SUBACUTE NAVIGATION:
INTEGRATED CONSULT AND EFFECTIVE TRANSITIONS

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MANAGER, SUBACUTE TRANSITIONS
FEBRUARY 25, 2016
AGENDA

- Welcome and Introductions
- Integrated Consult Initiative
- Rationale
- Process
- Strengths
- Effective Transitions
- Metrics
- Opportunities for Improvement
- Projects
- Questions/Comments
SUBACUTE INTEGRATED CONSULT INITIATIVE

• Centralized model for facilitating timely, safe and efficient transitions from acute care to bedded subacute care
  • one-stop shopping

• Standardized process for referrals to subacute care using:
  • Provincial Resource Matching & Referral (RMR) form
  • Rehabilitation Decision Model

• Consult professionals at each tertiary care campus
includes referrals to the in-patient subacute sector:
- The Ottawa Hospital Rehabilitation Centre
- Short Term Rehab (The Ottawa Hospital General Campus)
- Bruyère programs
  - Geriatric Rehab
  - Stroke Rehab
  - All Complex Continuing Care streams

***Exception: Palliative/Hospice beds
PARTNERS

▸ CURRENT:
  • Bruyère Continuing Care
  • Queensway-Carleton Hospital
  • Hôpital Montfort

▸ UPCOMING:
  • Small Hospitals
<table>
<thead>
<tr>
<th>DATE</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2013</td>
<td>• small scale pilot at the Civic&lt;br&gt;• referrals to TRC, Short Term Rehab and Geriatric Rehabilitation at Bruyère</td>
</tr>
<tr>
<td>December 2013</td>
<td>• Added CCC</td>
</tr>
<tr>
<td>2014-2015</td>
<td>• Full roll-out to all acute care units at both in-patient campuses</td>
</tr>
<tr>
<td>2015-2016</td>
<td>• Received Assess and Restore project funding</td>
</tr>
<tr>
<td>September 2015</td>
<td>• Added Stroke Rehab</td>
</tr>
<tr>
<td>November 2015</td>
<td>• QCH &amp; Montfort Launch</td>
</tr>
<tr>
<td>January 2016</td>
<td>• Added Heart Institute&lt;br&gt;• Added CCC consults from TRC&lt;br&gt;• Initiating work with smaller hospitals&lt;br&gt;• Leveraging e-referral work in small hospitals</td>
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</table>
RATIONALE

• Several previous attempts with limited success
• Multiple referrals to multiple services
• High volume of information sent between organizations to determine appropriateness for admission
• Need for efficient utilization of subacute services
• Improve access and timely transitions to subacute care
• Improve transition of care handovers
THEN

NOW
CENTRALIZED PROCESS

Team decision to refer for subacute navigation

Provincial RMR 1-pager completed and sent

Triaged using Rehabilitation Decision Model

Consult professional assesses patient

Patient is accepted/declined to best possible destination

Escalation process enabled when necessary
STANDARDIZING THE PROCESS: 1-PAGE REFERRAL

- Start of our transitions process

- Part of the Provincial RMR (Resource Matching and Referral) form
  - Provincial best practice for transition between sectors
  - Developed after lengthy consultation exercises across the province
  - Form content is prescribed with an aim to support seamless transfers between providers

- Gathered important elements into a 1-page referral form
STANDARDIZING THE PROCESS: 1-PAGE REFERRAL (CONT’D)
STANDARDIZING THE PROCESS: REHABILITATION DECISION MODEL

- Supports triage to the best destination
- Developed by the physician group
- Extensive consultation
- Agreement between rehab destinations as to which patient profiles are best served by their unique expertise
TRANSITIONS: ROLE OF THE INTEGRATED CONSULT TEAM

• Triage guided by Rehab Decision Model to the most appropriate service

• Complete assessment
  • Thorough chart review
  • Meet with and observe patient
  • Case consultation as required
  • Complete provincial RMR form

• Review cases with physicians from subacute destinations as needed

• Document acceptance/refusal information

• Liaise with subacute destination and forward necessary chart documentation
STRENGTHS

- Single point of access
- 1-page referral
- Streamlined process
- Standardized
- Referred patients seen by a consult professional within 24 hours of referral
- Liaison between consult professional and subacute destination for improved communication and transition
REFERRAL VOLUMES

- Referral volumes increasing overall
- Overall increase of 35%
- Q4 is on track for a 15% increase if volumes hold
- All destinations are increasing at the same relative rate

### REFERRAL VOLUMES

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Number of Consults</th>
</tr>
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<tbody>
<tr>
<td>Q4 14-15</td>
<td>418</td>
</tr>
<tr>
<td>Q1 15-16</td>
<td>495</td>
</tr>
<tr>
<td>Q2 15-16</td>
<td>537</td>
</tr>
<tr>
<td>Q3 15-16</td>
<td>645</td>
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</table>
REFERRAL DISTRIBUTION

- STR, Geri and CCC represent the largest referral volumes.
- Stroke volume was initially small with a gradual roll-out in Q2.
  - Expected to increase.
### TURN-AROUND TIME: TRIAGE TO DECISION

<table>
<thead>
<tr>
<th>Triage to Decision</th>
<th>GerI</th>
<th>Stroke</th>
<th>CCC</th>
<th>STR</th>
<th>TRC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1 15-16</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 24 hrs</td>
<td>84.7%</td>
<td>0.0%</td>
<td>55.7%</td>
<td>77.9%</td>
<td>47.9%</td>
</tr>
<tr>
<td>2-3 days</td>
<td>11.1%</td>
<td>0.0%</td>
<td>21.7%</td>
<td>12.2%</td>
<td>24.7%</td>
</tr>
<tr>
<td>≥ 4 days</td>
<td>4.2%</td>
<td>0.0%</td>
<td>22.6%</td>
<td>9.9%</td>
<td>27.4%</td>
</tr>
<tr>
<td><strong>Q2 15-16</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 24 hrs</td>
<td>91.4%</td>
<td>80.8%</td>
<td>42.1%</td>
<td>74.2%</td>
<td>50.7%</td>
</tr>
<tr>
<td>2-3 days</td>
<td>4.6%</td>
<td>11.5%</td>
<td>24.3%</td>
<td>14.0%</td>
<td>13.3%</td>
</tr>
<tr>
<td>≥ 4 days</td>
<td>4.0%</td>
<td>7.7%</td>
<td>33.6%</td>
<td>11.8%</td>
<td>36.0%</td>
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<tr>
<td><strong>Q3 15-16</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 24 hrs</td>
<td>86.4%</td>
<td>80.4%</td>
<td>48.1%</td>
<td>71.6%</td>
<td>59.2%</td>
</tr>
<tr>
<td>2-3 days</td>
<td>10.1%</td>
<td>12.5%</td>
<td>27.9%</td>
<td>14.2%</td>
<td>29.6%</td>
</tr>
<tr>
<td>≥ 4 days</td>
<td>3.6%</td>
<td>7.1%</td>
<td>24.0%</td>
<td>14.2%</td>
<td>11.3%</td>
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</table>
TURN-AROUND TIME: TARGET SETTING

- Initiated target setting for turn-around times within 24 hours of triage
- An additional consult professional has been trained in STR to assist with referral volumes
- CCC targets TBD

<table>
<thead>
<tr>
<th></th>
<th>F15/16</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4 TO DATE</th>
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<tbody>
<tr>
<td>Geri</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target: 85%</td>
<td>84.7</td>
<td>91.4</td>
<td>86.4</td>
<td>92</td>
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<tr>
<td>Stretch: 90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target: 80%</td>
<td></td>
<td>80.8</td>
<td>80.4</td>
<td>93</td>
</tr>
<tr>
<td>Stretch: 85%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target: 65%</td>
<td>47.9</td>
<td>50.7</td>
<td>59.2</td>
<td>65</td>
</tr>
<tr>
<td>Stretch: 70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target: 75%</td>
<td>77.9</td>
<td>74.2</td>
<td>71.6</td>
<td>71</td>
</tr>
<tr>
<td>Stretch: 80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- Green: At target
- Yellow: 1-4% above target
- Purple: > 5% above target
- Red: > 5% below target
- Dotted Green: Exceeds target ≥ 5% (Stretch target or greater)

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NEXT STEPS

• Improving consult professional “silos”
  ➢ Cross-training to ensure consult professionals can assess for multiple destinations

• Streamlining processes with TRC referral process

• Appropriate triage decision
  ➢ Education to referring units for completeness of referral

• Improving processes for waitlisted patients to move to next best rehab destination

• Referral and tracking accuracy
  ➢ Tracking and trending consult volumes and turn-around times
  ➢ Leverage e-referral work in progress at small hospitals
Streamlining processes with a focus on Bruyère rehab and CCC destinations

Rolled out November 9, 2015

Rehab Decision Model was adapted to meet QCH’s processes and programs

Successes
- Improved understanding within QCH of Bruyère destinations
- Smoother flow to Bruyère
- Decision time is now within 1-2 days of referral
LHIN PROJECT UPDATES: HOPITAL MONTFORT

- Adapt Meditech to enable electronic RMR form
- Adapt Rehab Decision Model to meet Montfort’s processes and programs
- Map the referral process flow
- Next Steps:
  - Implement changes within Meditech and educate staff
  - Discuss changes with other Meditech hospitals
  - Collaborate with leveraging the work done in small hospitals on ereferral
  - Work with TRC to smooth referral processes
LHIN PROJECT UPDATES: LEVERAGING eREFERRAL WORK IN SMALL HOSPITALS

- Work has been done between Almonte and Carleton Place to refer via SharePoint collaboration space
- Generated much interest
- Leveraging and expanding this process to other hospitals within the LHIN
- Leveraging Montfort’s work on Meditech to determine if this can function in conjunction with SharePoint eReferral process
QUESTIONS / COMMENTS
APPENDIX 1: PROCESS MAP

Interprofessional Team Identifies Patient for Subacute Care

RMR page 1 completed by SW/CCL/CM
Scanned and emailed to internal rehab email address
Mailbox checked for new consults by manager/consult professionals
Each new referral reviewed at 7:30am Triage Meeting
Triaged as per Algorithm
Chart and OACIS reviewed by consult professional
Consult professional sees patient and speaks with interprofessional team members as appropriate
RMR pages 2-8 completed by consult professional

- Determination made re appropriateness for Rehab/CCC
  - GRS/Stroke – discussion with MD for acceptance and documentation faxed to Bruyère
  - CCC – Documentation faxed to Bruyère for MD review/decision
  - STR – consult professional makes acceptance/refusal decision with CF Discussion with MD/physiatrist as required
  - TRC – consult professional will discuss with physiatrist who will assess patient
  - Escalation Process Enabled
  - No determination made

Waitlisted
Consult professional places completed RMR form on chart
Consult professional transfers case and, if necessary, gives complete RMR form to more appropriate consult professional
Team Advised (progress note written)

Not Appropriate
Consult professional places completed RMR form on chart
Team Advised (progress note written)