

Admission and Discharge Communication Project

**Final Evaluation Report
December 2022
Surrey North Delta Division of Family Practice**

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Acronyms and Abbreviations

ADC	Admission and Discharge Communication
ED	Emergency Department
EOI	Expression of Interest
FP	Family Physician
SMH	Surrey Memorial Hospital
SNDDFP	Surrey North Delta Division of Family Practice

Introduction

This report provides a review of the Surrey-North Delta Division of Family Practice's (SNDFP) Shared Care Project: *Admission and Discharge Communication (ADC)* which operated between July 2021 and December 2022. This project aimed to improve and strengthen communication and relationships between family physicians and hospital-based physicians in the community of Surrey-North Delta with the ultimate goal of improving the transition of care between the emergency department and community primary care.

About the Project

In the fall of 2020, the Surrey North Delta Division embarked on an Expression of Interest (EOI) phase, which included the exploration of gaps in acute care discharge planning.

Specifically, they identified that there are difficulties in effective communication between community primary care and hospital-based physicians at Surrey Memorial Hospital (SMH). Physicians indicated that there were no clear pathways for communication and a lack of understanding around how to best communicate with one another. Breakdowns in communication between primary care physicians and hospital-based physicians affect transitions in care and can lead to unnecessary and duplicated investigations, testing, and prescriptions. In addition, these inefficiencies in communication affect coordination of patient care and the working relationships between physicians.

Goals of the Project

As stated in project documentation, the objectives of the project were to:

1. Improve and strengthen **communication** between hospital-based physicians and FPs in the community of Surrey-North Delta.
2. Improve and strengthen **relationships** between Emergency Physicians, FPs, and hospital-based physicians

Key Activities

To assess communication gaps more clearly and identify potential project activities, a third-party consultant was hired to conduct a patient information journey at SMH. A total of 57 areas for improvement were identified. The ADC project selected the following four key activities to address identified gaps:

- 1) Including **ED physicians on the RACE app**
- 2) Revising the **GP referral form**
- 3) Improving **MRP Identification** by revising necessary field input on Meditech
- 4) Hosting a **learning and engagement event** to enhance relationships among FPs and hospital-based physicians, to improve trust and communication and start a cultural shift between these two groups.

Key project stakeholders were community-based FPs and the Surrey North Delta Division of Family Practice, hospital-based physicians (hospitalists and Emergency Department physicians) and Fraser Health Authority (specifically the Surrey Memorial Hospital).

About the Evaluation

Evaluation Approach

The purpose of the evaluation is to assess the operations and outcomes of the project relative to its stated goals and objectives. The approach is participatory and developmental, giving an opportunity for project stakeholders to take part in the evaluation, and for the evaluation to be responsive to emerging needs. The evaluation is designed to ensure that the information produced is **utilization-focused** and allows the project team to **build on what is learned**. The evaluation was guided by the following questions:

Process Questions	<ol style="list-style-type: none"> 1. To what extent has the project been implemented as planned? 2. To what extent has the project been able to identify and engage the necessary stakeholders?
Outcome Questions	<ol style="list-style-type: none"> 3. To what extent did the project achieve its intended goals and objectives? 4. What lessons does the project provide that could be used to improve patient care and efficiencies in other populations or locations? 5. To what extent are the outputs/outcomes sustainable?

Methods

The evaluation incorporated the following data collection methods:

Document/ Admin Data Review. The evaluation team reviewed relevant project documentation including the project planning documents (i.e. funding proposals, meeting minutes, etc.) and project administrative data (i.e. event attendance, RACE app data).

Key Stakeholder Interviews. A total of six semi-structured telephone interviews were conducted with working group members for the evaluation. The interviews gathered information on what was implemented, project team challenges and success, overall project impacts, project sustainability and next steps.

Post-event survey: A survey was administered following a learning and engagement event for FPs and hospital-based physicians (The 4 C’s of Emergency and Family Medicine: Communication, Connection, Care and Collegiality’) to assess attendees’ perspectives on whether the event and learning objectives were met. Post-event surveys provide the evaluation with timely qualitative and quantitative information from a variety of perspectives. 77 of 82 attendees responded to the survey, for a response rate of 94%.

Contextual Analysis: All evaluation information was analysed within the context of the program’s stated goals and objectives.

Limitations

A potential limitation associated with using semi-structured interviews is participants not being able to recall all experiences. In order to mitigate this, participants were sent the interview guides well in advance to their interview date, allowing them time to review questions and reflect on their experiences. By doing this, it was more likely that participants were prepared to answer any questions that were asked.

Evaluation Findings | Process

The following section summarizes the operation and activities of the project, or the process component of the evaluation.

Operation

The ADC project was implemented by a working group consisting of FPs and hospital-based physicians and supported by a project manager. When additional perspectives were needed, the working group connected with specific people, for example, Pinske Consulting was engaged to help conduct the communication mapping process, identify gaps in current processes, and therefore identify potential project activities for the working group to focus on. Fraser Health was engaged to understand internal processes and identify where changes can be made and who will take ownership of implementing the changes.

Implementation

The project focused on four main activities: improving MRP identification in hospital, updating existing communication tools (RACE and GP referral forms), and a physician engagement session.

1. Improved MRP Identification

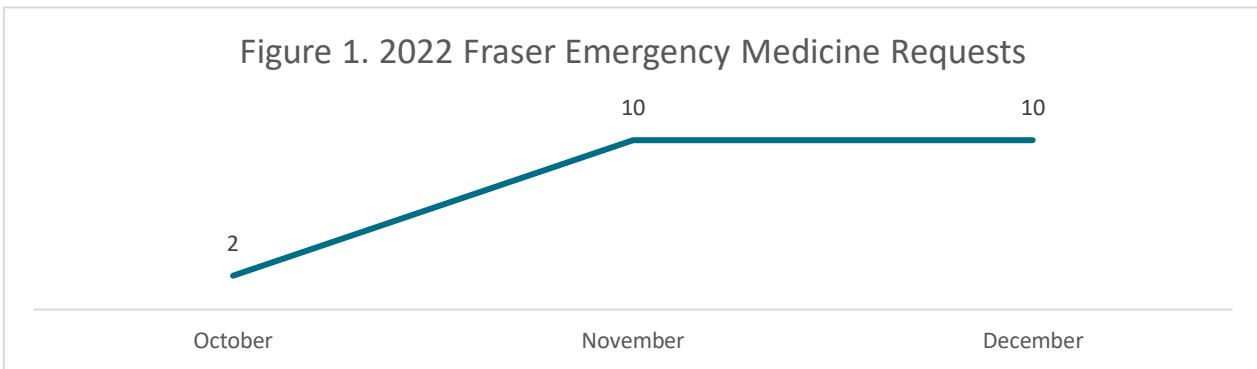


In September of 2022, mandatory text fields (patient LTC facility name and their providers) were implemented onto Meditech to help improve MRP identification. Given the short turn around time from its implementation to project end, these Meditech updates still need to be evaluated for accuracy and consistency over time.

2. Included Emergency Medicine on the RACE app



In October of 2022, Emergency Medicine was included in the RACE app to facilitate communication between primary care and ED physicians. Figure 1 highlights RACE app Emergency Medicine requests between October and December of 2022. This direct connect is intended to improve coordination of care, facilitate communication between the two parties and better support patients transitions of care.



3. Revised GP Referral Form



A revised GP ED referral form was revised to include clear referral criteria, a documented sending process, single fax number, and improve workflow on ED side. This revised form been sent of to Fraser Health’s regional team for review and approval, and therefore has not been launched.

4. Hosted a learning and engagement event to provide education and enhance relationships among FPs and hospital-based physicians



One learning and engagement event was hosted as part of the project. The goals for the session were to improve communication and collegiality between hospital-based physicians and community family physicians. The event was hosted on November 30, 2022, and focused on the “4Cs of Emergency and Family Medicine: Communication, Connection, Care and Collegiality. 82 physicians participated in the event. Nearly all physicians who responded to the post-event survey (96%, n=73) indicated that the event was a valuable use of their time.

Evaluation Findings | Outcomes

Providers

Improved **communication and coordination of care** amongst physicians

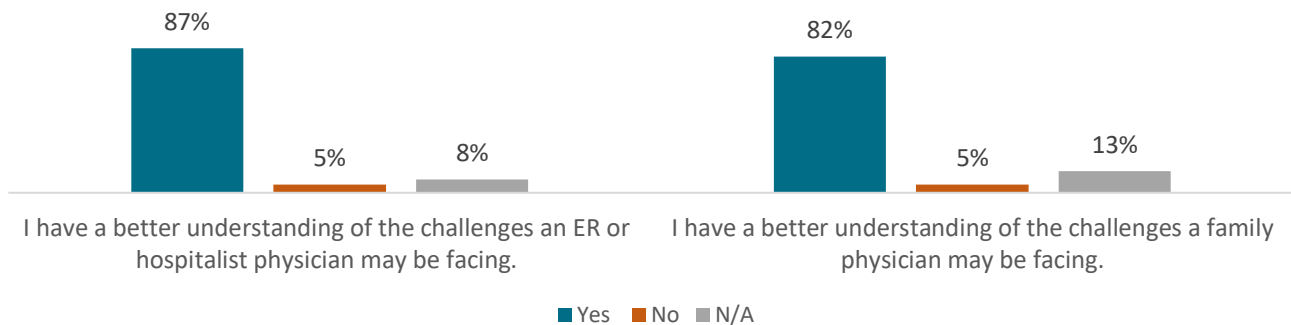
Working group interviewees identified that the project resulted in **increased** communication between family physicians and hospital-based physicians, which **improved working relationships and collaboration between the two groups**. As per interviewee report, **working group meetings** allowed for **regular and undivided time for physicians to meet, discuss issues, and problem solve** together. Interviewees also identified how various project activities have facilitated increased communication between physicians. For example, the inclusion of ED on the RACE app has shown early improvements in the connection between FPs and ED physicians which has started to facilitate **more direct contact and collaboration** between the two parties, resulting in **improved coordination of care**.



Case A: A family physician was able to communicate with the ED physician through the RACE app and give them a heads up about a patient who required an emergency visit. Due to this communication between physicians, the ED physician was better able to support the patient upon their arrival to the ED and improve coordination of care for the patient.

Responses from the learning and engagement event also indicate improvements in communication and coordination of care between providers. **Over 80% of physicians** who attended the November 30th event (“The 4 C’s of Emergency and Family Medicine”) and completed the post event survey indicated that they **had a better understanding of the challenges other physicians were facing** (Figure 2). In addition, **all respondents** (n=76) indicated that the **conversations they had at the event were a high priority for them**. Overall, **physicians indicated that the event helped improve communication and collegiality** between acute care physicians and community doctors (99%, n=75).

Figure 2. Attendee understanding of the challenges other physicians may be facing has increased
(Post Event Survey, Nov. 30, 2022, n=77)



Improved relationships and collegiality between physicians

As identified by working group interviewees, regularly meeting as a group and collaborating around project activities and objectives supported **strengthened relationships amongst participating physicians** and thus has facilitated **improved collegiality**. In general, interviewees identified that **this project has laid the foundation** for further relationship building and connection between primary care physicians and hospital-based physicians.

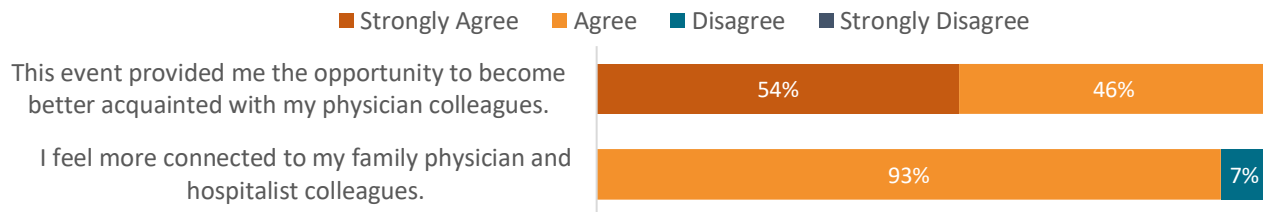


“We are now in a place where we have more than cordial relationships we have collaborative relationships with the senior ER leadership team, we have buy-in from the senior leadership team at Fraser and willingness to participate in discussion and solutions and that, has been in my opinion, the most significant change.” – Working Group Member

All or nearly all physicians who attended the November 30th event (“The 4 C’s of Emergency and Family Medicine”) and completed the post event survey **‘strongly agreed’ or ‘agreed’** that the event provided them with

the opportunity to become **better acquainted with their physician colleagues** (100%, n=76). Nearly all (93%) reported that as a result of the event they feel more connected to family physician and hospitalist colleagues.

Figure 3. Respondents indicated that the event provided them with an opportunity to become better acquainted with their physician colleagues
(Post Event Survey, Nov. 30, 2022, n=77)



Patient Care

Improving coordination and quality of patient care

Working group interviewees also identified early impacts they have seen on patient care as a result of adding Emergency Medicine to the RACE app. It was reported by interviewees that, in some cases, communication between a FP and the ED physician occurring via the RACE app had resulted in patients being diverted from the ED when not necessary (See Case B). In another case, when a patient did need to go to the ED, the ED physician was alerted via the RACE app and the patient was able to receive more timely and appropriate care (See Case A).



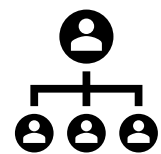
Case B: A pregnant woman required a particular medication, which patients can receive by visiting the ED. However, upon connecting with the ED physician, the FP was able to identify an alternative option of accessing the medication which did not require the patient the visit the ED. The patient was able to avoid an unnecessary ED visit and was more satisfied with their care.

Discussion

The following section outlines the lessons learned, including facilitators of success and challenges faced. It also reviews the sustainability of the project and its outcomes.

Facilitators of Success

Working group interviewees identified **strong project management and coordination** as an important facilitator of overall project progress and success. It was highlighted that **regular team meetings organized by the project manager facilitated communication** amongst team members which helped clarify project objectives, supported a more uniform understanding of project goals amongst team members, and supported team communication and connection.



“I think the coordinators really made a good effort to ensure that the group meets on a timely and regular basis to achieve certain goals and aspects, have a pretty clear outline on the agenda what we want to discuss each day...”
– Working Group Member



Generally, interviewees agreed that the **appropriate individuals and stakeholders were engaged** in the project. Several interviewees indicated that the **project team’s interest and dedication to the project** was important to the project’s progress and success.

“I think most people who were involved with the project care about it, so I think that makes a difference...I think that’s a major thing that helped this project.” – Working Group Member

One interviewee also highlighted that the **early start time for working group meetings** was beneficial and likely supported physician attendance, in light of their busy schedules and competing priorities.

Challenges

Interviewees indicated that **project objectives were initially vague** and that there was **not a uniform understanding of overall goals** amongst team members. This created delays and contributed to lack of time to evaluate the project actions and deliverables. **Staff turnover and changes**, particularly within the early days of the project, contributed to this challenge. Interviewees noted changes in project management, as well as health authority representatives, which were associated with delays in project progression.

“Its challenging because the project has been going on for so long but we just, we didn’t have all of the right information we didn’t have the right tools and we didn’t have the right people to make those changes at the time so were bound by time constraints and it is what it is. I think that will also bear fruit in the next coming years.”
– Working Group Member

Interviewees indicated that **physicians’ competing priorities** also resulted in inconsistent meeting attendance, particularly for ED physician/ hospitalists which impacted team collaboration and project progress. In addition, this resulted in there being more representation from community-based physicians compared to hospital-based physicians, limiting input and learning from both sides. Finally, challenges brought on as a result of the **COVID-19 pandemic** exacerbated existing communication processes between physicians, impacted the projects team’s availability, and ultimately delayed project progress.

Sustainability and Spread



Team members indicated that this project laid a strong foundation in improving communication processes between primary care physicians and hospital-based physicians. However, it was also indicated that there is still work to be done. In order to sustain and build upon project outcomes, interviewees indicated **that further evaluation of project deliverables and their impacts is necessary**, as well as **continued communication and collaboration amongst project team members**. An interviewee highlighted that it would take time to normalize the changes that have been made and integrate them into standard communication processes for physicians. The project team identified that a lack of continued funding and team engagement were risk factors to the sustainability of project outcomes.

“I think if we can keep the group going the meetings going regularly for another 2 years maybe we can put some things in the pipeline that will make sure it will just continue onwards and sustains without us....we haven't worked on the sustainability portion of it yet.” – Working Group Member

One way in which project stakeholders plan to sustain project progress and activities is via **running of simulation (SIM) labs past the project end date**; These SIM labs will be run by team members at the Division of Family Practice and ED doctors, at which FPs can learn about emergency medicine in a controlled environment. In addition, physicians can have further opportunities to build relationships and collegiality.



In addition, **nearly all** attendees from the Nov 30th event (96%, n=73) **‘strongly agreed’ or ‘agreed’** that **more resources should be allocated to “this type of work”**, suggesting that there is still work to be done around the continued improvement of communication between primary care physicians and hospital-based physicians as well as patients’ transitions in care.

The early positive feedback on the project activities and deliverables (i.e., education session, Emergency Medicine on RACE app) indicate that these could be valuable to family physicians in other areas of BC and could be valuable to spread through Divisions of Family Practice/ Doctors of BC. Interviewees also noted that further engagement with other stakeholders (such as the Health Authority) would be beneficial to continue to look for solutions further “upstream”, for example addressing systemic or infrastructure gaps that impede communication between physicians.

Recommendations

To increase the reach of this project, interviewees recommended the following next steps or additional activities. They are provided here for the consideration of the project team and Surrey-North Delta Division of Family Practice.

1. Evaluation and refinement of project activity and deliverables (i.e., assessing accuracy of MRP identification on Meditech, tracking Emergency Medicine use on the RACE app, launching and gathering feedback on revised GP referral form)
2. Assessing the long-term impacts of project activities and deliverables (i.e., impact on transitions care between FPs and hospital-based physicians)
3. Further training and support of administrative staff to improve MRP identification and tracking
4. Including more ED physicians onto the RACE app to spread the workload, as needed
5. Exploring and further formalizing communication processes and more direct contact between FPs and hospital-based physicians

Other ideas that arose from this work, for future considerations, included:

- How to utilize virtual care to improve coordination of care and transitions for patients
- How to better integrate family physician information into the hospital-based health record, for example ensuring faxes from FPs is incorporated into the patient chart

Conclusion

The Surrey-North Delta Admissions Discharge Communications Shared Care Project was successful in bringing together family physicians, ED/hospital-based physicians to strengthen communication processes for providers. However, there remain opportunities to evaluate the impact of these deliverables, improve their uptake, further optimize the communication between these groups, and improve transitions in care, thereby better coordinating patient care, and more appropriately directing patients to or from the ED as needed.