

Southern Health Santé Sud

Quality Improvement Project Report Out

April 08 2016

Define

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*

In turn, these challenges may create a risk of delay in care for client and family and may result in:

- Financial burden*
- Safety concerns*
- Poor symptom control*
- And/or unnecessary ER visits, hospital admissions or delayed discharge*
- Poor public image of the Palliative Care Program*

Measure

The Palliative Care Team Members tracked the number of times the following occurred:

- **Receive a referral in which you find yourself searching for missing information (IE: Illegible)**
 - **Receive an inquiry about a client (or status of referral), but you have not actually received a referral yet**
 - **Initial referral received is not clearly assigned to a particular team member**
 - **Referral is processed, but on initial visit client is deemed “ineligible” for program due to:**
 - **Does not meet criteria (eg: referral for Drug Access Program but client’s prognosis greater than 6 months)**
 - **Consult Only**
 - **Client/family refuses service**
 - **Other**
 - **Receive a referral that was not sent to Admin first (ex: faxed directly to team member)**
- The Team also recorded the PHIN and date initial contact was attempted with client/family.**

Measure

Data was collected by the Senior and Palliative Care Administrative Assistant and the Palliative Care Team Members (PCTM): which included 5 Palliative Care Nurses, 1 Palliative Care Coordinator and 1 Palliative Care Specialist – Psycho Social (Social Worker).

Data was collected between December 7 2015 – January 29 2016.

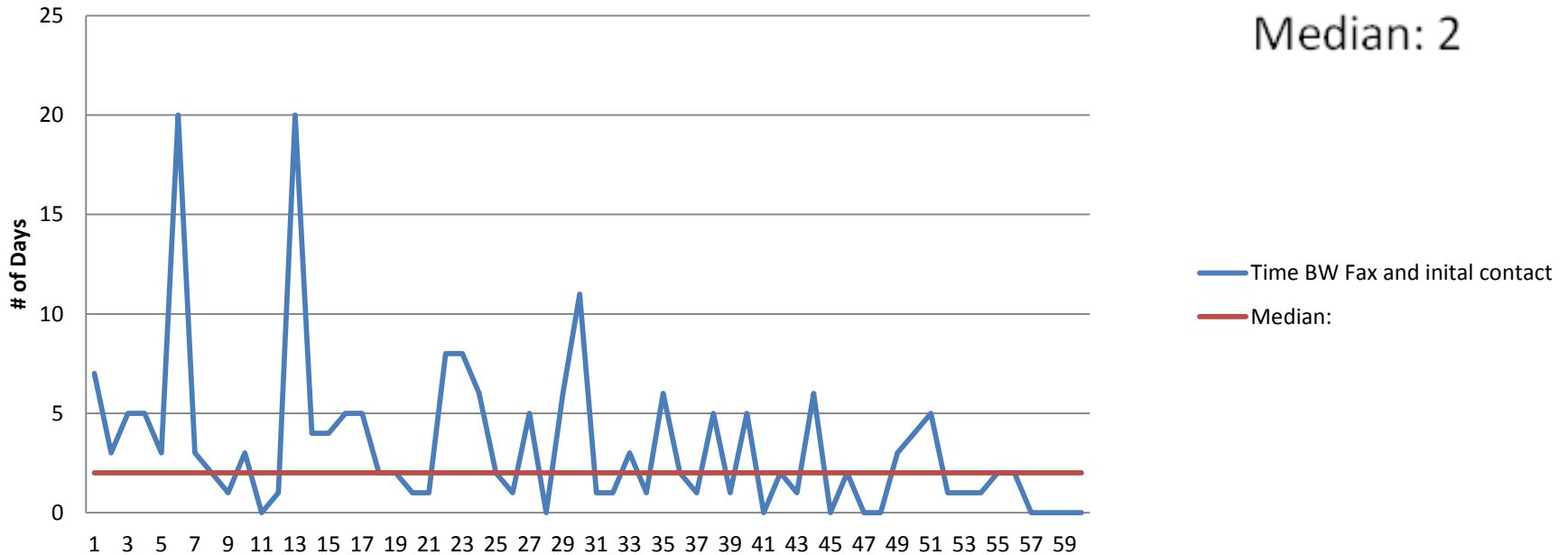
Measure

- **The Seniors & Palliative Care Administrative Assistant forwarded all referrals during the measurement time frame in order to obtain the following:**
 - The date on each referral
 - The date each referral was faxed
 - The date each referral was forwarded to the Palliative Care Team
 - Where referral was forwarded (East or West of the River)
- **The Admin would also note which referrals did not include the Palliative Care Drug Access Form (when referral requested this service) as well as when the prescription for O2 was requested but not included.**
- **A total of 77 referrals were sent during this time period.**
 - 60 were recorded by the team when initial contact was made

Analyze

**Time From Referral Faxed to Admin to First Initial Contact Attempted by
Palliative Care Team Member (PCTM)
Palliative Care Southern Health-Sante Sud
Data collected: December 7 2015 - January 29 2016**

Range: 20
Median: 2



Total Number of Referrals Measured = 60

Analyze

What we know:

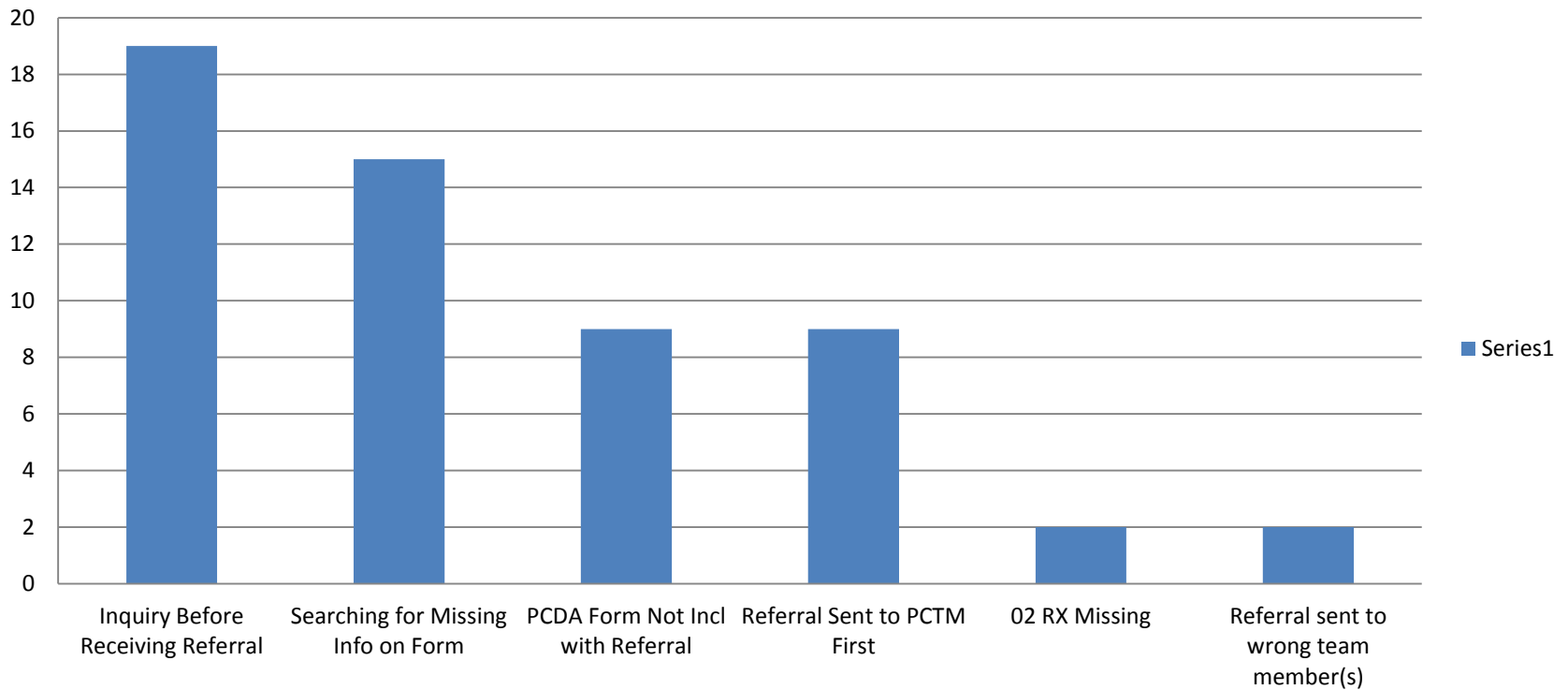
Median = 2 days between time referral is faxed to Admin to first initial contact attempted by Palliative Care Team Member (PCTM).

Range = In some instances it took up to 20 days from fax to first initial contact attempted by PCTM.

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

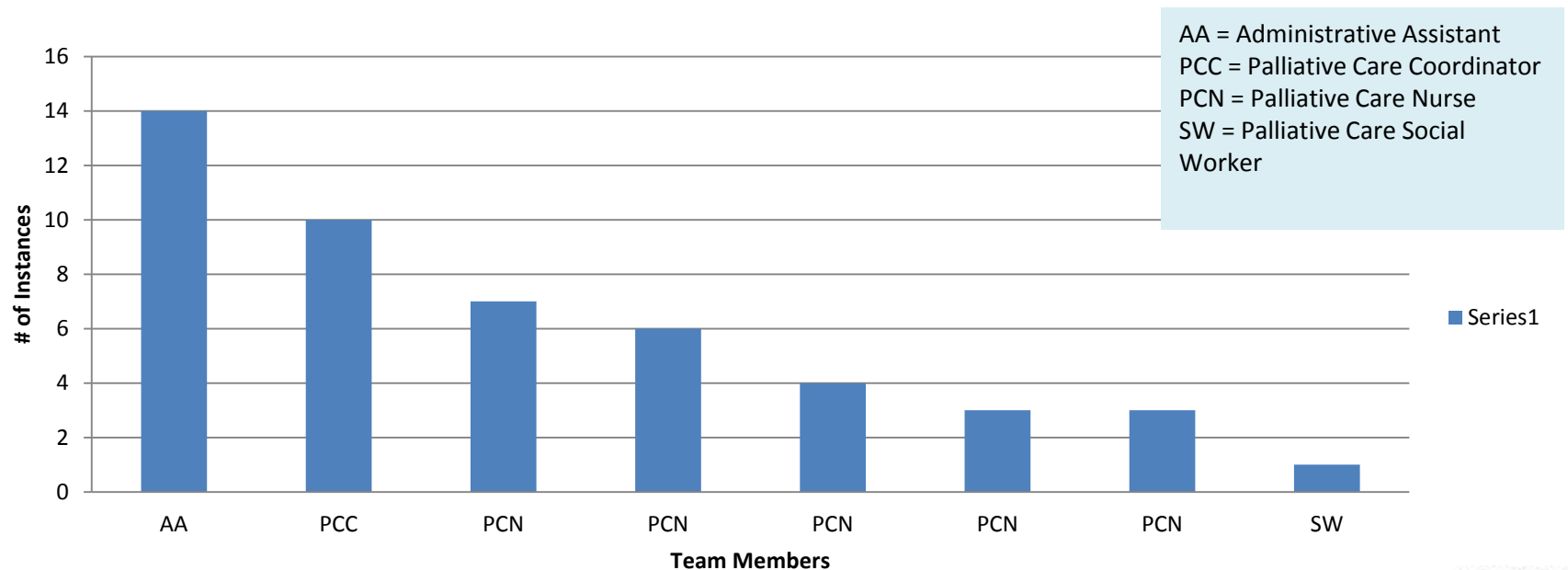
Analyze

Causes of Delay in Care
Recorded: Dec 7 2015 - Jan 8 2016



Analyze

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



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Analyze

What we know:

- Out of 77 referrals, 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.*

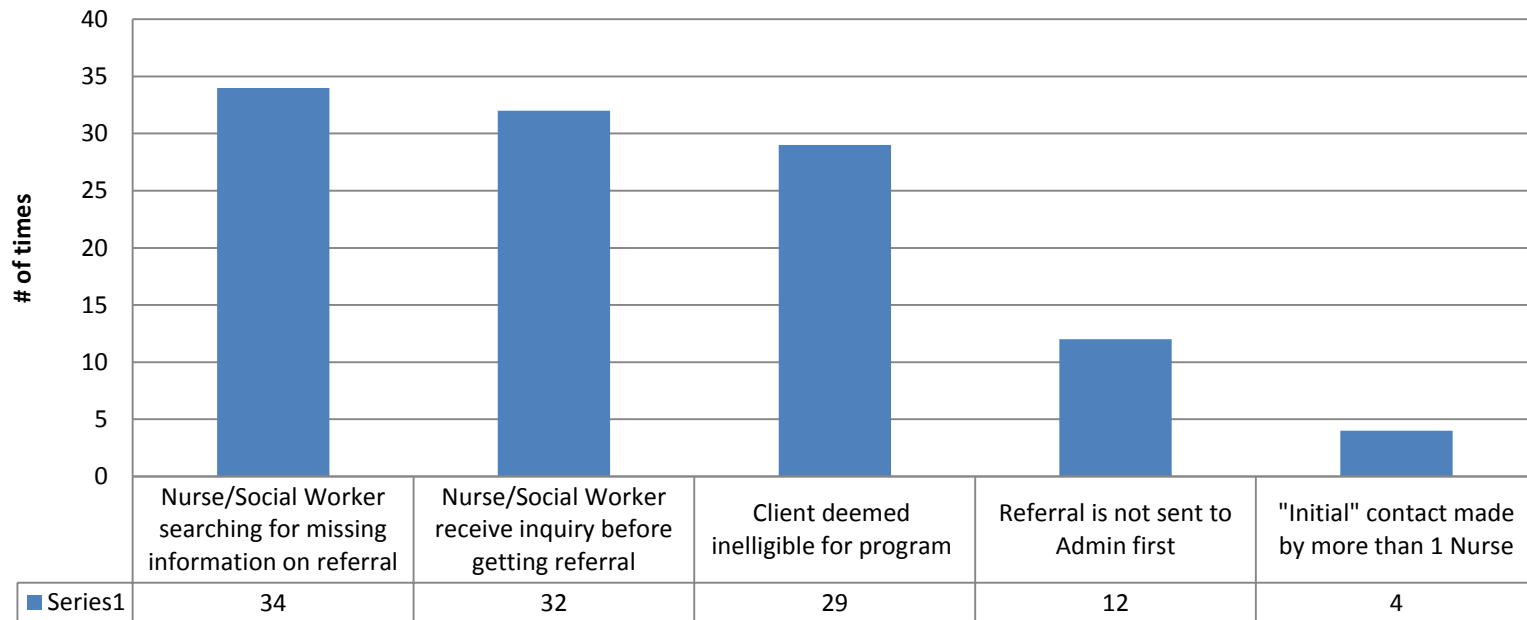
**Note: This does not necessarily mean that 34 out of 77 referrals were flawed as more than one team member may be searching for missing information on the referral form.*
- There is a significant amount of inquiries coming to the team (32 times during the measurement period) where the referral has not yet been received by the team.*

Analyze

Of Instances Where Team Must Do Unnecessary or Additional Work

Palliative Care Southern Health- Sante Sud

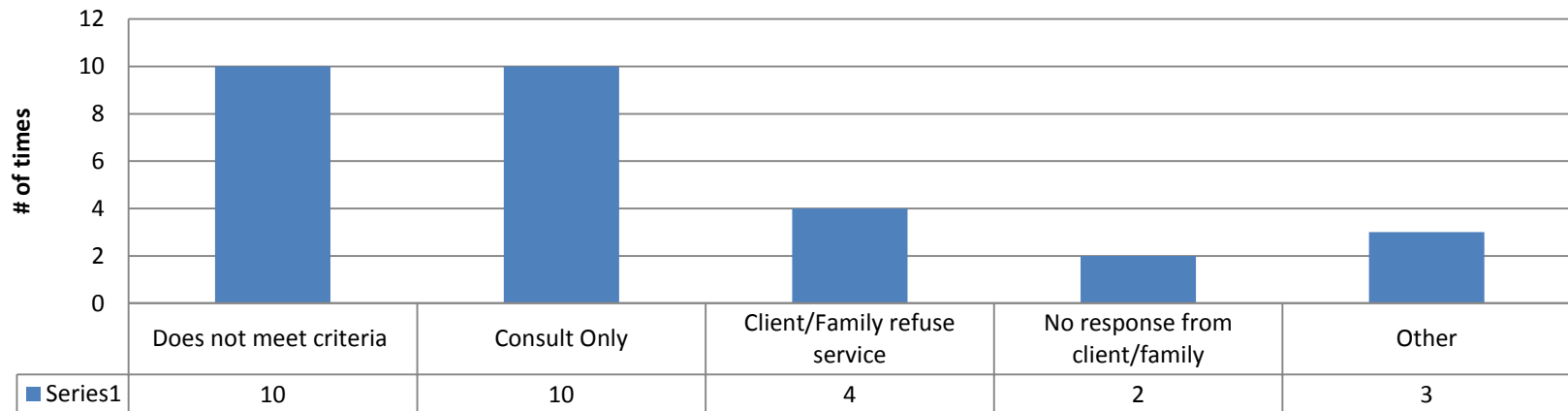
Data collected: December 7 2015 - January 29 2016



of referrals sent during this time = 77

Analyze

**Reasons for Referrals That are Processed, but on Initial Visit, Client is Deemed “Inappropriate” to be Registered on Program
Palliative Care Southern Health Sante Sud
Data collected: December 7 2015- January 29 2016**



of Referrals Sent During This Time Period = 77

Analyze

A significant amount of additional and/or unnecessary work was done by staff been 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*
- Dealing with phone calls/inquiries from community, family and/or professional service providers regarding status of a referral.*

Improve

Aim statement:

- **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)

Improve

PDSA 1

Administrative Assistant will be forwarding all referrals to the Palliative Care Coordinator who will then be responsible for triaging and assigning to team members.

Date Implemented: Monday February 8, 2016.

Improve

PDSA 2

All Palliative Care Nurses will have authority to approve the Palliative Care Drug Access Program Form.

Date Implemented: Director of Seniors, Palliative Care will be requesting this change as soon as possible.

Aim Statement

During the measurement phase from March 9 – March 29th:

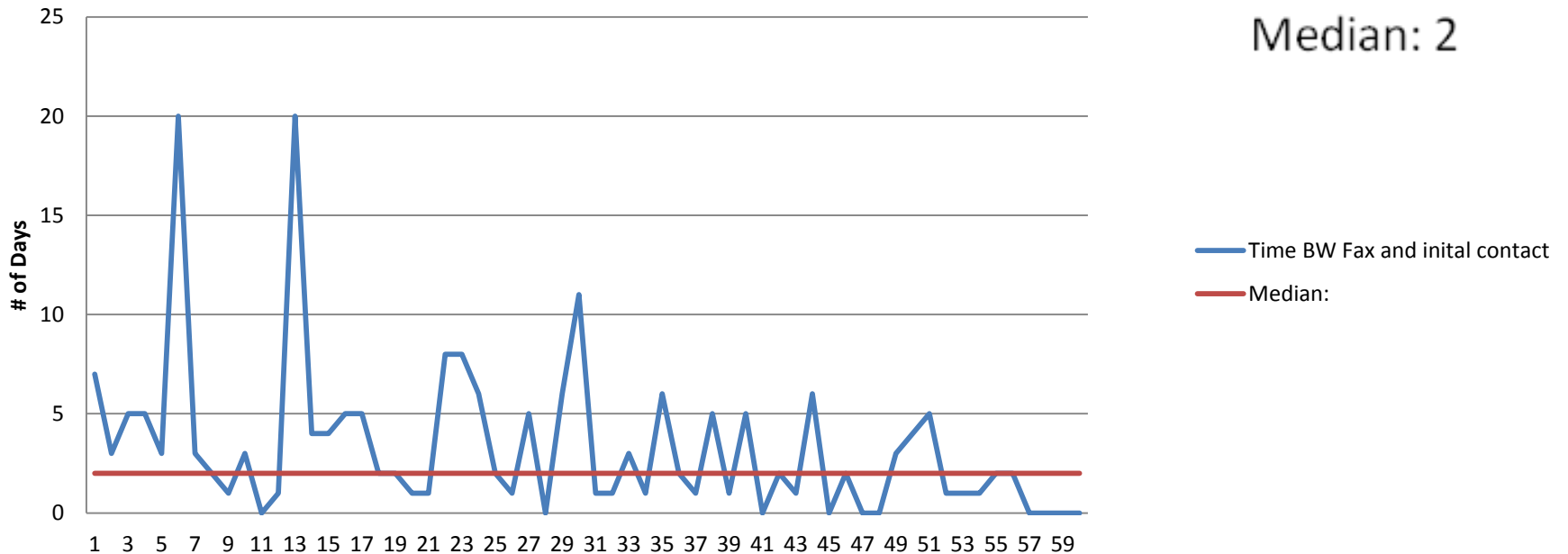
95% of referrals will take less than 5 days from date of fax to first initial contact with client/family.

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Recall

**Time From Referral Faxed to Admin to First Initial Contact Attempted by PCTM
Palliative Care Southern Health-Sante Sud
Data collected: December 7 2015 - January 29 2016**

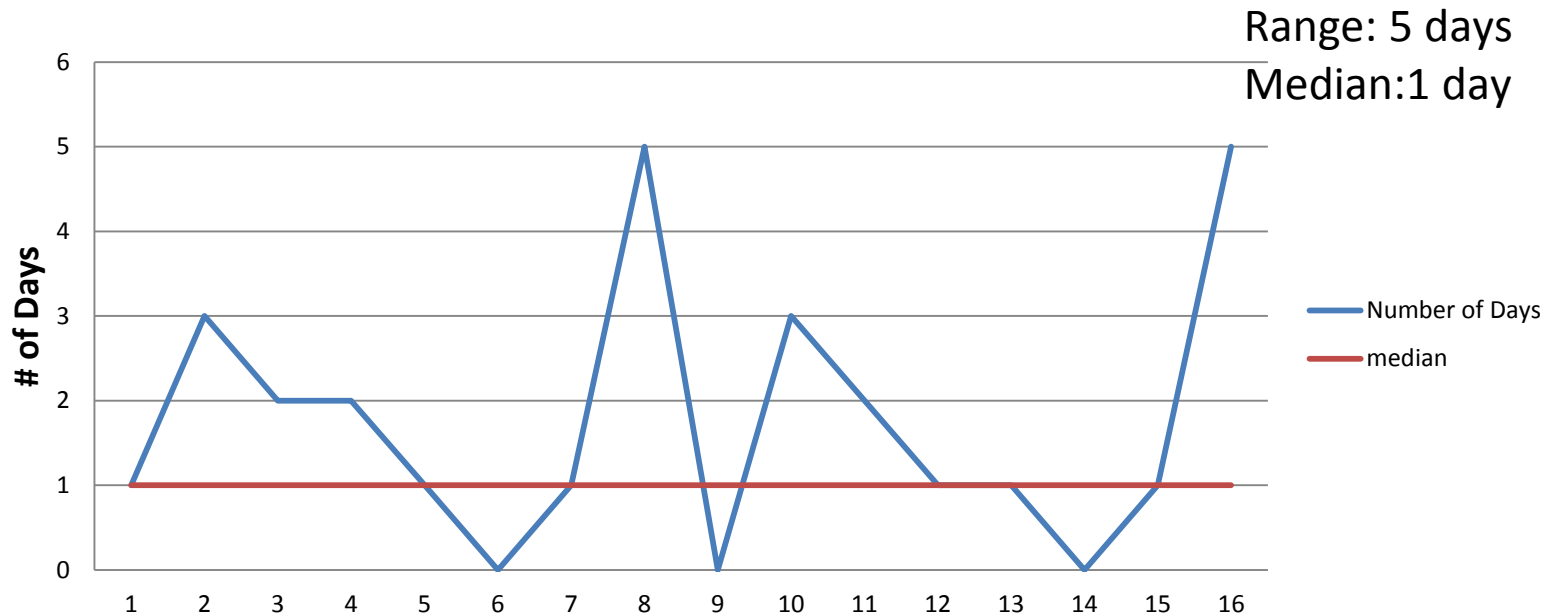
Range: 20
Median: 2



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Results

**Number of Days from Referral Faxed to Niverville to First Initial
Contact with Client/Family
Palliative Care Southern Health-Sante Sud
Measurements March 9th – March 23 2016**



100% of the referrals (16/16) had initial contact within 5 days of sending fax to Niverville

Improve

Aim Statement:

0 instances of more than one Team Member making “initial contact” with a client.

***This will not include any inquiries the PC Coordinator may make for clarification of referral.**

Recall

- **There were 4 instances during the measurement period from December 7th 2015 to January 29th 2016 that more than one Team Member made what was perceived as initial contact with client**

Results

- **Based on our data from March 9th – March 29th:
There were no indications that more than one Team Member
had made “initial” contact with a client.**

Improve

Aim Statement:

Reduce the number of team members searching for missing information by 50%.

Result:

Out of 7 Team Members:

1 Palliative Care Coordinator

4 Palliative Care Nurses

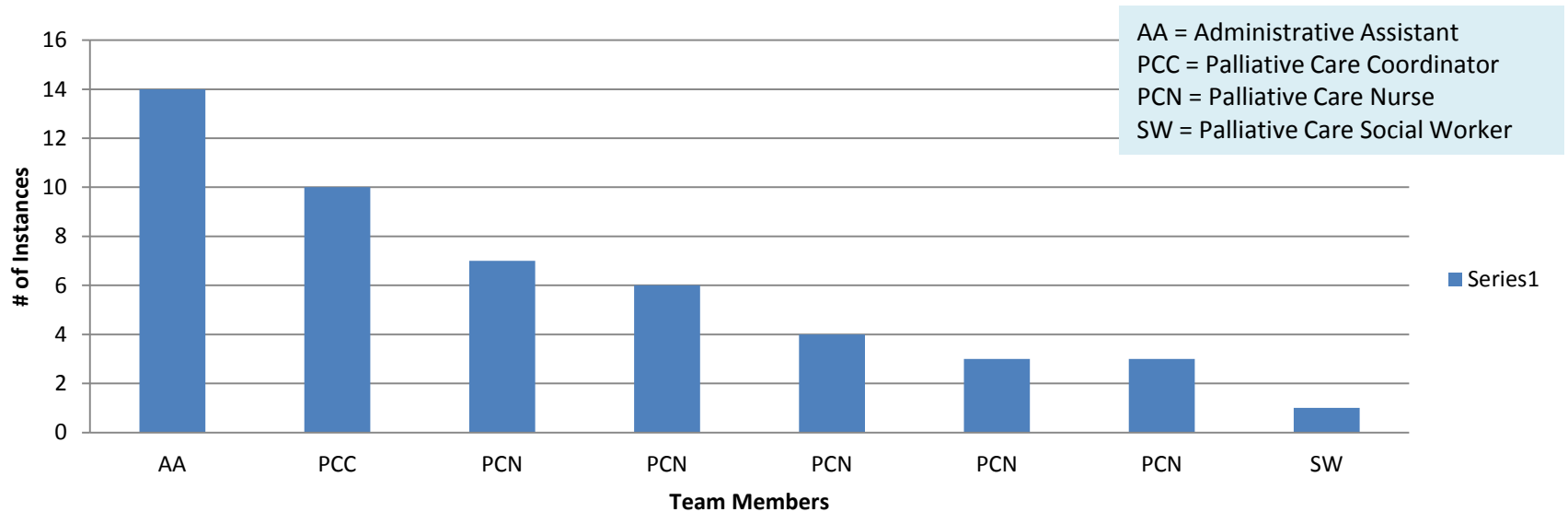
1 Psycho Social Specialist

1 Administrative Assistant

3 out of the 7 (43%) searched for missing information

Recall

**# 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**

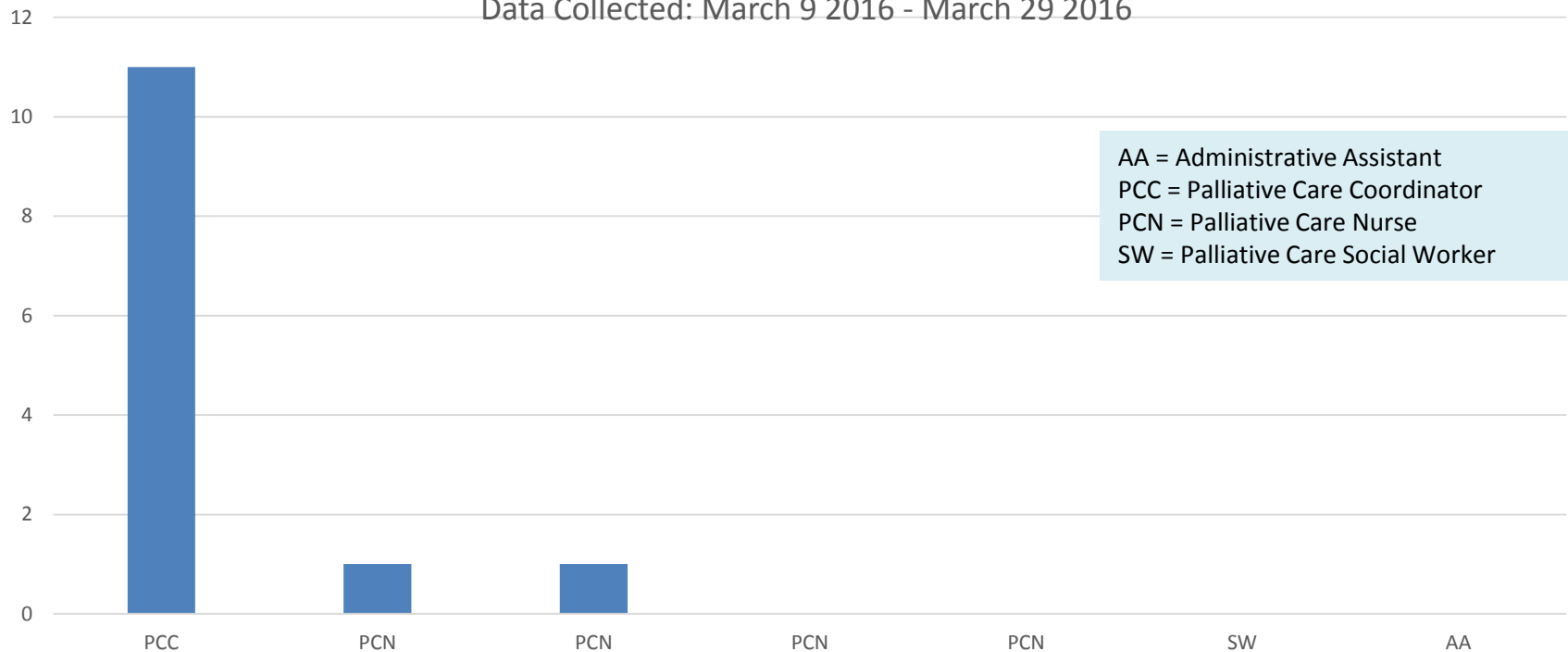


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Improve

of Instances Team Members Searched for Missing Information on Referral
Southern Health - Sante Sud

Data Collected: March 9 2016 - March 29 2016



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

Note: 1 Team Member not included due to vacation leave

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Improve

Aim Statement Review:

95% of the time, referrals will take less than 5 days.

0 instances of more than one Team Member making “initial contact” with a client.

Reduce the number of people 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)

Improve

Aim Statement Results:

The time between receiving the fax and making initial contact with a client has improved significantly – during the measurement period, 100% of referrals took 5 days or less.

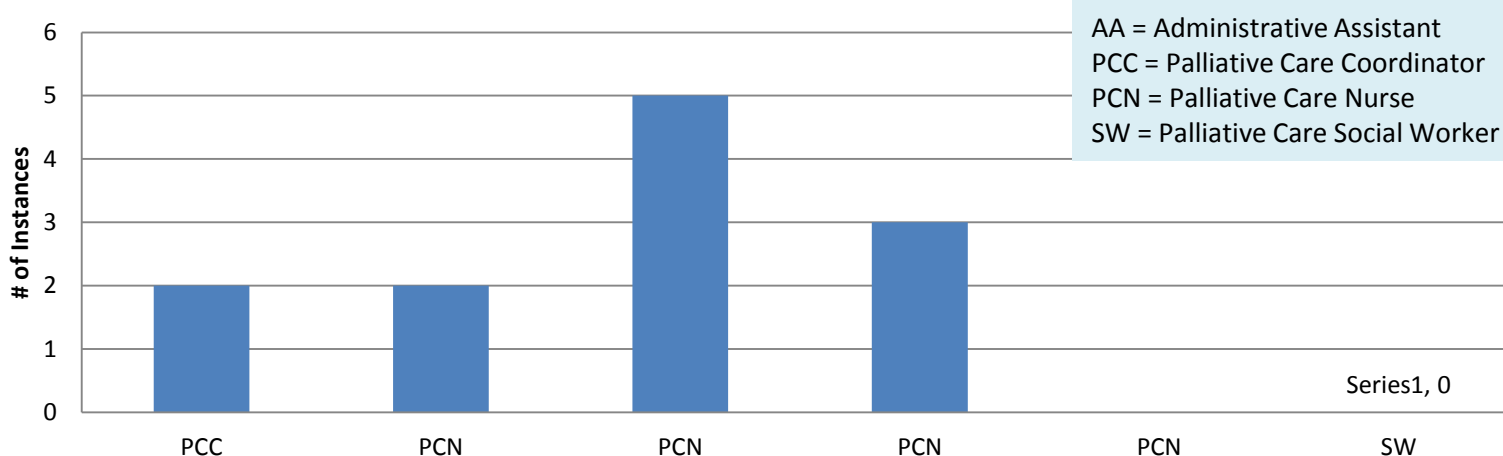
There have been no instances reported of more than one team member making perceived first initial contact.

3 out of 7 Team Members (which includes the PCC) were searching for missing information.

Additional Improvements

BEFORE
IMPROVMENT

Instances Client was Not Eligible for Program
Southern Health Sante Sud Palliative Care Program
Data Collected: Dec 7 2015 - Jan 29 2016

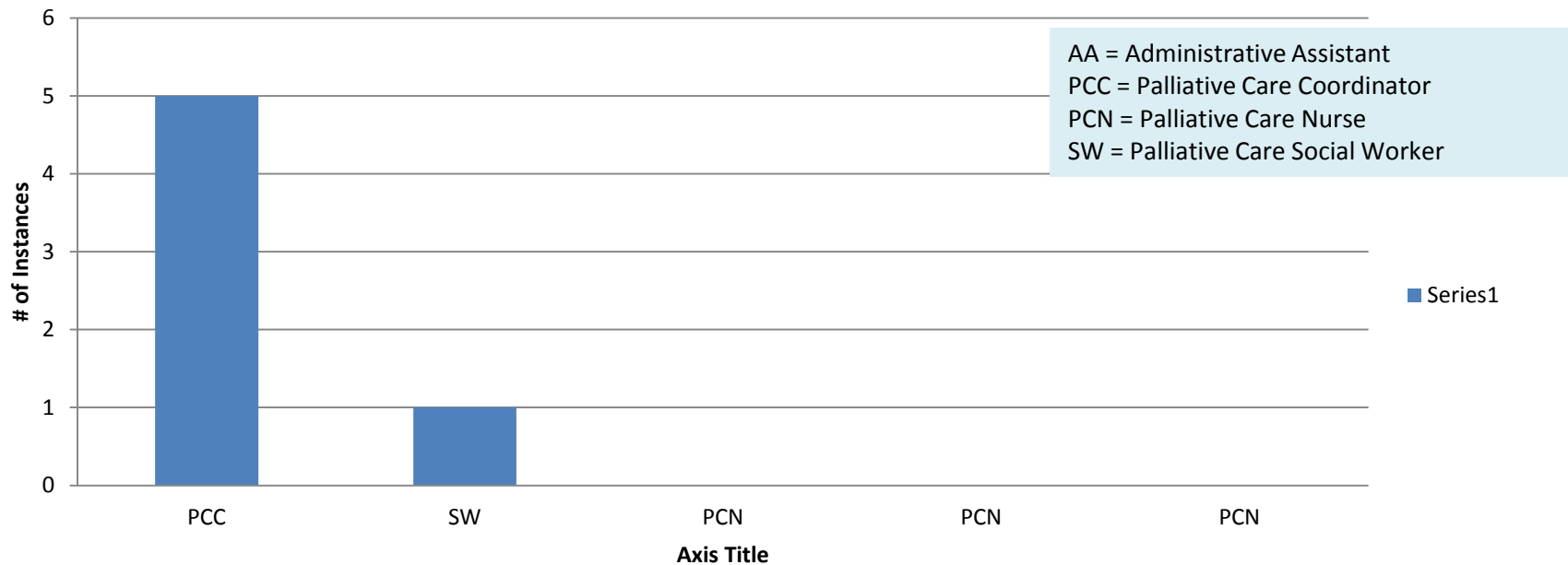


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Additional Improvements

**AFTER
IMPROVEMENT**

**Instances Client Was Not Eligible for Program
Southern Health Sante Sud Palliative Care Program
Data Collected: March 9 2016 - March 29 2016**



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Process Map Before



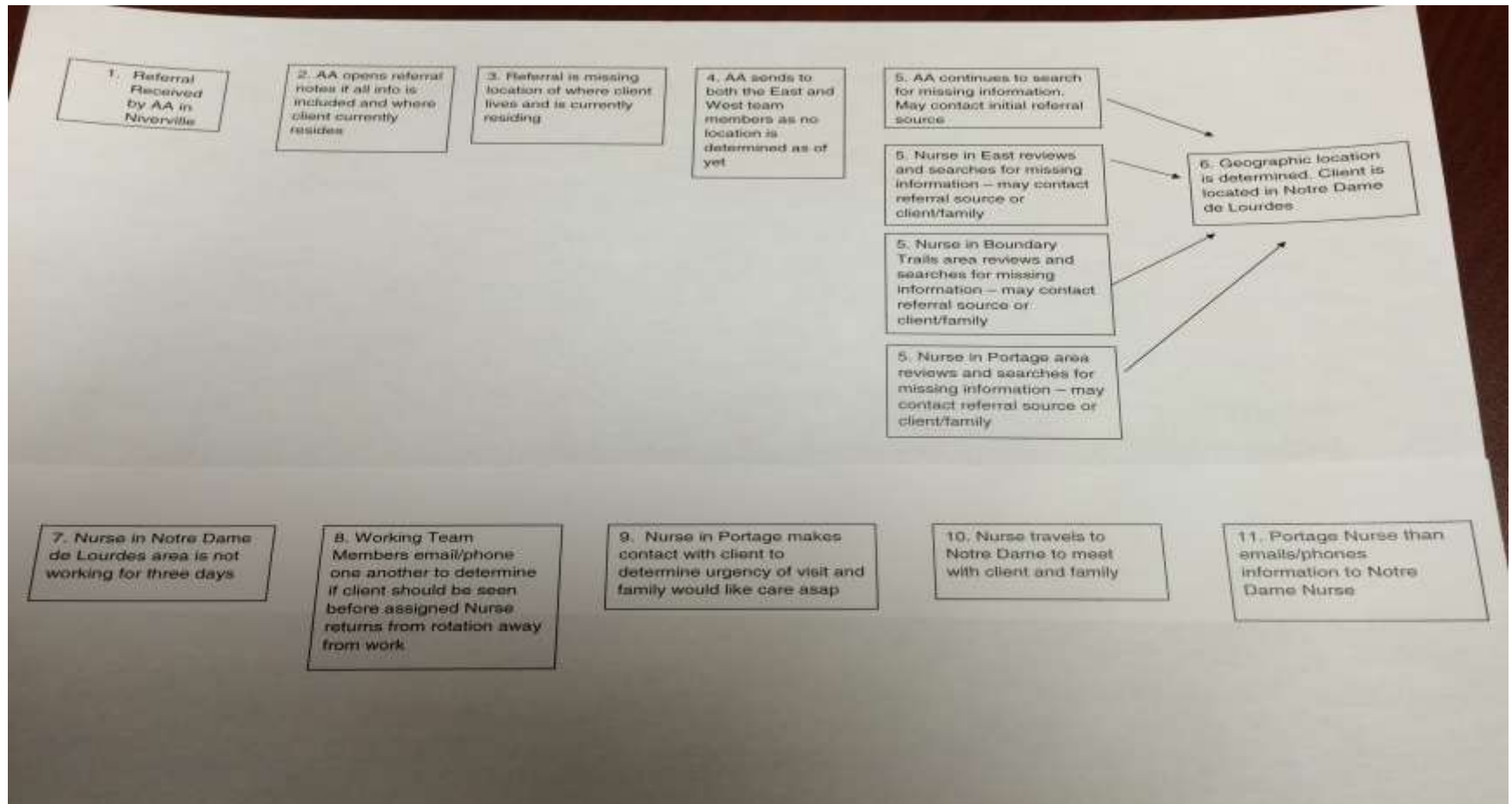
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Process Map After



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Example of Old Process



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Example of New Process

AA receives referral in Niverville and faxes directly to Palliative Care Coordinator

Palliative Care Coordinator opens referral and notices missing geographic location

Palliative Care Coordinator contacts referral source and determines location is in Notre Dame de Lourdes

Palliative Care Coordinator reviews Nurses schedules and contacts family to determine urgency – can assistance be given over phone until Notre Dame Nurse returns to work in 3 days?

Family okay to wait 3 days. PC Coordinator gives name and contact info of who family can call in case of questions/concerns in the meantime

PC Coordinator emails and assigns client to the Notre Dame Nurse, but CC's Nurse in Boundary Trails as FYI in case family need to contact

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Improve

Staff comments and customer feedback on the improvements:

The Palliative Care Coordinator is able to catch errors/mistakes that are causing a delay in care or unnecessary referrals:

- Calling to educate referrers that client signature is needed on PCDAP Form*
- Inquiring about referrals that seem inappropriate for service and educating staff as to when referrals should be made Ex: A Hospital referred patient that is dying, but does not need any palliative services.*

Palliative Care Coordinator also clearly assigns referral to Nurse/Social Worker based on schedules, urgency, and caseload.

Savings

Although we did not measure the time it takes to review every referral, we have estimated it takes a minimum of 5 minutes to open a review and determine who should be assigned (see old process map)

Calculation:

On the West, the old process would have 3 Nurses opening every referral. On the East, there would be 3 Nurses (including the Palliative Care Coordinator) plus the Psycho Social Specialist (4 total).

In March, there were a **total of 46 referrals** = 22 East, 24 West

West = 24 referrals X 3 Nurses opening and reviewing X 5 minutes/referral = 360 minutes of reviewing referrals

East = 22 referrals X 4 staff opening and reviewing referrals X 5 minutes/referral = 440 minutes of reviewing referrals.

New Process = 1 Palliative Care Coordinator reviewing and assigning referrals:
46 referrals X 1 Nurse X 5 minutes/referral = 230 minutes reviewing referrals.

Total time saved: 360 + 440 = 800 minutes – 230 (time it still takes to open and review referrals) = 570 minutes per month saved.

Savings

The Administrative Assistant estimated it would take at least 10 minutes per referral to open, print, search for missing information, determine location and send to East or West

In March there were 46 referrals:

46 referrals X 10 minutes = 460 minutes saved

New Process – Admin simply forwards all referrals to Palliative Care Coordinator without actually opening document.

The Director, Seniors/Palliative Care would also take a minimum of 2 minutes to open and review each referral as the Admin would Cc Director on all referrals forwarded to team.

46 referrals X 2 minutes = 92 minutes saved

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Savings

By limiting the amount of referrals being reviewed by every team member a rough calculation assumes that in March a **minimum** of:

- 570 minutes of Team Member time was saved
- 460 minutes of Administrative Assistant time was saved
- 92 minutes of Director time was saved

Total time saved for March: at least 1,122 minutes

Savings

Time Saved Activities:

Administrative Assistant	Palliative Care Team Members
Additional duties to assist Director	More time and care for client
Back Logged Archiving	Timely connection to see client
Maintaining PC Database Correctly	Close files appropriately and in a timely manner
Keeping up with workload	Maintaining charts appropriately
Additional projects	Manageable workload = less overtime
	Identifying program improvements (not just putting out fires)
	Potential to manage a higher caseload

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Control

What controls have we put in place to ensure that performance does not lapse?

1. A fundamental change has occurred in which 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.

2. Error Proofing – 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.

3. Standard Work – The Coordinator will always triage and assign referrals based on new process map

4. Training – all team members are aware of the new process and this will be easily communicated to any new team members

Lessons Learned

Changes and improvements actually happened!

Although we may think we have the answer to a problem, we actually learn more when we take the steps to measure our inefficiencies.

The actual time frame from referral received to first initial contact made with client was not perfect, but was perceived to be much worse. It became more evident that the challenges within the referral process likely affected staff more obviously than clients and family. However the changes will have a positive impact on both staff and clients/families.

Next Steps

What next QI project or where is the project spreading?

Palliative Care Program Process:

STEP 1: Identifying a potential referral and sending to program

STEP 2: Reviewing referral and assigning to Team Member

STEP 3: Closing client file and bereavement follow up with family

While we have made significant improvements to step 2, we have identified a number of opportunities currently in step 1 and step 3.

The Team!

Team Sponsor: Paulette Goossen

Green Belt: Cailin Gagnon

Team Lead: Brigitte Remillard

Team Members: Ruby Garand

Karen Schaak

Deborah Krahn

Stephanie Bleekendaal

Special thanks to Heidi Wiebe and all of the Palliative Care Team members for their input and time.