Alberta Health Services

Building an Emergency Department to Primary Care Path-to-Care

Access to the Right Service for the Right Patient with the Right Provider at the Right Time

“Never waste a crisis” (Mark Rutte)

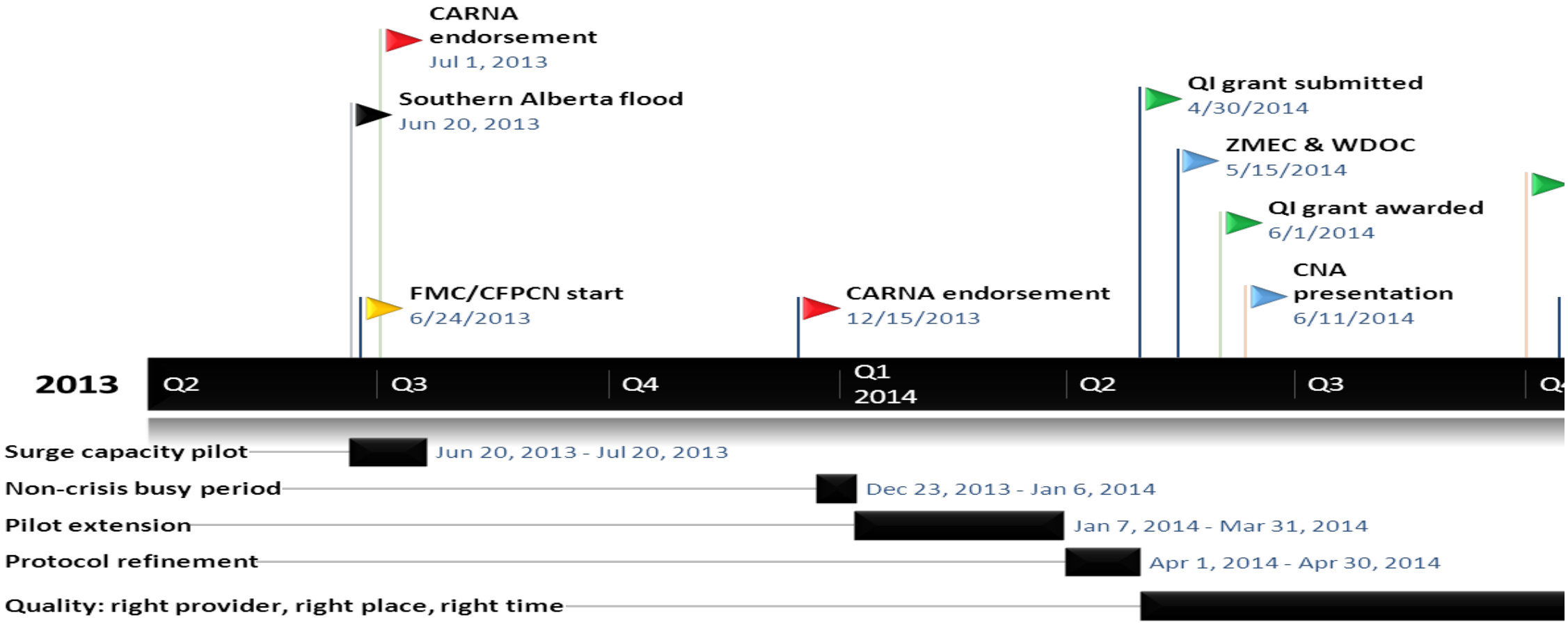
June 2013

What Did the Patients & Providers Think of the Process?

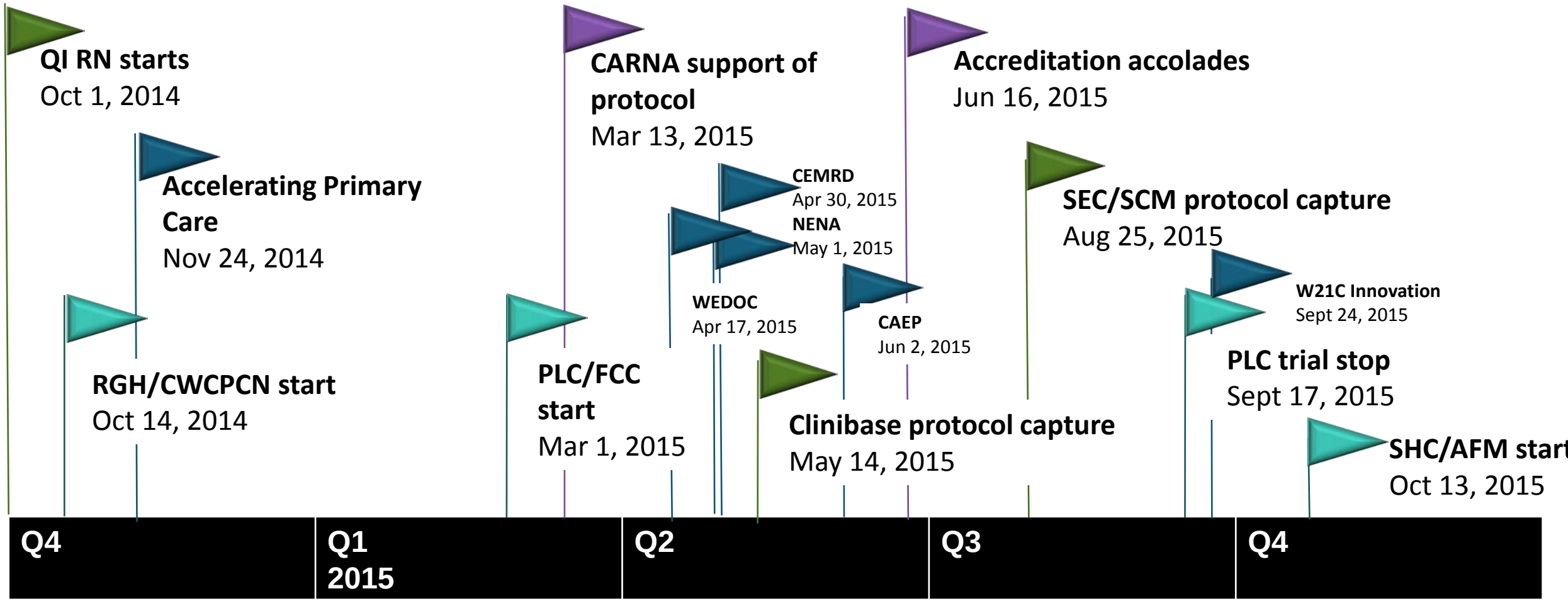
- Patients:
  - 97% were satisfied with the services provided at the after-hours clinic
  - 91% felt that the process was clear and effective
- Providers:
  - 88% were satisfied with the process

Acceptability

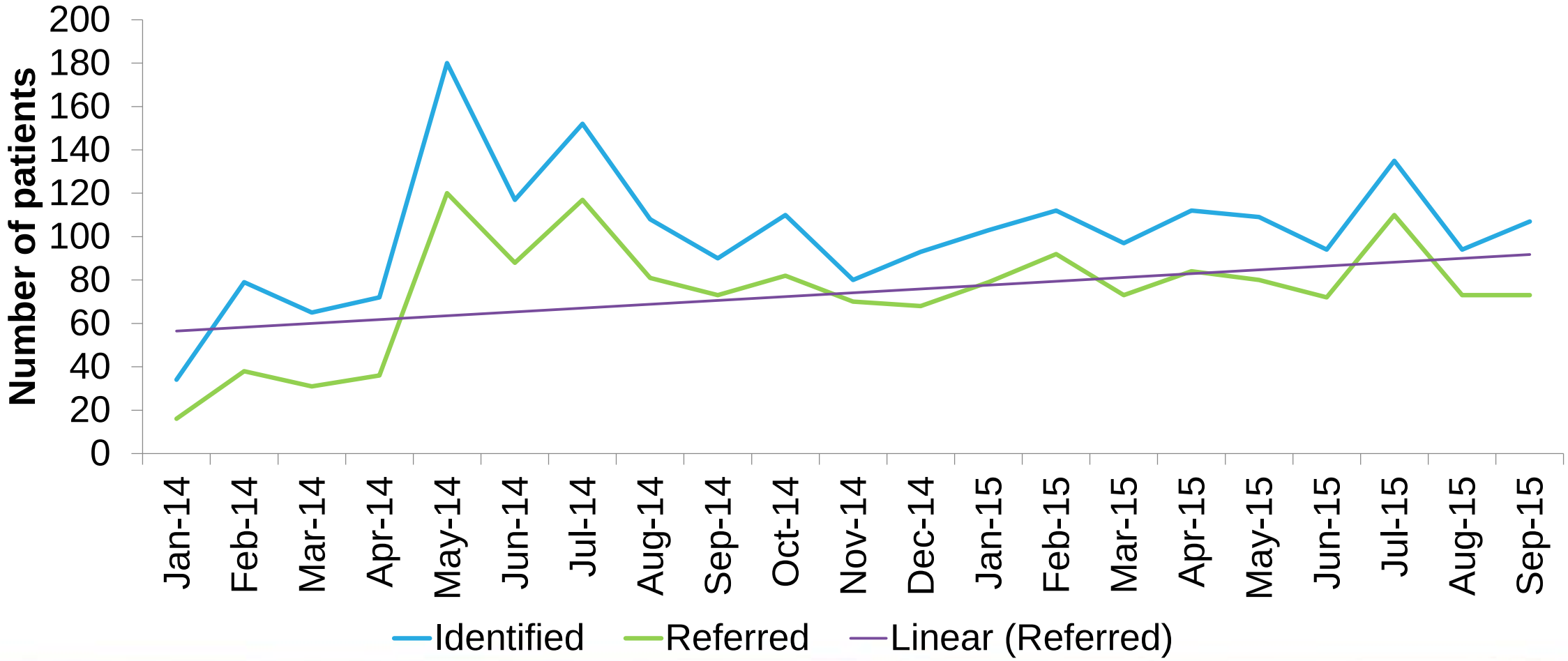
From Crisis to Regular Practice



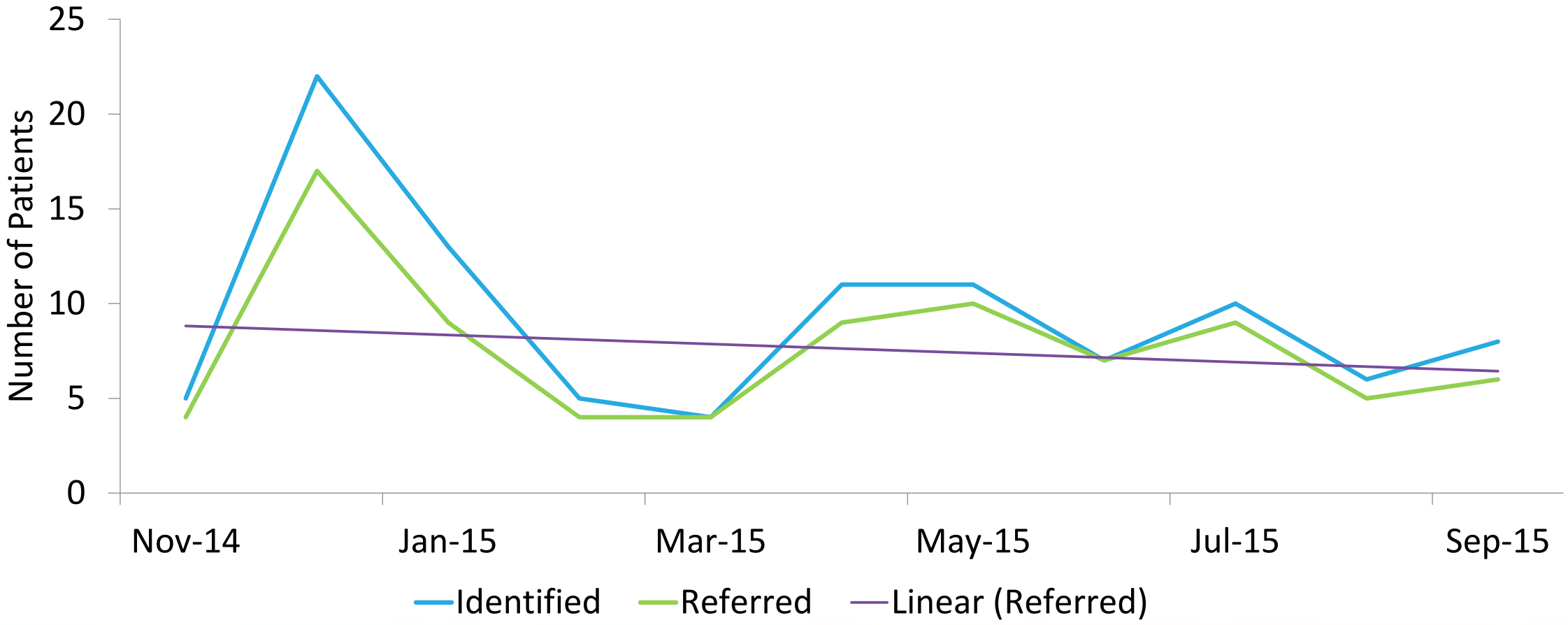
The Sustainability and Spread



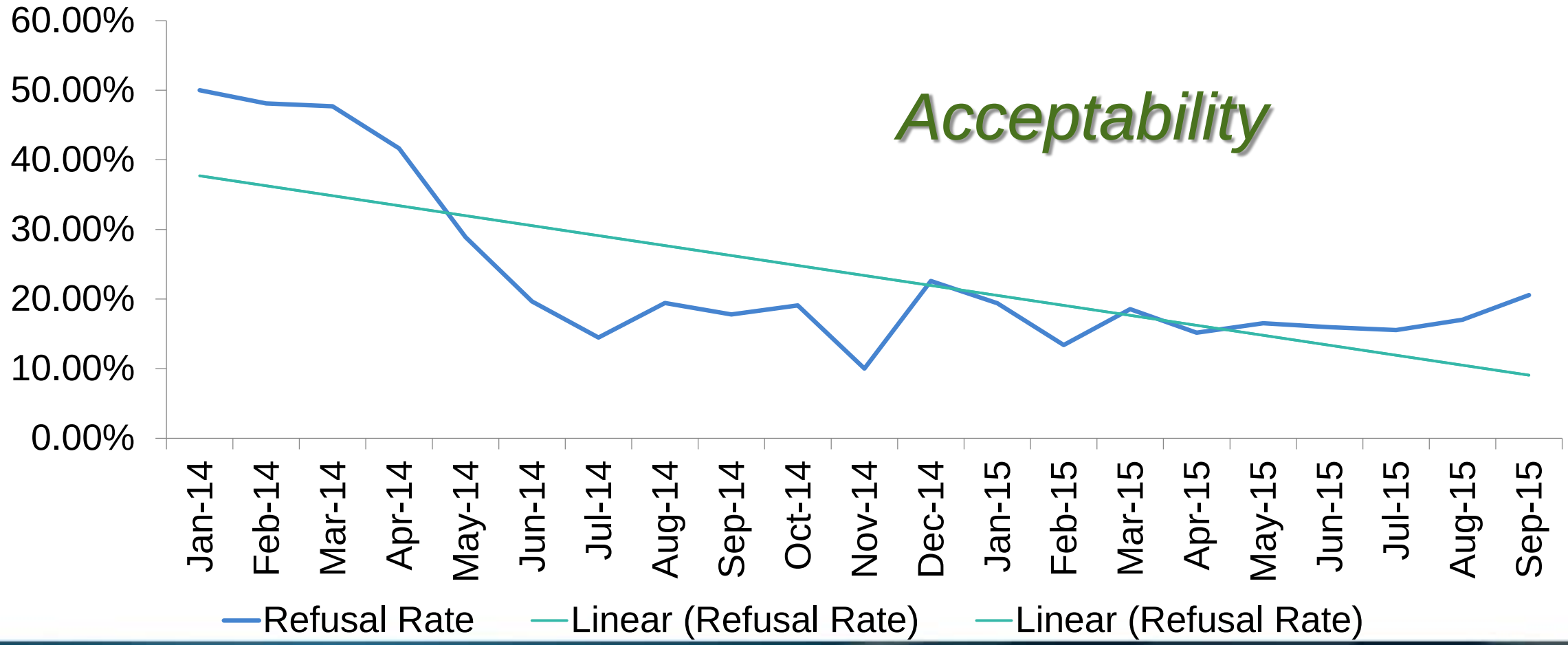
FMC and CFPCN



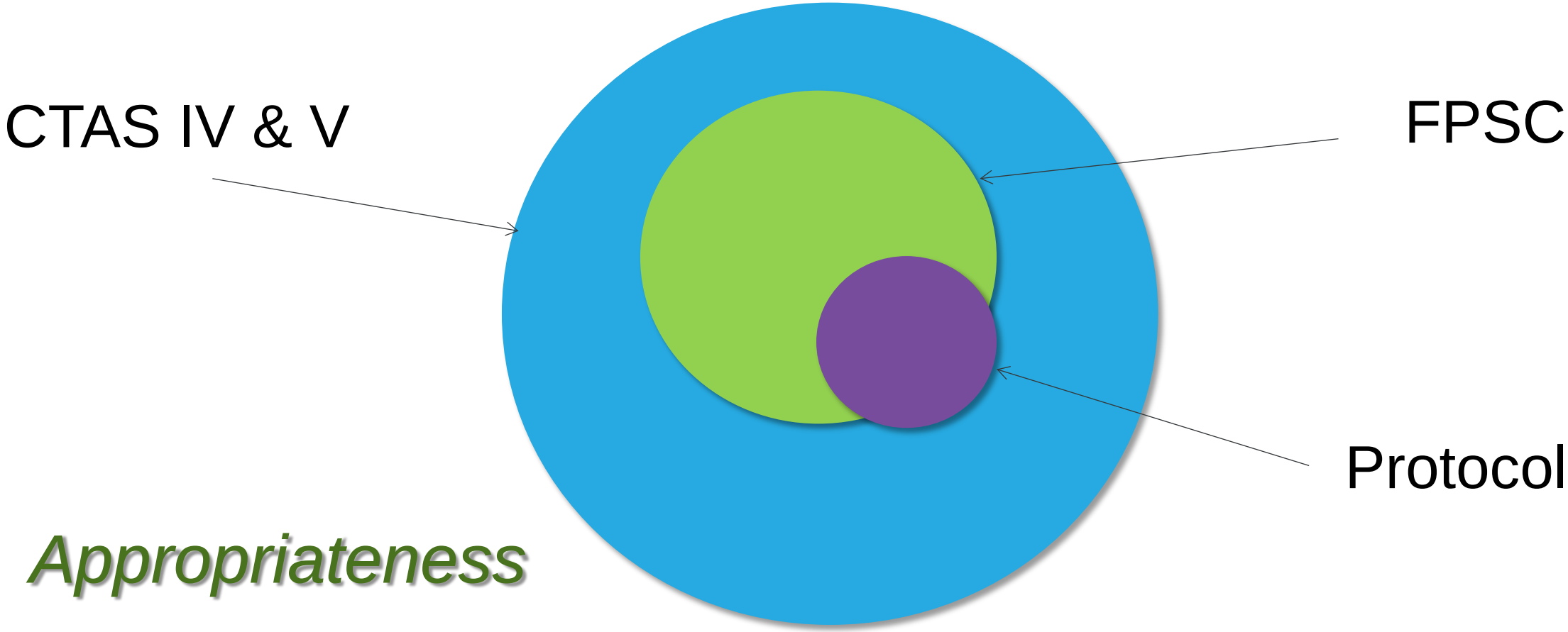
RGH and CWCPCN



Refusal Rates (FMC data)



Non-Urgent Population Intersections



Appropriateness

Is the Patient Safe?

- FMC: 11 patients out of 1709 patients = 0.64%
- RGH: 1 of out 84 patients = 1.2%
- In contrast:
  - The 72 hour "*bounce back*" for other patients (with similar presenting concerns and dispositions) admitted or D/C thru ED, is between 1.6 to 1.9% at FMC.

Safety

Return on Investment

Emergency Care

- No continuity of care
- No strategy for attachment
- Emergency resources (time & staff)
  - Hourly nursing assessments
  - Physician time
- Patient dissatisfaction
- Provider dissatisfaction

Primary Care

- Continuity of care
  - Decreased hospital admissions
  - Decreased ED admissions
  - Increased outcomes for chronic illnesses
- Entrenched attachment strategies

Efficiency, Effectiveness & Accessibility

Challenges and Limitations

- Change management and the change process
  - ADKAR
- Collaborative Relationships
  - The right fit between ED and primary care is essential
- Protocol is flexible but not a shopping list
- Still have lots of room for improvement & spread