

*Upper Grand*

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**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



## Presenter Disclosure

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

## Disclosure of Commercial Support

- **No Commercial Support**

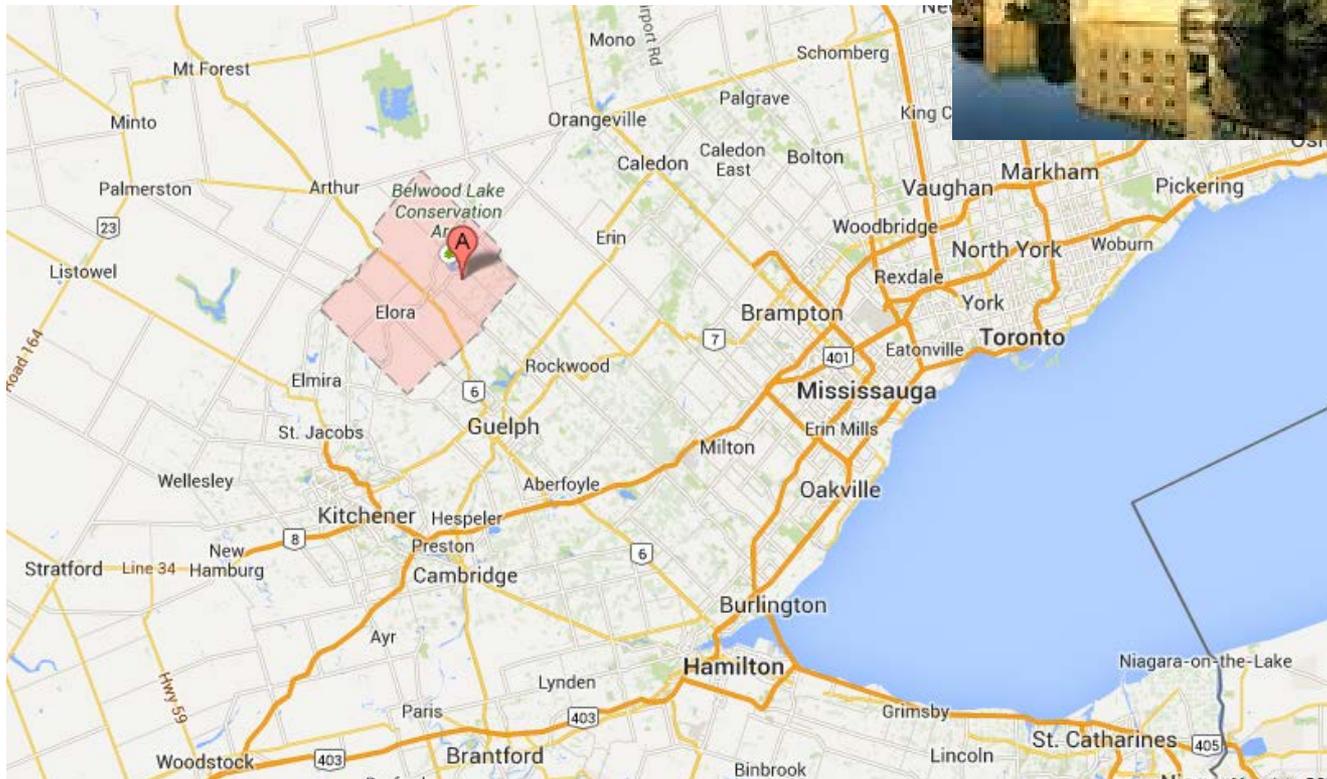
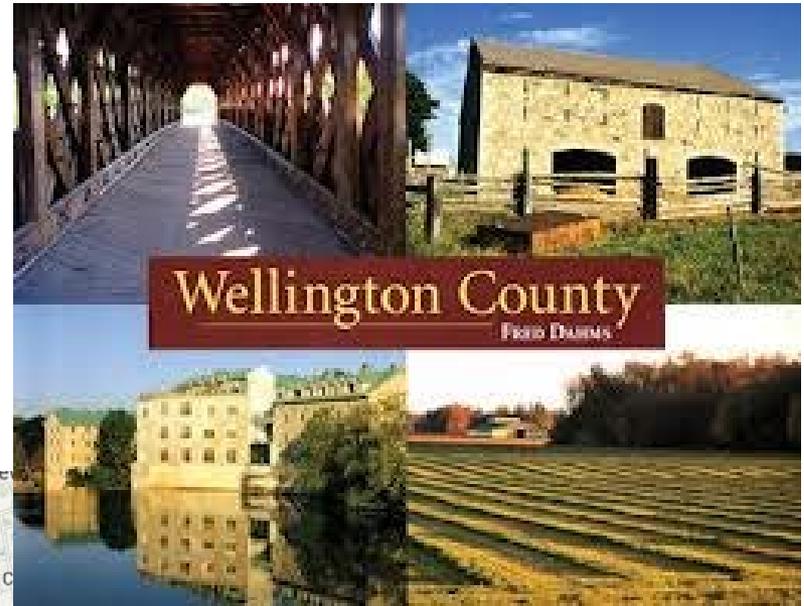
## Mitigating Potential Bias

- **Not Applicable**

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*Where we are*



## *Presenter Disclosure*

- Presenters: Lana Palmer and Cora Van Zutphen
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  - - Not applicable

# *Disclosure of Commercial Support*

- No Commercial Support

# *Mitigating Potential Bias*

- Not Applicable

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**Family Health Team**

## *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

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### 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

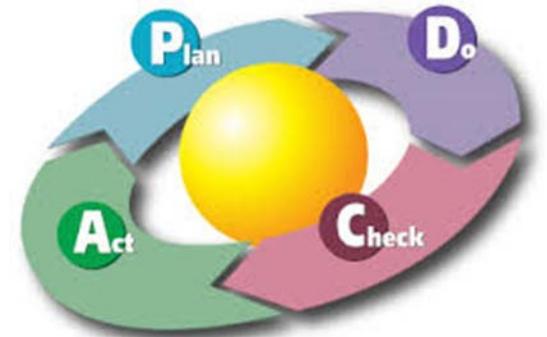
### Target Setting and Measurement

- 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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**Family Health Team**



# *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

Share/ Post Flyer for all staff

Recall what programs are suitable for client

**POSITIVE**  
**NEGATIVE**

# *Customer Journey Mapping- continued*

Referral sent to FHT to process

POSITIVE  
NEGATIVE

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Go to referral form to see what programs are listed

Complete the referral form with the program name

Look for flyer

Ask office staff of name of program

Refer to FHT website for program information

Phone the FHT office for program information

# *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*

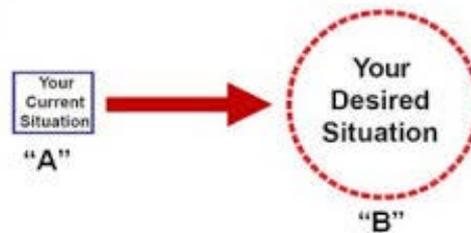
- Programs are not individually listed on referral form – states “groups \_\_\_\_\_” ; fill in the blank
- Delay in reviewing / accessing flyers on new programs /dates of when offered
- FHT Website on programs offered not up to date, many steps to access information
- Information not accessible when 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

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# *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

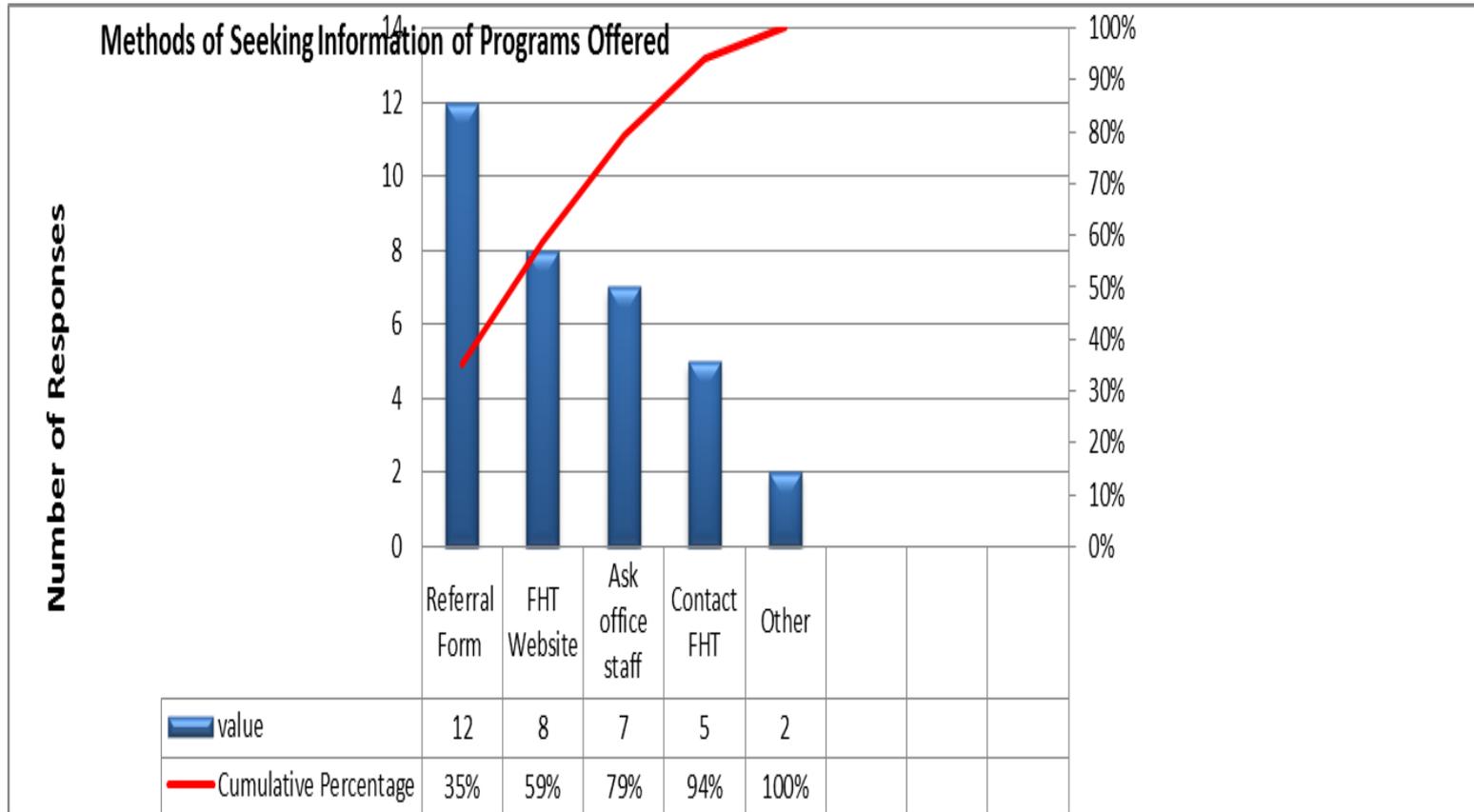
Maximum utilization of the programs / groups offered.

## 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?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
Can all programs be listed?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
-On one page?	No	Yes (dropdown)	<b>Yes</b>
Intuitive formatting possible?	No	Somewhat	<b>Yes</b>
Level of difficulty to navigate form	+++	++	+/-
Can description of program be built in?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
-On one page?	No	No	<b>Yes</b>
Easily Modifiable?	<b>Yes</b>	No	<b>Yes</b>

## *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

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# 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: \_\_\_\_\_

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

GROUP (Please Specify): \_\_\_\_\_

Details on groups can be found at: [www.uppergrandfht.org](http://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.**

# Family Health Team

# The New Encounter Assistant Builder View

<b>Patient Address</b> patStreetAddress patAddressLine2 patCityAddress patPostalCode Mobile: patMobilePhone default patPH <input type="checkbox"/> May Leave a message <input type="checkbox"/> Do not leave a message Physician: patMName Referral Source: currentUser		<b>Consent</b> <input type="checkbox"/> The client is aware of this referral <input type="checkbox"/> Please contact the person below (if not the client) for assessment purposes due to: <input type="text"/> Contact Person: <input type="text"/> Relationship to client: <input type="text"/> Phone: <input type="text"/>		<b>Additional Information</b> <input type="text"/>		<b>Treatment Goals</b> <input type="text"/>									
<b>FHT Service Requested</b> <input type="checkbox"/> Group/ Workshops <input type="checkbox"/> Cardiac <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Dermatology <input type="checkbox"/> Dietitian <input type="checkbox"/> Geriatric <input type="checkbox"/> Health Promoter <input type="checkbox"/> Mental Health <input type="checkbox"/> Metabolic/ Diabetes <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pharmacist <input type="checkbox"/> Respiratory <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Social Worker <input type="checkbox"/> Supportive and Palliative		<b>Group/ Workshops</b> <input type="checkbox"/> Autobiography Group <input type="checkbox"/> Building Brain Resilience <input type="checkbox"/> Cancer Support Group <input type="checkbox"/> CBT for Anxiety and Depression <input type="checkbox"/> Chronic Disease Support Group <input type="checkbox"/> Craving Change <input type="checkbox"/> Diabetes Intro Class <input type="checkbox"/> Diabetes Support Group <input type="checkbox"/> Healthy you (Weight Management) <input type="checkbox"/> Heart Smart (Cholesterol) <input type="checkbox"/> Insomnia Group <input type="checkbox"/> Menopause Education <input type="checkbox"/> Nutrition for Pregnancy <input type="checkbox"/> SELF <input type="checkbox"/> Shake the Salt <input type="checkbox"/> Smoking Cessation Support Group <input type="checkbox"/> Take Charge Take Charge		<b>Group</b> <input type="checkbox"/> Available days <input type="checkbox"/> Available evenings		<b>Cardiac</b> <input type="checkbox"/> Heart Failure Education Group Education <input type="checkbox"/> Heart Smart <input type="checkbox"/> Shake the Salt <input type="checkbox"/> Take Charge Take Charge		<b>Chronic Pain</b> <input type="checkbox"/> Chronic Pain Assessment <input type="checkbox"/> Arthritis Society Clinic Group Education <input type="checkbox"/> Back Care Workshop (viaOTN) <input type="checkbox"/> Fibromyalgia Workshop (viaOTN) <input type="checkbox"/> Take Charge Take Charge		<b>Dermatology</b> <input type="checkbox"/> Telederm		<b>Dietitian</b> <input type="checkbox"/> Assessment <input type="checkbox"/> Education Group Education <input type="checkbox"/> Craving Change <input type="checkbox"/> Healthy You (Wt Management) <input type="checkbox"/> Heart Smart (Cholesterol) <input type="checkbox"/> Introduction to Pre/Diabetes <input type="checkbox"/> Nutrition for Pregnancy <input type="checkbox"/> Shake the Salt		<b>Geriatric</b> <input type="checkbox"/> Memory Clinic <input type="checkbox"/> Geriatric Assessment Nurse Specialist <input type="checkbox"/> Falls Assessment <input type="checkbox"/> Geriatrician (viaOTN) <input type="checkbox"/> Geriatric Psychiatry (viaOTN) Group Education <input type="checkbox"/> Autobiography Group <input type="checkbox"/> Building Brain Resilience <input type="checkbox"/> Insomnia Group	
<b>Health Promoter</b> <input type="checkbox"/> Exercise Prescription <input type="checkbox"/> Fitness Assessment <input type="checkbox"/> Fitness & Health Education <input type="checkbox"/> Smoking Cessation Group Education/ Activity <input type="checkbox"/> Cataract Trail Walking Group <input type="checkbox"/> Menopause Education Group <input type="checkbox"/> Soup to Tomatoes Exercise <input type="checkbox"/> Stepping Out <input type="checkbox"/> Take Charge Take Charge		<b>Mental Health</b> <input type="checkbox"/> Individual Counseling Child Psychiatry Consult (viaOTN) Group Education <input type="checkbox"/> CBT for Anxiety and Depression <input type="checkbox"/> SELF <input type="checkbox"/> Insomnia Group		<b>Metabolic/ Diabetes</b> <input type="checkbox"/> Diabetes Education Dietitian <input type="checkbox"/> Diabetes Education Nurse Specialist <input type="checkbox"/> Hypertension <input type="checkbox"/> Metabolic Syndrome Group Education <input type="checkbox"/> Craving Change <input type="checkbox"/> Healthy You <input type="checkbox"/> Heart Smart <input type="checkbox"/> Take Charge Take Charge		<b>Osteoporosis</b> <input type="checkbox"/> Dietitian Consult <input type="checkbox"/> Osteoporosis Assessment(viaOTN) Group Education <input type="checkbox"/> Osteoporosis Education (viaOTN) <input type="checkbox"/> Take Charge Take Charge		<b>Osteoporosis Referral Checklist</b> BMD <input type="text"/> Lateral thoracic & lumbar spine x-rays <input type="text"/> Blood work: - CBC, ESR, LFT, Creatinine, Calcium - Phosphorous, serum protein electrophoresis		<b>Pharmacist</b> <input type="checkbox"/> Assessment <input type="checkbox"/> Education					
<b>Respiratory</b> <input type="checkbox"/> Asthma Education <input type="checkbox"/> COPD Education <input type="checkbox"/> Respirologist Clinic (via OTN) Group Education <input type="checkbox"/> Take Charge Take Charge		<b>Type of Respirology Referral (must check at least 1 item)</b> <input type="checkbox"/> new or worsening diagnosed condition <input type="checkbox"/> spirometry testing does not match severity of symptoms <input type="checkbox"/> assess need for add-on therapy <input type="checkbox"/> establish a diagnosis <input type="checkbox"/> follow-up after initial consult <input type="checkbox"/> not obtaining adequate control with current treatment <input type="checkbox"/> COPD & never seen a respirologist <input type="checkbox"/> <40 years old with a respiratory problem <input type="checkbox"/> accelerated decline of function: FEV1 >80 ml/yr x 2yrs <input type="checkbox"/> requires pulmonary rehab or oxygen therapy <input type="checkbox"/> complex co-morbidities		<b>Resp Referral Checklist</b> PFT/Spirometry <4 wks of assessment <input type="text"/> ECG <input type="text"/> CXR <6 mo prior to assessment <input type="text"/> bloodwork <input type="text"/>		<b>Smoking Cessation</b> <input type="checkbox"/> Quit Plan visit <input type="checkbox"/> NRT Support <input type="checkbox"/> Smoking Cessation Support Group		<b>Social Worker</b> <input type="checkbox"/> Psychosocial Assessment <input type="checkbox"/> Advocacy for required services <input type="checkbox"/> Financial concerns <input type="checkbox"/> Disability concerns <input type="checkbox"/> Supportive counselling <input type="checkbox"/> Other (see additional info)		<b>Supportive and Palliative</b> <input type="checkbox"/> Palliative Grief Counselling <input type="checkbox"/> Supportive Care <input type="checkbox"/> Palliative Care <input type="checkbox"/> Other (see additional info)					
<b>Priority</b> <input type="checkbox"/> High-Provide details in additional information or contact service provider.															

Properties of FHT Referral 2013

Form Title: FHT Referral 2013

Comments:

Note header: FAMILY HEALTH TEAM REFERRAL FOR SERVICE

Note footer: \*\*\*PLEASE FAX TO 519-643-7386\*\*\*

Protected

Lock the background when completing form

Use form to generate:

Progress Note

Letter

PS FHT Referral 2013

File

<b>Patient Address</b> Pt Address self populates Mobile: HC# Self Populates <input type="checkbox"/> May Leave a message <input type="checkbox"/> Do not leave a message Physician: Juzar Jafferjee Referral Source: Cora VanZutphen	<b>Consent</b> <input type="checkbox"/> The client is aware of this referral <input type="checkbox"/> Please contact the person below (if not the client) for a assessment purposes due to: Contact Person: Relationship to client: Phone:	<b>Additional Information</b>	<b>Treatment Goals</b>
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<b>FHT Service Requested</b> <input checked="" type="checkbox"/> Group/Workshops <input type="checkbox"/> Cardiac <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Dermatology <input type="checkbox"/> Dietitian <input type="checkbox"/> Geriatric <input type="checkbox"/> Health Promoter <input type="checkbox"/> Mental Health <input type="checkbox"/> Metabolic/ Diabetes <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pharmacist <input type="checkbox"/> Respiratory <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Social Worker <input type="checkbox"/> Supportive and Palliative	<b>Group/Workshops</b> <input type="checkbox"/> Autobiography Group <input type="checkbox"/> Building Brain Resilience <input checked="" type="checkbox"/> Cancer Support Group <input checked="" type="checkbox"/> CBT for Anxiety and Depression <input checked="" type="checkbox"/> Chronic Disease Support Group <input checked="" type="checkbox"/> Craving Change <input checked="" type="checkbox"/> Diabetes Intro Class <input checked="" type="checkbox"/> Diabetes Support Group <input checked="" type="checkbox"/> Healthy you (Weight Management) <input type="checkbox"/> Heart Smart (Cholesterol) <input checked="" type="checkbox"/> Insomnia Group <input checked="" type="checkbox"/> Menopause Education <input checked="" type="checkbox"/> Nutrition for Pregnancy <input checked="" type="checkbox"/> SELF <input checked="" type="checkbox"/> Shake the Salt <input checked="" type="checkbox"/> Smoking Cessation Support Group <input checked="" type="checkbox"/> Take Charge <a href="#">Take Charge</a>	<b>Group</b> <input type="checkbox"/> Available days <input type="checkbox"/> Available evenings
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**Family Health Team**

# *Implementation Plan: Part 2*

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

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## *Tool-tip text*

- Diabetes Support Group
- Healthy you (Weight Management)
- Heart Smart (Cholesterol)
- Insomnia
- Menopause Education
- Nutrition for Pregnancy

Lifestyle balance program- reach and maintain a healthy body weight. 1hr x 22 sessions over 1 year. Course fee \$20 to cover cost of booklet

# Upper Grand

## Family Health Team

### Patient Address

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

- May Leave a message  
 Do not leave a message

Physician:

Referral Source:

### Consent

- The client is aware of this referral  
 Please contact the person below (if not the client) for a 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

## Family Health Team

File

Contact Person: \_\_\_\_\_  
Relationship to client: \_\_\_\_\_  
Phone: \_\_\_\_\_

May Leave a message  
 Do not leave a message

Physician: \_\_\_\_\_  
Referral Source: Cora VanZulphen

**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 evening/d

**Don't forget to click "Finish"**

**Finish**

Add to Notes

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**Family Health Team**

# *The Finished Product*

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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

Upper Grand

Family Health Team

# Other Features of Encounter Assistant Referral

*Ability to pull up handouts*

The screenshot displays a computer interface with two windows. The left window is a patient referral form titled 'Cora VanDyphen - PSS'. It includes fields for patient address (555 Spring Street, Anywhere N1N 1N1, Mobile: 555-555-5551), a comment box with text about referral awareness, and a list of 'FHT Service Requested' and 'Group Workshops' with checkboxes. The right window is an Adobe Reader displaying a handout titled 'Take Charge!'. The handout features a photo of a diverse group of people celebrating, a quote from a participant: 'I would highly recommend this program and I would love to... - participant', and text describing the workshop as a free, 6-week program for people with ongoing health conditions. It lists conditions such as low energy, arthritis, pain, diabetes, depression, and heart disease or stroke. The handout also provides contact information for St. Joseph's Church and the Upper Grand Family Health Team.

**Take Charge!**

Take Charge! is a FREE, 6 week workshop for people who live with any ongoing health condition.

- Low energy
- Arthritis
- Pain
- Diabetes
- Depression
- Heart Disease or Stroke

Are you struggling with your health condition? We will help you find ways to:

- manage stress
- make healthier food choices
- add exercise to your day
- get the results that you want

**St. Joseph's Church**  
Saturdays, Apr. 20 - May 25 from 9:30-Noon  
760 St. David St. N., Fergus

**Upper Grand Family Health Team**  
Friday, May 24-June 28 from 1:30-4:00  
143 Metcalf Street, Elora (Dairy House-Basement)

Family members and caregivers are welcome to register and attend

# Other Features of Encounter Assistant Referral

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

**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

**Mental Health**

- Individual Counselling
- Child Psychiatry Consult (viaOTN)
- Group Education
- CBT for [click to view referral form](#)
- SELF
- Insomnia Group

File

**ONTARIO CHILD AND YOUTH TELEPSYCHIATRY PROGRAM**

**Form D: Referral Sheet** All areas must be filled out completely before referral is processed  
CC # \_\_\_\_\_

---

Date: Sep 16, 2013 Agency: EWFHT OTN Service Location: Erin/Rookwood Ontario

Site Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Person making referral: Cora VanZutphen

E-Mail Address: \_\_\_\_\_

Family Doctor or Pediatrician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

---

**Client Information:**

Patient's Name: Ima Aardvark  Male  Female DOB: Apr 3, 1940

Legal Status:  Temporary Care Agreement  Temporary Care and Custody Order  Supervision Order  Crown Wardship Order  
 Society Wardship Order  Child protection order for custody (s. 85.2)  Customary Care Agreement

School Grade: \_\_\_\_\_  Regular Class  Special Education  Day Treatment  Section 23 Class  Not Attending

Language Spoken by Client:  English  French Other: \_\_\_\_\_

Language Spoken by Parents:  English  French Other: \_\_\_\_\_

Aboriginal  First Nations  Metis  Inuit  On Reserve  Off Reserve

Armed Forces (Parents)  Yes  No

Currently before the courts  Yes  No  Sentenced/YJ

---

**Residence Information:**

Resides with:

Bio Mother  Bio Father  Both /  Step Mother  Step Father  Both /  Adoptive Mother  Adoptive Father  Both

Extended Family  Independent Living  Other \_\_\_\_\_

Please list complete names of individuals the client resides with as well as their relationship to the client:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resides where:

Discard Add to Notes

# Other Features of Encounter Assistant Referral

Ability to provide checklist for referral requirements (OTN Respiriology)

## Respiratory

- Asthma Education
- COPD Education
- Respirologist Clinic (via OTN)**
- Group Education
- Take Charge
- [Take Charge](#)

## Type of Respirology Referral (must check at least 1 item)

- new or worsening diagnosed condition
- spirometry testing does not match severity of symptoms
- assess need for add-on therapy
- establish a diagnosis
- follow-up after initial consult
- not obtaining adequate control with current treatment
- COPD & never seen a respirologist
- <40 years old with a respiratory problem
- accelerated decline of function: FEV1 >80 ml/yr x 2yrs
- requires pulmonary rehab or oxygen therapy
- complex co-morbidities

## Resp Referral Checklist

- PFT/Spirometry <4 wks of assessment
- ECG
- CXR <6 mo prior to assessment
- bloodwork

## *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

*Upper Grand*

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**Family Health Team**

## *Implementation Plan: Part 5*

PRESENTATION AT THE FHT/FHO QUARTERLY MEETING

✓ February 25, 2013

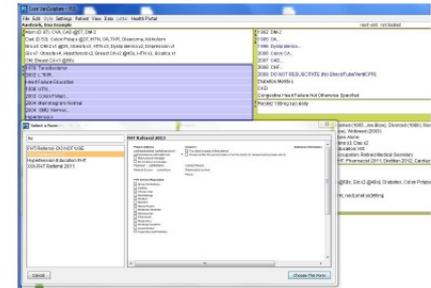
# Implementation Plan: Part 6

## DISTRIBUTE INSTRUCTIONS ON NEW EMR PROCESS TO OFFICES AND ALLIED HEALTH

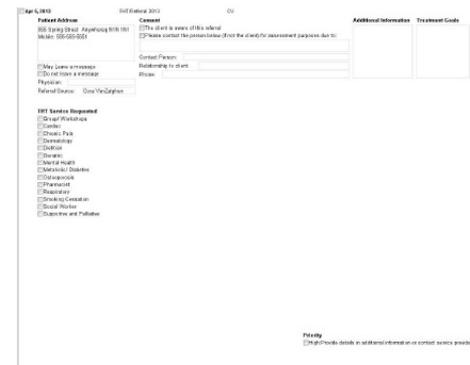
- ✓ Step by step instruction manual including pictures developed and distributed via email to all physicians, allied health and office managers May 2, 2013.

### 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

## *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 management-2 hour session, Wed AM/ Thurs PM
- Diabetes Support Group- information sharing and support-3<sup>rd</sup> 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- 1<sup>st</sup> 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- course 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.

*Upper Grand*

**Family Health Team**

# 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:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Group / workshop | <input type="checkbox"/> Health Promoter      | <input type="checkbox"/> Respiratory               |
| <input type="checkbox"/> Cardiac          | <input type="checkbox"/> Mental Health        | <input type="checkbox"/> Smoking Cessation         |
| <input type="checkbox"/> Chronic Pain     | <input type="checkbox"/> Metabolic / Diabetes | <input type="checkbox"/> Social Worker             |
| <input type="checkbox"/> Dermatology      | <input type="checkbox"/> Osteoporosis         | <input type="checkbox"/> Supportive and Palliative |
| <input type="checkbox"/> Dietician        | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Geriatric        | <input type="checkbox"/> Pharmacist           |  |

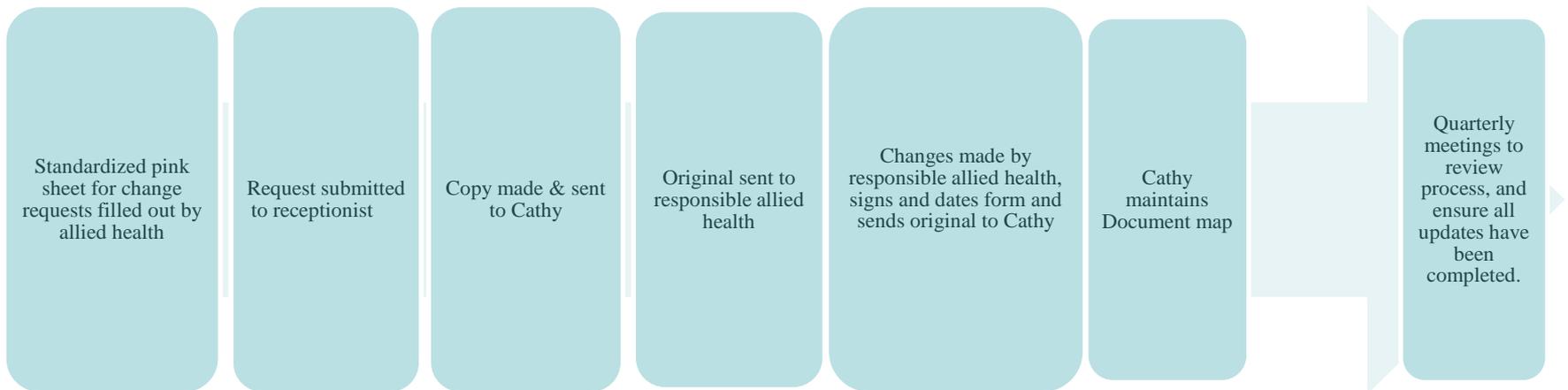
Group / Service: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Modification completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## *Implementation Plan: Part 9*



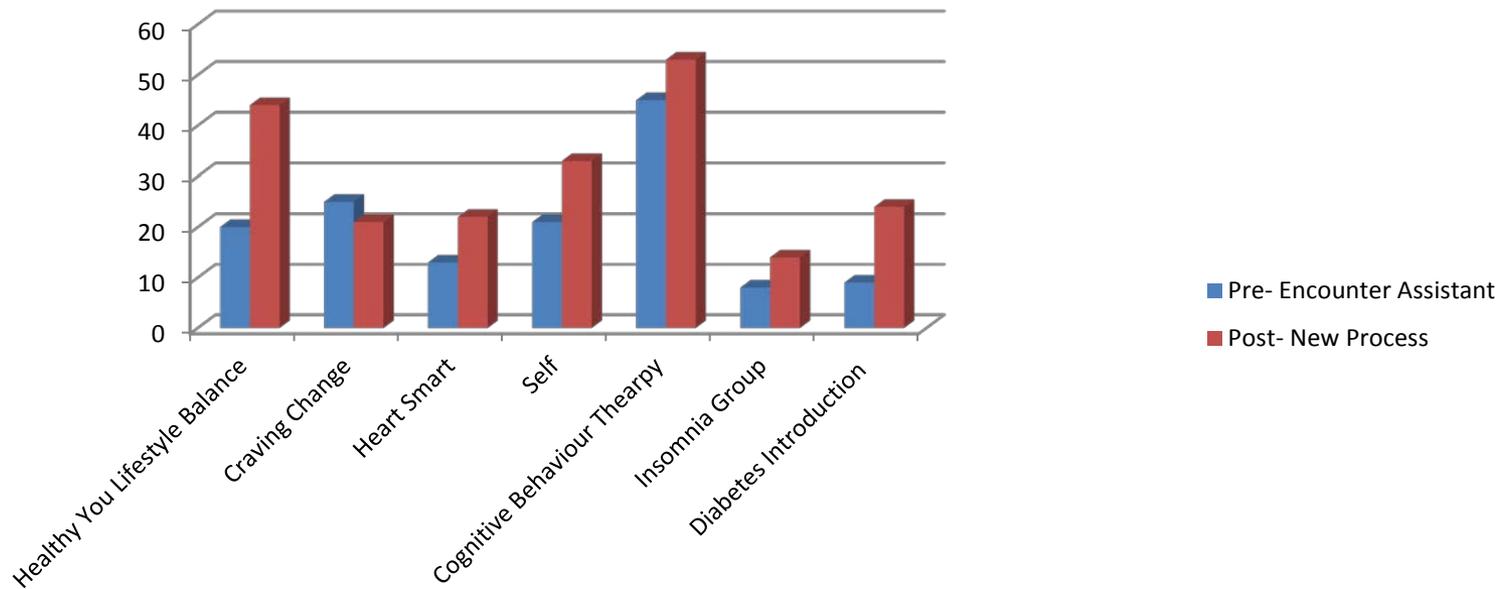


*Upper Grand*

**Family Health Team**

# *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)

*Upper Grand*

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**Family Health Team**

