

Acute Care Transitions

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SharedCare
Partners for Patients

East Kootenay
Division of Family Practice
An FPSC initiative

This project was developed to address interprofessional challenges and communication barriers between Family Physicians, ER Physicians and Hospitalists in the Cranbrook and Kimberley area, as well as to create a memorandum of understanding that outlined standard processes, appropriate communication and communication platform, admission processes, and an on-call process for Acute Care Transitions.

Through this project, the development of standard procedures, communication platforms, and engagement opportunities will strengthen professional working relations and support the care of patients. The main participants of the project included Cranbrook and Kimberley Family Physicians, Emergency Room Physicians, and Hospitalist Physicians, as well as Nurse Practitioners, MOAs and clinic managers.

The Challenge

Communication between Family Physicians, Emergency Physicians and Hospitalists is very important. In Cranbrook and Kimberley, these providers were struggling to effectively communicate during acute care transitions. There was no shared formalized standardization of process, which led to many challenges, including:

- Lack of clarity on roles & responsibilities for the most responsible physician (MRP) when a patient is admitted to the hospital
- Ineffective follow-up and information sharing
- Archaic methods of patient charting for admissions.

Together, these issues created conflict and ineffective communication which impacted patient care, physician satisfaction & retention, and workplace relationships.

The Goals

Develop a Memorandum of Understanding that outlines standard processes, appropriate communication methods and channels, admission processes, and an on-call process for Acute Care Transitions.

Improve professional working relations between Family Physicians, Emergency Physicians, and Hospitalists with the goal of increasing job satisfaction, improving workplace efficiency, and strengthening patient care.

Project Objectives

- Develop a memorandum of understanding (MOU) that addresses the referral and handover process between Family Physicians, Emergency Physicians and Hospitalists
- Outline the process for Emergency Physicians doing admissions for Family Physicians
- Outline the process for communication and appropriate communication methods between Emergency Physicians, Family Physicians and Hospitalists regarding patient care
- Develop on-call process for Family Physicians required to provide in-patient care.
- Develop rules of engagement that address the roles and responsibilities of the most responsible physician (MRP) when a patient is admitted to the hospital and appropriate guidelines for holding orders.
- Develop/promote a platform for communication and information sharing between Family Physicians, Emergency Physicians and Hospitalist physicians.
- Create opportunities for social engagement and team building between Family Physicians, Emergency Physicians and Hospitalists.

The Approach

Multiple engagements were held with physicians, clinic managers, and the main medical office assistant for the hospital. During these engagements information was gathered to assess the current gaps, what processes are used for communication, how clinics are scheduling and handling in-patient care, and patient/provider experiences.

The engagements began with eight questions and evolved into conversations where experiences were shared openly, and possible solutions to issues were discussed. Patient stories were also gathered for comparison.

Once the initial engagements were complete, the data was assessed, and common themes and priorities were identified. From there, several meetings were held with the lead physicians to talk further about solutions and priorities.

Project Resources & Links

View the Memorandum of Understanding:



Project Success & Outcomes

This project was successful in creating a Memorandum of Understanding agreement that outlines the process of communication and what is appropriate, guidelines of most responsible provider, and rules of handover. The physicians gave support to this document and have committed to sharing it with visiting locums and incorporating it into the welcome package for new physicians coming to practice in Cranbrook and Kimberley.

The chosen app for communication and call schedules was Microblogging MD. This app will be used to communicate for handover of patients between the hospital and clinics and it will serve as the most up to date call schedules for in-patient care. It has also been agreed that it will be used for non-urgent questions regarding patients and non-urgent information sharing.

With the combination of concise processes and communication along with the increased awareness of the importance of working together, relationships are expected to continue improving and patient care will become more effective. We hope that this will also help with physician satisfaction, retention and recruiting.