. GPs, physiotherapists, etc). Previous practice was to accept all referrals made to the neurophysiology service.

**Electromyography (EMG)** and complex nerve conduction studies are a **clinically invasive and resource-intensive** technique and constitute a significant proportion of the waiting list.

We created robust, **evidence-based triage criteria, rejection protocols** and a bespoke **digital referral database**. Additionally we focused on actively engaging with referrers by offering feedback and educational opportunity to enhance clinicians' understanding of neurodiagnostics.

## QI TOOLS

### STAKEHOLDER ENGAGEMENT

**Consultant neurophysiologists** collaborated on clear, concise, evidence-based triage criteria that could be broadly applied to the patient population.

**Administrators** were consulted on and collaborated with the design and implementation of the digital referral database.

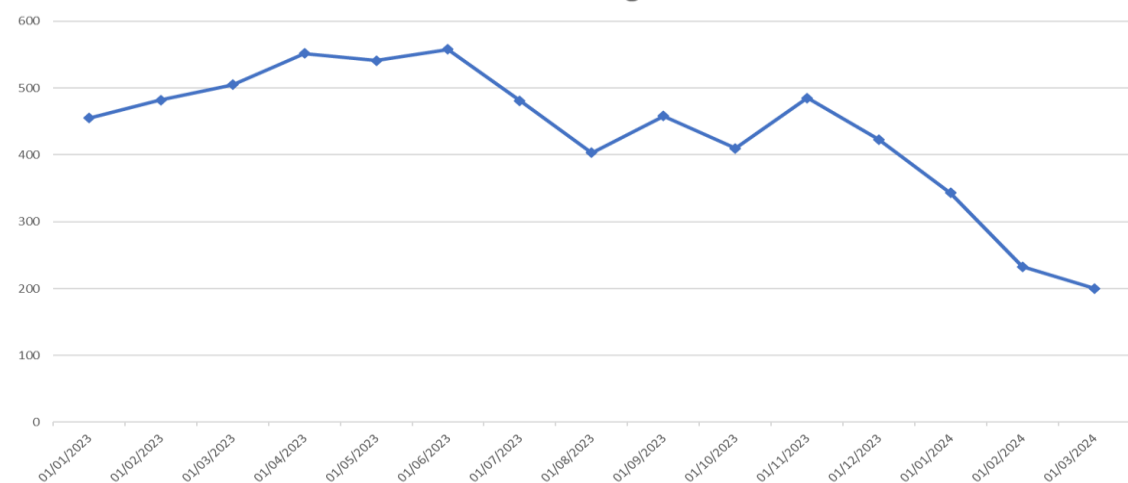
**Referrers** were provided clear guidance on reasons for rejection as well as suggested actions to take. Included in this was clear guidance on unacceptable referrals for the clinician's future reference. Informative and engaging presentations were provided to referrers in secondary specialisms.

**Patients** were provided with a letter outlining the rejection of their referral to keep them informed and encourage discussion with their referrer.

## KEY ACHIEVEMENTS

- ✓ Average of **33% decrease** in EMG referrals added to the outpatient waiting list each week
- ✓ **17.5% increase in abnormality** detected in clinic after implementation.
- ✓ A curated waiting list: **The right patients being seen at the right time.**
- ✓ Median time from referral receipt to triage was 1 day.
- ✓ 7% of rejected referrals were re-referred in a 2-month period.
- ✓ Paperless working.

EMG waiting list



### January 2024 – March 2024

Referrals rejected	125
Re-referrals	9 (7%)
Re-referrals accepted	6 (67%)
Time-to-triage	Median = 1 day; Mean = 2 days

## PROCESS MAPPING

From referral receipt to test result. Used to design and adapt processes to locally built digital platform

### “INFORMAL / PASSIVE PDSA”

Regular team meetings and discussions around experience and observations during the implementation phase led to a natural evolution in processes and procedures. Although not guided by quantified outcome measures, shared decision-making made incremental improvements possible.

## CONCLUSION

We are proud to present a successfully implemented and sustained change to our triaging process. This has led to a significant reduction in patients waiting for meaningful neurophysiological investigation. The outcome measures demonstrate a new embedded process in the team that is now routine practice.

Lessons learned during this process will inform implementation of similar strategies in other areas of the neurophysiology department.

**Working in partnership**  
 The Royal Wolverhampton NHS Trust  
 Walsall Healthcare NHS Trust