Input from attendees

Whenever the folks in the north get together, great ideas emerge from the conversations as well as from the presentations. Some of the gems that came up from the crowd are noted below, loosely sorted into themes. Some of these might be useful to all teams, and others might be particular to the north. They might be exactly what you need to know, of they might spark an idea. Either way, this is what the attendees at the Focus on Follow-up session want to share with each other and beyond.

General

- **When it comes to demonstrating the value of team-based care, it might be as important to demonstrate the positive experience of patients receiving follow-up** as it is to simply demonstrate high rates of follow-up.
- **Other benefits worth tracking include** reduced length of stay in hospital in addition and possibly fewer hospital admissions.
- **Follow-up is part of the pattern of collaborating that teams already do with their partners.** It works because of the relationships between teams and the hospitals, home care providers, and anyone else involved with the patients served by the teams.
    - This may be more natural in RNPGA teams because of the expectations on physicians, but it is important everywhere.
- **Even when the physicians discharging patients are the same physicians who would be doing the follow-up visits, there is still value in team follow-up.** Not all patients need to see the doctor, but many of those would still benefit from interaction with other members of the team.
- **Primary care providers can use Patient Oriented Discharge Summaries (PODS) as a guide when doing follow-up.** Reviewing the sections on the PODS with the patient can help make sure they understand the next steps.

Access to hospitalization data

- **It is possible to get automated reports of discharges out of Meditech (common in many hospitals in Ontario) and/or Health Sciences North (Sudbury).**
    - Technical details will be shared soon.
- **It would be good to filter out patients who are discharged by FHT doctors but are *not* FHT patients.** This includes patients who are cared for by the doctor in other settings such as a psychiatric hospital or university clinic.
- **Not all hospitals in the North East LHIN are enrolled in HRM.**
    - All players need to reach out to the unenrolled hospitals to encourage them to join. This includes LHIN primary care leads, HQO, AFHTO, individual FHTs, OntarioMD, and other hospitals.
- **All teams can and should enrol in HRM, *even if their hospitals are not enrolled*.** This will help push the hospitals along. It will also give the team access to discharge information from other hospitals.
    - Find out how to enrol in HRM here**.**

- **There will be a 24-hour period in March where teams receive redundant POI/HRM reports.** This is to test that the reports via HRM are complete and accurate.
    - Teams should **dedicate a staff person to compare them** and report any discrepancies to OntarioMD.
- **All teams can and should get Meditech access to get detailed information about their recently discharged patients.** Some of these details might be missing in the HRM data, or they might be added weeks or months later if the discharge summaries are delayed.
- **Patients could be encouraged to tell the hospital that they are with a provider at an NPLC, AHAC or CHC.** This will help make sure that the relevant team gets their discharge information.
- **Hospitals that use PODS or similar documents may be able to include them in HRM messages.**
    - OntarioMD and PODS will provide more information.
- **The categorization of reports needs to be improved.**
    - **North Eastern Ontario Network (NEON) hospitals are standardizing the labelling of the reports they send to primary care.** This way, they can be more accurately categorized by the primary care EMR either manually or automatically
    - **Hospital and OntarioMD staff need to get input from primary care providers about the type and labelling of reports** that are most important to primary care providers. You may want to contact the hospitals and OntarioMD in advance to inform the HRM implementation process.
- **CTAS scores and admitting/discharging diagnoses could be added to the information included in e-Notifications messages.**
    - OntarioMD is encouraging hospitals to adopt a standard. Teams should reach out to stephen.horodziejczyk@ontariomd.com or amanda.story@ontariomd.com and let them know what they want to see in the e-Notifications.

Ideas for doing follow-up

- **The guided care nurse** may be able to play a role in follow-up.
- **LACE scores from the hospital can be used to determine which patients need more attention or more intense follow-up.** This can help reduce work associated with doing follow-up.
    - Ask your hospital if they could or would start recording the LACE score on their patients.
- **Consider using custom forms to formalize follow-up.**
    - Custom forms can help IHPs meet college documentation requirements and demonstrate their contribution to the team.
    - Custom forms also make it easier to track follow-up progress.
- **Pharmacists can complete medication reconciliation remotely** over OTN or by phone.
- **Non-medical goals can be health goals.** Team-based follow-up can include helping patients achieve their non-medical goals. This could include looking after a patient's pet or supporting food security with a hamper program. This improves quality of life and health in the long term.
- **Administrative staff can refer patients to multi-disciplinary appointments.** Administrative staff have a lot of contact with patients. Once they are familiar with how multi-disciplinary appointments work, they will start to recognize patients who would benefit from them. These patients might otherwise get missed.

- **Collaborate with other agencies, such as home care or CMHA,** to support comprehensive follow-up.
- **Pharmacists can be bridge-builders!** Build a relationship with your local hospital by having your team's pharmacist and hospital pharmacist work together, or by sending your team's pharmacist to multi-disciplinary rounds.
- **Physicians might be more interested in accepting new patients if they recognize the potential positive impact on their preventative care bonuses.**
    - This will require little extra effort on their part if take advantage of the full scope of the IHPs on their team to do the follow-up and update patient charts.
    - Physicians might also be more interested in team-based follow-up if they can see that this reduces need for physician visits.
- **Provider-to-provider conversations are key to "selling" a follow-up program.**
    - The Kirkland & District FHT will be doing a "road show" presented by and for providers. Contact them for more information.