

Project Details

Organization	Southern Health Santé Sud	Facility	Regional Palliative Care Program
Project Name	Palliative Care Referral Process	Project Facilitator/Belt Level	Cailin Gagnon, Green Belt Candidate
Project Sponsor	Paulette Goossen, Executive Director – West	Project Team	Team Southern Comfort: Stephanie Bleekendaal Deborah Krahn Ruby Garand Brigitte Remillard Karen Schaak
Project Start Date	November 16 th 2015	Project End Date	April 8 th 2016

Problem Statement

The Palliative Care Team is experiencing challenges with the current referral process due to a lack of efficient clear communication, ill defined system process and faulty, inadequate equipment.

These challenges result in distress for staff in areas such as:

- Duplication of work*
- Poor time management*
- Frustration with referral process*
- Inefficiencies in workload*

Current State Analysis - What's the Data Story?

18 out of 60 Referrals (30%) took 5 or more days from date of fax to first initial contact attempted by PCTM

Out of 77referrals, 14 (18%) were either missing the Drug Access Form or the information on the form was missing or illegible.

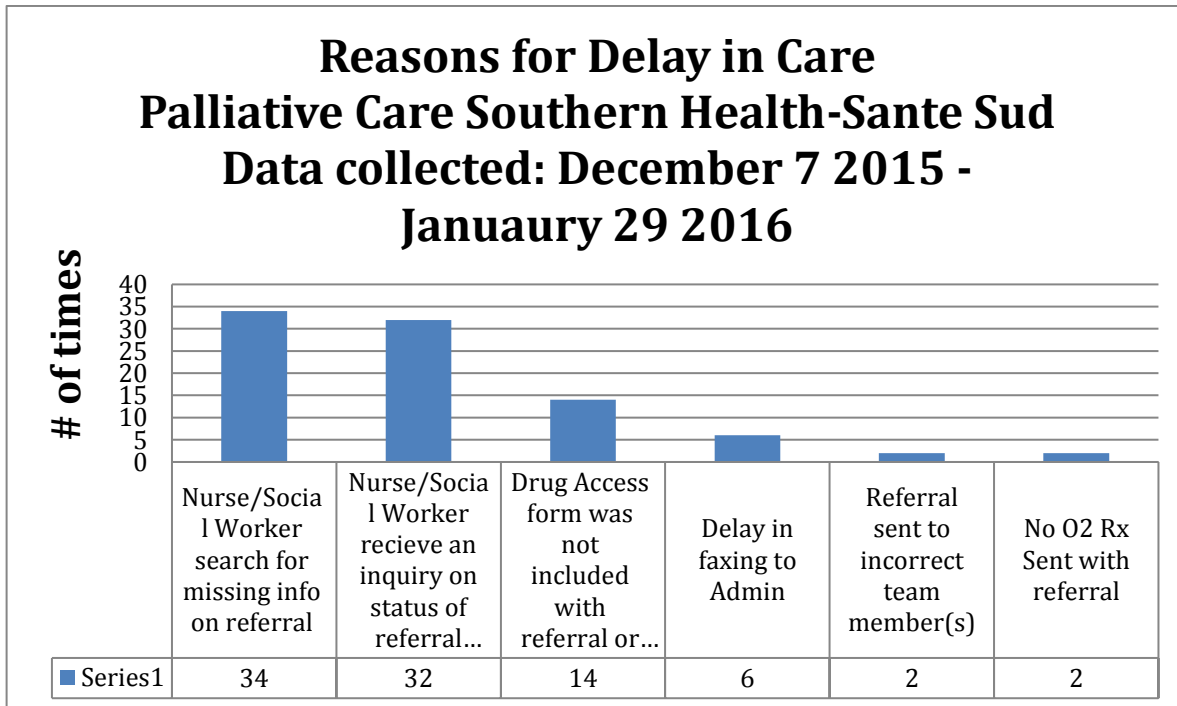
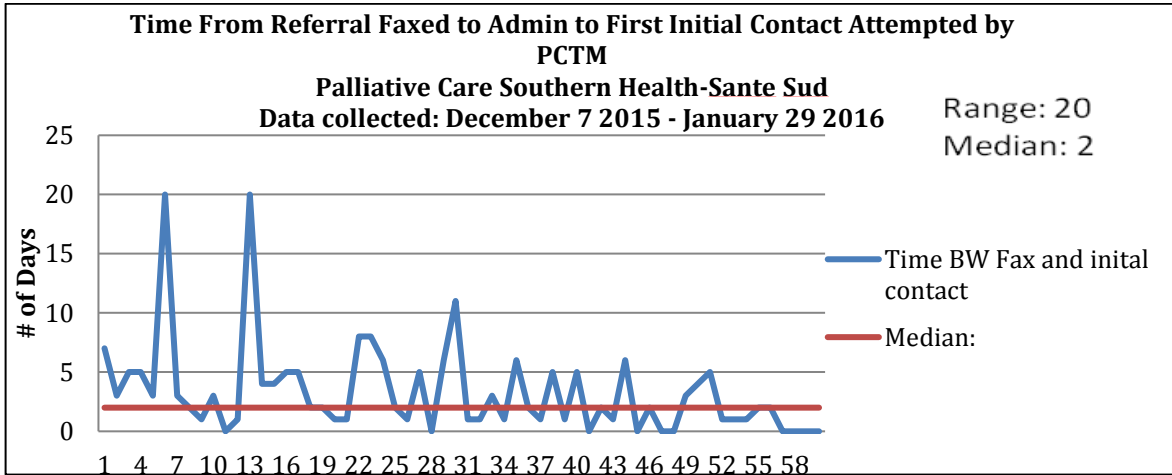
All of the PCTMs spent time (34 instances recorded) searching for missing information.

**Note: This does not necessarily mean that 34 out 77 referrals were flawed as more than one team member may be searching for missing information on the same referral form.*

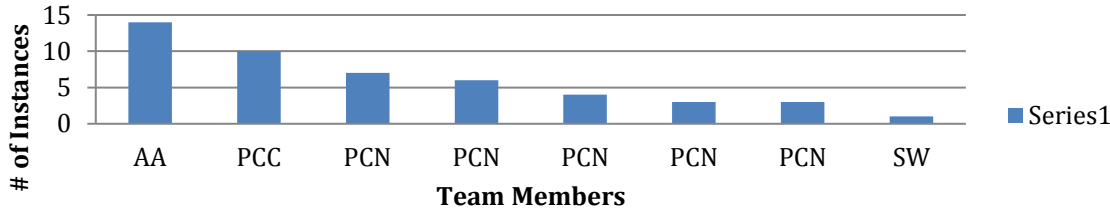
A significant amount of additional and/or unnecessary work was done by staff due to a number of factors in the current process:

- More than one Team Member searching for the same information on the same client.*

- More than one Team Member making initial contact with client.
- More than one file opened/created



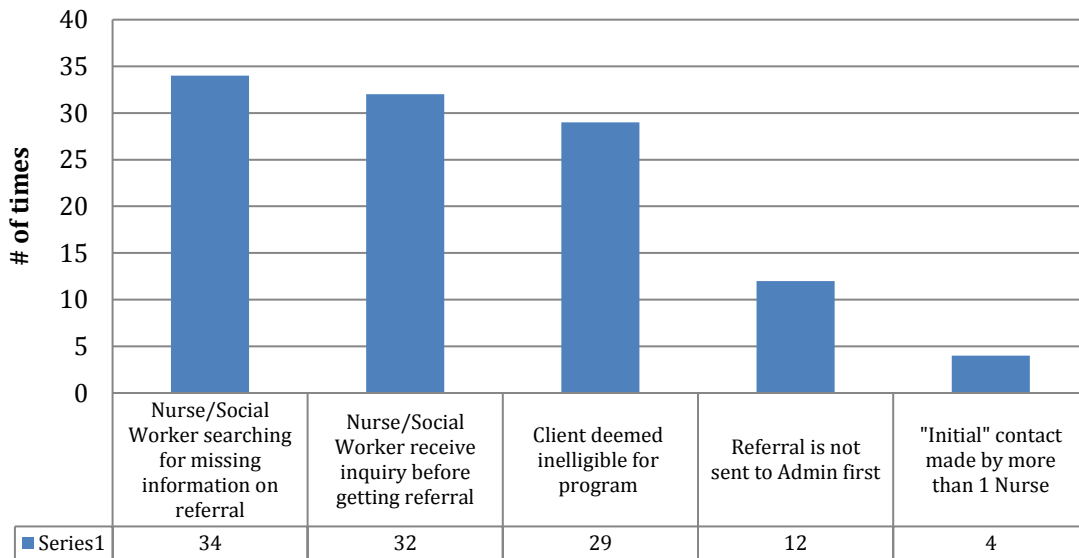
**# of Instances Team Member Searched for Missing Information on Referral
 (Incl. PCDAP/RANA)
 Southern Health - Sante Sud Palliative Care Program
 Data Collected: December 7th 2015- January 29th 2016**



AA = Administrative Assistant
 PCC = Palliative Care Coordinator
 PCN = Palliative Care Nurse
 SW = Palliative Care Psycho Social Specialist

A total of 8 People were searching for information during this time period

**# Of Instances Where Team Must Do Unnecessary or Additional Work
 Palliative Care Southern Health- Sante Sud
 Data collected: December 7 2015 - January 29 2016**



Project Aim

- 95% of referrals will take less than 5 days from date of fax to first initial contact with client/family.
- 0 instances of more than one Team Member making “initial contact” with a client.
- Reduce the number of team members searching for missing information on a referral form by 50% (from 8 people recording instances of missing information to 4 people recording instances of missing information)

Implementation Plan

	PDSA – Brief Description	Implementation Date
1	<i>Administrative Assistant will forward all referrals to the Palliative Care Coordinator who will then be responsible for triaging and assigning to team members.</i>	February 8 th 2016
2	<i>All Palliative Care Nurses will have authority to approve the Palliative Care Drug Access Program Form.</i>	February 8 th 2016

Controls Utilized

<input checked="" type="checkbox"/> Fundamental Change	<i>The Palliative Care Coordinator is now responsible for screening all referrals that come in. If Coordinator is away, another Palliative Care Nurse will be assigned these duties to ensure consistency.</i>
<input checked="" type="checkbox"/> Error Proofing	<i>The PC Coordinator reviews all referrals which results in a significant decrease in missing information or inaccurate information when referral is assigned to a team member.</i>
<input type="checkbox"/> Visual Control	
<input checked="" type="checkbox"/> Standard Work	<i>The Coordinator will always triage and assign referrals based on new process map</i>
<input checked="" type="checkbox"/> Training	<i>All team members are aware of the new process and this will be easily communicated to any new team members</i>
<input type="checkbox"/> Continue to Measure	
<input type="checkbox"/> Audit	
<input type="checkbox"/> Checklist	
<input type="checkbox"/> Policy & Procedure	
<input type="checkbox"/> Written Sign	

Outcomes – Qualitative and Quantitative Outcomes

Between the measurements phase post implementation from March 9th – March 23rd:

- 100% of the referrals (16/16) took less than 5 days between being faxed to Niverville to first initial contact made by a Team Member.
- There were no instances where more than one Team Member made the perceived “first initial contact” with a client.
- Three (3) out of 7 (seven) of the team members were searching for missing information. With the majority of instances (85%) the Palliative Care Coordinator was searching for the information.

With the Palliative Care Coordinator triaging the referrals, there is only one person searching for missing information for the majority of cases. The Coordinator can also determine if the referral is appropriate for the program. This will reduce the instances of team members travelling to see a client only to determine that they are not eligible for stated services on referral.

Furthermore, the PC Coordinator is also able to educate those that are sending referrals if information is missing, or the referral is not appropriate for program.

Examples:

The Coordinator was able to get in touch with someone who made a referral to explain that it is not necessary to complete the form if a patient is at end of life but does not require Palliative Care services.

The Coordinator has also sent referrals back if client signature is missing on Drug Access Form. It is expected that as this continues, there will be a reduction in the number of these instances as Providers are educated on the importance of obtaining the consent before sending to the program.

The new process has already saved a significant amount of time for the team. A conservative estimate of 1,122 minutes was saved for the month of March. The Team will likely have reduced instances of overtime and will have more time to focus on patient care. The Administrative Assistant will spend her acquired time providing more support to the Regional Director, Seniors/Palliative Care. The Regional Director, Seniors/Palliative Care plans to spend her acquired time on policy work.