Emergency & Primary Care Collaboration

Right Patient, Right Provider, Right Place, Right Time
Objective

• Increase in non-urgent ED use
• No evidence in literature to suggest best practice

• Collaborative relationship between FMC ED & CFPCN
• RN referral process initiated

• Mixed-methods evaluation
• Patient and provider satisfaction, system impact, patient safety
Target Population

<table>
<thead>
<tr>
<th>Location</th>
<th>% of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMC</td>
<td>6.90%</td>
</tr>
<tr>
<td>RGH</td>
<td>8.70%</td>
</tr>
<tr>
<td>PLC</td>
<td>9.20%</td>
</tr>
<tr>
<td>SHC</td>
<td>10.70%</td>
</tr>
</tbody>
</table>
“Never waste a crisis” (Mark Rutte)
Methods

• Triage RN initiated referral
• Independent assessment by second RN
• Linked referral location
• Narrow criteria
• Patient given choice of referral or stay in ED
• Patient follow up at clinic end
Results

• Safe, appropriate, patient-centered from provider survey (ED and PCN staff and physicians)
• Timely and appropriate from patient survey
• In one year 1116 patients were identified (1.4% of ED visits)
  – 779 accepted referral (70%)
    • 86% seen at clinic
    • 9% no shows
    • 5% declined
FMC & CFPCN Numbers

Number of Patients

- Identified
- Referred
- Refused
- No Show
- Declined

www.albertahealthservices.ca
Is the protocol safe for patients?

- December 23, 2014 to March 7\textsuperscript{th}, 2015
- 440 referral days
- 1094 patients referred
- 5 returned patients (0.46%)
- All 5 patients had an ED disposition within 24hrs from the first triage time.
- No adverse events
Conclusion

- Spread & Adoption
- Evaluation
- Inclusion criteria = FPSC
- Patient engagement
Refusal Rates

[Graph showing the decline in refusal rates from January 2014 to March 2015.]


http://hqca.ca/about/how-we-work/the-alberta-quality-matrix-for-health-1/
