

# Development of a Standardized Referral Pathway to Link Refugee Patients with General Internal Medicine Specialists

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## Background

There is a lack of standardized specialty referral pathway for newly arrived refugee patients within the Edmonton, Alberta, Canada Health Zone. In the Edmonton Zone, newly arrived Government-Assisted Refugee (GAR) patients undergo initial health screening at the East Edmonton Health Centre (EEHC) within one week of arrival. This includes primary care assessment and referrals to specialists as indicated.

The lack of a standard referral pathway has resulted in variance in clinician and patient communication with potential gaps in patient care. The gaps include unaddressed referral questions, inaccurate or incomplete clinical information, misunderstandings in patient instructions for management plans and follow-up. This is further exacerbated by language barriers between the patient and provider, whereby inconsistent usage of gold-standard Medical Interpretation Services (MIS) has the potential to result in missed or delayed diagnoses, management and follow up plans.

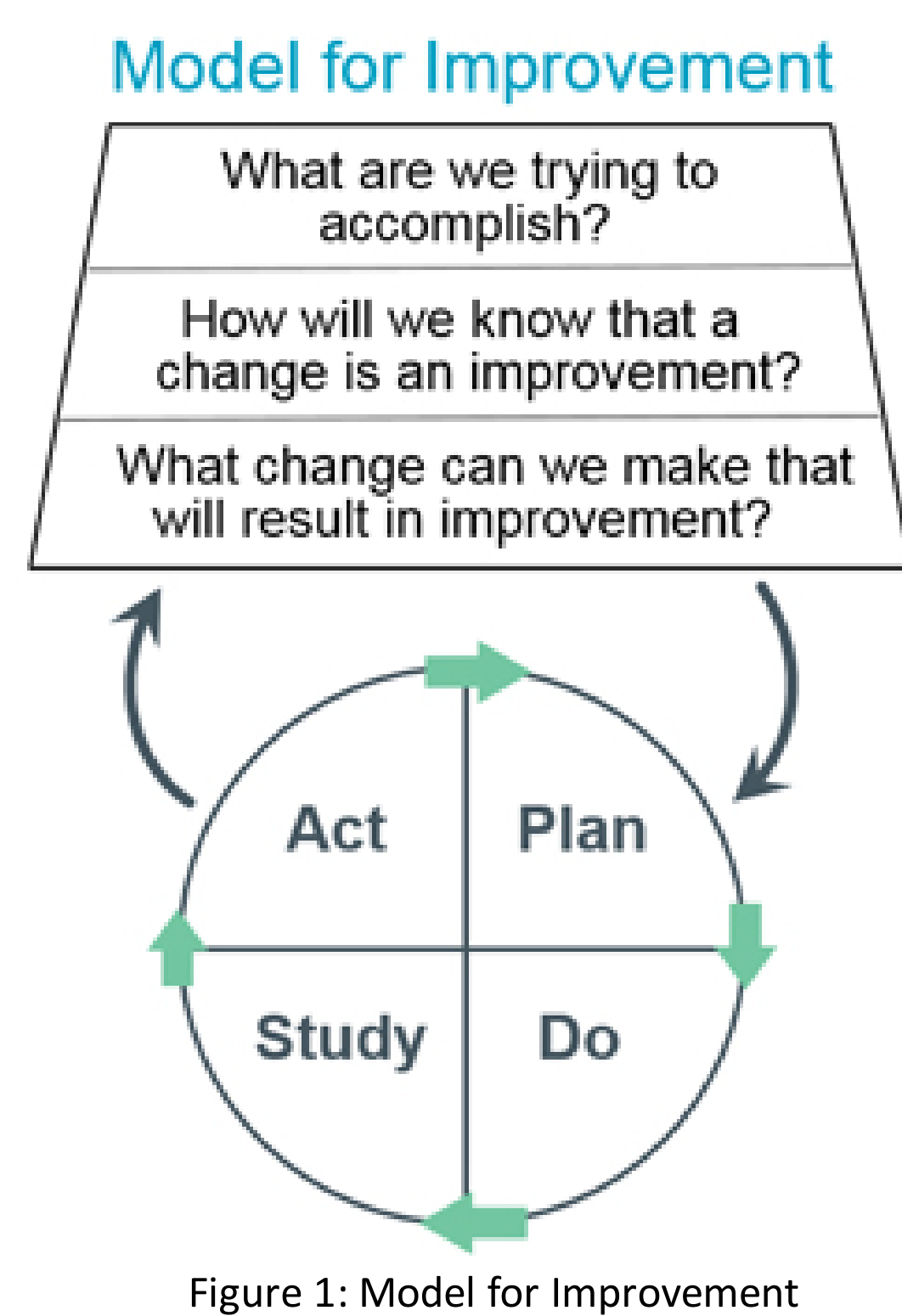
The aim of our project is to create a standardized specialist referral pathway for newly arrived refugee patients in order to improve patient care through accurate clinician assessment and patient communication.

## Aim

By Dec 31<sup>st</sup>, 2020, we aim to implement the use of the standardized refugee referral pathway for General Internal Medicine (GIM).

## Method

- The Model for Improvement provided the quality improvement framework to support our project.
- The Donabedian conceptual evaluation framework guided the development of the study measurement approach to determine intervention effect by mapping out outcome, process and balancing measures.
- This project estimates the enactment of multiple PDSA (Plan, Do, Study, Act) cycles once the referral pathway is initiated.



## Process Assessment

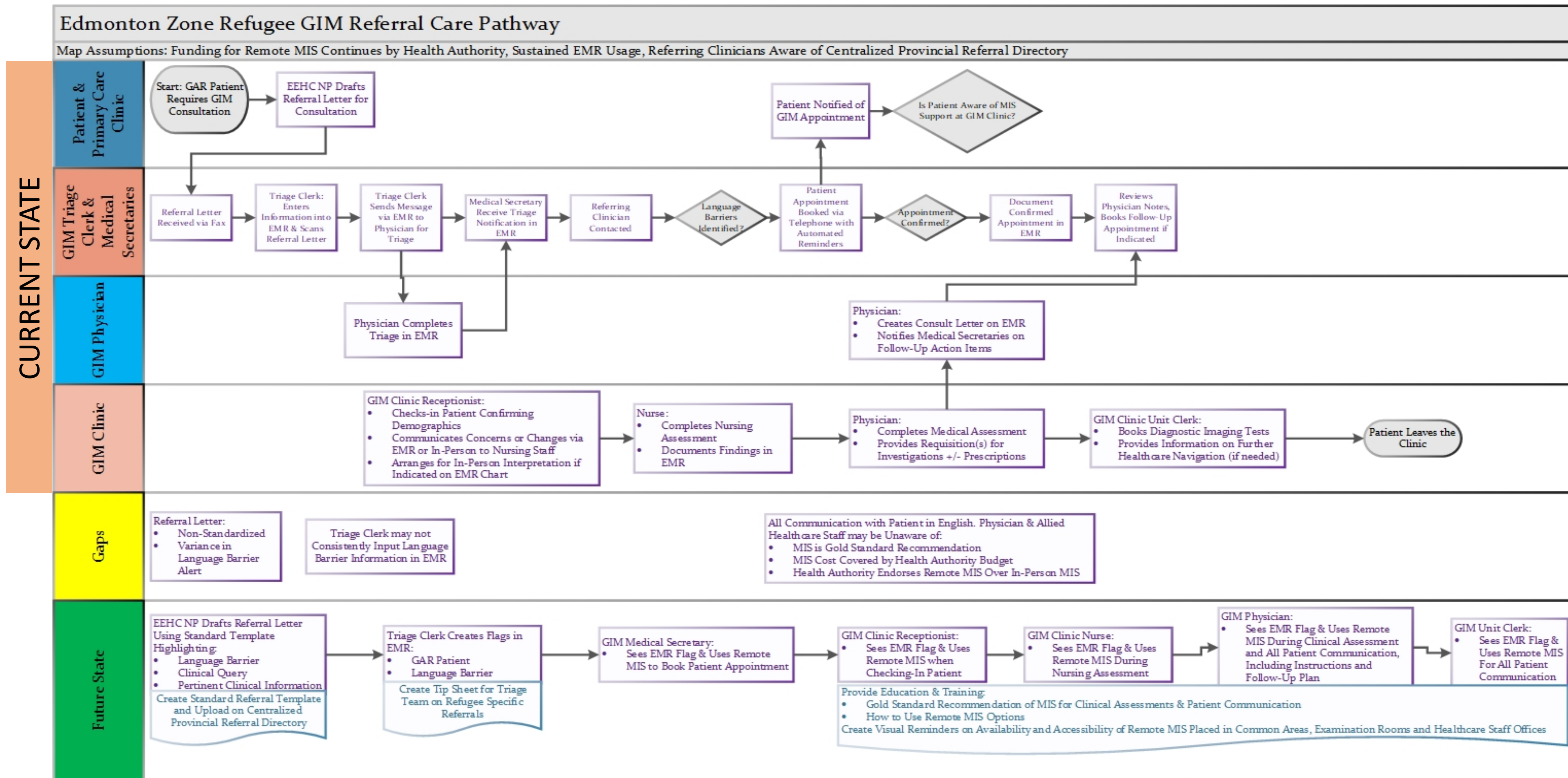
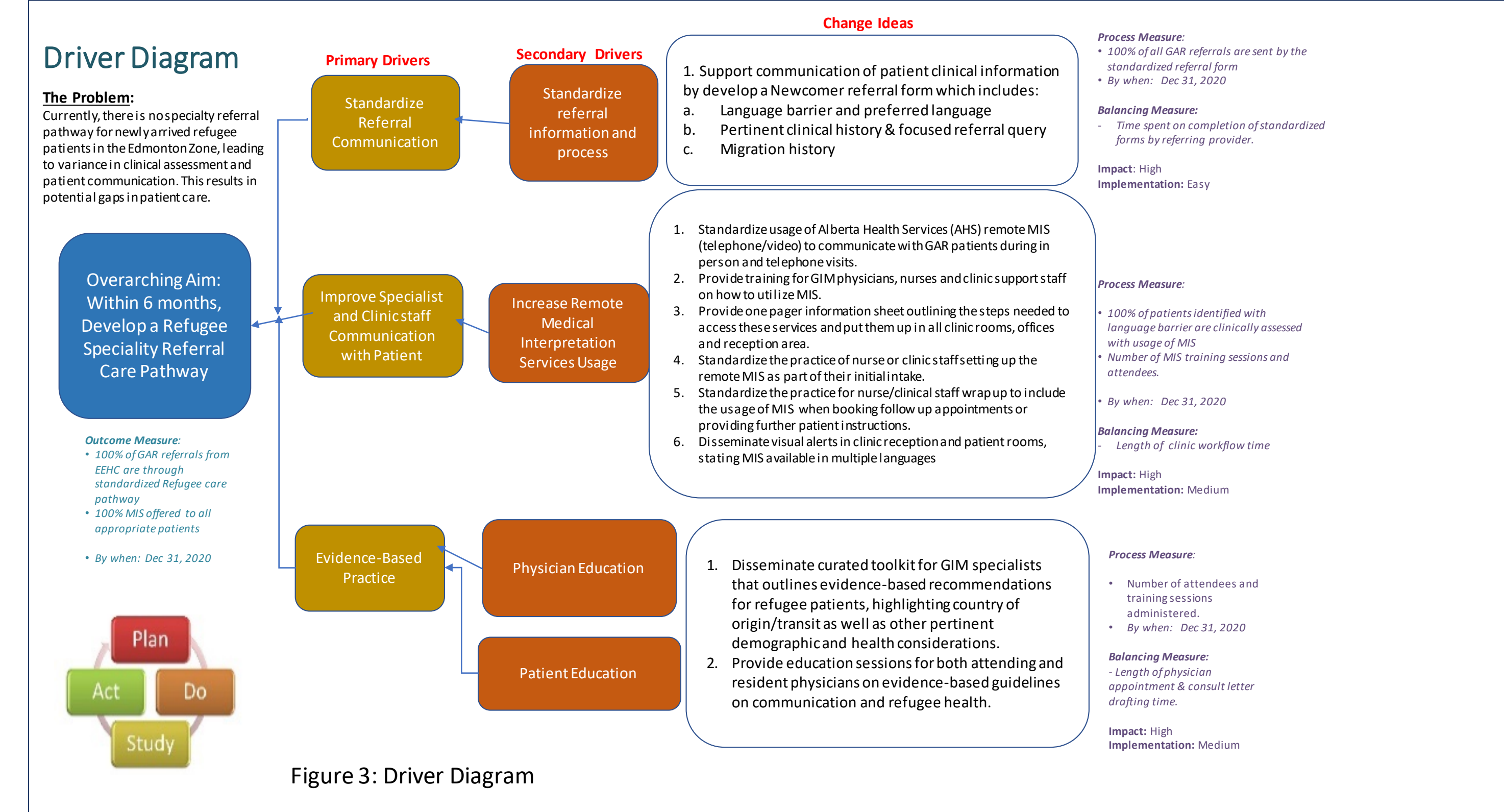


Figure 2: Process Maps Outlining the Current State of the Edmonton Zone GIM Referral Process for Newly Arrived GAR Patients, Identified Gaps, and Future State

## Root Cause Analysis



## Quality Improvement Steps

### PDSA 1 Standard Referral Form

- Language barrier and preferred language
- Focused referral query
- Pertinent clinical information
- Refugee status and migration history

### PDSA 2 MIS Activation Process

- Ensure MIS utilized at each point of patient journey: appointment booking, GIM clinic reception check-in, nursing assessment, physician assessment, follow-up calls
- EMR utilized as part of alert system flagging GAR patients with language barriers and associated reminder to utilize MIS
- Visual alerts to generate awareness and serve as reminders to utilize MIS when indicated: posters for MIS in reception, waiting area, clinic rooms and physician offices

### PDSA 3 GIM Toolkit for Refugee Healthcare

- Develop & present recommendations for GIM physicians and trainees that incorporate evidence-based checklist of major considerations for refugee patients

## QI Matters

By creating a standardized referral pathway, we hope to streamline communication between patients and providers in order to improve patient safety and develop a patient-centered approach to care for newly arrived refugee patients. Through our project, we aim to create a sustainable framework that may be reproduced and scaled to other regions and departments. In times of increasing global migration, it is critical to develop an evidence-based and improvement focused approach to refugee healthcare.

## Change Management

- Meetings held with stakeholders involved in GAR healthcare: EEHC healthcare providers and support staff; GIM specialists, allied health and support staff; and provincial health authority lead and site specific team for MIS
- Approached stakeholders to conduct environment scan and to create a process map between Feb 12, 2020 to March 30, 2020. This QI tool identified challenges, gaps and potential interventions.

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