

Date: 28/5/2019

QUALITY IMPROVEMENT PROJECT COMPLETION DOCUMENT

Please include the PROJECT CHARTER and PROJECT UPDATES with submission of this document

IMPACT

Describe the EVALUATION of the outcomes of the project as they relate to the project's aim and deliverables.

Transfer of care is one of the highest risk periods in patient care. As such, it is important that there is a formalized transfer process utilized for potentially sick patients being sent from PMH to the TGH ED. The goal of this QI project was to help improve collaboration and optimization of this process. Over the past few months, a paper handover tool was developed and implemented in multiple PMH clinics. The tool was to be completed by the referring physician at PMH and have it accompany the patients who are sent to the TGH ED. The tool highlighted three main criteria for a referral to the ED, contact information of the referrer, a clinical question, and a patient disposition or service required. The transfer document was first implemented on March 14th, 2019 and data collection is on-going.

For this project we focused on compliance with our transfer document as our primary outcome. The outcome was measured and continues to be measured through an on-going chart audit of patients with same day visits in the Princess Margaret Hospital (PMH) and Toronto General Hospital (ED). This data was provided through the decision support service at TGH hospital.

In the 1 month prior to the initiation of our project an audit showed 8 patient transfers from the genitourinary clinics and the gynecology clinic to the TGH ED. Only 5 of those 8 had any kind of handover documentation, of which 5 had a clinical question, 4 had a comment on disposition, and only 1 had listed any contact information on the referral.

In the first month after the project was started, there were 9 referrals to TGH ED from the participating clinics. Only 3 of those referrals used the transfer document. 5 used an alternative handover document or note, and 1 provided no handover. 7 of 9 had a clinical question written, 8 of 9 had a comment on disposition, and 4 of 9 included the contact information of the referrer.

The process measures for the project include number of clinics participating, which is presently 2 and pending the addition of the gastrointestinal clinic. The balance measures stated in the charter are presently pending analysis.

MILESTONES

Describe the various MILESTONES delineated in your project charter and when/how they were achieved.

Start:

The project was proposed and a literature review was completed by member CY. Key stakeholders were engaged at PMH and feedback was gathered about the need for such a project. Process

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mapping was completed to understand how patients are transferred to TGH ED. **Completed November 2018.**

Key stakeholders at PMH clinics were identified, and individual clinics were recruited to provide feedback for creation of a transfer document. **Completed December 2019.**

Implementation

A transfer document was created and approved by the key stakeholders at TGH and PMH. The document was introduced to the TGH staff at QI working groups and the TGH business meeting. PMH clinics had the document introduced by their nurse manager IY. **Completed February 2019.**

The transfer document was initiated in the gynecology and Genitourinary (GU) PMH clinics.

Completed March 2019.

The first chart audit was completed measuring the implementation of the transfer tool. **Completed May 2019.**

Completion

Complete analysis of the entire project – On-going, to be completed by June 30th, 2019.

Update with leadership group – to be completed on an on-going basis until June 30th, 2019.

Plan for sustainability – discussion with UHN and PMH representatives about future status of transfer documents – to be completed by June 30th, 2019

LESSONS

Describe the LESSONS, individual or organizational, learned through this project.

Organizational

- The structure of admission at PMH makes the TGH ED a middle man in the process of caring for patients.
- There is a localized culture for transfer and procedures in each of the different PMH clinics. This variability makes standardizing handover very difficult
- Initiating a new protocol is difficult due to minimal clinician contact and therefore limited opportunities to discuss process changes with clinicians as a group.

Individual

- Searching out a top-down approach of initiating the transfer tool may have increased uptake of the document.
- Searching out a unanimous consensus on process changes is almost impossible due to carrying interests and difference in prioritizations of patient issues
- The most effective strategy for engagement was simplification of the process at every level.

RECOMMENDATIONS

Describe the IMPLICATIONS of this project for patient care or for future projects.

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In keeping with the findings from this project, we can recommend the following:

- The transfer document created should continue to be used in the surgical specialty clinics, and this document or a similar document yielding the same information should be implemented in the rest of the PMH clinics (save the thromboembolism clinic, who already have a protocol for ED referrals).
- For handover to the ED emphasis should continue to be placed on the contact information from the referrer, a clinical question, and likely disposition of the patient.
- Investigations should be made about the creation of patient information documents to explain the transfer and a feedback mechanism from the TGH ED back to the PMH clinics

DISSEMINATION

Describe the completed or planned steps for DISSEMINATION of this project's findings (e.g., presentations, posters, manuscripts, etc).

The findings from our project will be disseminated with conference posters/presentations at the UHN QI day and through feedback to the clinics at PMH.