HQCA
Health Quality Council of Alberta

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Greg's story

David Price

Ward Flemons

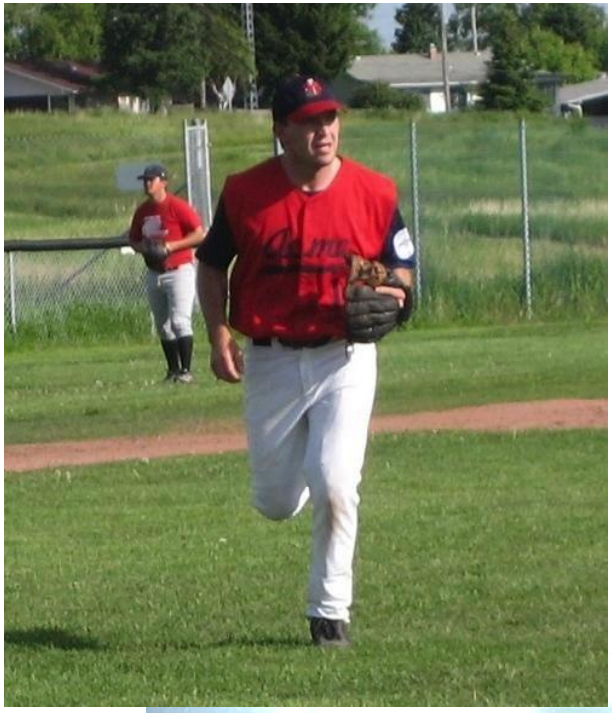
October, 2014

SAFE TRANSITIONS IN CARE

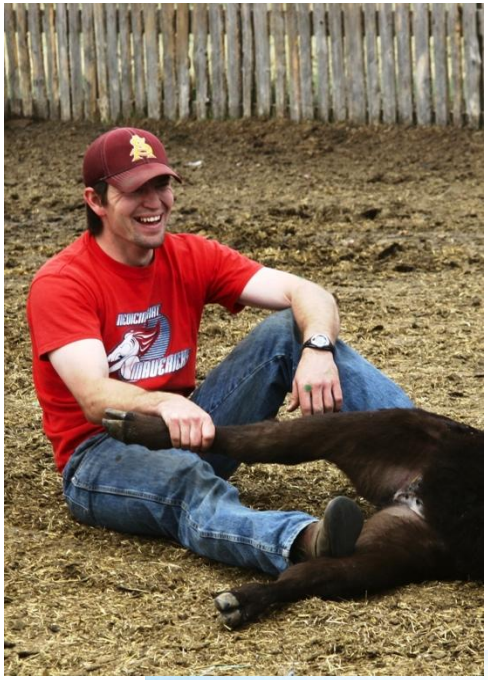
cpsi icsp

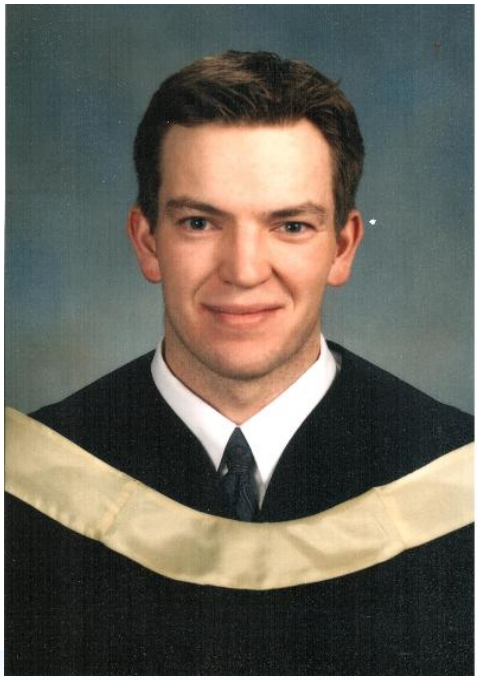
Alberta Health Services

Greg Price



HEALTHARROWS





HEALTHARROWS

GPResources

- Wednesday, May 16, 2012 - Surgery
- Friday - Trip back to Emergency Room afternoon
- Saturday - the following day, Greg died in our home

Greg's quotes to live by

- *"The men who try to do something and fail are infinitely better than those who try to do nothing and succeed."*

- *"My best friend is the one that brings the best out in me."*

- *"A century from now it will not matter what kind of car I drive, what kind of house I lived in or how much money I had in the bank… but one hundred years from now the world may be a better place because I was important in the life of a child."*

HQCA

- Dr. Ward Flemons
- Continuity of Patient Care Study

Background

•Over the years the HQCA has heard from many Albertans about their concerns with breakdowns in the continuity of patient care;

- people contacting the HQCA with their stories

and

- through surveys *(Satisfaction and Experience with Healthcare Services*)*
  - < 50% felt that coordination of their healthcare by professionals was excellent / very good
  - ~ 50% report their physician not informed about ED care
  - ~ 35% report their physician not informed about specialist or hospital care
  - 10 to 15% report their physician not informed about DI results and MRI scans they had undergone

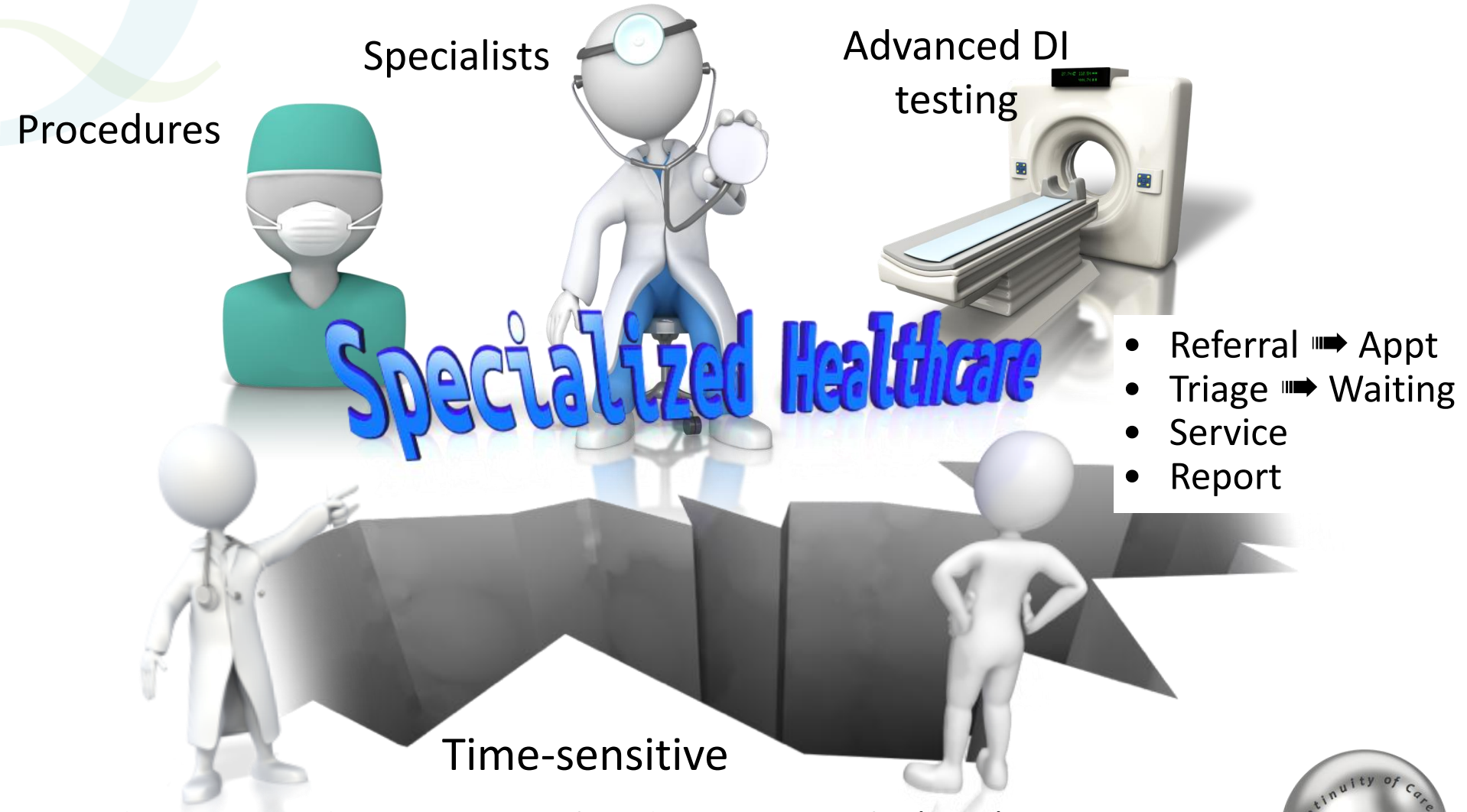
* *2003 to 2012*

Continuity of Care

The degree to which a patient experiences a series of healthcare encounters as coherent, connected and coordinated

Threats to Continuity of Care

Threats to Continuity of Patient Care



- Referral ➠ Appt
- Triage ➠ Waiting
- Service
- Report

diagnosis and treatment within days ➠ 2 weeks (max)

- known compromise of vital limb or organ function **or**
- high probability of this developing

Threats to Continuity of Patient Care

Methodology

In-depth study of the experience of an individual patient ⇛ Greg

- Info from:
  - Patient health records
  - Interviews
  - Detailed flow mapping
  - Literature review
  - Review of leading EMR practices (Mayo, Geisinger, Kaiser)
  - Information technology experts
  - Published documents (e.g., CPSA Standards of Practice)
- Analysis ☛ broadly inform recommendations that will improve continuity of patient care
- Recommendations for system improvement

Methodology

- System focused approach
  - does not address or judge the performance of individuals
  - focus on issues with broad implications
    - not on single or a few provider issues
    - the case is only representative of a larger issue
    - should be able to substitute many different providers into the ‘story’
  - recommendations
    - look for win - win
    - widespread impact
    - accountability

http://www.hqca.ca/index.php?id=257

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CONTINUITY OF PATIENT CARE STUDY

December 19, 2013

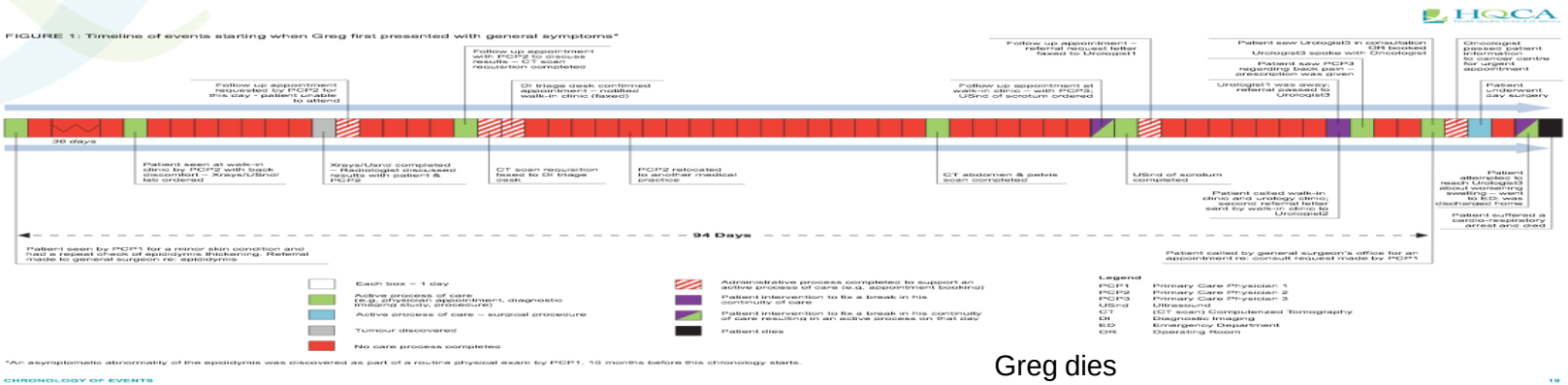
- Chronology of Events
- Findings & Lessons to be Learned
- ⇒ 10 Findings
- ⇒ Lessons to be Learned
  - Price family's perspective
  - HQCA's perspective
- Issues - Analysis - Recommendations

⇒ 10 Recommendations

- Supplementary Finding

⇒ 3 Recommendations

Greg's Journey



Greg dies

49

33

Follow up appointment requested by PCP2 for this day - patient unable to attend

Follow up appointment with PCP2 to discuss results – CT scan requisition completed

DI triage desk confirmed appointment – notified walk-in clinic (faxed)

Follow up appointment – referral request letter faxed to Urologist1

Follow up appointment at walk-in clinic – with PCP3; USnd of scrotum ordered

Patient saw Urologist3 in consultation OR booked

Urologist3 spoke with Oncologist

Patient saw PCP3 regarding back pain – prescription was given

Urologist1 was away; referral passed to Urologist3

Oncologist passed patient information to cancer centre for urgent appointment

Patient underwent day surgery

36 days

2

3

4

Patient seen at walk-in clinic by PCP2 with back discomfort – Xrays/USnd/ lab ordered

Xrays/Usnd completed – Radiologist discussed results with patient & PCP2

CT scan requisition faxed to DI triage desk

PCP2 relocated to another medical practice

CT abdomen & pelvis scan completed

USnd of scrotum completed

Patient called walk-in clinic and urology clinic; second referral letter sent by walk-in clinic to Urologist2

Patient attempted to reach Urologist3 about worsening swelling – went to ED; was discharged home

Patient suffered a cardio-respiratory arrest and died

had a repeat check of epididymis thickening. Referral

94

1

Patient called by general surgeon's office for an

Days

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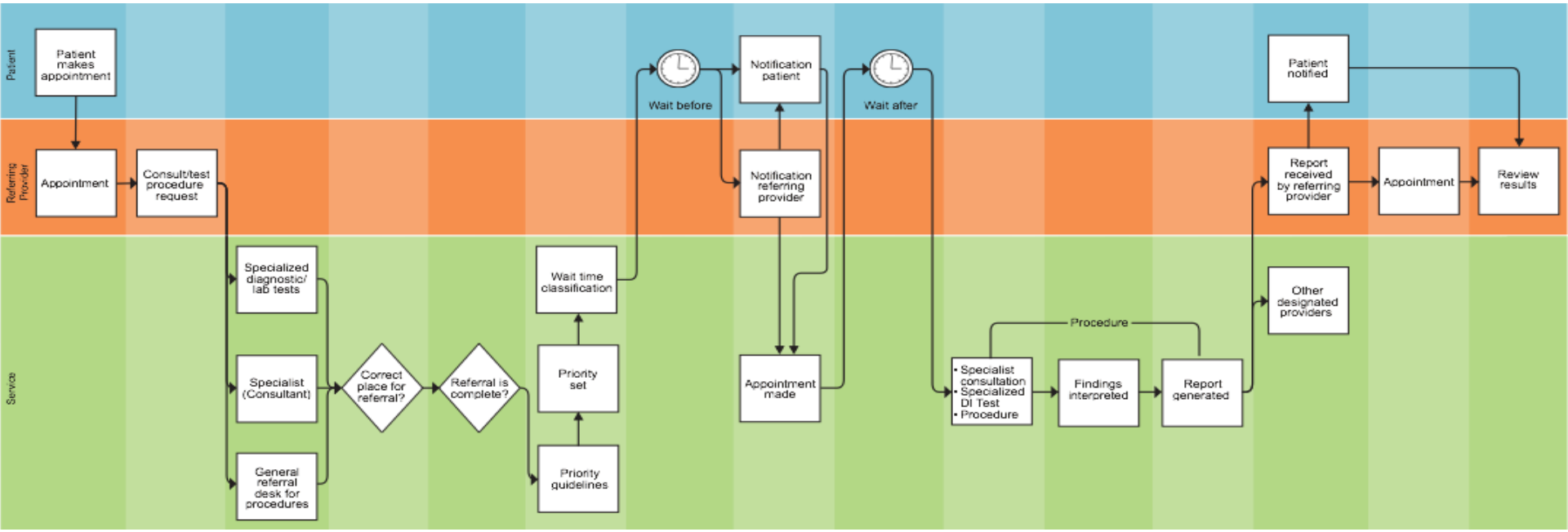
Findings & Lessons to be Learned

1. Referral to specialists – knowing the process and timeframe
2. Co-ordinating patient care – having more than one ‘quarterback’
3. Expediting diagnostic imaging studies for patients with time-sensitive health conditions
4. Radiology self-referral
5. Followup and review of test results
6. Ensuring that a patient’s transition of care has been successful
7. Co-located practice groups: co-ordinating services and clarifying relationships
8. Post-operative care – physician responsibility for patients
9. ‘Jousting’ in healthcare – how it affects trust and confidence in handovers of care
10. Electronic health records – patient access to important health information

Patient Referral for ‘Specialized Healthcare’



Findings & Lessons to be Learned

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8. Post-operative care – physician responsibility for patients
9. ‘Jousting’ in healthcare – how it affects trust and confidence in handovers of care
10. **Electronic health records – patient access to important health information**

Patient engagement?

The ‘System’

Electronic Health Record

“As a general rule the most successful man in life is the man who has the best information.”

— Benjamin Disraeli

Electronic Health Records

Patient access to important health information

EHRs ➟ Patient portals - functionality (Geisinger / Mayo / Kaiser)

- View lab / pathology results (almost all results in real time).
- View diagnostic imaging results
- Message healthcare providers
- View portions of the medical record, including outline of current health issues, medications, allergies, immunizations, and health reminders.
- Track chronic conditions and provide updates
  - Patients enter their own healthcare data into their patient record (e.g., glucose values, blood pressure, and weights)
  - can be viewed by their healthcare providers.

Electronic Health Records

Patient access to important health information

EHRs ➟ Patient portals - functionality (Geisinger / Mayo / Kaiser)

- Schedule appointments with their primary care providers.
- View of upcoming appointments
- Requests to reschedule appointments
- Grant proxy access to the patient portal for family members to assist with their care.
- Medication list, allergy list, immunizations.
- Pre-visit questionnaires and forms that can be completed online.
- Notification (reminders) of preventive health services to be completed (e.g., colon cancer screening).
- Refill prescriptions online, registration, insurance, authorizations.

Findings & Lessons to be Learned

Price family's perspective *(total = 6)*

Lessons to be learned – Family perspective:

"Never, ever assume there is a critical smooth hand off between doctors."

Lessons to be learned – Family perspective:

"Never assume that when a referral is made to another doctor that the case will be treated with any particular priority."

Findings & Lessons to be Learned

HQCA's perspective *(total = 7)*

Lessons to be learned – QAC perspective:

Users: *If you have a serious medical issue and it is not being addressed in a timeframe that you believe is acceptable, it is quite appropriate to ask your healthcare provider to reconsider the urgency of your care needs.*

Providers: *'Urgent' lacks a standard definition in the healthcare system. If a patient with a time-sensitive health condition needs an appointment for a test, procedure, or consult within a very short period of time, the only reliable way to ensure this happens is to speak directly with a person who has the authority to appropriately expedite the appointment. No other approach or process can reliably take the place of direct provider-to-provider communication.*

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Issues - Analysis - Recommendations

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

2. **Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions.**

3. **Prioritization criteria for outpatient CT scans.**

4. **Formal transfer-of-care responsibilities for time-sensitive health conditions and availability of responsible healthcare providers.**

5. **Co-located practice groups: co-ordinating services and clarifying relationships.**

Issues - Analysis - Recommendations

5. Co-located practice groups: co-ordinating services and clarifying relationships.

- **Recommendations 9 & 10** focus on a particular group of co-located specialists but is applicable to any group of physicians or healthcare practitioners who choose to co-locate
- take opportunities to optimally coordinate services such as central triage and call answering
- create a single process for patients and referring physicians to contact a specialist
- ensure all forms of communication clearly outline the relationships between the physicians and sponsoring organizations

Issues - Analysis - Recommendations

4. **Formal transfer-of-care responsibilities for time-sensitive health conditions and availability of responsible healthcare providers.**

- **Recommendation 5** targets physicians – to make clear (to the patient and to other physicians involved in the patient's care) who the responsible physician(s) is (are) for managing a patient's important time-sensitive condition and how the patient should contact that physician if they are needed.
- **Recommendation 6** challenges Alberta's physicians with making a public declaration (as part of the new Alberta Health Charter or a stand-alone document) about their commitment to patients who have serious time-sensitive health conditions to be available 24/7 and responsive to concerns patients may have about their condition or possible complications stemming from having undergone a procedure.

Issues - Analysis - Recommendations

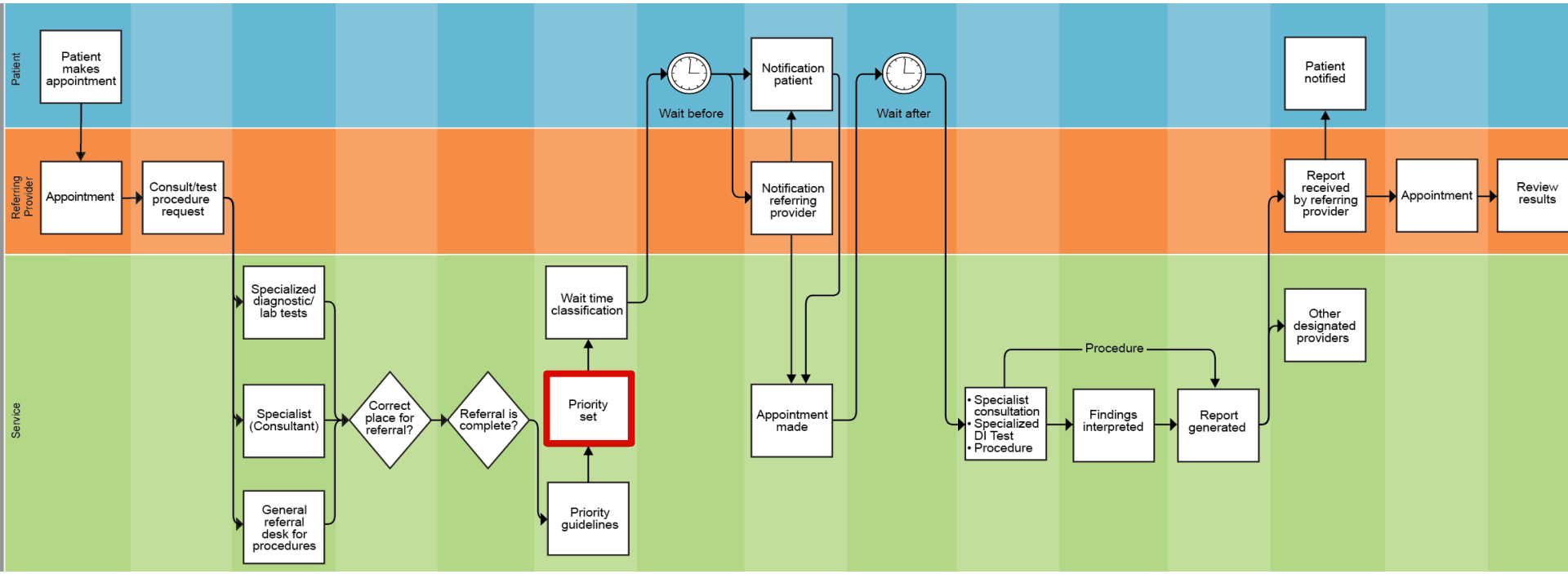
4. **Formal transfer-of-care responsibilities for time-sensitive health conditions and availability of responsible healthcare providers.**

- **Recommendation 7** suggests that Alberta physicians consider partnering with Health Link Alberta as one possible mechanism to make it easier for patients to contact their physicians after hours when they have substantial concerns.

- **Recommendation 8** encourages the College of Physicians and Surgeons of Alberta to develop a proactive process to monitor its After Hours Access to Care Standard.

Issues - Analysis - Recommendations

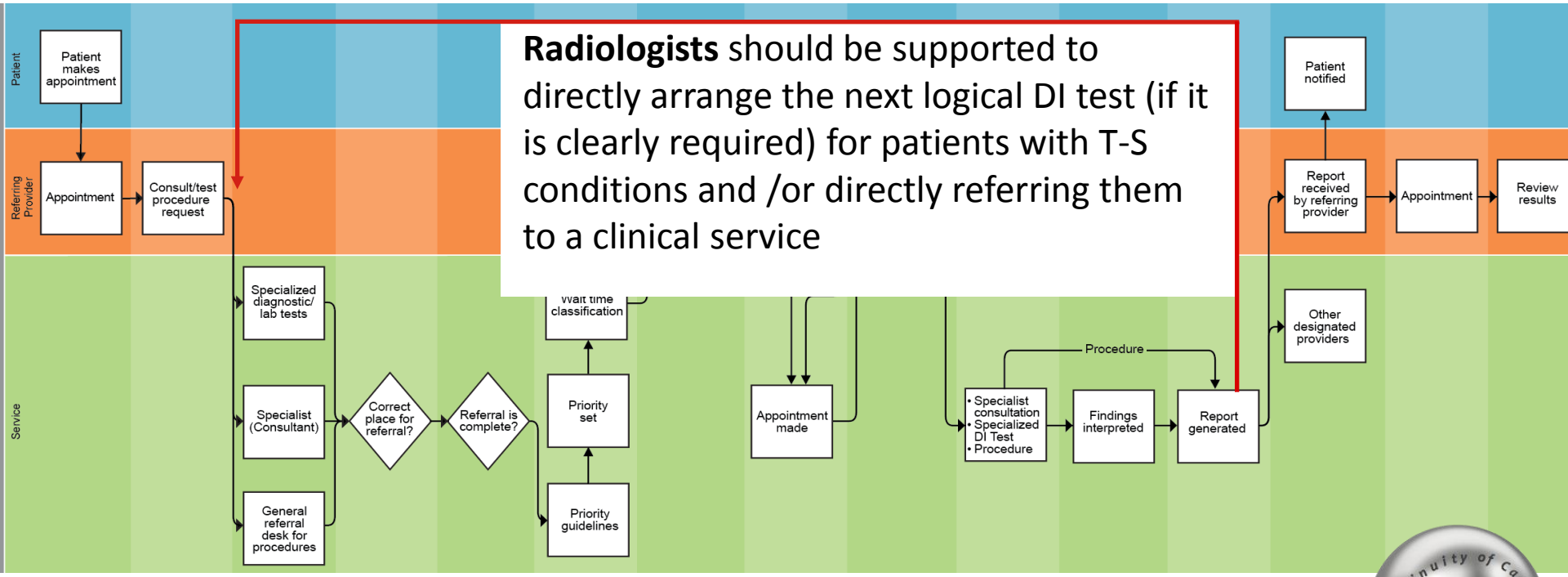
3. Prioritization criteria for outpatient CT scans.



Alberta Health Services to revise their criteria for assigning priority to patients requiring body CT scans so that patients with known time-sensitive conditions are made priority 1 regardless of whether they have a confirmed diagnosis of cancer.

Issues - Analysis - Recommendations

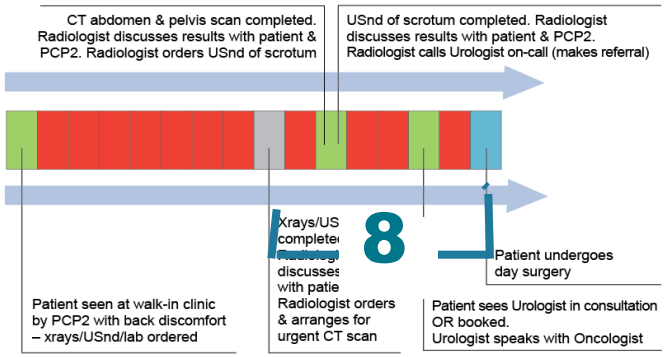
2. **Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions.**



Issues - Analysis - Recommendations

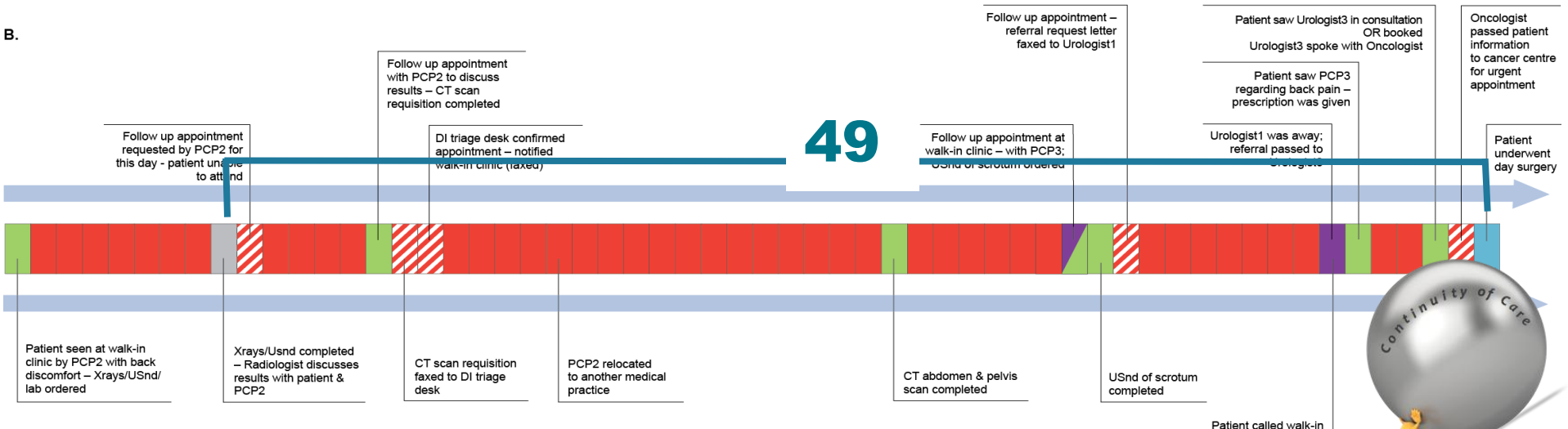
2. Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions.

A.



Radiologists should be supported to directly arrange the next logical DI test (if it is clearly required) for patients with T-S conditions and /or directly referring them to a clinical service

B.



Issues - Analysis - Recommendations

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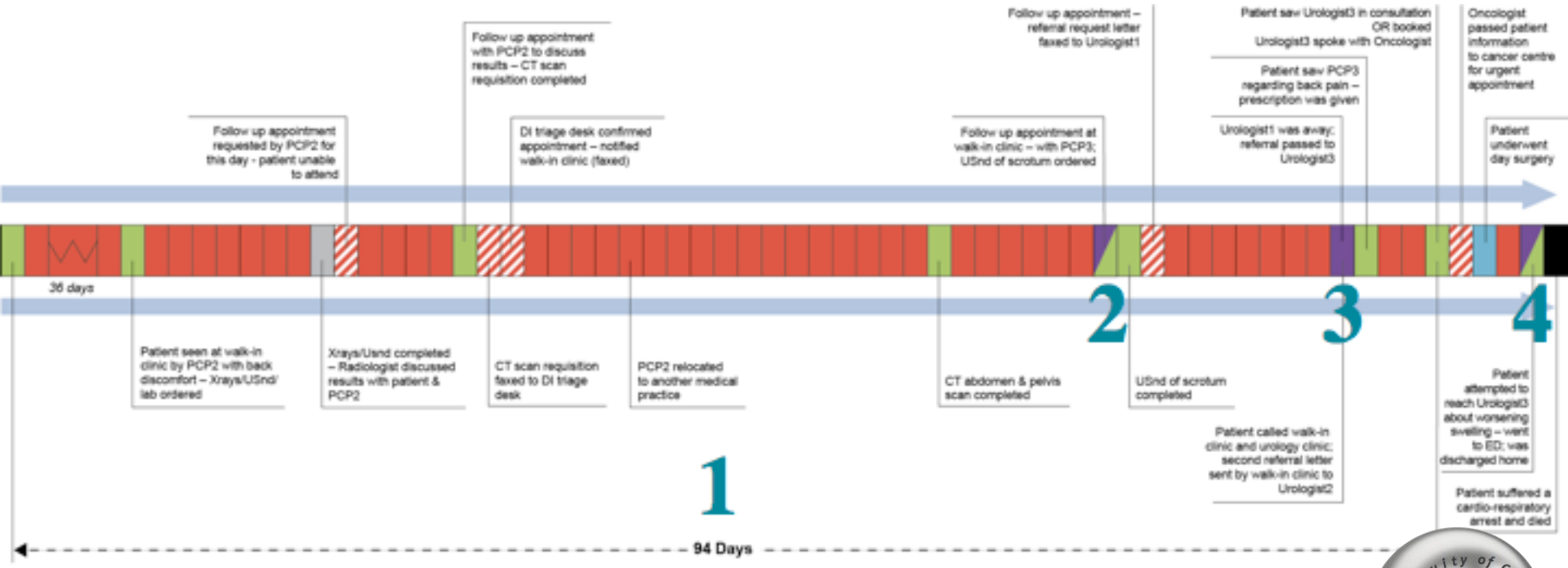


Issues - Analysis - Recommendations

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

Alberta Health and Alberta Health Services should strongly consider making additional investments in the provincial electronic health record and e-referral system to standardize workflow processes for all specialized healthcare services

including a **patient portal**

Issue - Analysis - Recommendations

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

eReferral

- ✓ Closed loop referral

- ✓ Referral creation & submission
- ✓ Provides wait times
- ✓ Send for consult or advice
- ✓ Standard referral requirements
  - ☛ allows for intake & triage
  - ☛ direction to the correct specialty service
- ✓ View referral history
- ✓ Checks for completeness
- ✓ Track referrals in real time

At all stages in the referral life cycle, any **patient & / or** health care professional associated with a referral can track its status and view its details.

Issue - Analysis - Recommendations

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

Two Important Principles

1.Engage patients in their own care (and give them access to their own clinical information so they can play an informed role)

- **Design the health system at all levels to make it safer** (to make it harder for people to do something wrong and easier for them to do it right)**; and if something does go wrong - make it easier for healthcare providers and patients to see it in time to intervene**

Issue - Analysis - Recommendations

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

Netcare

Patient-portal

e-Referral

Price Family's Goals

Care that is:

- Safe
- Continuous
- Collaborative
- Patient-centred

Sharing Greg's story

Sharing Greg's story

Progress to date

Recommendations

1. *Netcare ⇒ patient portal / eReferral; standardize referral mgmt workflow*
2. *Update standards for referral practices for specialized healthcare services*
3. *Radiologists can expedite the care of patients with T-S health conditions*
4. *Revise current criteria for prioritizing CT scans*
5. *Clarify physician accountability and availability for patients' T-S conditions*
6. *Physicians commit (publicly) to be available to patients with T-S conditions*
7. *Consider partnering with Health Link Alberta to improve MD availability*
8. *Proactively monitor physician's compliance with after-hours access*
9. *Review the business model of the SAIU to provide better coordination of care*
10. *SAIU / AHS to review communication to clarify relationships*

Making healthcare safer

"to err is human,

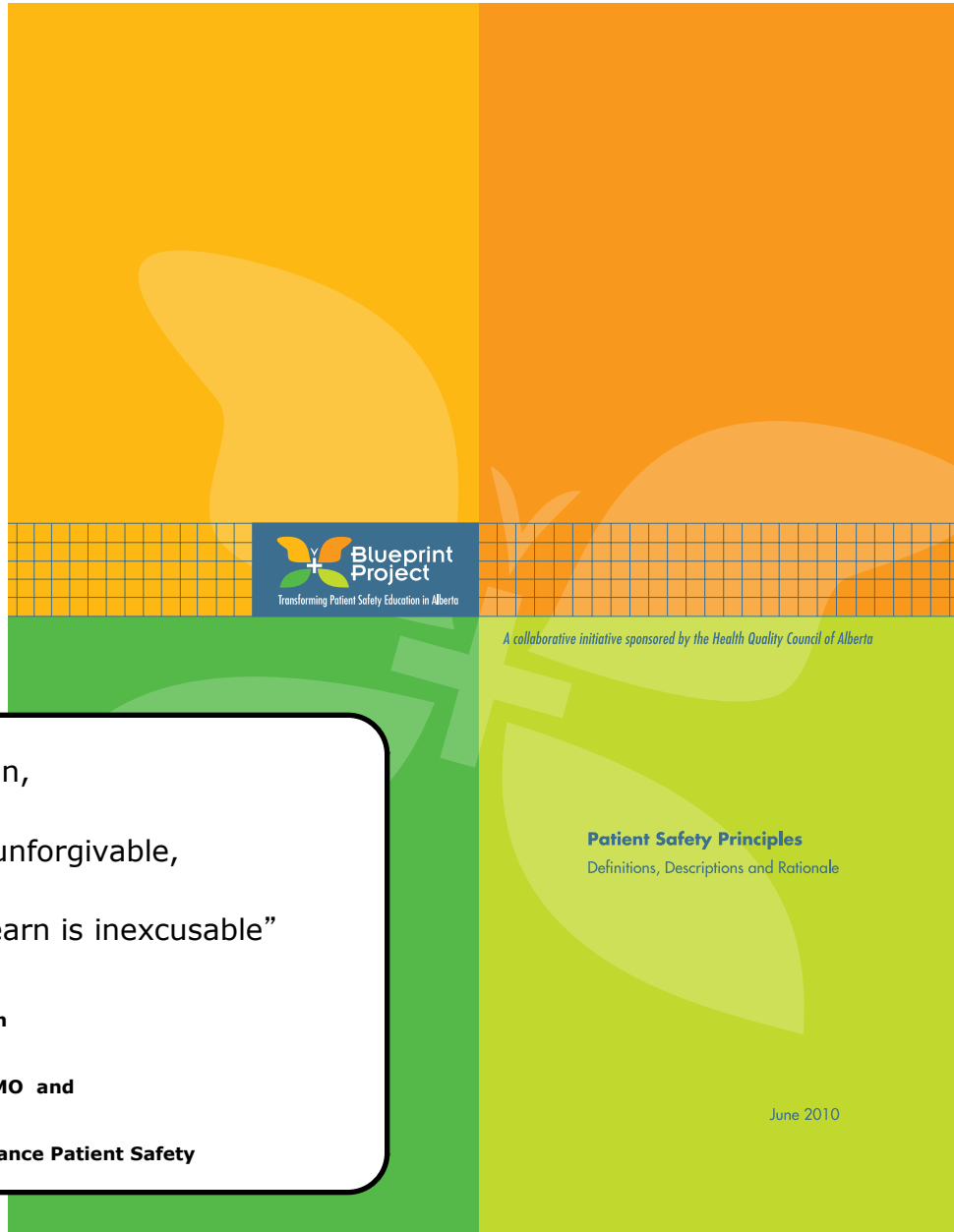
to cover up is unforgivable,

and to fail to learn is inexcusable”

Sir Liam Donaldson

Former England CMO and

Chair of World Alliance Patient Safety



Making healthcare safer

Principle 6: Continuous learning and improvement

Definitions

- Learning – the action of receiving instruction or acquiring knowledge; a process that leads to the modification of behaviour or the acquisition of new abilities or responses, and which is additional to natural development by growth or maturation[5]
- Improvement – an act of making or becoming better; a process, change, or addition, by which the value or excellence of a thing is increased; that in which such addition consists or by which anything is made better[5]

Description and Rationale

This principle recognizes that for health care to be as safe as possible, continuous monitoring of important safety information is required for:

1) systems that support the delivery of care (environment/equipment/technology/information systems).
2) individual patients (microsystem level) and populations of patients (meso and macrosystem levels).

Individuals and organizations should:

- have a willingness and competence to draw the right conclusions from safety information systems,[10] both to manage individual patient care and to design/provide for patient populations or subpopulations.
- have the will to implement changes when their need is indicated.[11]
- act to implement changes at micro, meso and macrosystem levels.

"Knowing is not enough; we must apply. Willing is not enough; we must do." – *Goethe*

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