



DEFINE OPPORTUNITY

**Background, Problem Statement, Goal Statement:** 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.**

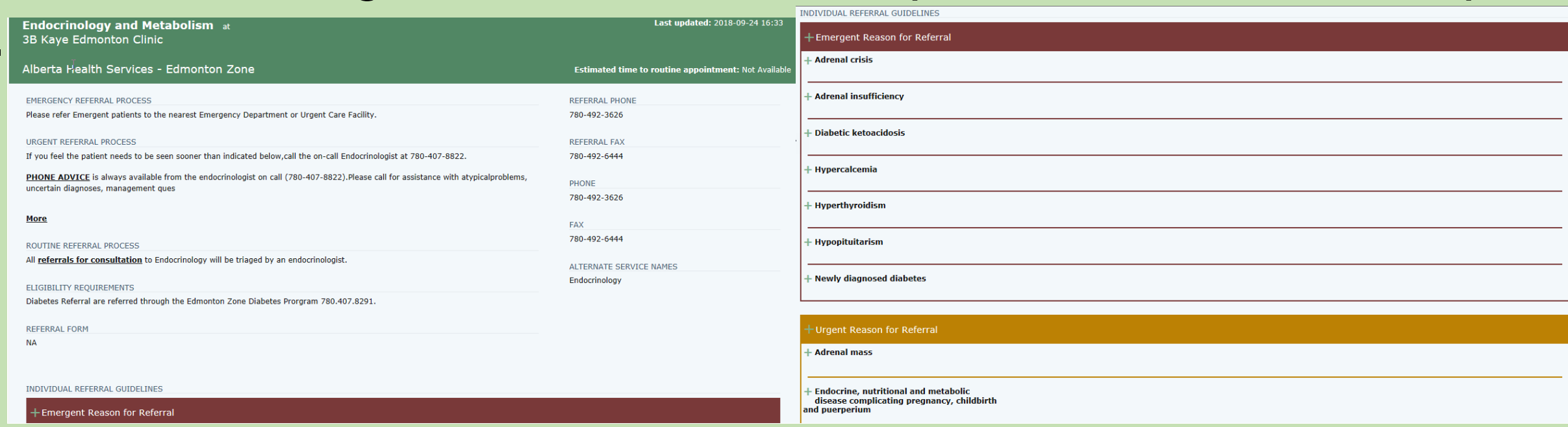
**Problem:** A lack of standardized prioritization criteria can also motivate some to obtain improper preferential access. All of the aforementioned, can result in more truly urgent patients being pushed down the wait list, falling off a wait list and lengthening the wait lists with resultant poor health outcomes.

**Aim:** Standardized referral processes need to be completed within each individual division prior to development of a centralized zone-wide centralized access which is the ultimate Phase 5 goal.

**Baseline Data:** Variable processes for receipt and management of referrals, Variable processes for physician triage. Standard operating procedures developed that integrate e-Clinician, CPSA and AHS policy standards. Completion of the Access to Care Survey tool to audit the process improvement work completed in Phase 1 to 3.

BUILD UNDERSTANDING

**Phase 1** involved the development of draft referral guidelines for 12 sub-specialties that will be uploaded into the Alberta Referral Directory (ARD).

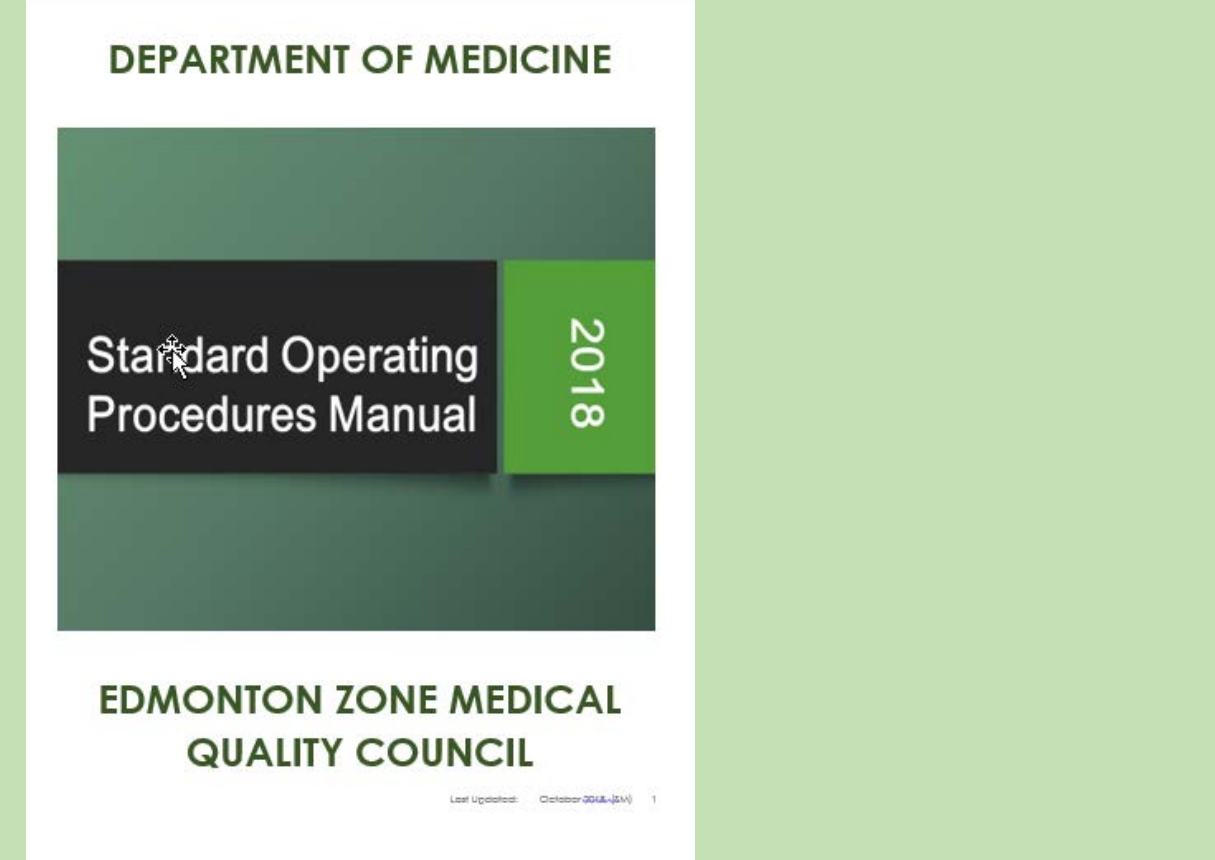
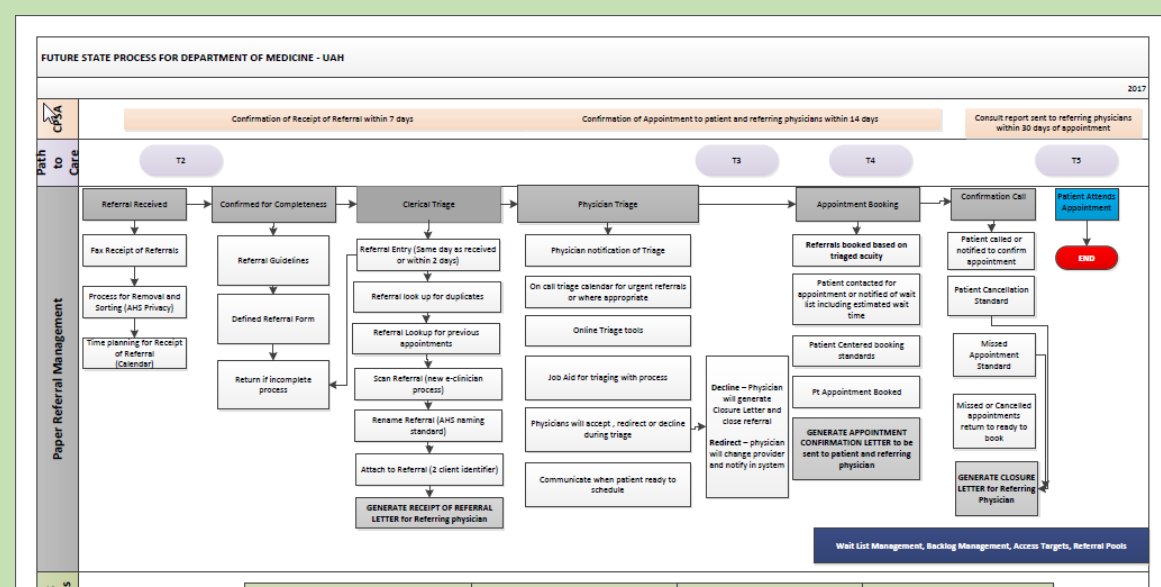


**Phase 2** Current State and Compliance with AHS Policy

AHS Wait Times Policy Compliance	Referral Management	Wait List Management	Wait Time Management	Total
	69%	57%	32%	57.8%

Section of Policy	Current State	Compliance
Receipt of Referral	1. Referral from GP or other health professional 2. Referral from patient or family - urgent cases 3. No waiting or holding of referrals for entry	100%
Contribution of Completeness	1. Complete and appropriate referral - standards for being submitted and communicated 2. Referral is appropriate to the patient's condition 3. Complete and appropriate referral communication - highlights need of urgency or importance 4. Referral is clear and concise and appropriate to the patient's condition	69%
Existing Referral System	1. Standard process for Referral - E-Clinician 2. Urgent Referral 3. Referral process when out of province or visiting (A)	57%
Continuation Letters	1. Referral for continuing care of the patient 2. Continuation of Referral	32%
Physician Triage	1. Standard Triage Process 2. Referral to appropriate specialist 3. Referral to appropriate specialist or urgent care for urgent cases 4. Referral to urgent care for urgent cases	57.8%
Ready to Wait	1. Referral to appropriate specialist or urgent care for urgent cases 2. Standard process for referral to appropriate specialist or urgent care for urgent cases 3. Referral to appropriate specialist or urgent care for urgent cases	57.8%

**Phase 3** Future State and Audit



MANAGE CHANGE

**Stakeholder & Communication Strategies:**

**A AWARENESS** Coalition of leaders (medical and operational) that supported the momentum of this project. Access Partnership Working Group engaged in work and communicated with larger division staff.  
**D DESIRE** Began sharing a patient access referral story to establish urgent  
**K KNOWLEDGE** Future State defined, integrated with eCLINICIAN IT solution, and Connect Care business flow.  
**A ABILITY** We engaged and empowered all the stakeholders to be actively involved in the future state process and tools development. Creation of series of Standard Operating Procedures for all the divisions of the Department of Medicine.  
**R REINFORCEMENT** Audit tool to evaluate the acceptance and utilization of the defined standardized process developed by the Working group.



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

SCIC and Path to Care Newsletters

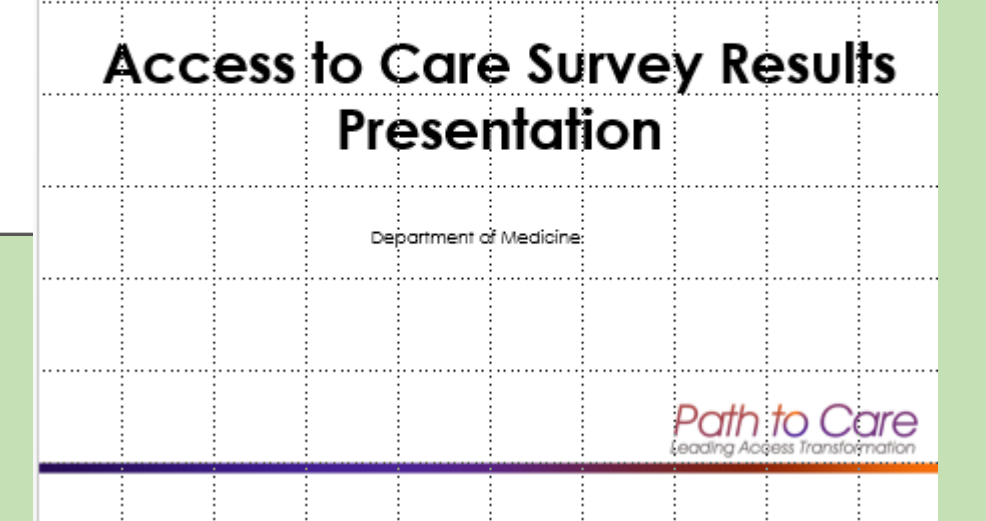
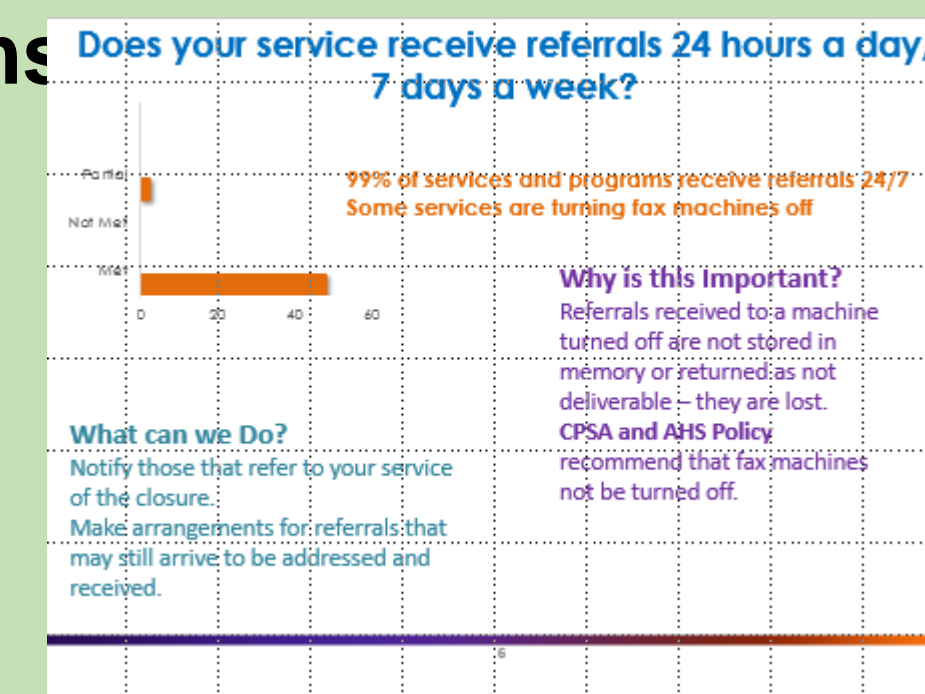
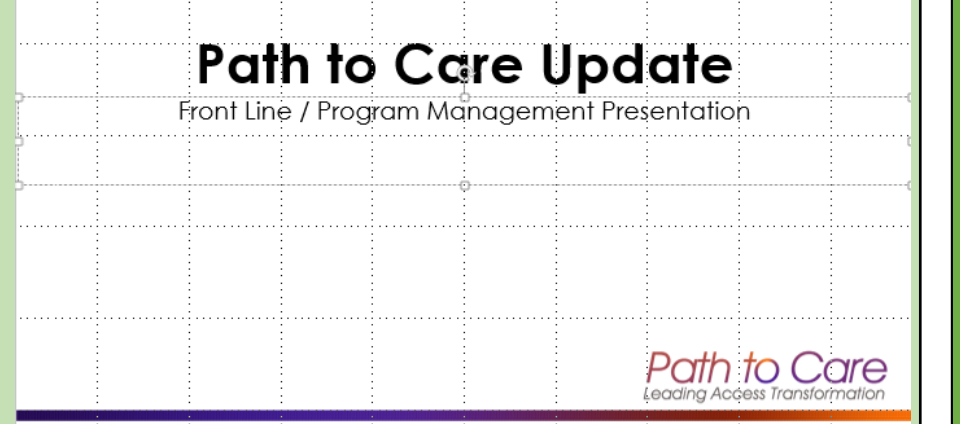
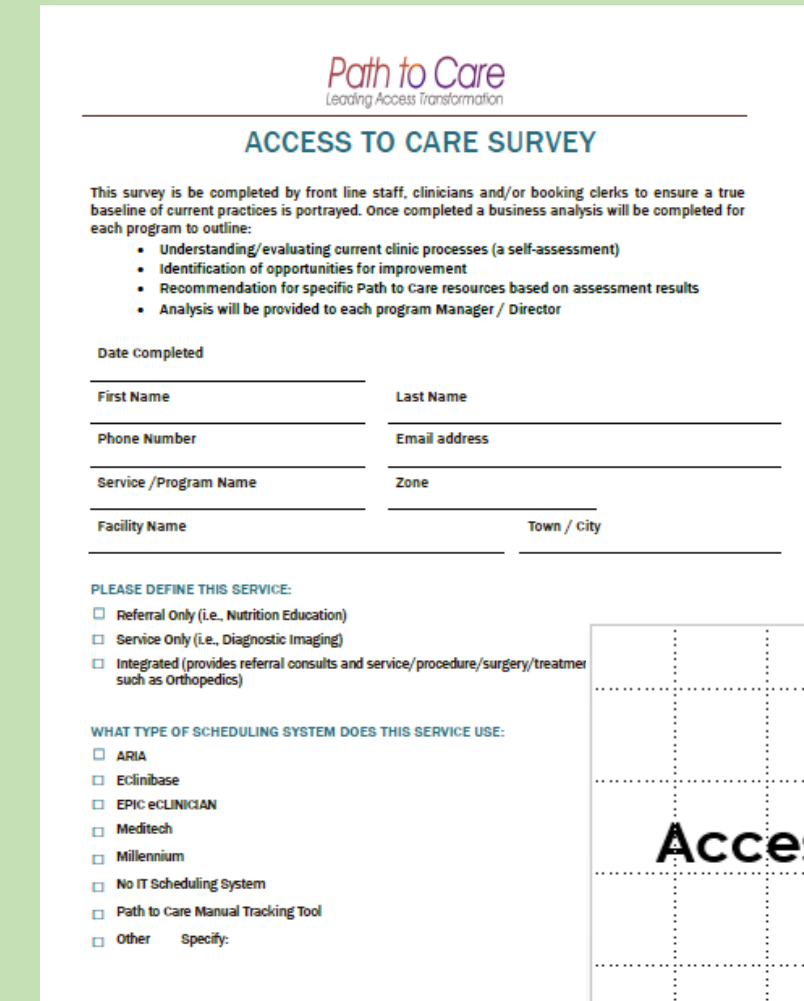
**Improvement Selection and Implementation Plan:**

Steps / Phases	Intervention
<b>Phase I October 2016 – August 2017</b>	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.
<b>Phase II - November 2016 – May 2017</b>	For each division completed an AAT and Current State mapping process. between ED and GIM physician-increases communication and collaboration
<b>Phase III March 2017 – April 2017</b>	Develop the Future State Map closing gaps by integrating existing IT and Path to Care Processes (standardized referral management / time stamps) Development of SOP's Development of Physician Triage Process <b>Determination of Key Performance Indicators (KPI's) for the divisions.</b>
<b>Phase IV- Reporting and Evaluation</b>	Work with IT system to build reports that further supports standardized referral processes by the users.

**1. Audit Process involved – Update Presentation on the standards within the AHS and CPSA Referral Policies**

**2. Within the presentation the Access to Care Audit Tool is administered with all frontline staff managing referrals.**

**3. Data was collected within an online survey tool – data was exported and presented to frontline staff, Access Partnership Working Group, DoM leadership teams**



Action Plan developed to address final steps in the standard process for the DoM.

The Access to Care survey tool will be repeated throughout the implementation to trend successes.

The rollout of Connect Care November 2019 mirrors this business flow process

Path to Care will engage the DoM in optimization and sustainability after the rollout of Connect Care.

**Implementation Phases and Deliverables**

- Phase One: Connect Care Readiness**
  - Core Path to Care Standards
  - Referral guidelines by reason for referral
  - Communication targets
  - Missed appointment guidelines
  - ARD and IA Profile
  - Utilize Path to Care standard wait list in scheduling decision process
  - Access targets (progression)
  - Standardized Path to Care data capture
- Phase Two: Optimization**
  - Core standards review, and reinforcement
  - Full implementation of referral, wait list, and wait time standards
- Phase Three: Sustainability**
  - Access management dashboards and continuous quality improvement



**Lessons Learned:**

- Understanding the complexity of those impacted by this project.
- 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)
- Physician Leadership – they were accountable, respected and held to timelines and collaborated as a department of medicine not a division within the department.
- Awareness of the projects happening in the larger organization that may affect timelines and implementation for the project.
- Strong emphasis on the “Why” for the work to create value and buy-in.

“This work is Revolutionary” (SCIC Physician)

ACT TO IMPROVE

SUSTAIN RESULTS

SHARE LEARNING



Steps / Phases	Intervention
<u>Phase I October 2016 – August 2017</u>	<ul style="list-style-type: none"> <li>○ 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.</li> </ul>
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<u>Phase IV- Reporting and Evaluation</u>	<ul style="list-style-type: none"> <li>○ Work with IT system to build reports that further supports standardized referral processes by the users.</li> </ul>
<u>Phase V – September 2019</u>	<ul style="list-style-type: none"> <li>○ Further work with ConnectCare to support central triage and intake</li> <li>○ Beta testers for new system development and new standards / processes for central intake</li> </ul>