Edmonton Zone, Department of Medicine Access Partnership Project (APP)

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Strategic Clinical Improvement Committee
Partnerships in Action

DEFINE OPPORTUNITY

Background, Problem Statement, Goal Statement: There are approximately 2500 AHS scheduled health services in the province. Across the DoM, there are 12 separate divisions with a multitude of clinics and programs within each division. There is significant diversity in the kinds of care delivered within these programs despite coming from and being supported by the same department; further there is even greater variability in the referral processes and IT capacity to support appropriate, quality and equitable access. The key assumption is that standardizing the referral process and accurately measuring wait times is foundational to improve access.

***Problem Statement*:** Currently, the Edmonton Zone Department of Medicine referral processes for all 12 specialty divisions lack referral management standardization and clear referral guidelines. This impacts referral documentation quality (incomplete and inappropriate referrals) which can lengthen the interval before assessment and treatment and increase frustration for the patient. Further, this also increases referral wait lists and supports poor communication to the referring source and patient. Due to this problem, a routine practice is for referring physicians to mark consultation requests as "urgent" to secure a consultation earlier and often send multiple referrals for the same patient to many specialists placing the patient on many wait lists therefore taking up several appointment slots. Personal relationships (as between the referring physician and the specialist) can also affect referrals. A lack of standardized prioritization criteria can also motivate some to obtain improper preferential access. All of the aforementioned, can result in more truly needy patients being pushed down the wait list, falling off a wait list and lengthening the wait lists with resultant poor outcomes and patient satisfaction.

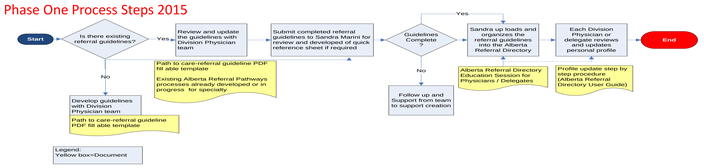
Aim Statement: Expected improvement for this project is referral management standardization for the 12 Divisions within the DoM referral guidelines that support the referring sources, establishment of a common referral process. Standardized referral processes need to be completed within each individual division prior to development of a centralized zone-wide access which is the ultimate Phase 5 goal.

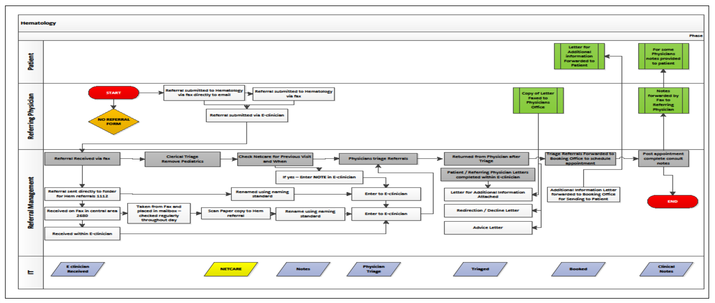
Baseline Data: There are no Referral Guidelines for the 12 divisions that are participating from the Department of Medicine. Variable processes for receipt and management of referrals, Variable processes for physician triage. Access Assessment Tool was completed as a baseline for each division to assess current state processes.

BUILD UNDERSTANDING

Process Assessment: Project is a strategic priority for the UA and AHS Strategic Business Plans. Path to Care consultant reviewed globally for best practice referral guidelines. Development an algorithm for the referral guideline development**,** Benchmarked with services and programs that are Central Referral Intake within the Edmonton zone, completed the access assessment tool to determine current referral process strengths and gaps along with detailed process mapping and assessment of all the division further identifying areas of opportunity.

Phase One Process Steps 2015





Divisional current state assessment book-detailed current process strengths and gaps

Department of Medicine- Access Project
Phase 2-SUMMARY

Strategic Clinical Improvement Committee *Partnerships in Action*

Project Timeframe: Phase 2: Oct 6, 2016- March 31, 2017

Project Approach: The Senior Path to Care Consultant and SCIC Senior Consultant in collaboration with the Division clinic referral staff develops a current state process map and gap analysis that outlines the current referral process. This approach transparently identifies both strengths and areas of opportunity within the current process.

Goal / Strategy: The goals and strategy below results in a transparent current referral document that supports the development of a future process that mitigates health system inefficiencies (inappropriate and incomplete referrals) and potential patient delays.

Develop a current state assessment workbook:
1. Completed on-line Path to Care Access assessment tool for each clinic that determines alignment to AHS Tier 1 Wait Time policy
2. Develop current state referral process map
3. Complete gap analysis
4. Identify baseline process data set-i.e.-# of inappropriate referrals and incomplete referrals
5. Employ Path to Care resources to close identified gaps
6. Develop recommendations and next steps

ACCESS ASSESSMENT TOOL SCORES				
	REFERRAL MANAGEMENT	WAIT LIST MANAGEMENT	WAIT TIMES MANAGEMENT	TOTAL
UAH DEPARTMENT OF MEDICINE (AVERAGE)	69%	57.8%	32%	57.8%
PROVINCIAL (AVERAGE)	66%	52%	36%	57%

MANAGE CHANGE

Stakeholder & Communication Strategies:

A AWARENESS- Leveraged the SCIC QI physician representatives for advocacy and accountability. Meetings (Face to face) with medical and operational senior leadership, engaged with Primary Care network, IT – e-clinician Edmonton Zone Referral Working Group, MAUG, UA Admin Staff and various other AHS and UA working groups. What arose from these meetings was a coalition of leaders (medical and operational) that supported the momentum of this project.

D DESIRE- Began sharing a patient access referral story to establish urgency.

K KNOWLEDGE- Current State assessment and we shared a referral vision and process that each stakeholder could see themselves involved in.

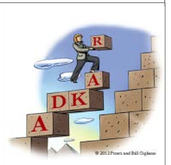
A ABILITY- We engaged and empowered all the stakeholders to be actively involved in the future state process and tools development. July 2017 the existing IT solution in this project was accepted as the vendor for the ConnectCare (pCIS). This further supports standardized referral management.

R REINFORCEMENT- Development of Standard operating procedures supporting the operationalization of IT system and standardized referral processes. These procedures were built by the users for the users.

•The Edmonton Zone Senior Medical Leadership committed to supporting this project.

Articles highlighting this project were in both the SCIC and Path to Care Newsletters.

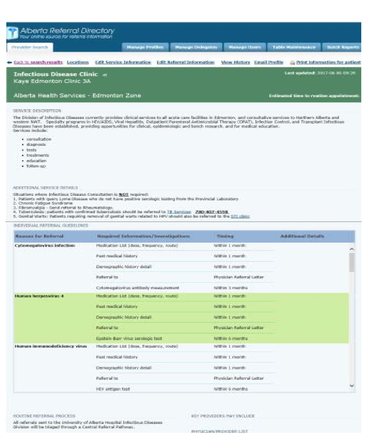
Developed a UA Admin working group called APP to collectively approach referral management as the DoM versus independent Divisions.

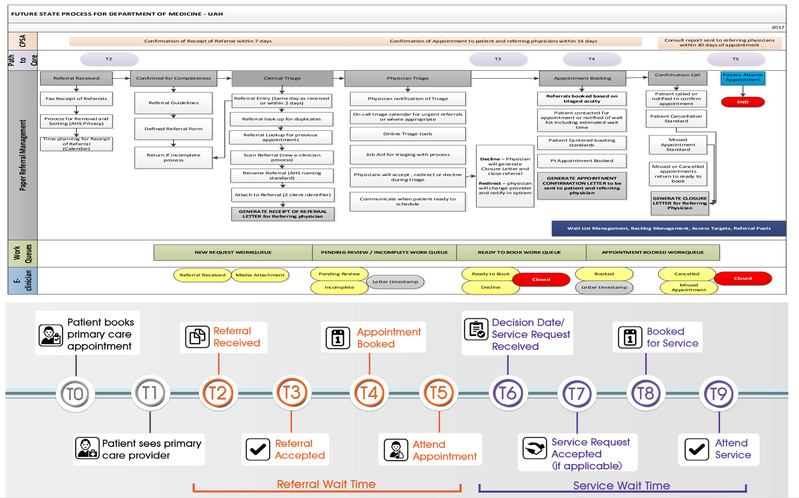


ACT TO IMPROVE

Improvement Selection and Implementation Plan:

Steps / Phases	Intervention
Phase I October 2016 – August 2017	o Build referral Guidelines for each Division. The Completed Referral Guidelines are then updated to the Alberta Referral Directory and the division specific physicians were linked to their ARD Profile.
Phase II - November 2016 – May 2017	o For each division completed an AAT and Current State mapping process. between ED and GIM physician-increases communication and collaboration
Phase III March 2017 – Feb 2018	o Develop the Future State Map closing gaps by integrating existing IT and Path to Care Processes (standardized referral management / time stamps) o Development of SOP's o Development of Physician Triage Process o Determination of Key Performance Indictors (KPI's) for the divisions.
Phase IV- Reporting and Evaluation	o Work with IT system to build reports that further supports standardized referral processes by the users.
Phase V – September 2019	o Further work with ConnectCare to support central triage and intake o Beta testers for new system development and new standards / processes for central intake





SUSTAIN RESULTS

Reinforce Ownership, Measurement, & Continuous Improvement:

AHS Policy – Wait Times Measurement, Management and Reporting of Scheduled Health Services

July 2017 - Path to Care Business Process accepted as the standard process to be embedded in the development of the pCIS.

Edmonton Zone Medical Services Association grant funding received – funds to support this project.

July – September 2017 - APP group editing and evaluating **SOP's**

Auditing Plan November 2017 - May 31, 2018 (6 Months) audit the use of the SOP's in each division as part of daily work. Driven by IT reporting

Project Evaluation Plan September 2017 - December 2017 All divisions will complete a second AAT Full project evaluation which includes a survey

SHARE LEARNING

Lessons Learned:

- Understanding the complexity of those impacted by this project. Additionally includes those who should be an engaged stakeholder.
- Learn the complexity of the relationship between the UAH and AHS – remembering that the linkages are often with persons and not programs or services and are very rarely formalized.
- Diffusion of innovation Model – this project mirrored this theory as we has many early adopters but through the course of our work we were approached from divisions that were late adopters that were accepting of the innovation. (Copyright © EPIQ 2016).
- UAH Admin staff functioned as separate siloed divisions but through this project they were able to collaborate as a single entity for a standard referral process.
- Physician Leadership – they were accountable, respected and held to timelines and collaborated as a department of medicine not a division within the department.
- Physicians gained awareness of their role in supporting Admin staff in the referral management process.
- Poster presentation for UAH – AHS Quality Improvement Collaborative Day October 2017, Quality Summit Fall 2018, IHI Conference December 2017, Accelerating Primary Care November 2017.
- Globally through publication.

"This work is Revolutionary" (SCIC Physician)