Blazing the Trail to Automation

Documenting the many and varied *Referral Pathways* provides the foundation to automating the referral process and two new Clinical Design Leads are tackling this task across the province.

By Faye Osiowy

Two new Clinical Design Leads are charged with documenting and cataloguing Alberta's Referral Pathways in advance of automating the referral process through Alberta Netcare eReferral.

Annabelle Wong joined the Access Improvement team in July 2017 and has a passion for effective communications particularly when it impacts the quality and safety of patient care. With post-graduate training in Public Health and numerous years working with regional and provincial health authorities, Annabelle views the Referral Pathways task a significant positive step in improving Alberta's referral experience. She sees her role as a liaison to bring primary and specialty care together for better integrated care across the province.

> *"Referral Pathways provide clear directions and consistent information that clarify the referral process"*

Annabelle says a Referral Pathway is a quick reference tool that helps:

- Referring providers to understand what is required for a referral to avoid any unnecessary delays to patient care due to missing information.

- Receiving providers to communicate the services provided for specific conditions or population, and the requirements and processes to access the services
- Patients to understand the available services with respect to their patient choice with location and wait times.

Jennifer Njenga, a physician from New Zealand, joined Access Improvement in September 2017. According to Dr. Njenga, it would seem the same conditions in Alberta that highlight the need to automate the referral process existed in New Zealand.

New Zealand's adverse experiences with traditional methods of sending referrals via fax, snail mail and phone – lost or misplaced referrals, wrong place or provider and time wasted - mirrors that of Alberta. Concurrently, there was an awareness of the lack of quality and consistency of the referral information when New Zealand introduced eReferral automation over 5 years ago. eReferrals brought about efficiency, better quality of referrals and addressed the problems inherent with the manual processes.

Dr. Njenga's role with the Greater New Zealand District Health Board on the Child Health Project led her to develop referral and clinical pathways for pediatrics in preparation for their eReferral implementation. She has seen the benefits for the patient of integrating primary and specialty care across the system:

"We were able to identify gaps in knowledge and learning. This informed our teaching and training for providers. We met with different GP practices, to discuss the referrals they sent through to

specialist care, guiding them to improve on quality of the referral. We identified topics for training for GPs. For example, if Orthopedics picked up that referrals for a particular condition were poorly done,

they would use that as a topic of training discussion at the GP medical education sessions."

"We were also able to timely identify gaps in service delivery. For example a person referred for a scan who was delayed due to a shortage of radiographers.