

**Date: 22/12/15**

## **QUALITY IMPROVEMENT PROJECT CHARTER**

### **PROBLEM AND BACKGROUND**

*What is the core quality issue that you are trying to improve, and what are the factors involved?*

Currently the TWH ED uses a fax based system to send referrals to the various UHN clinics that serve us. This system is no longer robust enough to ensure the privacy and accuracy that our patient's medical information requires. The department on a daily basis deals with call-backs from both patients and clinics reporting incomplete or not sent faxes that require the time consuming task of pulling charts and re-faxing them, sometimes several times depending on the quality of the fax machine on the other end.

### **RATIONALE AND BENEFITS**

*Why is this an important problem to tackle, and what are the expected benefits?*

This is currently negatively affecting patient outcomes as opportunities for clinical appointments are missed and patient frustration may drive them away for seeking the timely help that they need. As well the security of faxes are questionable as this institution is looking to put patient privacy to the fore front. Emails are 128-bit password protected ensuring patient privacy and the quality is magnitudes better than the fax based system. Additionally it is much easier to confirm if an email has been sent and received, and the clinic can print off as many copies of the referral as needed without any degradation of the quality.

### **AIM STATEMENT AND DELIVERABLES**

*What are the goal and objectives of this project?*

The goal of this project is to convert the top UHN clinics that the TWH ED refers patients to an email based system. This requires the buy-in of the managers and clerical staff of these clinics as well as the establishment of unique, UHN-based email addresses for these clinics to receive these referrals. Also this project will establish basic templates for clinics to modify to their unique needs in retrieval and handling of referrals and a specific template for the ED on sending referrals within the new email based environment.

### **SCOPE**

*What are the things (people, tasks, processes) that this project WILL and WILL NOT touch on?*

This project will touch upon the method in which referrals are sent and the people who send and handle these referrals. This will include the managers of the clinics, who will have to approve the creation of new email addresses, SIMS to create those accounts, and the administrative staff at both the ED and the clinics to follow and modify the guidelines created by this project to handle the referrals. This project will not change the referral sheets themselves, the way in which clinics contact patients or the way in which clinics triage the referrals that they receive.

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### **MEASURES**

*What are the outcome, process and balancing measures that you are planning on looking at?*

I have collected data for the months of November and December 2015 in patient and clinical call backs to the ED. We are looking at a reduction in the number of these call backs and will be measuring them when this project goes live. The process for the ED to send these new referrals will mirror the current process used to send referrals to the TAMS Stroke Clinic as they already operate with an email based referral; this will provide the template for both the clerks in the ED and on the receiving end with the clinics.

### **CHANGE IDEAS**

*What are you going to be attempting or changing, if already known?*

This project will change the way in which referrals are sent and received, bringing the UHN into line with modern practices and allowing for the optional reduction in the use of paper.

### **PROJECT LEADER, TEAM MEMBERS AND RESPONSIBILITIES**

*Who is the point person accountable for the project's progression, who are the other members, who will do what?*

The team lead will be solely Giancarlo Irwin, Ward Clerk for the TWH ED. He is responsible for all facets of this proposal; from inception to implementation.

### **RESOURCES**

*What resources will you require – human, financial, equipment, authorizations and permissions, etc?*

The only resources needed are the authorization to contact managers of the top UHN clinics with this proposal. The cost of the email addresses will be borne by the cooperating clinics at a cost of \$13/month from SIMS for a basic email account.

### **TIMELINES AND MILESTONES**

*When do you anticipate STARTING to work on this project, IMPLEMENTING this project, and COMPLETING it?*

Work has already started on the project; with the help of the other clerks I have captured a somewhat incomplete but still compelling picture of the state of the current referral system in respect to patient and clinical call backs. There has been 15 recorded instances of clinical/patient call backs between the months of Sept-Nov 2015. Given the less than optimal participation in recording these events I estimate about two to three times more is closer to the actual number.

A flowchart template has been created for both the clerks of the ED and the clinics to handle the new referral system. The next step is to gain approval to contact the various managers of the clinics through this proposal. Then a proposal geared towards these managers will be created to pitch the idea of the new referral process; highlighting both the positive aspects of such a move and outlining the logistical steps such as the cost of setting up an email with SIMS. Attached is a non-comprehensive list of the top UHN clinics to approach.