



Guelph Family
Health Team

Emergency Department Visits

Identification process and strategies to reallocate demand to primary care

AFHTO

October 26, 2011

Goals for today

- Show how our current Emergency Department (ED) visit reporting to Family Physicians can be enhanced with better data collection and presentation
- Highlight some of the challenges to reallocating ED visits to a Family Health Team Practice

Community Triage and Acuity Scale (CTAS) Project Overview

FHT patients are going to the ED department for non acute care problems.

Proposition:

If we know more about ED visits we can recommend solutions to reduce them.

Goal:

WWLHIN goal of a 10% reduction in CTAS 4 & 5 visits.

What is CTAS?

CANADIAN TRIAGE AND ACUITY SCALE (CTAS) NATIONAL GUIDELINES

CTAS Level 1 - Patients need to be seen by a physician immediately 98% of the time.

CTAS Level 2 - Patients need to be seen by a physician within 15 minutes 95% of the time.

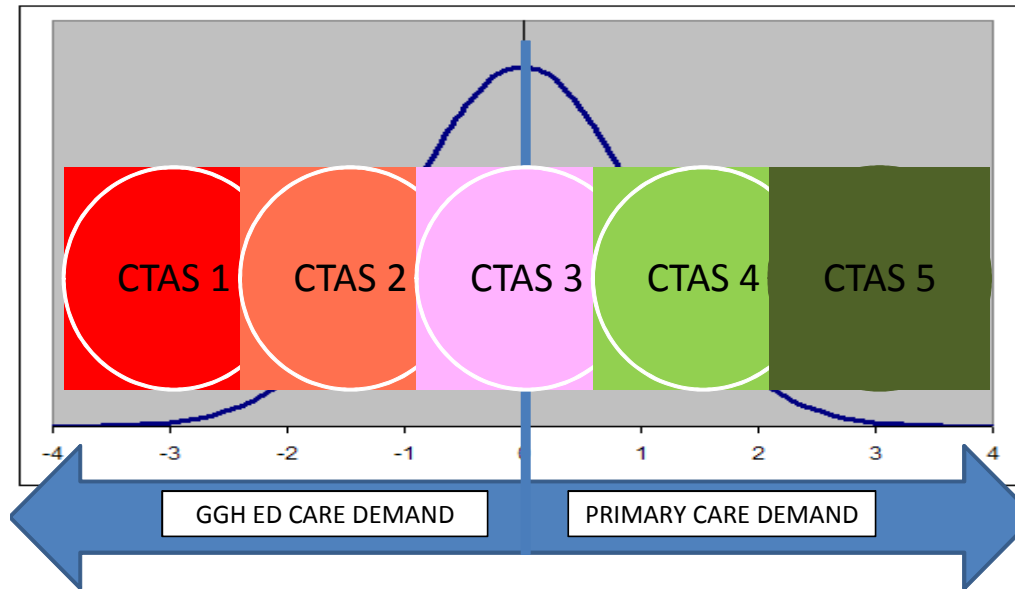
CTAS Level 3 - Patients need to be seen by a physician within 30 minutes 90% of the time.

CTAS Level 4 - Patients need to be seen by a physician within 60 minutes 85% of the time.

CTAS Level 5 - Patients need to be seen by a physician within 120 minutes 80 % of the time.

The current average patient time in Guelph General Hospital (GGH) ED is 240 minutes

ED Visits: A Supply/Demand Allocation?



There is strong agreement some of an ED demand does not require the resources of an acute care system.

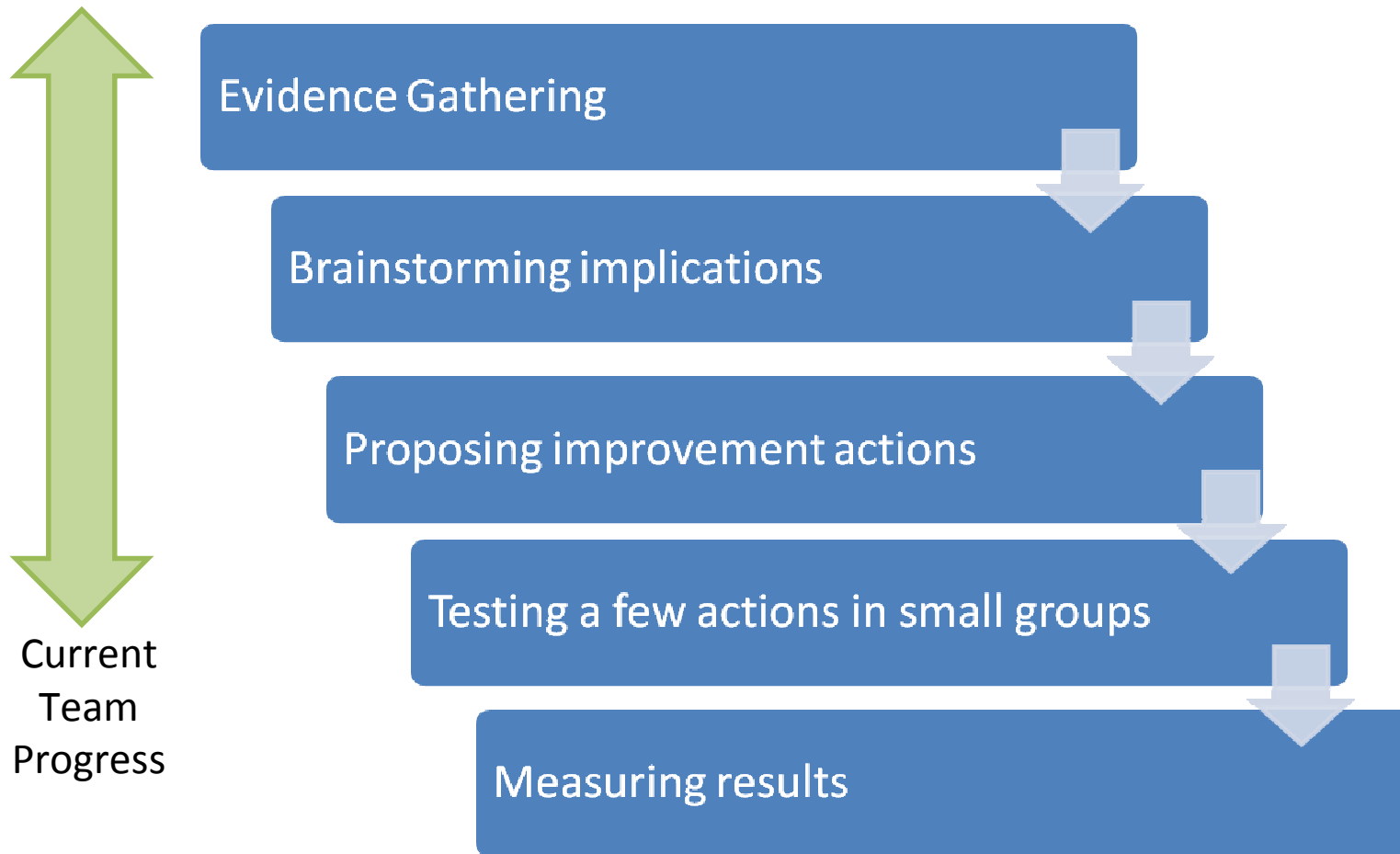
However the alternatives are not a well-defined.

Allocating or reducing some of the current demand will require testing suggestions.

Proposing useful suggestions requires detailed evidence of ED visits

Guelph FHT CTAS team & tasks

Project Team: Dr. Aaron Smith, Dr. Ian Digby Dr. David Schieck, Ross Kirkconnell, Kirk Miller



Project Clinical Participants

Dawson Road Family Medical Clinic



Stone Road Family Medical Clinic



Guelph General Hospital



EMR ED DATA

Primary care EMRs and ED information

- ED discharge or visit information is sent to each chart
- Capability to mine and aggregate this data is very low for most EMRs

How Hospital ED visits are recorded today in an EMR

| | | | |
|-----------------------------------|----------|--------------|---|
| adopted | | | schizophrenia, OCD, learning disability, malabsorption, eczema |
| | | | lithium carbonate 900 mg po qhs lorazepam 1 mg po qhs risperidone 1 mg po qam, 4 mg po qhs |
| Erythromycin | Adacel | Mar 29, 2004 | dependant |
| Penicillins | flu shot | Dec 8, 2010 | immigrated from Phillipines 1991 ACT Team 519-767-3575 ext 2633, Vikki Madden OT primary clinician |
| smoking cessation 82.25 | | | current smoker 1 pack weekly since age 12, only smokes what he is able to find occasional alcohol consumption previous recreational drug use: marijuana ... |
| MMR [cat: h-up program candidate] | | | |

evidence of sludge or gallstones.

The common bile duct is of normal caliber, measures 3 mm in maximum diameter.

Pancreas and major abdominal vessels are within normal limits.

Both kidneys identified and of normal size and configuration. There is no evidence of space-occupying lesion, calcification or dilatation of the pelvicalceal system.

CONCLUSION: Normal abdominal ultrasound.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 26/07/2011 **
Reported By: M. PATEL, M.D., F.R.C.P. (C)

CC: F. Hafuth MD, D. Schieck MD

| | | |
|--|--|--------|
| Aug 3, 2011 ☀ | Emergency Physician / Emergency Medicine | DOS/ak |
| Received: Aug 5, 2011 | | |
| Guelph General Hospital Dr. Sahay, CTAS 3 | | |
| Aug 16, 2011 ☀ | Emergency Physician / Emergency Medicine | DOS/gm |
| Received: Aug 18, 2011 | | |
| Guelph General Hospital Dr. Digby, CTAS 2 | | |
| Aug 17, 2011 ☀ | Emergency Physician / Emergency Medicine | DOS/gm |
| Received: Aug 19, 2011 | | |
| Guelph General Hospital LWBS, CTAS 2 | | |
| Aug 24, 2011 ☀ | Emergency Physician / Emergency Medicine | DOS/ak |
| Received: Aug 26, 2011 | | |
| Guelph General Hospital Dr. Buecker, CTAS 2 | | |
| Aug 28, 2011 ☀ | Emergency Physician / Emergency Medicine | DOS/ak |
| Received: Aug 30, 2011 | | |
| Guelph General Hospital Dr. Doell, CTAS 3 | | |
| Sep 12, 2011 ☀ | Emergency Physician / Emergency Medicine | DOS/ak |
| Received: Sep 14, 2011 | | |
| Guelph General Hospital Dr. Sahay, CTAS 4 | | |
| Sep 21, 2011 ☀ | Emergency Physician / Emergency Medicine | DOS/ak |
| Received: Sep 23, 2011 | | |
| Guelph General Hospital LWBS, CTAS 5 | | |

Prev KDM Msg KDM: 1 message Next KDM Msg

Reviewable reports in the EMR provide FP with capability to assist patient

GUELPH GENERAL HOSPITAL

Adult Emergency Triage Record

Immunizations
 UTD
 Outdated
 WSIB

EMS CTAS Code 1 2 3 4 5 C-collar backboard splint

T. P. R. BP. O2 sat. O2 use

Method of arrival
 Carried Ambulatory
 Ambulance Police Wheelchair
 Accompanied by:

Pre-hospital Care:

Initial vital signs
 T 36.3 HR 99 RR 16 O2 Sat 98 BP Rt 111/69 BP Lt 111/69 Cap refill < 2 sec (3 delayed) MOI High Low Scheduled visit

EDIS Complaint: **Insomnia** - 1 yr new meds.
 Triage Assessment: - Thanks he's taking his many meds. They are making him sleep all the time.
 - He woke at work today and said he couldn't think properly. Had no movement at times.
 - He had headaches/dizziness. Muscle cramping.
 - Recent mood changes made by psychiatrist. Doctor was what he is taking.
 Patient advised to return to triage if condition worsens or they have any concerns

Skin Colour
 Within normal limits
 Pale Cyanotic
 Jaundiced
 Flushed
 Other

Skin Temp
 Within normal limits
 Warm
 Cool
 Diaphoretic
 Mucous membranes moist dry

Level of Consciousness
 Alert and oriented
 Confused Anxious
 Agitated Un-cooperative Combative
 Hallucinating
 Crying
 LOC x mins

Pain Scale 0 1 2 3 4 5 6 7 8 9 10
 Peripheral Central Acute Chronic
 NA Patient doesn't understand P/S

LMP: P G A
 Vag bleeding: # pads

Fast Medical History None Unknown
 Pulmonary
 Cardiac
 HTN Diabetes
 Smoker #/day Non smoker
 Other: **Schizophrenia disorder**

Present Medications None Unknown Meds with pt Drug
 Metformin Escitalopram last dose

Triage Interventions
 CBC mmo/L time:
 Tylenol mg @
 Other:

CTAS Level 1 2 3 4 5
 Signature of triage

Triage Reassessment
 Time T HR RR O2 sat% BP Initial

Comments:

GUELPH GENERAL HOSPITAL

Emergency Physician Record

Rm # Assessment time: 2:00 Td UTD outdated Wt/kg

History and Findings:
 c: sleep disturbance
 2 yr use of escitalopram
 decreased, followed
 by AET team meds
 lower capability.
 Pt
 takes 4 bottles daily
 always okay, then
 10:00 AM sleep at
 night. Some nausea, even
 2 days, 2 prior, has to
 be moved with psychiatric
 Dr. McCall, not seen.
 & hallucinations/pulsations
 or suicidal/homicidal
 ideation.
 A/E is 255, looks well
 for 253, no hygiene
 unknown

Diagnostic Imaging or Orders
 ER routine Troponin I
 CBC INR
 ESR PTT
 Lytes D-dimer
 Glucose CK
 BUN Urine dip
 Creat Urine HCG
 Amylase Urine R & M
 LFT's Urine C&S
 ETOH Drug screen
 ASA Serum HCG
 Tylenol Group/screen
 Osmolality X match
 ABG units
 B1 culture ECG

Reassessment Time: Dr.

Discharge instructions: Flu in AET in am, Dr. McCall.
 Pt felt safe to go home

Admit Refer to Time: Home CCAC
 LWBS LAMA LWT

Discharge Diagnosis:
 1. **insomnia**
 2. **with anxiety**
 3.

Billing Codes: 1187
 Disposition Time: 2:05

How is this information used in FP clinic?

- Immediate FP follow-ups
- Adjustment of medications
- Referrals to other FHT IHPs
- Referrals to Specialists or other HC agencies

Very effective for individual care but data cannot be easily aggregated for population or practice statistics

Digital Data Reports

GGH Digital Data

| | |
|---|--|
| Guelph General Hospital | |
| Guelph FHT Patient Documentation Access | |
| List of Available reports | |
| 1. Medical Transcription Reports | |
| 1 | CLINIC NOTE |
| 2 | CONSULTATION |
| 3 | DELIVERY NOTE |
| 4 | DISCHARGE SUMMARY |
| 5 | EXERCISE STRESS TEST |
| 6 | ORTHOPEDIC CLINIC |
| 7 | HISTORY & PHYSICAL |
| 8 | LETTER |
| 9 | PEDIATRIC MENTAL HEALTH CN |
| 10 | MINISTRY OF HEALTH |
| 11 | ONCOLOGY NOTE |
| 12 | OPERATIVE NOTE |
| 13 | PACEMAKER CLINIC |
| 14 | PAIN CLINIC |
| 15 | PROGRESS NOTE |
| 16 | PREOPERATIVE REPORT |
| 17 | SLEEP STUDY REPORT |
| 18 | MINISTRY OF TRANSPORT LETTER |
| 2. Radiology text reports | |
| 1 | MRI |
| 2 | CT |
| 3 | X-ray |
| 4 | Mammo |
| 5 | BMD |
| 6 | Echocardiography |
| 7 | Nuclear Medicine |
| 8 | Ultrasound |
| 9 | DI Endovascular |
| 10 | Vascular Laboratory |
| 3. Laboratory Reports | |
| 1 | Chemistry |
| 2 | Hematology |
| 3 | Bloodbank |
| 4 | Microbiology |
| 5 | Pathology. |

Guelph FHT

ED VISIT REPORT

| | |
|---------------------|----------------------------|
| Days in this report | 182.00 |
| Start Date | Monday, March 07, 2011 |
| Finish date | Sunday, September 04, 2011 |

| Physicians | CTAS COUNT All ED Visits in 182 Days | | | | | TOTAL VISITS | ED Visits adjusted # per month per 1000 Rostered Patients | Active Panel Size |
|---------------|---|---------------|---------------|---------------|--------------|-----------------|--|----------------------|
| | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | | | |
| Physician 1 | 1.00 | 40.00 | 67.00 | 67.00 | 5.00 | 180.00 | 24.60 | 1206.00 |
| Physician 2 | | 24.00 | 74.00 | 42.00 | 1.00 | 141.00 | 24.49 | 949.00 |
| Physician 3 | | 46.00 | 136.00 | 89.00 | 2.00 | 273.00 | 20.54 | 2191.00 |
| Physician 4 | | 36.00 | 99.00 | 82.00 | 6.00 | 223.00 | 17.01 | 2161.00 |
| Physician 5 | 1.00 | 34.00 | 99.00 | 65.00 | 6.00 | 205.00 | 18.96 | 1782.00 |
| Totals | 2.00 | 180.00 | 475.00 | 345.00 | 20.00 | 1022.00 | 20.32 | 8289.00 |

CTAS Summary information

| CTAS | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | Grand Total |
|--|-------|--------|--------|--------|-------|-------------|
| Total VISITS | 2.00 | 180.00 | 475.00 | 345.00 | 20.00 | 1022.00 |
| % of Total | 0% | 18% | 46% | 34% | 2% | 100% |
| ED Visits per month per 1000 Rostered Patients | 0.04 | 3.58 | 9.45 | 6.86 | 0.40 | 20.32 |
| Predicted Monthly GGH ED VISITS for all GFHT | 4 | 358 | 945 | 686 | 40 | 2,032 |
| Predicted Annual GGH ED VISITS for all GFHT | 47.73 | 4,295 | 11,335 | 8,233 | 477 | 24,388 |

Putting the data to work

Study Cycle

Information for decision support needs a presentation that FP and IHP can use to understand trends and opportunities to redirect patient ED demand

Better but not best...yet

Guelph FHT
GGH ED VISIT REPORT

| | | |
|------------------|-------------|--------------------|
| REDUCTION TARGET | 1.19 | Patients per Month |
|------------------|-------------|--------------------|

Physician 1

| VISIT DATA | | | | | | Total VISITS |
|------------|------|-------|-------|-------|------|--------------|
| CTAS | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 180 |
| VISITS | 1.00 | 40.00 | 67.00 | 67.00 | 5.00 | |
| % | 0.6% | 22.2% | 37.2% | 37.2% | 2.8% | |

| | | |
|-----------|----------------------|-----|
| A | OUTSIDE CLINIC HOURS | 93 |
| B | REGULAR CLINIC HOURS | 66 |
| C | AFTER HOURS CLINIC | 21 |
| Total ALL | | 180 |

| | |
|---------------------|----------|
| From | To |
| 3/7/2011 | 9/4/2011 |
| Days in this report | 182.00 |

| CTAS | Clinic Option | Multiple Count | PSS Family Doctor | Patient Name | Patient HCN | Patient HCN Province | Age | Sex | Source | Arrival Date | Arrival Time | CTAS | Reason for Visit | Arrived From | Ambulance ? | Complaint | Disposition |
|------|---------------|----------------|-------------------|----------------|-------------|----------------------|-------|-----|------------------------------|--------------|--------------|------|------------------------------|--------------|-------------|------------------------|-------------------------------|
| 5.00 | C | 2.00 | Physician 1 | Miller, Kirk | 123456789 | ON | 18.00 | M | HOME SELF/FAMILY/GUARDIAN | 20110627 | 1825 | 5.00 | UEP | WALK-IN | N | Upper Extremity Pain | ER PT DISCHARGED |
| 5.00 | C | 1.00 | Physician 1 | Miller, Peter | 123456789 | ON | 23.00 | M | HOME SELF/FAMILY/GUARDIAN | 20110328 | 1933 | 5.00 | MED RX | WALK-IN | N | Rx/Med Request | ER PT LEFT WITHOUT BEING SEEN |
| 5.00 | B | 1.00 | Physician 1 | Miller, Mary | 123456789 | ON | 38.00 | F | HOME SELF/FAMILY/GUARDIAN | 20110823 | 1645 | 5.00 | MINOR COMPLAINTS | WALK-IN | N | Minor Complaint NOS | ER PT DISCHARGED |
| 5.00 | B | 2.00 | Physician 1 | Miller, Joan | 123456789 | ON | 18.00 | F | HOME SELF/FAMILY/GUARDIAN | 20110802 | 1146 | 5.00 | MINOR COMPLAINTS UNSPECIFIED | WALK-IN | N | Minor Complaint NOS | ER PT DISCHARGED |
| 5.00 | A | 1.00 | Physician 1 | Miller, Craig | 123456789 | ON | 32.00 | M | HOME SELF/FAMILY/GUARDIAN | 20110627 | 47 | 5.00 | ALLERGIC REACTION | WALK-IN | N | Allergic Reaction | ER PT LEFT WITHOUT BEING SEEN |
| 4.00 | C | 1.00 | Physician 1 | Miller, Frank | 123456789 | ON | 26.00 | F | HOME SELF/FAMILY/GUARDIAN | 20110420 | 2027 | 4.00 | DIRECT CONSULT | WALK-IN | N | OB-GYN-Direct Referral | ER PT DISCHARGED |
| 4.00 | C | 1.00 | Physician 1 | Miller, Zoe | 123456789 | ON | 39.00 | M | HOME SELF/FAMILY/GUARDIAN | 20110504 | 1920 | 4.00 | HEAD INJURY | AMBULANCE | Y | Head Injury | ER PT DISCHARGED |
| 4.00 | C | 1.00 | Physician 1 | Miller, Janet | 123456789 | ON | 60.00 | M | HOME SELF/FAMILY/GUARDIAN | 20110715 | 1822 | 4.00 | LACERATION | WALK-IN | N | Laceration/Puncture | ER PT DISCHARGED |
| 4.00 | C | 1.00 | Physician 1 | Miller, Kirk | 123456789 | ON | 16.00 | F | HOME | 20110323 | 1912 | 4.00 | VAG BLEEDING | WALK-IN | N | Vaginal Bleeding | ER PT DISCHARGED |
| 4.00 | C | 1.00 | Physician 1 | Miller, George | 123456789 | ON | 33.00 | M | HOME SELF/FAMILY/GUARDIAN | 20110824 | 1726 | 4.00 | LOCALIZED REDNESS/SWELLING | WALK-IN | N | Local Swelling/Redness | ER PT DISCHARGED |
| 4.00 | C | 1.00 | Physician 1 | Miller, David | 123456789 | ON | 41.00 | F | HOME SELF/FAMILY/GUARDIAN | 20110603 | 1840 | 4.00 | LOWER EXTREMITY INJURY | WALK-IN | N | Lower Extremity Injury | ER PT DISCHARGED |
| 4.00 | C | 3.00 | Physician 1 | Miller, Jock | 123456789 | ON | 22.00 | F | HOME SELF/FAMILY/GUARDIAN | 20110424 | 1230 | 4.00 | LOWER EXT INJ | WALK-IN | N | Lower Extremity Injury | ER PT DISCHARGED |
| 4.00 | B | 1.00 | Physician 1 | Miller, James | 123456789 | ON | 18.00 | M | HOME SELF/FAMILY/GUARDIAN | 20110413 | 1142 | 4.00 | UPPER EXTREMITY INJURY | WALK-IN | N | Upper Extremity Injury | ER PT DISCHARGED |



What if I gave you this list...

Guelph FHT

GGH ED VISIT REPORT TOP 20

Prospects for CTAS 4 & 5 reduction

| | |
|--|------|
| MONTHLY PATIENT VISIT REDUCTION TARGET | 1.19 |
|--|------|

| CTAS | Clinic Option | Multiple Count | PSS Family Doctor | Patient Name | Arrival Date | Complaint | REVIEW NOTES |
|------|---------------|----------------|-------------------|-----------------|--------------|----------------------------|--------------|
| 5.00 | C | 2.00 | Physician 1 | Miller , Kirk | 20110627 | Upper Extremity Pain | |
| 5.00 | B | 2.00 | Physician 1 | Miller , Peter | 20110802 | Minor Complaint NOS | |
| 5.00 | C | 1.00 | Physician 1 | Miller , Mary | 20110328 | Rx/Med Request | |
| 5.00 | B | 1.00 | Physician 1 | Miller , Joan | 20110823 | Minor Complaint NOS | |
| 5.00 | A | 1.00 | Physician 1 | Miller , Craig | 20110627 | Allergic Reaction | |
| 4.00 | A | 5.00 | Physician 1 | Miller , Frank | 20110804 | CP (non cardiac features) | |
| 4.00 | A | 5.00 | Physician 1 | Miller , Zoe | 20110618 | Imaging Test-US Results | |
| 4.00 | A | 5.00 | Physician 1 | Miller , Janet | 20110808 | Back Pain | |
| 4.00 | A | 4.00 | Physician 1 | Miller , Kirk | 20110626 | Anxiety/Situational Crisis | |
| 4.00 | C | 3.00 | Physician 1 | Miller , George | 20110424 | Lower Extremity Injury | |
| 4.00 | B | 3.00 | Physician 1 | Miller , David | 20110727 | Nasal Congestion/Hay Fever | |
| 4.00 | A | 3.00 | Physician 1 | Miller , Jock | 20110731 | Shortness of Breath | |

What if I looked up the ED patients' EMRs...

Study Cycle

ED Frequent Users

| All CTAS VISITS | Major Medical History |
|-----------------|---|
| 20.00 | 23 M schizophrenia,OCD,learning disability |
| 8.00 | 81 F Chronic abdominal pain Chronic anxiety depression Mild COPD multiple co morbidities |
| 8.00 | 20 F no DX hisory of various ailments paticularly headaches |
| 6.00 | 51 Y Female Mood Disorder Psoriasis Tye 2 Diabetes CAD Sleep Apnea Bladder inbstability Asthma |
| 5.00 | 17 F ADD, Depression, Seeking Percocet Physchiatric referral |
| 5.00 | 32 F Chronic pain asthma depression |
| 5.00 | 42 M Substance Abuse, Diabetes Alcoholic Hepatitis, Anxiety attacks, depression |
| 5.00 | 16 F Smoker Muscular Dystophy Vaginal Bleed |
| 5.00 | 28 M Chronic back pain ocycocet injury |
| 5.00 | Misscariage investigation |
| 5.00 | 28 M Chroninc back and shoulder pain |
| 5.00 | 13 F foot injury worms in stool |
| 5.00 | 22 F Depression abdominal pain |
| 5.00 | 61 M Hypercholesterolemia BPH COPD Urinary infection, enlarged prostate, catheter |
| 4.00 | 23 F Migraine Bi polar, Substance abuse oxycontin, methoadone clinic,RAD, declined trellis services |

The process to combine the story of the patient history to ED real time data is unique

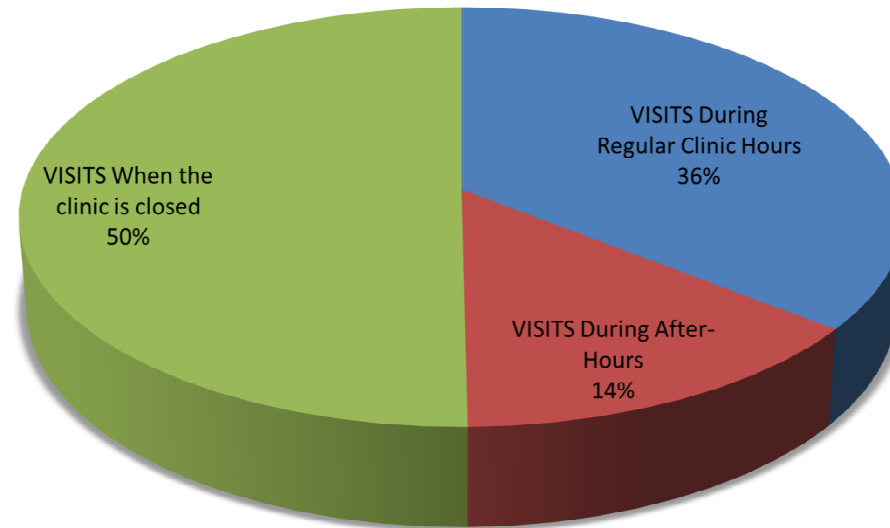
Future Work

Study Cycle

Patient Motivation



**CTAS VISITS
March to October 2011**



Half the Patients could have come to the clinic but choose not to

How could patient education improve these statistics?

Study Cycle

ED Frequent Users

| CTAS | Top 46 % by CTAS | All Visits % by CTAS |
|--------------------|---------------------|-------------------------|
| 1.00 | 0.00% | 0.20% |
| 2.00 | 23.65% | 17.61% |
| 3.00 | 49.26% | 46.48% |
| 4.00 | 26.60% | 33.76% |
| 5.00 | 0.49% | 1.96% |
| Grand Total | 100.00% | 100.00% |

15.1 % of all CTAS 4 & 5 Visits were made by 46 patients (6.3%)

Do frequent use present an opportunity to do more with less?

Study Cycle
System
Communications



JUL 13 2011

**Community Physician Emergency Referral Form
For All Patients Referred for ED Medical Assessment**

Please complete this form and fax with any pertinent test results,
ECGs and consult notes to: **519.837.6460**

Today's Date: Time:

Patient Last Name: First Name:

Gender Male Female Age in years:

Referral to ED Doctor or Specialist (name):
(all specialists require direct verbal consult request)

Patient is coming by Private Vehicle Ambulance

Reason for Referral (please be specific):

Current Medications
pat.Patient_Profile.RxMEDS/Treatments.current_meds

Referring Physician (please print):

OHIP Billing # Contact Tel:

To speak with an Emergency Department physician, call 519-837-6440 x 2210.

***Will improved communications raise confidence and process
change towards real shared care?***

Next Generation: Online FHTSTATS

WELCOME TO GUELPH FHT'S INFORMATION MANAGEMENT SYSTEM!

CURRENT EVENTS

04/25/2011 - Welcome to the new IMS! We've made changes to make the site look better and run faster. Please send any feedback to jason.taylor@guelphfht.com.

UPDATED CONTACT INFORMATION

Please email jason.taylor@guelphfht.com with any IMS related issues.

RECENT FHT ACTIVITY

Last 90 Days

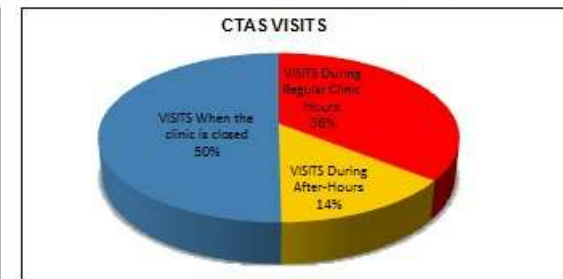
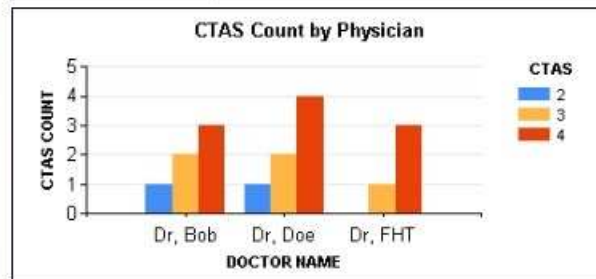
| Profession | Patients Seen |
|--------------------------------|---------------|
| Aging At Home | 120 |
| Diabetes Care Guelph | 645 |
| Dietitian | 467 |
| Foot Care Specialist | 223 |
| GetFHT | 185 |
| Health Promotion/Kinesiologist | 29 |
| Mental Health Counsellor | 876 |
| Nurse Practitioner | 3076 |
| PCNC | 976 |
| Pharmacist | 218 |
| Psychiatrist | 16 |



E.R. PRACTICE PROFILE

Report Generated For: Clinic A
Date Generated: October 5, 2011
Roster Size: 2000

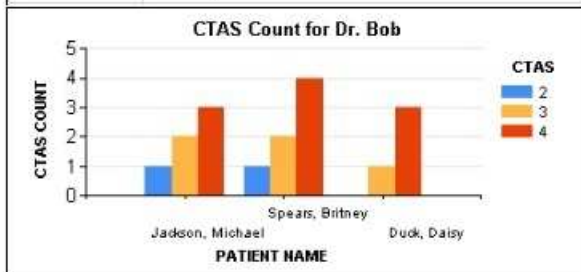
| Family Doctor | Patient Name | CTAS | Reason for Visit | Visit Timing |
|---------------|---------------------|------|----------------------------|--------------|
| Dr, Bob | Gomez, Selena | 2 | Headache | ● |
| Dr, Bob | Mouse, Minnie | 3 | Pregnancy Issue < 20 weeks | ● |
| Dr, Bob | Mouse, Minnie | 3 | Imaging Test-US Results | ● |
| Dr, Bob | Aguilera, Christina | 4 | Burn | ● |
| Dr, Bob | Gaga, Lady | 4 | Laceration/Puncture | ● |
| Dr, Bob | Jackson, Michael | 4 | Cough or congestion | ● |
| Dr, Doe | Ababwa, Aladdin | 2 | Fever | ● |
| Dr, Doe | Ababwa, Jasmine | 3 | Back Pain | ● |
| Dr, Doe | Spears, Britney | 3 | Abdominal Pain | ● |
| Dr, Doe | Dion, Celine | 4 | Back Pain | ● |
| Dr, Doe | Fa, Mulan | 4 | Mouth, Dental/Gum Problems | ● |
| Dr, Doe | Prime, Optimus | 4 | Back Pain | ● |
| Dr, Doe | Swift, Taylor | 4 | Anxiety/Situational Crisis | ● |
| Dr, FHT | Finding, Nemo | 3 | Upper Extremity Injury | ● |
| Dr, FHT | Duck, Daisy | 4 | Vaginal Discharge | ● |
| Dr, FHT | Duck, Donald | 4 | Rash | ● |
| Dr, FHT | Finding, Nemo | 4 | Rx/Med Request | ● |



E.D. PHYSICIAN PROFILE

Report Generated For: Dr. Bob
 Date Generated: October 5, 2011
 Roster Size: 578

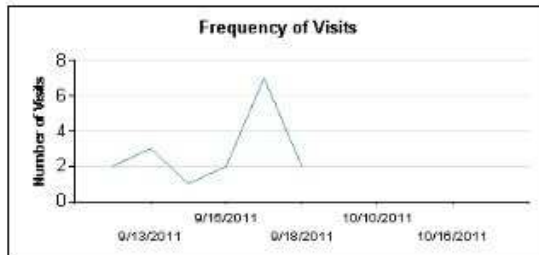
| Family Doctor | Patient Name | CTAS | Reason for Visit | Visit Timing |
|---------------|---------------------|------|----------------------------|--------------|
| Dr. Bob | Gomez, Selena | 2 | Headache | Yellow |
| | Mouse, Minnie | 3 | Pregnancy Issue < 20 weeks | Red |
| | Mouco, Minnie | 2 | Imaging Test US Results | Red |
| | Aguilera, Christina | 4 | Ruin | Yellow |
| | Gago, Lady | 4 | Laceration/Puncture | Red |
| | Jackson, Michael | 4 | Cough or congestion | Green |



E.D. PATIENT PROFILE

Report Generated For: Selena Gomez
Date Generated: October 5, 2011
Physician: Dr. Bob

| Patient Name | CTAS | Reason for Visit | Visit Timing | Arrival Date | Visit Count |
|---------------|------|------------------|---|--------------|-------------|
| Gomez, Selena | 2 | Headache |  | 9/12/2011 | 1 |
| Gomez, Selena | 1 | Headache |  | 9/17/2011 | 2 |
| Gomez, Selena | 2 | Headache |  | 9/25/2011 | 3 |
| Gomez, Selena | 3 | Headache |  | 10/10/2011 | 4 |
| Gomez, Selena | 4 | Headache |  | 10/15/2011 | 5 |
| Gomez, Selena | 2 | Headache |  | 10/16/2011 | 6 |
| Gomez, Selena | 3 | Headache |  | 10/17/2011 | 7 |



Summary to date

- Created a system to acquire ED Data
- Added a process for IHP to review ED data in an useful format with Family Physicians
- Acquired permission from the Family Physicians team to continue development of ED project
- Increased the opportunity to improve communications between ED and Family Physicians



Guelph Family Health Team

Thank -you

