Upper Grand

Family Health Team

"How can I remember what FHT programs are offered?"
How the EMR can help!

Lana Palmer, Executive Director, and
Cora Van Zutphen, Pharmacist

Wednesday October 23, 2013

Ontario

Presenter Disclosure

- **Presenters: Lana Palmer and Cora Van Zutphen**
- **Relationships with commercial interests:**
  - Not applicable

Disclosure of Commercial Support

- **No Commercial Support**

Mitigating Potential Bias

- **Not Applicable**

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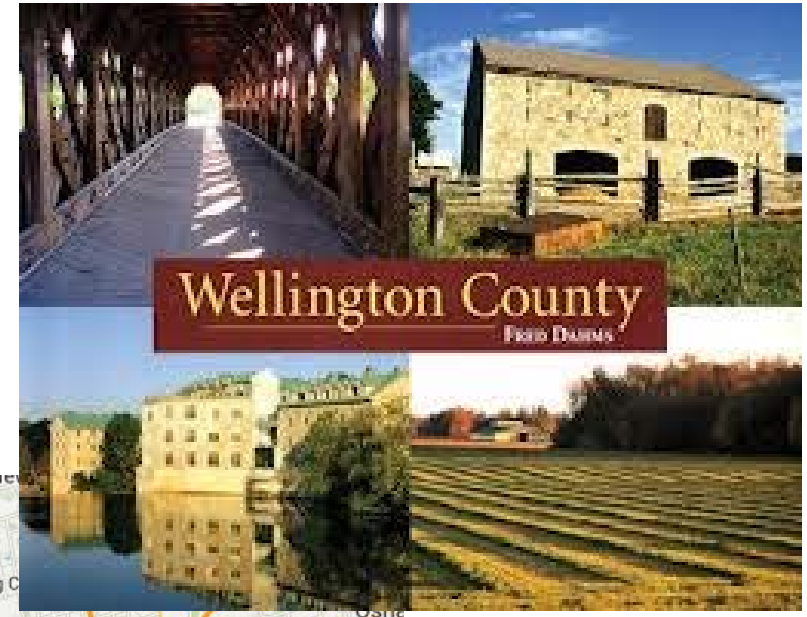
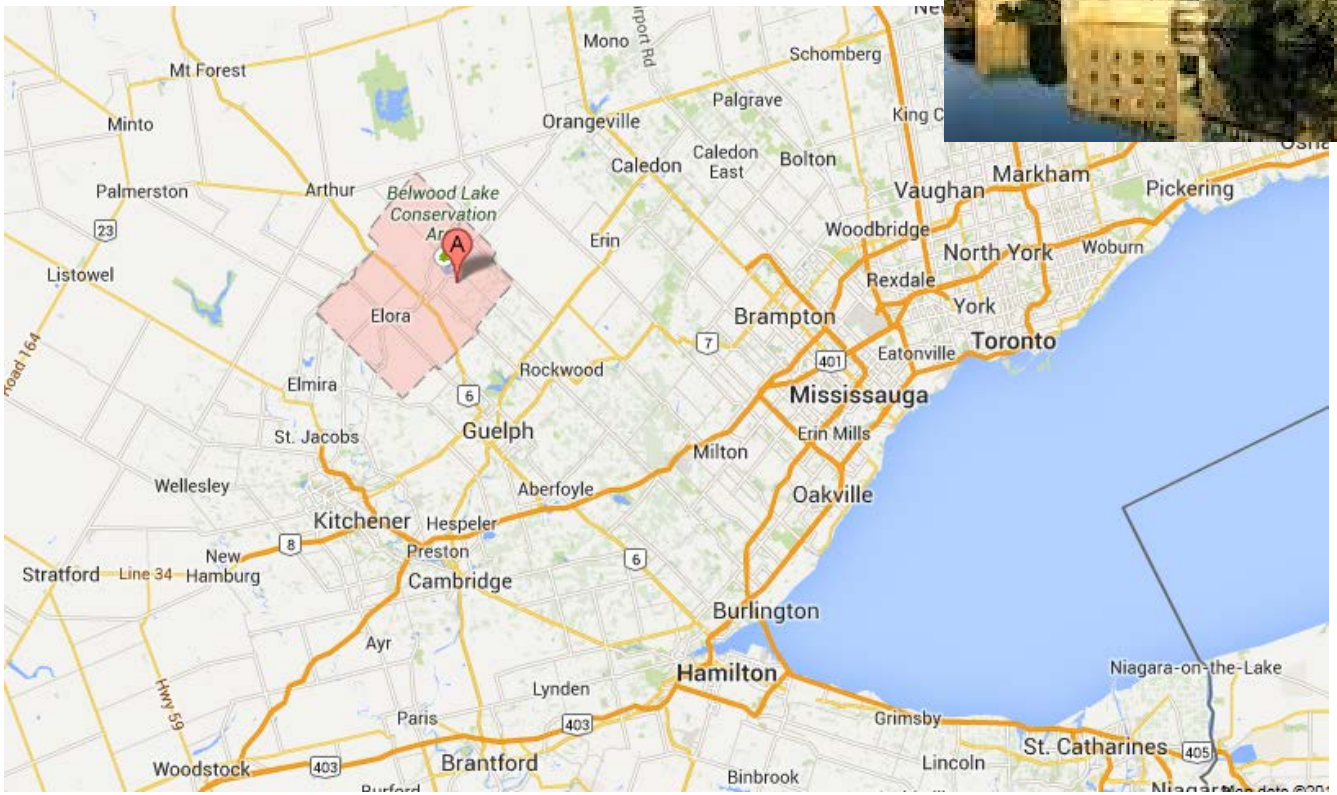
Where we are





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Who we are:

28,600 Enrolled Patients

28 Family Physicians

Office practice (8 sites)

After-hours clinic

ER and hospital services

Ontario Telehealth Network (OTN) Site

Dermatology

Respirology

Geriatrics

Psychiatry

23 Allied Health Professionals

Nurse Practitioners

Dietitians

Pharmacist

Occupational Therapist

Health Promoter

Social Worker

Nurse Specialists

Mental Health Therapists

Physician Assistant

Strategic Directions of UGFHT

- Sustaining and growing successful programs to provide excellent care to our patients with a focus on quality and evidence based practice
- Maximizing the use of information technology (IT) to support collaboration, data collection and analysis for continuous improvement
- Expanding our opportunities to meet diverse rural needs through more effective collaboration, information sharing and resource management [Memorandum of Understanding with the Rural Healthcare of Tomorrow Working Group]
- Focus on demonstrating our value to the health system at the local level

LEAN Training

- Partnership with the local Hospital, CCAC and Mental Health, Rural FHT's in Wellington County (proposed Health Links)
  - Develop skills and practice in LEAN methodology
  - Enrich understanding of process impacts and interdependencies
  - Building relationships
  - Implement a quality improvement model
- Continue with advancing the quality improvement culture
- Build on the Quality Improvement and Innovation Partnership (QIIP) learning's from COPD, Diabetes, Advanced Access

Improvement Model in LEAN

Starting Right

- Assess the situation
  - Who is the customer?
  - What is the current situation?
  - What is the desired situation?

- Define the Problem
  - The gap between the current and desired condition from the customers perspective.
  - Is NOT a solution, cause, symptom or who to blame

- Create the Problem Statement
  - Describes the customers “pain” by the impact of the gap on the customer and the magnitude, frequency or trend of occurrence

Understanding the Situation/ Root Cause Analysis

- Process, Value Stream and/or Customer Journey Mapping
- Graphical Analysis through run charts, pareto diagrams, five why's, observations

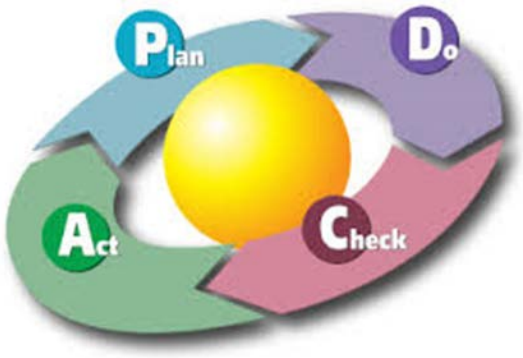
Target Setting and Measurement

- Goal setting to clarify the direction and measure progress towards results

Proposed Solutions

- Brainstorming, prototyping
- Design rules – pathways, connections, activities

Implementation Plan



Plan, Do, Check, Act

Understanding the Situation

- Gap Analysis between Current and Desired Situation
- Customer Journey Mapping
  - How the customer experiences the process
- Root Cause
  - Identified challenges

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Customer Journey Mapping

Flyer on new and existing programs via mail and email

Review flyer content for potential referrals to program

Remember what all the programs are

POSITIVE

NEGATIVE

Share/ Post Flyer for all staff

Recall what programs are suitable for client

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Customer Journey Mapping- continued

Referral sent to FHT to process

POSITIVE

NEGATIVE

Go to referral form to see what programs are listed

Look for flyer

Ask office staff of name of program

Phone the FHT office for program information

Refer to FHT website for program information

Complete the referral form with the program name

Assess the Situation:

Our Referral Process to Programs/ Services

Physician / NP or IHP make FHT referrals by:

- Messaging through EMR to IHP
- Fax a copy of the FHT Referral form to reception
- Self referral to Group programs and classes that run for a series of sessions from 2 to 14 weeks

Questions frequently posed:

- What group programs are offered by the FHT?
- Do you have a list of programs for when I am meeting with patients?
- Is there a description of the program so I can explain it?

Current Situation- challenges identified

- Programs are not individually listed on referral form – states “groups _____” ; fill in the blank
- Delay in reviewing / accessing flyers on new programs /dates of when offered
- FHT Website on programs offered not up to date, many steps to access information
- Information not accessible when needed- can’t remember or recall where information is located

Current Situation- challenges identified

- Lack guidance/ information on recommended program by conditions
- Lack information on program content – # sessions, topics, target audience to inform patients
- 85% of programs were either introduced/discontinued or restructured over past 2 years
- Annual review to update/modify referral form

Desired Situation

Physicians, staff and IHP's have just in time access to the type of programs and services offered by the FHT in order to inform and educate patients and refer as appropriate.

Easy and timely way to update information on the current FHT programs offered

Maximum utilization of the programs / groups offered.

Problem Statement

Physicians, IHP's and office staff do not readily have access to up to date list of programs and groups offered by the FHT, leading to lower than expected referrals and utilization of these resources by patients.

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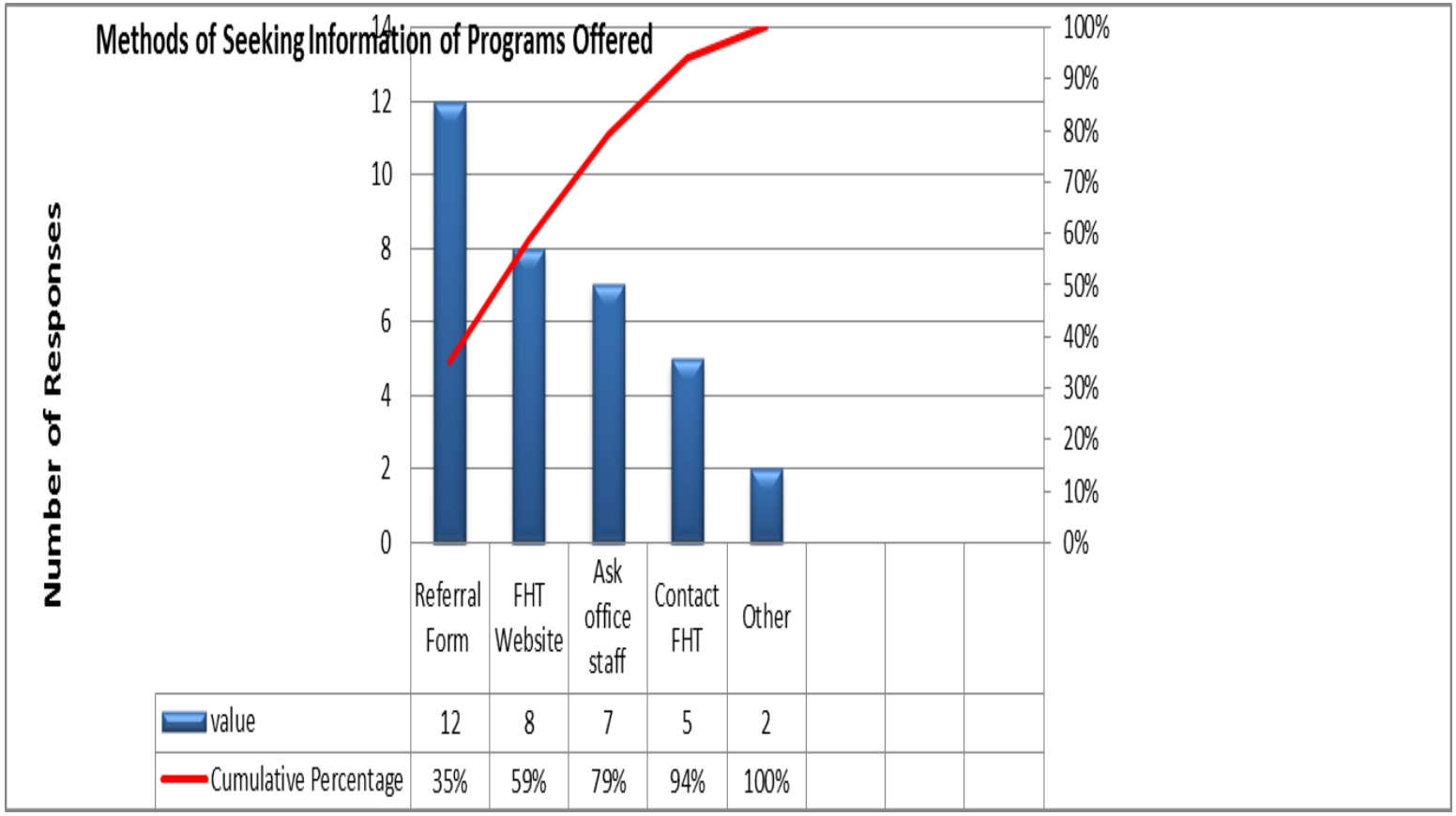

Target Setting - Measures

Referral rates to groups and programs pre - post implementation

- increased utilization due to improved access to information about programs

Percentage of physicians referring to programs/groups

- increased awareness of programs

Number of updates to referral form

- improve ease of updating and adding information

Proposed Solution

- FHT program information needed when meeting with the patient discussing the plan of care (exam room/ office)

  Utilize the EMR referral form – identify all programs by name

- Format the information so user friendly and intuitive to how physicians and IHP's process patients needs/ conditions

- Provide descriptions of the programs – target audience, topics discussed, length of program, # of sessions, when offered

Options?

EMR tools available for use:

- Stamp
- Custom Form
- Encounter Assistant *(New)*

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	Stamp	Custom Form	Encounter Assistant
Readily available in office?	**Yes**	**Yes**	**Yes**
Can all programs be listed?	**Yes**	**Yes**	**Yes**
-On one page?	No	Yes (dropdown)	**Yes**
Intuitive formatting possible?	No	Somewhat	**Yes**
Level of difficulty to navigate form	+++	++	+/-
Can description of program be built in?	**Yes**	**Yes**	**Yes**
-On one page?	No	No	**Yes**
Easily Modifiable?	**Yes**	No	**Yes**

Implementation Plan

1. EMR referral form - currently a custom form; change to an encounter assistant
2. Develop the template for the “description pop up box”
3. Pilot the new form in one office practice
4. Adjust and modify from feedback and evaluation of pilot
5. Present at the FHT/FHO quarterly meeting
6. Distribute instructions on new EMR process to physicians and IHP’s
7. Implement across all physician EMR’s
8. Implement revised paper version of referral form (programs listed on the back) for 2 paper chart offices
9. Formalize procedure for referral updates

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Implementation Plan: Part 1

BUILDING THE ENCOUNTER ASSISTANT

The Old

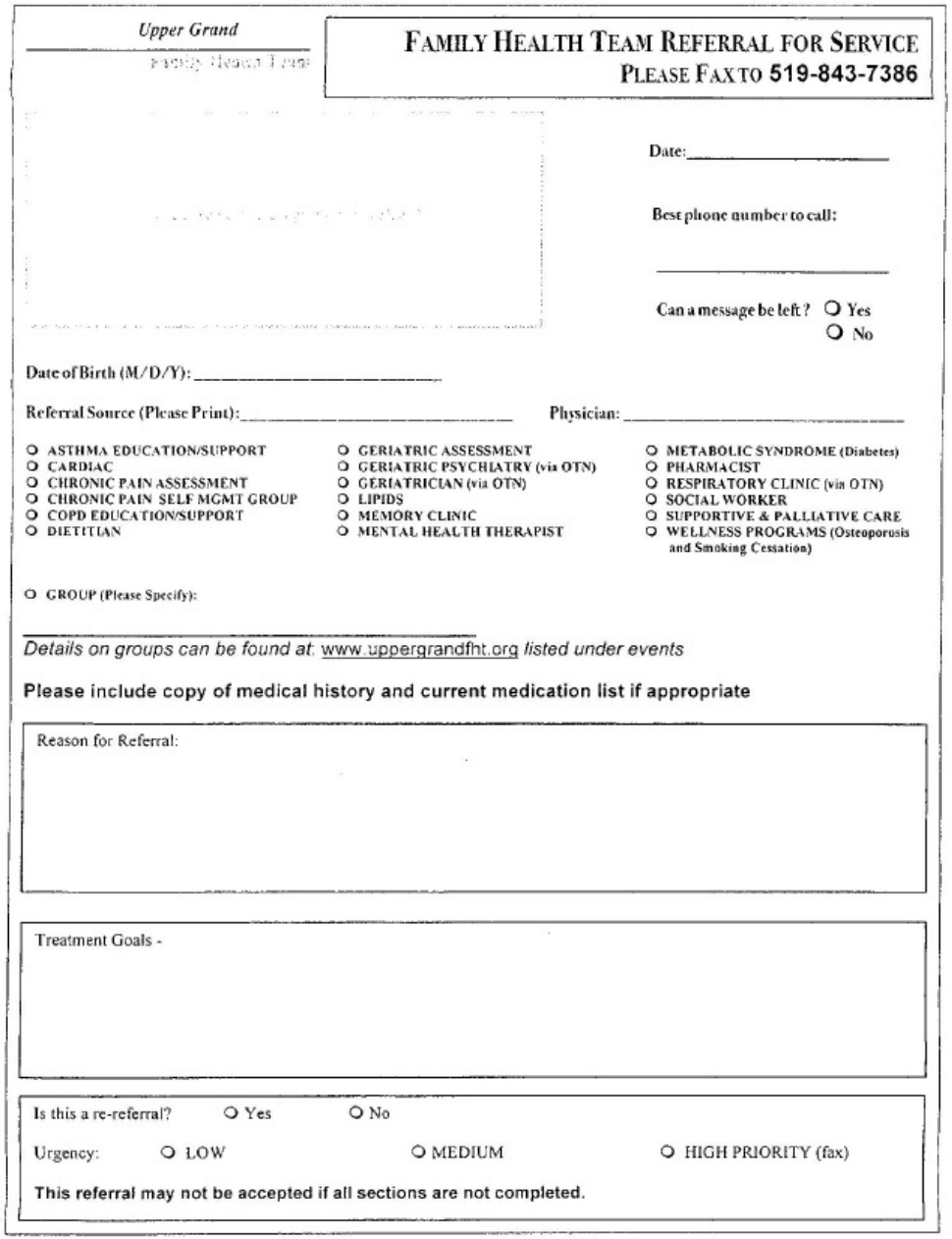
Custom Form

Weaknesses

- Lacks details/descriptions of services
- Group (Please Specify?)
- Not easy to modify

Strengths

- Easy to navigate
- Accessible



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FAMILY HEALTH TEAM REFERRAL FOR SERVICE
PLEASE FAX TO 519-843-7386

Date: _____

Best phone number to call:

_____

Can a message be left? ○ Yes ○ No

Date of Birth (M/D/Y): _____

Referral Source (Please Print): _____ Physician: _____

- ○ ASTHMA EDUCATION/SUPPORT
- ○ CARDIAC
- ○ CHRONIC PAIN ASSESSMENT
- ○ CHRONIC PAIN SELF MGMT GROUP
- ○ COPD EDUCATION/SUPPORT
- ○ DIETITIAN
- ○ GERIATRIC ASSESSMENT
- ○ GERIATRIC PSYCHIATRY (via OTN)
- ○ GERIATRICIAN (via OTN)
- ○ LIPIDS
- ○ MEMORY CLINIC
- ○ MENTAL HEALTH THERAPIST
- ○ METABOLIC SYNDROME (Diabetes)
- ○ PHARMACIST
- ○ RESPIRATORY CLINIC (via OTN)
- ○ SOCIAL WORKER
- ○ SUPPORTIVE & PALLIATIVE CARE
- ○ WELLNESS PROGRAMS (Osteoporosis and Smoking Cessation)

○ GROUP (Please Specify):

_____

Details on groups can be found at: www.uppergrandfht.org listed under events

Please include copy of medical history and current medication list if appropriate

Reason for Referral:

Treatment Goals -

Is this a re-referral? ○ Yes ○ No

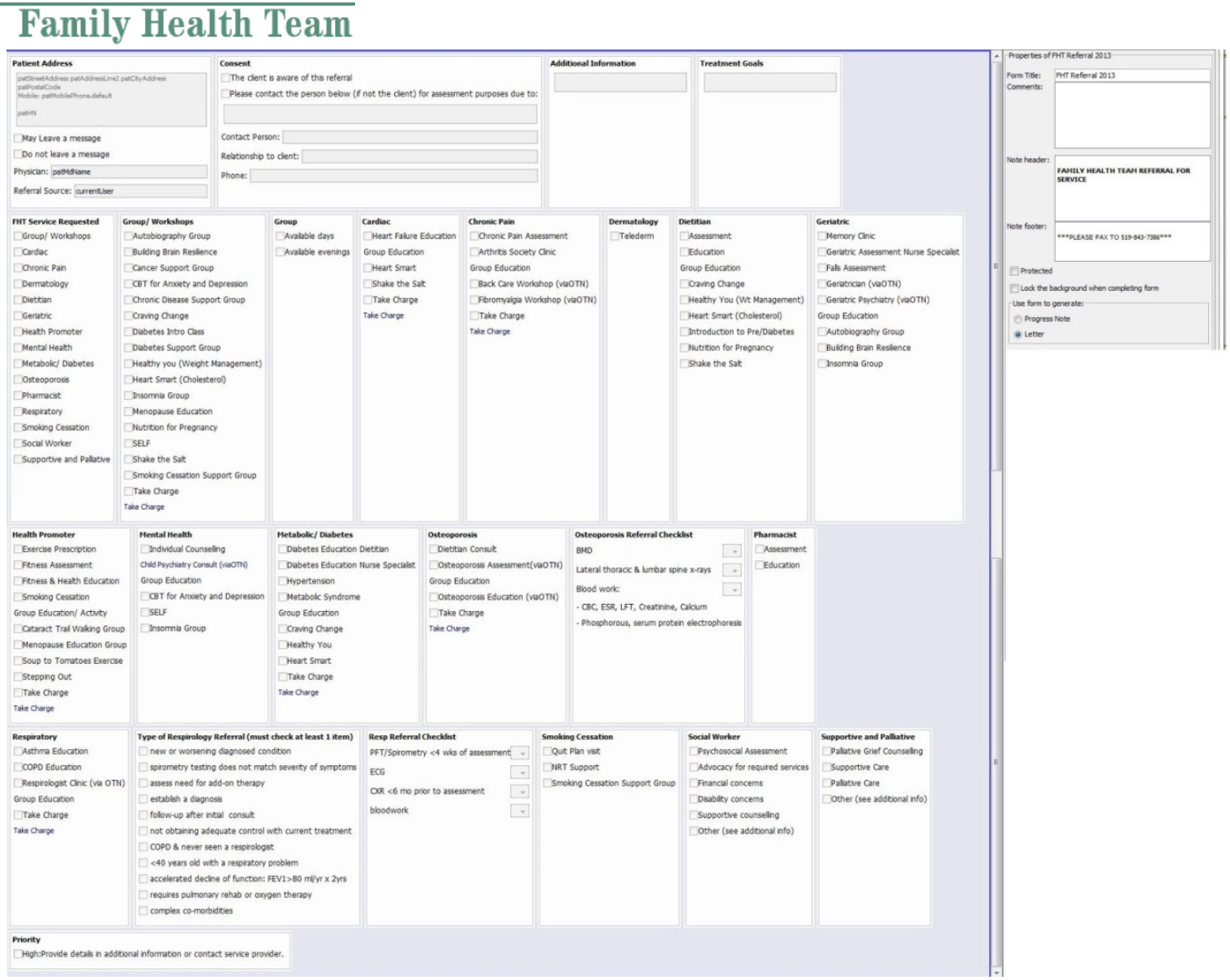
Urgency: ○ LOW ○ MEDIUM ○ HIGH PRIORITY (fax)

This referral may not be accepted if all sections are not completed.

The New

Encounter Assistant

Builder View



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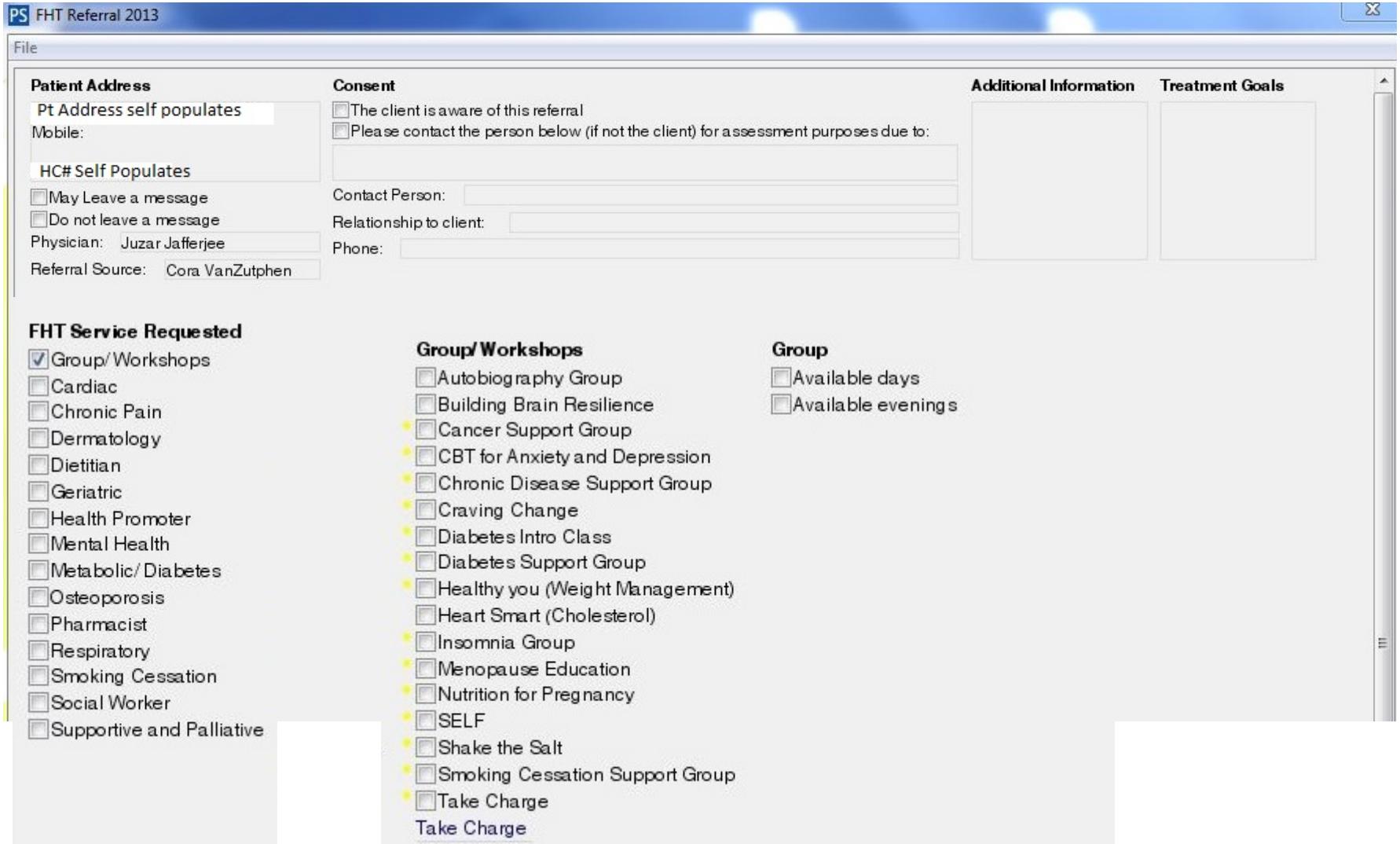
User View



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Implementation Plan: Part 2

BUILDING THE TEMPLATE FOR POP-UP BOX (TOOL-TIP TEXT)

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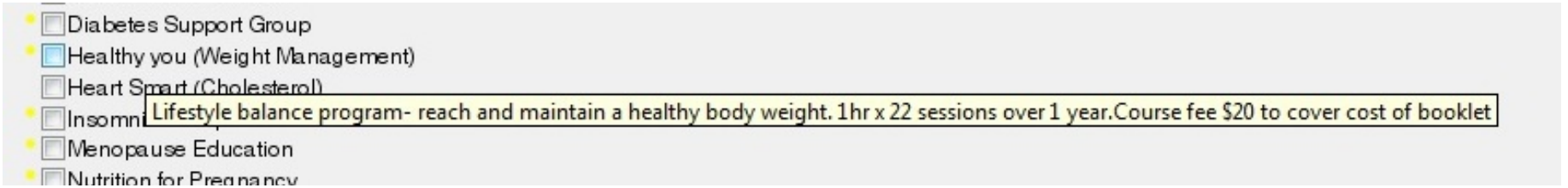
Tool-tip text



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Patient Address

555 Spring Street Anywhereq N1N 1N1
Mobile: 555-555-5551

☐ May Leave a message
☐ Do not leave a message

Physician:
Referral Source: Cora VanZutphen

Consent

☐ The client is aware of this referral
☐ Please contact the person below (if not the client) for assessment purposes due to:

Contact Person:
Relationship to client:
Phone:

Additional Information

Treatment Goals

FHT Service Requested

- ☑ Group/ Workshops
- ☐ Cardiac
- ☐ Chronic Pain
- ☐ Dermatology
- ☐ Dietitian
- ☐ Geriatric
- ☐ Health Promoter
- ☐ Mental Health
- ☐ Metabolic/ Diabetes
- ☐ Osteoporosis
- ☐ Pharmacist
- ☐ Respiratory
- ☐ Smoking Cessation
- ☐ Social Worker
- ☐ Supportive and Palliative

Group/ Workshops

- ☐ Autobiography Group
- ☐ Building Brain Resilience
- ☐ Cancer Support Group
- ☐ CBT for Anxiety and Depression
- ☐ Chronic Disease Support Group
- ☐ Craving Change
- ☐ Diabetes Intro Class
- ☐ Diabetes Support Group
- ☑ Healthy you (Weight Management)
- ☐ Heart Smart (Cholesterol)
- ☐ Insomnia Group
- ☐ Menopause Education
- ☐ Nutrition for Pregnancy
- ☐ SELF
- ☐ Shake the Salt
- ☐ Smoking Cessation Support Group
- ☐ Take Charge

Take Charge

- ☐ Transition to Stepping Out Program

Group

- ☑ Available days
- ☑ Available evenings

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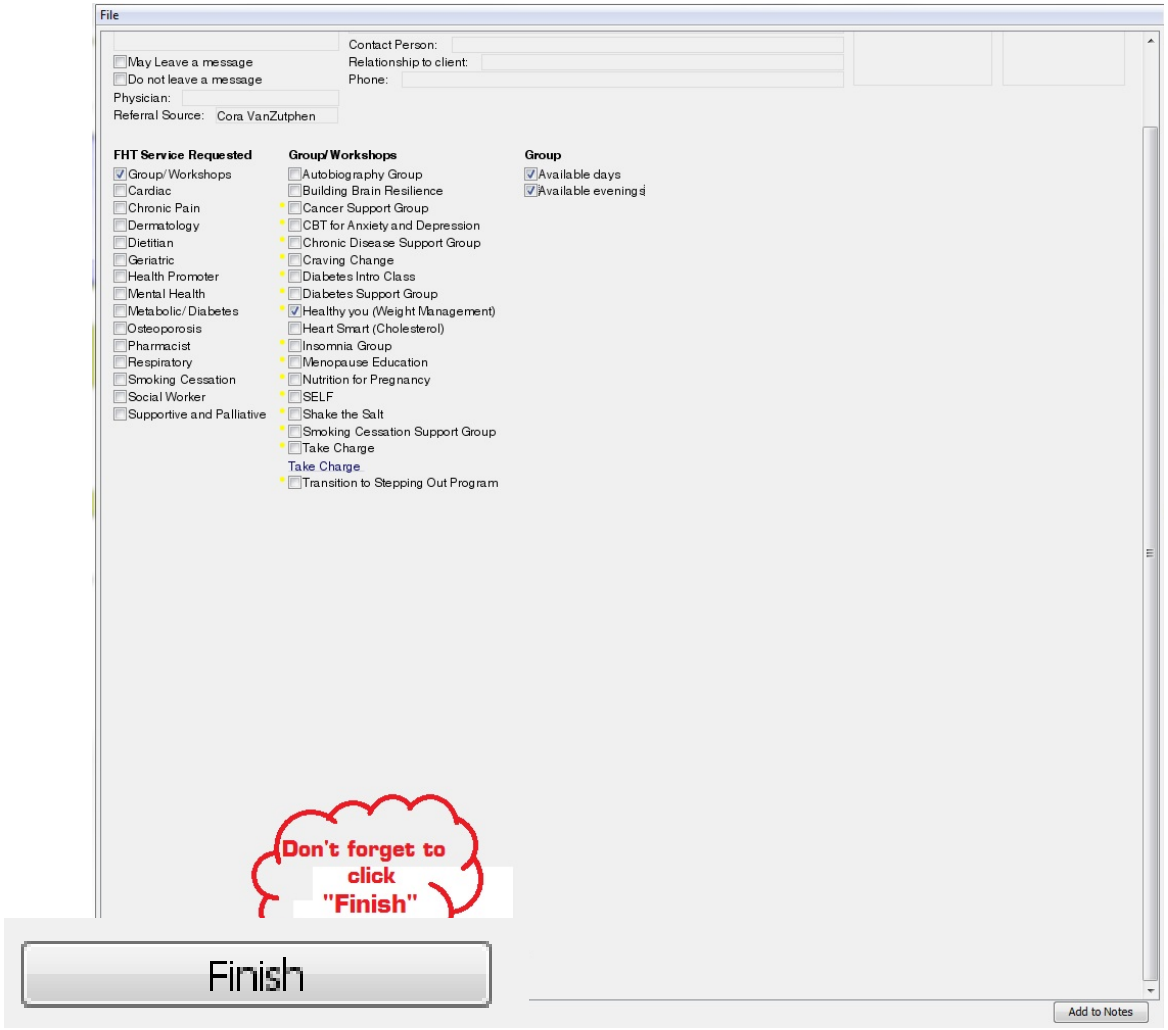

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The Finished Product

Upper Grand Family Physicians
753 Tower St. South
Fergus, ON
N1M 2R2
ph: 519-843-4380
fax: 519-843-3211

Sep 16, 2013

Upper Grand Family Health Team
753 Tower Street South
Fergus, ON
N1M 2R2

To Whom It May Concern:

Re: Ima Aardvark Apr 3, 1940 Age: 73 519-555-5555 (H)

FAMILY HEALTH TEAM REFERRAL FOR SERVICE

Patient Address: 555 Spring Street Anywhereq N1N 1N1
Mobile: 555-555-5551
Referral Source: Cora VanZutphen
FHT Service Requested: Group/ Workshops
Group/ Workshops : Healthy you (Weight Management)
Group: Available days and Available evenings

PLEASE FAX TO 519-843-7386

Yours truly,

Cora VanZutphen

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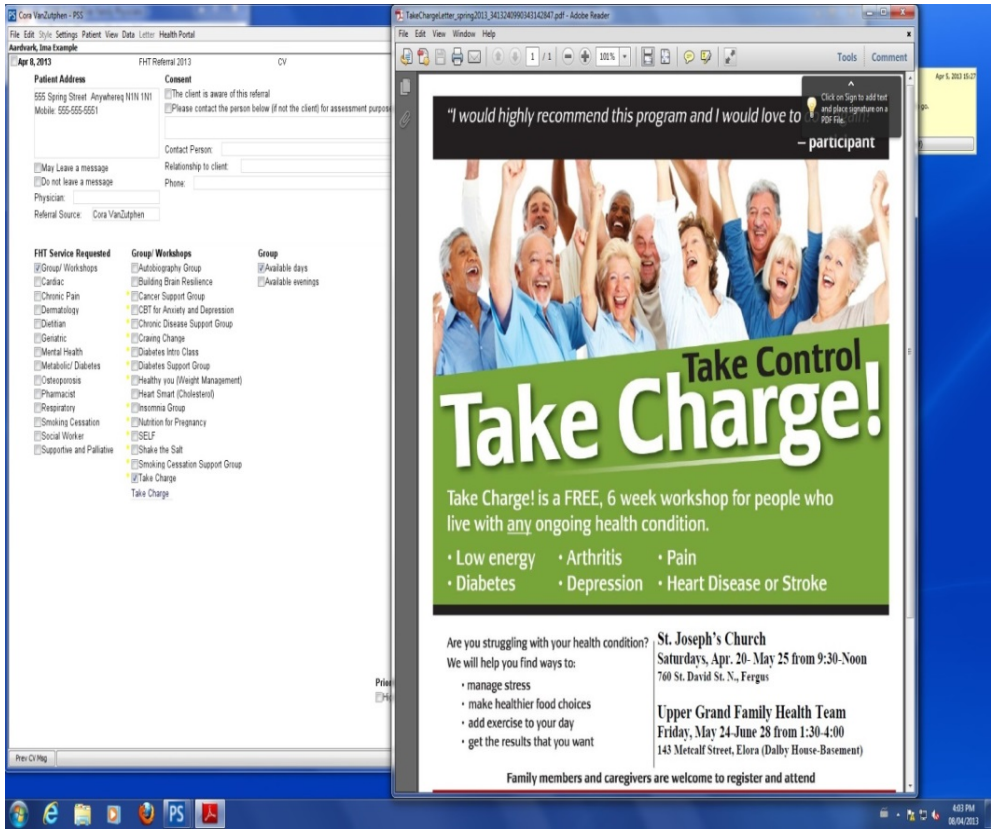
Other Features of Encounter Assistant Referral

Ability to pull up handouts



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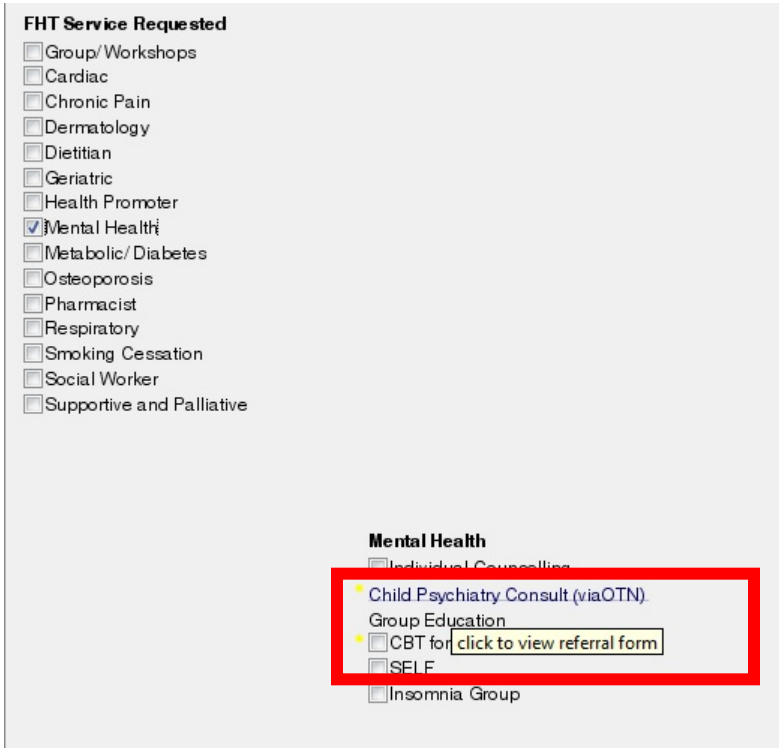
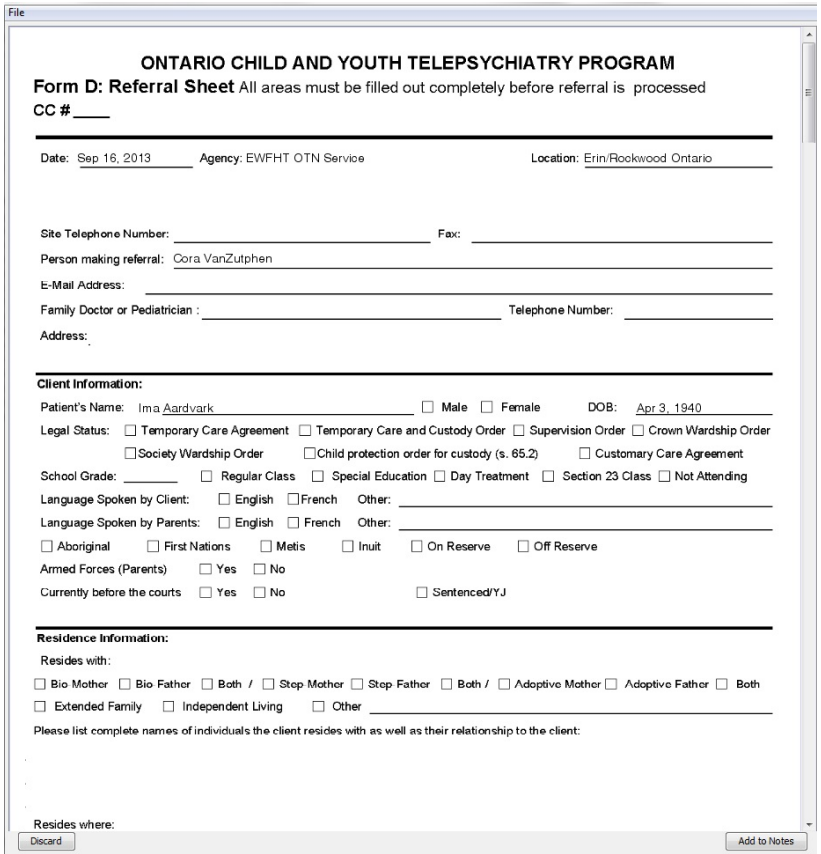
Other Features of Encounter Assistant Referral

Ability to pull up another referral form (i.e. child psych)





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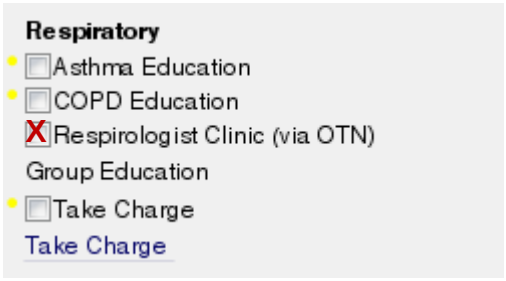
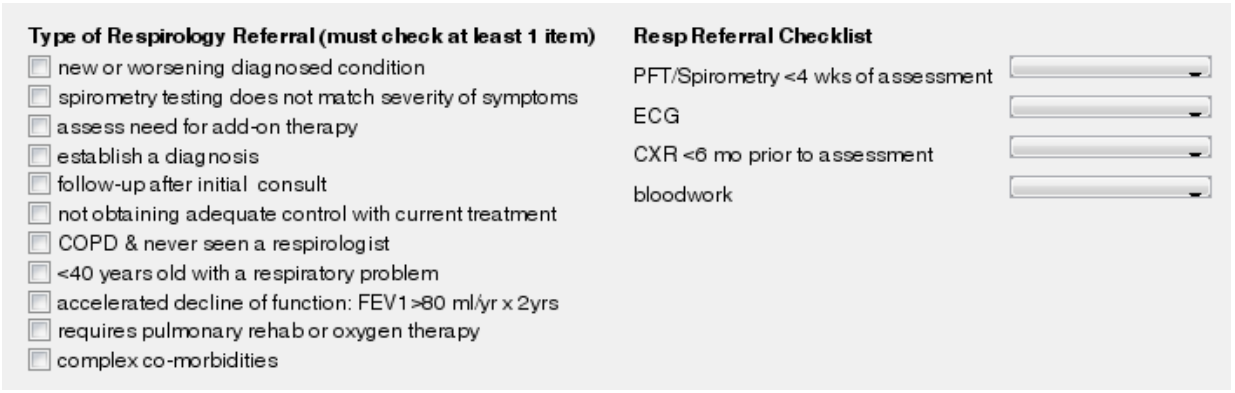
Other Features of Encounter Assistant Referral

Ability to provide checklist for referral requirements (OTN Respirology)





Implementation Plan: Part 3

PILOTING THE NEW REFERRAL PROCESS

- ✓ Encouraged use of new referral in one office, as of March 15/13
- ✓ Deactivated old referral April 1/13

Implementation Plan: Part 4

ADJUST AND MODIFY BASED ON FEEDBACK

- ✓ Learned that more clarity was needed regarding clicking the "FINISH" button
- ✓ Overall positive feedback

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Implementation Plan: Part 5

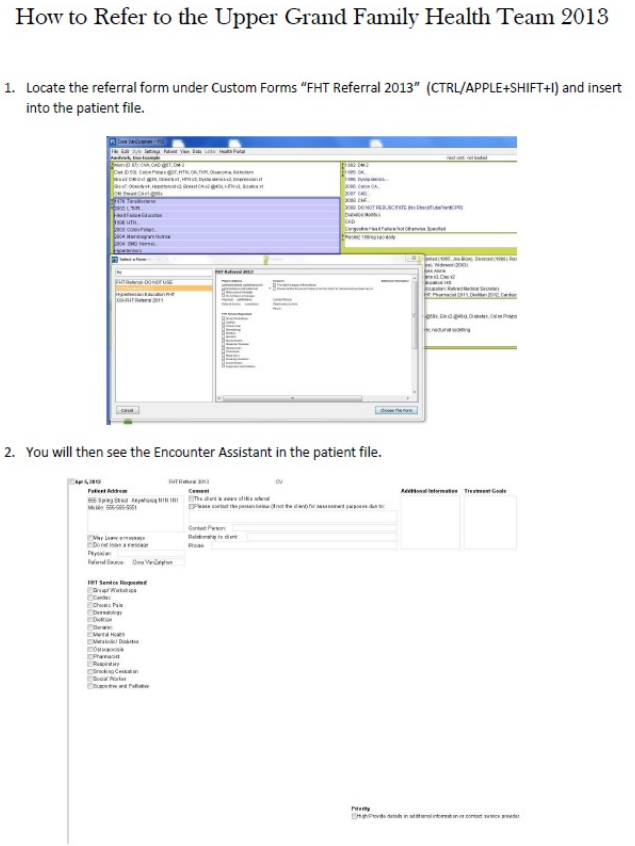
PRESENTATION AT THE FHT/FHO QUARTERLY MEETING

- ✓ February 25, 2013

Implementation Plan: Part 6

DISTRIBUTE INSTRUCTIONS ON NEW EMR PROCESS TO OFFICES AND ALLIED HEALTH

- ✓ Step by step instruction manual including pictures developed and distributed via email to all physicians, allied health and office managers May 2, 2013.



How to Refer to the Upper Grand Family Health Team 2013

1. Locate the referral form under Custom Forms "FHT Referral 2013" (CTRL/APPLE+SHIFT+I) and insert into the patient file.

2. You will then see the Encounter Assistant in the patient file.

Implementation Plan: Part 7

IMPLEMENT ACROSS ALL PHYSICIAN EMRs

- ✓ New referral form entered into the electronic medical records of the 4 remaining offices (May 2, 2013)
- ✓ Old referral form renamed and left in place for 14 days

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Implementation Plan: Part 8

IMPLEMENT REVISED PAPER VERSION OF REFERRAL FORM (PROGRAMS LISTED ON THE BACK) FOR 2 PAPER CHART OFFICES

✓ July 2013

UGFHT Programs- Group Sessions

- ❑ Diabetes Intro Class-improve understanding of diabetes mamagement-2 hour session, Wed AM/ Thurs PM
- ❑ Diabetes Support Group- information sharing and support-3rd Wednesday every month, 4:00-5:00 pm Elora FHT office
- ❑ Shake the Salt-nutritional management of hypertension- 2 hour session- run when numbers suffice
- ❑ Heart Smart-cholesterol lowering education – 2 hour session-offered monthly alternating 9:30am or 4:00 pm
- ❑ Take Charge! –workshop to better manage symptoms of any chronic or ongoing health conditions- 2 hour session x 6 weeks- runs quarterly
- ❑ Chronic Disease Support Group-prev. participated in Take Charge or Chronic Pain program- 1st Monday of every month, 2:00 – 3:30pm
- ❑ Smoking Cessation Support Group- education, discussion, non-judgmental support- every Tuesday 5:30 -6:30pm
- ❑ Healthy You: Lifestyle Balance Program- reach and maintain a healthy body weight- 22 1-hour sessions- duration 1 year
- ❑ Craving Change- manage triggers and emotional relationship to food- 2 hour. session x 5 weeks
- ❑ SELF- coarse to develop healthy coping strategies and life skills to reduce stress-2 hour session x2 weeks
- ❑ Insomnia Group- learn techniques for those experiencing sleep problems- 2 hour session x 4 weeks

Implementation Plan: Part 9

FORMALIZE PROCEDURE FOR REFERRAL UPDATES

- Committee formed included representation from 6 allied health (Pharmacy, dietitian, social worker, nurse, Health promoter)
- Process developed using LEAN/Design for Six Sigma concepts
- Process map developed for a standardized and structured approach to receiving referral modification requests, processing of these requests and tracking of changes.

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Implementation Plan: Part 9

FHT Referral Form Modification Request

(Please provide original pink copy to Lucy)

Name: _____

Date: _____

Reason for change:

☐ New program/service

☐ Program/service name change

☐ Program/service discontinued

☐ Program details (starburst)

☐ Other

FHT Service:

☐ Group / workshop	☐ Health Promoter	☐ Respiratory
☐ Cardiac	☐ Mental Health	☐ Smoking Cessation
☐ Chronic Pain	☐ Metabolic / Diabetes	☐ Social Worker
☐ Dermatology	☐ Osteoporosis	☐ Supportive and Palliative
☐ Dietician	☐ Occupational Therapy	☐ Other
☐ Geriatric	☐ Pharmacist	

Group / Service: _____

Details: _____

_____

_____

_____

Modification completed by: _____ Date: _____

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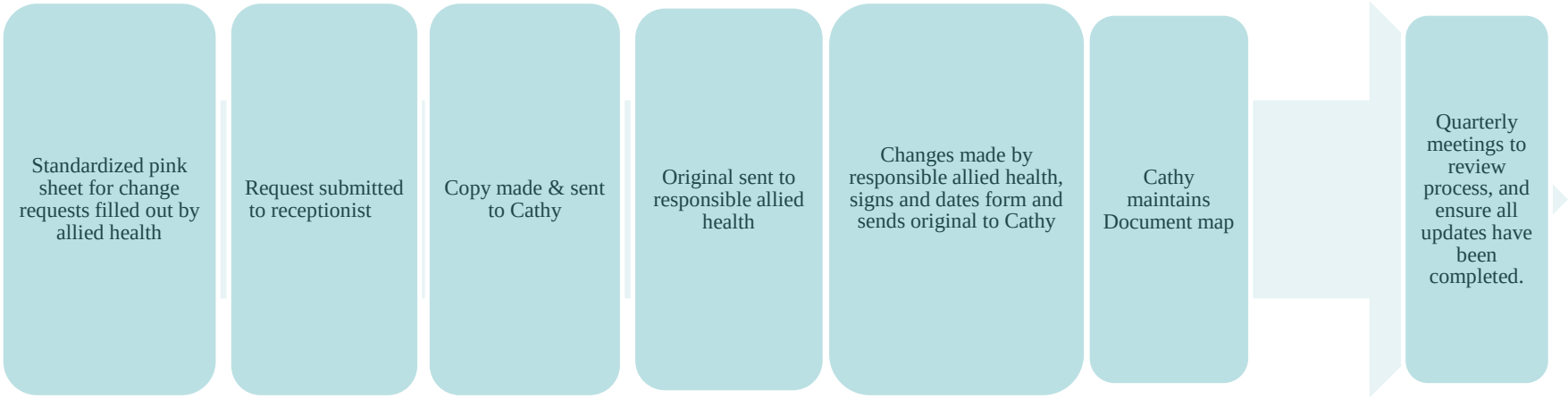
Implementation Plan: Part 9



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Problem Statement:

Physicians often don't know or can't remember what the current FHT programs that are being offered and which programs are the most suitable for the patient and thus don't refer patients.

In the past two years

- 8 new programs have been introduced (47% of programs offered)
- 6 existing programs have been restructured (35 %)

Current Situation:

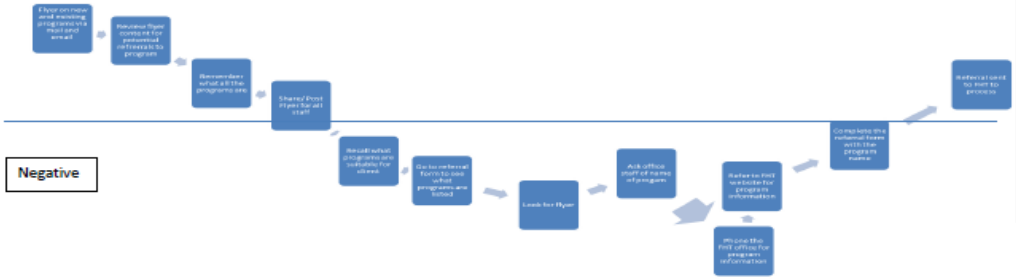
Customer Journey Barriers and Opportunities

Awareness of Programs
-delay in reviewing flyers,
-cannot remember content;
-Website not up to date

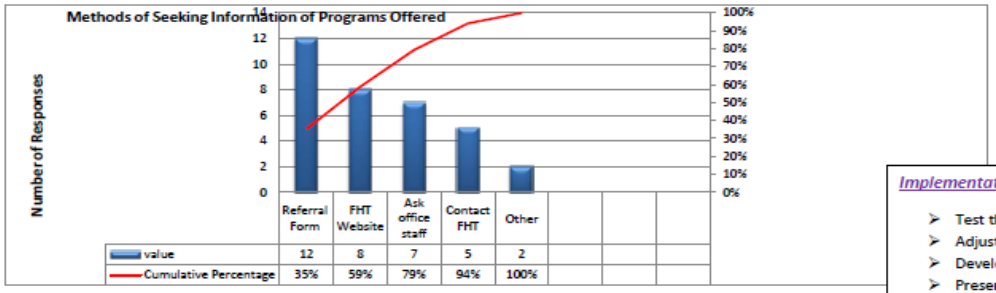
Determine what's offered and what the Appropriate Programs are –
- Can't remember or recall content
- not readily available when needed
- Lack guidance/ information on recommended program by conditions.

Referral to Program- FHT form only states "groups"
- not identified by name

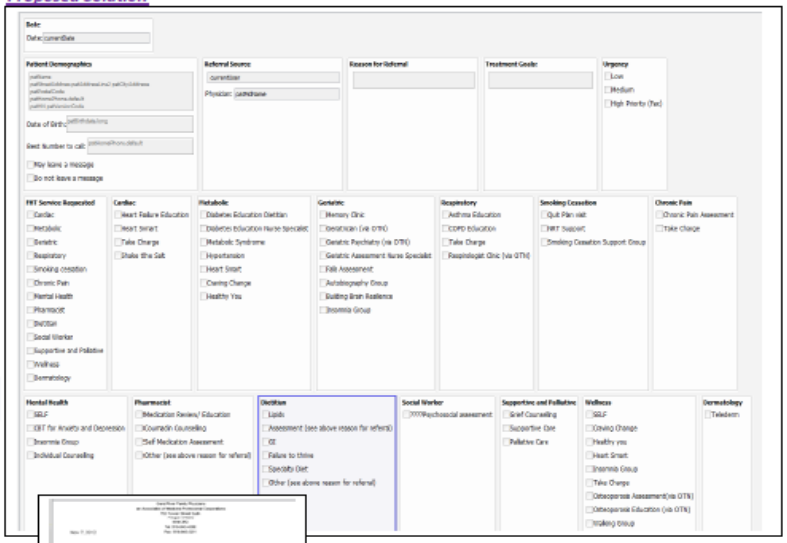
Positive

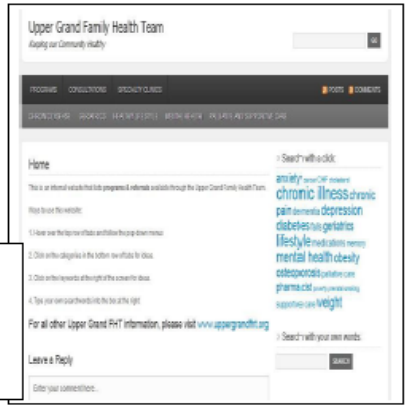


Negative



Proposed Solution





Implementation Plan:

- Test the referral form with Physicians and office staff
- Adjust based on feedback
- Develop the template for "description pop up box"
- Present in Feb at the FHO meeting

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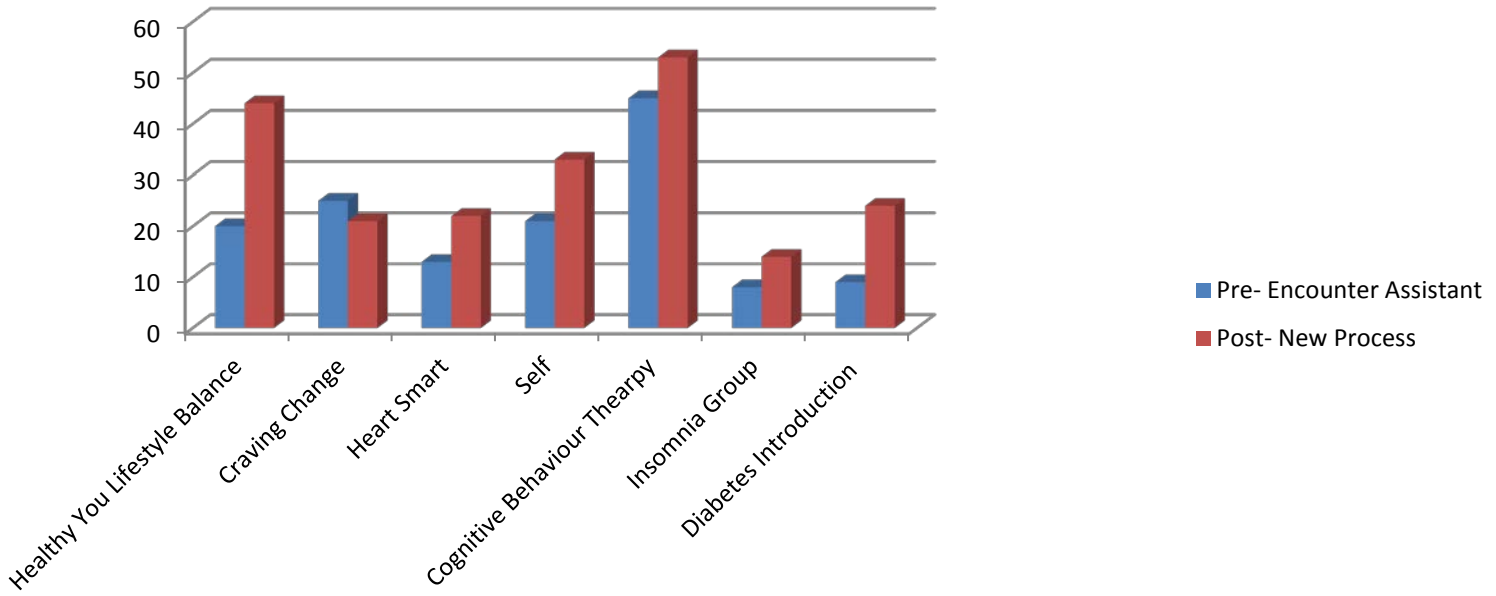
Measuring Outcomes

Group Referrals Post Implementation



Measuring Outcomes

- Percentage of physicians referring to programs/groups
  - ➢ All physicians were referring to programs pre /post

- Number of updates to referral form
  - ➢ Custom form – annually
  - ➢ Encounter Assistant
    - Updated new Health Promoter programs (July)
    - Updated with Occupational Therapy (Sept)
    - Process mapped updates procedure (Sept)
    - Groups updated to reflect new Transitions to Stepping Out and Stepping Out programs, removal of From Soup to Tomatoes. (Sept)

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