Project name: ED CLINICAL REFERRAL PROCESS UPGRADE

University Health Network
Emergency Department

Date of Update: 07/04/16

QUALITY IMPROVEMENT
PROJECT UPDATE DOCUMENT

UPDATES ON SCOPE, TIMELINES OR DELIVERABLES

Provide any updates, as necessary, on the initial Project Charter regarding any relevant information.

- MISTREAM Clinic has collaborated and provided a new referral form that included an email address option
- Upcoming meeting with manager of Fracture Clinic to speak on their overhaul of referral process
- MISTREAM Clinic has reported that the new process is more convenient

MEASUREMENTS TO DATE

What were the baseline measurements that were collected for this project (quantitative or qualitative)? Have there been repeated measurements since? How are those going to affect the project going forward?

The baseline measurements were somewhat skewed by less than optimal participation by ED clerk staff in recording clinical call backs. However it was estimated from what data was captured that approx. 30-45 clinical call backs occur monthly. As there will be similar difficulties in obtaining metrics going forward success will be defined by the feedback from the clinics themselves in implementing the new referral process. Measured by this metric the project so far is a success with the MISTREAM Clinic reporting a more convenient referral process.

OPTIONS AND IDEAS CONSIDERED

What were the different options and ideas that the team discussed, and briefly why were they not pursued?

No other options were pursued as it is a binary option for clinics in respect to the referral upgrade, either a clinic can participate or not.

CHANGES ATTEMPTED AND IMPLEMENTED

What are the actions that the team decided to focus on to improve quality?

Clear and precise communication to the clinic is the biggest priority – meetings with decision makers (managers) are difficult to obtain and first impressions are key; have to clearly lay out advantages, minimal cost and change in protocol for admin staff to carry out.

PDSA CYCLES

Up to this point, what are the things (if any) that have been tried and implemented, and what have been the results or measurements done?

The MISTREAM Clinic has agreed to be an early adopter and changed their referral form to include their main email address. After approx. 2 months we implemented a change to only have the email address on the referral, allowing the ED ward clerks some time to acclimatize to the change. The MISTREAM Clinic admin staff reported that the referrals from TWED were easier to track and handle.

LESSONS OR MAJOR ISSUES

What are the take-home points that you learned from your experience and that could help others in their QI projects?

- Clear communication of goals and outcomes of proposal to selected clinics leads to positive outcomes.
- In providing ED clerks with the option to fax or email most will revert to faxing out of familiarity; therefore this must be a binary decision by the clinic in how they would like to receive referrals from the TWED

SUSTAINING AND SPREADING THIS PROJECT

How will you ensure that this project continues to be successful going forward? If you believe that others would benefit from this knowledge or who could implement a similar intervention elsewhere, how do you plan on spreading your idea?

In sustaining this project I am completing a project update form to log my current progress; as well I will be meeting with the Fracture Clinic manager to speak about their experience in overhauling their referral process which included a switch to email.

The MISTREAM Clinic has agreed in principle to be a "model clinic" in future presentations to clinics on the referral upgrade process; this positive reinforcement from an early adopter should help increase buy-in from other clinics.