Integration of the Primary Care Network into the Community Ultrasound Referral Process for the Reduction of Repeat Visits to the Rockyview Emergency Department

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BACKGROUND: EMERGENCY DEPARTMENT AND PRIMARY CARE NETWORK

The Rockyview General Hospital Emergency Department (ED) has been collaborating with Calgary West Central Primary Care Network (CWCPCN) since 2013. Throughout this time several ED to PCN referrals streams have been developed:

- Triage Referrals (October 2014): Lower acuity patients referred to see PCN MD instead of ED MD aimed at appropriate care and use of ED vs. Primary Care
- Discharge Referrals (April 2015): A post-discharge follow up option for unattached ED patients to receive follow up with a primary care physician or for patients who are unable to access a timely appointment with their family physician.

ED to Community Ultrasound Process

- PCN was integrated into the existing process (shown below)
- An algorithm was developed to determine which patients were appropriate for the PCN versus ED follow up (shown to the right) and this was incorporated into the process map

METHODS

Objectives:

- Increase utilization of Westbrook slots and further decrease returns to ED
- Exploring if all of these patients require next day ultrasounds?
- Could increase use of ED D/C Follow Up Referrals for this patient population

Prior to implementation of the ED/PCN ultrasound referral process the current state of ultrasound services at RGH ED:

- Available daily from 0730-2315.
- After hours (2315-0730) the MD determines clinical urgency. If appropriate, the patient is given a next day ultrasound appointment at a community imaging provider (CIP) and is discharged home with instructions to return to ED for results follow up.

Methods:

- To develop an innovative patient centered approach to provide timely, appropriate patient follow up and treatment outside of the ED.
- To evaluate the ED to Community Ultrasound Process
- To assess the integration of the PCN into the Community Ultrasound Referral Process for the Reduction of Repeat Visits to the Rockyview Emergency Department

RESULTS

Highlights of pilot phase (October 14, 2015 – January 15, 2016):

- Approximately 50% of patients receiving next day ultrasounds were booked through the new follow up process
- Of these referred patients approximately 95% success rate, which means that 95% of patients had normal or non-urgent results and were appropriately referred to primary care
- 5% had urgent results requiring ED follow up (Clinical “RED” indication)
- After pilot evaluation, decision made to continue process, with minor revisions to appointment slot availability

CONCLUSION

The integration of the PCN into the community ultrasound process has been a success in reducing repeat ED visits, as well as ensuring appropriate, patient centered care for this population in the community.

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*Briefly stated:*

"From a primary care standpoint one of the things that we are proud of is our ability to provide patients with the appropriate level of support in a community setting. Providing patients with the care they need in an accessible, community setting is something that our clinic strives for and the opportunity to do this for these patients has been tremendous."

-PCN Clinic Director

NEXT STEPS AND FUTURE OPPORTUNITIES

- Increase utilization of Westbrook slots and further decrease returns to ED
- Exploring if all of these patients require next day ultrasounds?
- Could increase use of ED D/C Follow Up Referrals for this patient population
- Patient would be clinically reassessed at the PCN to determine if other imaging/investigations warranted. If ultrasound still warranted, patient could be scheduled at Westbrook RCA. Potential to avoid unwarranted tests?
- Positive DVT patients – collaboration with PCN and Anticoagulation Clinic for management – do they really need to return to ED?

Leadership and physician engagement was vital
Process is patient centered and it just makes sense!

*Other: patient refused and returned to ED, alternative follow up arranged.*

RGH ED US Management Algorithm

<table>
<thead>
<tr>
<th>Old Process</th>
<th>New Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drive to RGH ED</td>
<td>1. Walk to PCN</td>
</tr>
<tr>
<td>2. Check-in</td>
<td>3. Triage and Assessed by ED MD</td>
</tr>
<tr>
<td>3. Triage and Assessed</td>
<td>4. Assessed by PCN MD</td>
</tr>
<tr>
<td>4. Assessed</td>
<td>5. Redirected to PCN</td>
</tr>
<tr>
<td>6. Return to ED</td>
<td>5. Patient is given a next day ultrasound appointment at a community imaging provider (CIP) and is discharged home with instructions to return to ED for results follow up.</td>
</tr>
</tbody>
</table>

Old U/S

- Clinically Requiring Return to ED
- Total Time: 59.2% (2 patients)

New Process

- Clinically Requiring Return to ED
- Total Time: 13.2% (2 patients)

7.2 T/L times faster!