

Date: November 2015

QUALITY IMPROVEMENT PROJECT CHARTER

PROBLEM AND BACKGROUND

There are over 200 outpatient clinics at/associated with UHN. Emergency patients are routinely referred to only a few of these clinics. In a chart audit of 100 charts, with clinic referrals for follow up, only 12 clinics received more than 1 referral and only 6 clinics received more than 5 referrals (these 6 clinics got 70% of referrals).

ER visits are stressful and confusing for patients and their family members making it difficult to understand and remember discharge instructions. Discharge and follow up instructions vary between health care providers creating inconsistent expectations.

Anecdotally I have had at least two patients, in the past year, return to the ER having been lost to follow up, 1 patient returned 9 months later still having not been contacted and not knowing how to make contact himself.

RATIONALE AND BENEFITS

Consistency and accountability- patients are provided with consistent instructions from every provider in our department they are given accurate information they can reference at a later date and they are given a means of following up with either the ED or the clinic to ensure they do not get lost to follow up.

If a referral is not received/patient not contacted the patient now has means to make contact him/herself with the clinic or the ED to follow up on missing referrals.

Locations of clinics are provided and a map of hospital/clinic locations so patients can plan travel/transportation and have a sense of independence and control ie. they don't have to remember to ask extra questions when they are contacted by the clinic and can simply confirm the information they already have.

AIM STATEMENT AND DELIVERABLES

To provide consistent discharge planning and instructions for patients requiring outpatient clinic follow up as well as creating accountability for follow up by providing patients with both the ER and clinic contact information. Location information can foster a sense of independence and control in a stressful and confusing situation.

Given the constraints of technology at UHN a printable form that covers a significant proportion of outpatient referrals could be beneficial to both patients and providers.

SCOPE

Most frequently used outpatient clinics referred to by the ED.

MEASURES

Survey staff 6 months post implementation, to assess usefulness, ease of use and level of uptake amongst staff

CHANGE IDEAS

Create 1 form for patients to easily reference to confirm clinic location and for accurate follow up information in order to create consistency in discharge planning and to ensure timely follow up.

PROJECT LEADER, TEAM MEMBERS AND RESPONSIBILITIES

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Shared project; equally contributed work.

RESOURCES

Chart Audit from 2014: for clinics and number of clinic referrals.

Project name: Outpatient Clinic Information Form

**University Health Network
Emergency Department**

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Patient Relations: patient perspective on failures of discharge instructions/follow up information for patients.

Outpatient Clinic Managers: feedback on accuracy and appropriateness of information.

QI Committee: feedback on edits and formatting of document.

TIMELINES AND MILESTONES

Oct 2015: Idea presented to QI leaders to gauge feasibility

Oct/Nov: Chart audit reviewed and clinic list compiled, clinic information obtained

Dec 2015: First drafts and edits reviewed by QI leadership

Jan 2016: Revisions and edits

Feb 2016: Form presented to QI committee, further edits/revisions

Mar 2016: information confirmed with outpatient clinic managers, patient relations contacted for feedback

Edits incorporated as per suggestions, final edits

Final review by QI leadership

Apr 2016: Planned implementation and Project Presentation to stakeholders

Oct/Nov 2016: Survey to evaluate use of document by HCPs