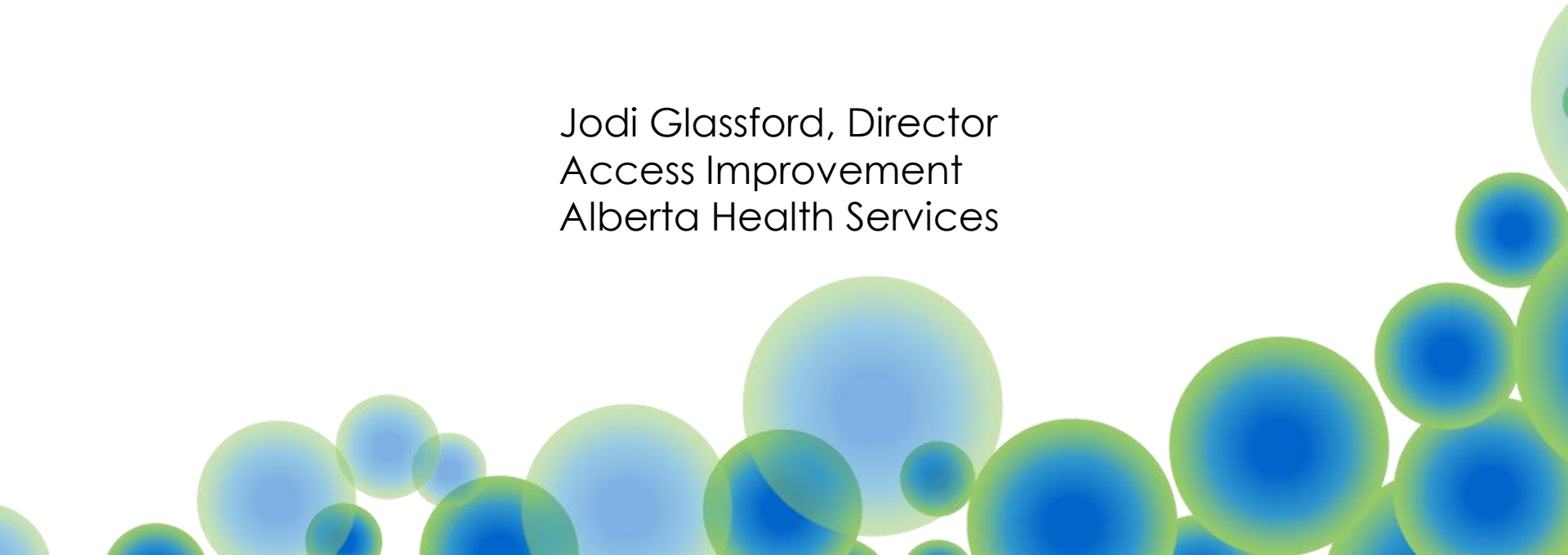


# **Transforming Alberta's Referral Experience**

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*Connecting Patients & Healthcare Professionals*

Jodi Glassford, Director  
Access Improvement  
Alberta Health Services



# What is Access Improvement?



# eReferral Limited Production Rollout

## IDENTIFIED REFERRAL ISSUES

Processing time  
Tracking inefficiencies  
Data entry errors  
Communication black hole

## JULY 2014 LAUNCH

Hip/knee joint replacement  
Breast cancer & lung cancer  
14 confirmed receiving sites

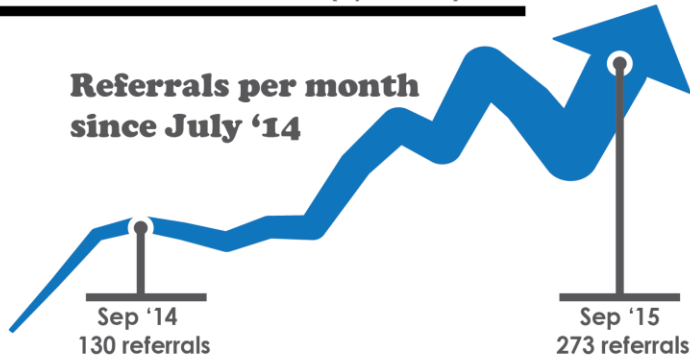
**323**

physician  
users

**3813**

referrals sent  
(by Feb '16)

**Referrals per month  
since July '14**



## DESIGN FEATURES

- paperless innovation leveraging existing information from Alberta Netcare
- allows users to create, submit, track and manage referrals in real time throughout the referral process.
- the referral form links to patient demographics, lab results and diagnostic images
- matches reasons for referral with appropriate specialty services
- checks the completeness of necessary referral requirements

Alberta  
**Netcare**  
ELECTRONIC HEALTH RECORD



**93%**

users are  
clinical  
support staff

Referral  
hubs are  
most  
**consistent**  
users

# eReferral Features & Benefits

*Promote patient safety*

*Reduce patient waits*

*Enable patient choice*

*Enjoy flexible workflow*

*Close knowledge gaps*

*Keep consistent standards*



# eReferral LPR Evaluation

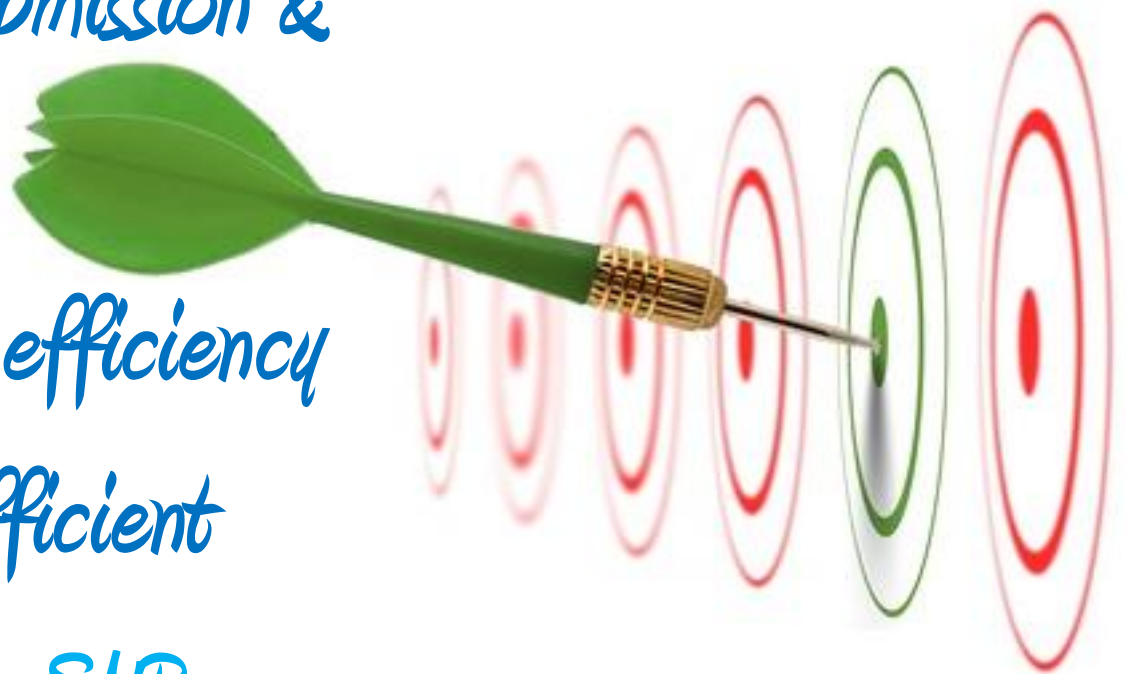
*Ability to track referral status*

*Confirmation of submission & receipt*

*Adoption indicates efficiency*

*Users agree it is efficient*

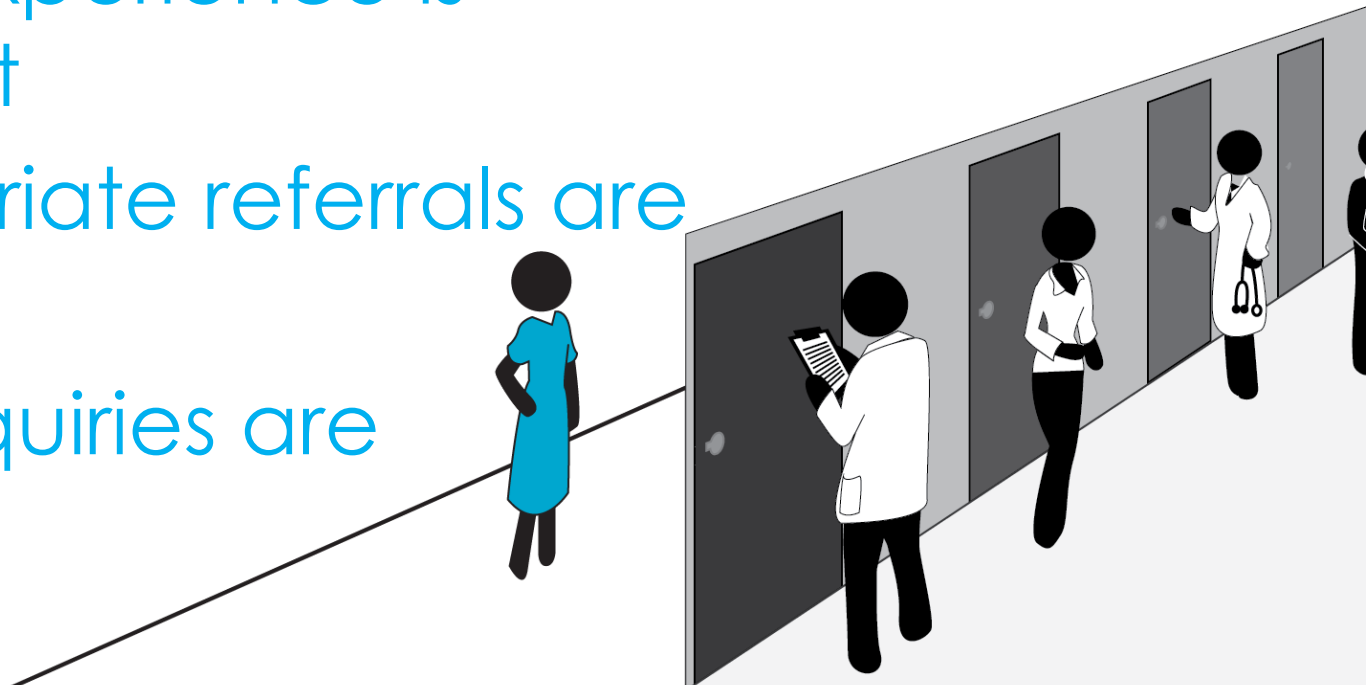
*No integration with EMRs*



# eReferral LPR Evaluation

## Unknowns

- Referral errors are reduced
- System navigation is easier
- Wait times are reduced
- Patient experience is consistent
- Inappropriate referrals are reduced
- Safety inquiries are reduced



# Recommendations

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- Align with EMRs
- Scale eReferral
- AHS needs to commit to leadership sponsorship



# 3 year Provincial Rollout

Addiction & Mental Health

Bone & Joint Health

Cancer

Cardiovascular Health & Stroke

Diabetes, Obesity & Nutrition

Diagnostic Imaging

Gastroenterology

Kidney Health

Ophthalmology

Pediatric Health

Respiratory Health

Rheumatology

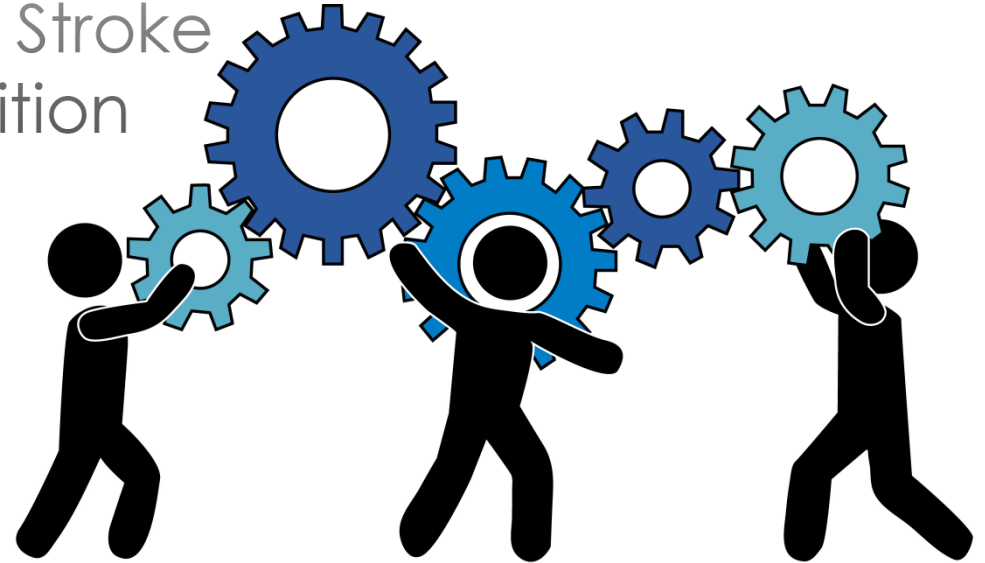
Senior's Health

Sleep Disorders

Surgery

Urology

Women's Health



**Advice Requests**

Standard eReferral Form

**Upgrade & Notifications**

**Graphical User Interface**



# eReferral Advice Request

*Secure, traceable communication*

*Province-wide access*

*Guaranteed response*

*Attach labs & imaging*



# eReferral Standard Referral Form

Minimum requirements

**Alberta Health Services**  
**Generic Referral**  
 Fax the completed form to the requested service. You will receive notification of receipt of this form within 2 business days of receipt. Refer to available directory guidelines for referral processing requirements.

HRN: \_\_\_\_\_ Site: \_\_\_\_\_ DOB: yyyy/mm/dd  
 Last Name: \_\_\_\_\_ First and Additional Names: \_\_\_\_\_  
 PHN: \_\_\_\_\_ Gender: \_\_\_\_\_ Age in Years: \_\_\_\_\_  
 Admitting Physician: \_\_\_\_\_ Encounter #: \_\_\_\_\_  
 Address: Street, City, Province, Postal Code \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Family Physician: \_\_\_\_\_  
 Date of Admission: yyyy/mm/dd \_\_\_\_\_

Refer to \_\_\_\_\_  
 Date (yyyy-mon-dd) \_\_\_\_\_ Referring Prac ID \_\_\_\_\_  
 Referring physician/source: \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax \_\_\_\_\_  
 Family Pract ID \_\_\_\_\_

Family physician \_\_\_\_\_  
 Referral Information  
 Reason for referral \_\_\_\_\_

Type of referral  
 New referral  
 Re-referral  
 2nd opinion

Is this referral urgent?  
 No  
 Yes (reason for urgency) \_\_\_\_\_  
 (If patient condition changes, call the service requested directly by phone)

Specialist seen previously  No  Yes (if yes when?)  
 Prior hospital admission (past 2 years)  No  Yes  
 (If yes, when and where?) \_\_\_\_\_  
 Currently hospitalized, where? \_\_\_\_\_

Diagnosis (if available) \_\_\_\_\_ Date of diagnosis (if known) \_\_\_\_\_  
 Past Medical History \_\_\_\_\_  
 Current Medications ( Attached) \_\_\_\_\_ Allergies ( Attached) \_\_\_\_\_

Requested Action (if applicable)  
 Confirm &/or advise as to diagnosis  
 Suggest medication or management  
 Assume management for this problem and return patient after care  
 Assume future management of patient within area of expertise  
 Provide telephone consultation (if considered appropriate by specialty)  
 Education for patient

Requirements for Triage (include all relevant documentation)  
 Bloodwork ( Attached)  
 Diagnostic imaging ( Attached)  
 All consultant letters ( Attached)  
 All discharge summaries ( Attached)  
 Microbiology ( Attached)  
 Pathology ( Attached)

Review available specialty guidelines for specific referral requirements.

Booking information  
 Direct appointment by which of the following  
 Assign to next available appointment, or if no, by (name) \_\_\_\_\_  
 Specific physician: \_\_\_\_\_  
 Site: \_\_\_\_\_  
 Factors that may affect consultation/care  
 Language \_\_\_\_\_  
 Physical limitations \_\_\_\_\_  
 Social/Psychological \_\_\_\_\_  
 Economic \_\_\_\_\_  
 Other \_\_\_\_\_  
 Interpreter required  Interpreter required \_\_\_\_\_  
 Is this patient a WCB or insurance patient?  
 Yes  No  
 Designation \_\_\_\_\_ Date (yyyy-mon-dd) \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

**PURE**  
 Quality of Referral Standard  
 Quality Referral Pocket Checklist

**PATIENT INFORMATION**  
 Address, Phone, Email, ACB#, Alternate contact  
**PRIMARY CARE PROVIDER INFORMATION**  
 Name, Phone, Fax, CC to:  
**REFERRING PHYSICIAN INFORMATION**  
 Name, Phone, Fax

**REASON FOR REFERRAL**  
 Diagnosis, management or treatment?  
 Procedure issue / transfer of care  
 Urgency

**PATIENT'S CURRENT STATUS**  
 Stable, worsening or urgent/emergent consult?  
 What do you think is going on?  
 What are the key symptoms and findings?  
 When did they start / duration?  
 Are there any red flags?

**FINDINGS AND/OR INVESTIGATIONS**  
 What has already been done?  
 What has been ordered but still pending?  
 What results will be available by consultation?

**CURRENT AND PAST MANAGEMENT (list with outcomes)**  
 None  
 Unsuccessful treatment(s)  
 Previous consultation outcomes

**COMORBIDITIES**  
 Pertinent concurrent medical problems  
 Current & recent medications  
 • name, dosage, PRN basis  
 Known allergies  
 Warnings and challenges

# eReferral Standard Referral Form

**STANDARD REFERRAL FORM – FEBRUARY 2016**

**PATIENT INFORMATION**

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth (yyyy/mm/dd) \_\_\_\_\_  
PHN: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Province: \_\_\_\_\_  
Phone (mobile): \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Patient have a guardian? \*  No  Yes (please fill out the information below)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 next available  specific provider (please list name): \_\_\_\_\_

**RECIPIENT**

Requirements by reason for referral ie Kidney Stones  
Labs (attached or in Netcare) \_\_\_\_\_  
Imaging (attached, in Netcare or ordered) \_\_\_\_\_  
Requested Action – why are you sending this referral? Requested action: \*  
Confirm and/or advice as to diagnosis \_\_\_\_\_  
Suggest medication or management \_\_\_\_\_  
Resume management for this problem and return patient after care \_\_\_\_\_  
Perform specific procedures \_\_\_\_\_  
Provide education to patient \_\_\_\_\_  
Other, please indicate: \_\_\_\_\_  
Patient aware of this referral? \*  No  Yes

**ATTACHMENTS**

attached  ordered  available in Netcare  
 attached  ordered  available in Netcare  
 attached

**WOULD YOU LIKE TO COMPLETE THE REFERRAL BELOW OR ATTACH A REFERRAL? \***  
 referral below  EMR generated referral

**PATIENT'S CURRENT STATUS**

What are the symptoms / findings? \* N/A \_\_\_\_\_  
When did the symptoms start? \_\_\_\_\_ How long have the symptoms lasted? \_\_\_\_\_  
Are the symptoms stable or worsening?  stable  worsening, please specify: \_\_\_\_\_  
Are there any red flags? \*  No  Yes, please list all red flags: \_\_\_\_\_

**RELEVANT MEDICAL HISTORY**

Patient Information

Recipient

Triage Requirements

Attachments

Complete or Attach Referral

Patient's Current Status

Relevant Medical History

Relevant Information

Primary Care Provider Information

Referring Physician Information

# Health Services Catalogue

## Health Services Catalogue

Select a favourite search ▼

Provider

Specialty

Reason for Referral

Facility

Sub Specialty

City

Zone  North  Edmonton  Central  
 Calgary  South

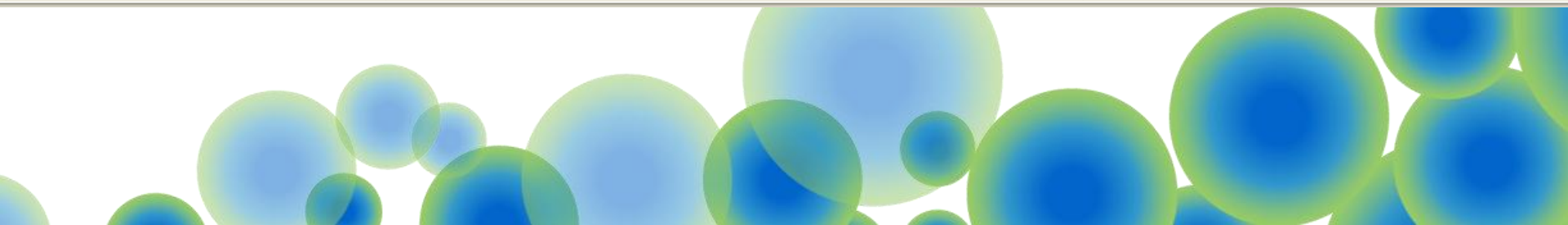
Search

Reset

Enter a new favourite search



Reason for Referral	Sub Specialty	Specialty	Facility	City	Zone	Provider	Approximate Wait Time	Accepting New Referrals	Referral Resume Date
<a href="#">Acute Kidney Injury</a>		<a href="#">Nephrology</a>	<a href="#">2D3 Walter Mackenzie Health Sciences Centre</a>	Edmonton	Edmonton	<b>Next Available</b>	10 calendar days	Y	
<a href="#">Acute Kidney Injury</a>		<a href="#">Nephrology</a>	<a href="#">Sheldon Chumir Centre</a>	Calgary	Calgary	<b>Next Available</b>	10 calendar days	Y	
<a href="#">Chronic Kidney Disease (CKD) Clinical Pathway</a>		<a href="#">Nephrology</a>	<a href="#">2D3 Walter Mackenzie Health Sciences Centre</a>	Edmonton	Edmonton	<b>Next Available</b>	10 calendar days	Y	
<a href="#">Chronic Kidney Disease (CKD) Clinical Pathway</a>		<a href="#">Nephrology</a>	<a href="#">Sheldon Chumir Centre</a>	Calgary	Calgary	<b>Next Available</b>	10 calendar days	Y	





# CKD Clinical Pathway

The Pathway

Diagnose

Medical Management

Referral

Resources

About

Contact



The **Chronic Kidney Disease (CKD) Clinical Pathway** is a resource for primary care providers to aid in the diagnosis, medical management, and referral of adults with CKD.

## Who & How to Test for CKD

Testing for CKD should not be universal, it should be targeted for individuals at increased risk of developing CKD.

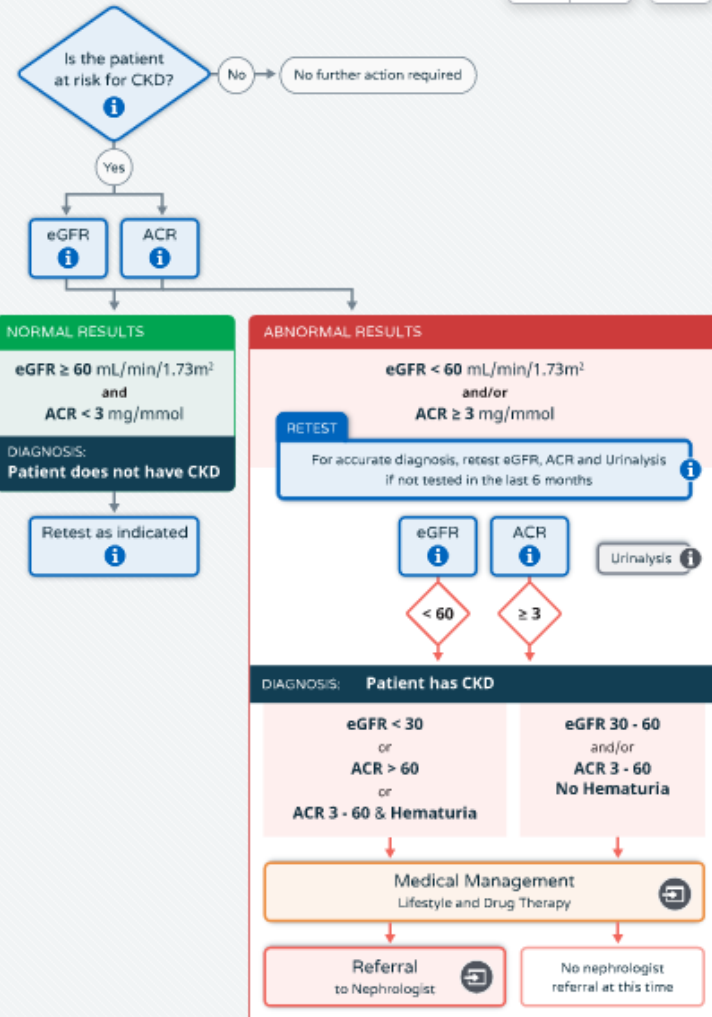


[Learn more](#)

## Evidence based recommendations from:

- Kidney Disease Improving Global Outcomes (KDIGO)
- Canadian Cardiovascular Society (CCS)
- Canadian Diabetes Association (CDA)
- Canadian Hypertension Education Program (CHEP)
- Canadian Society of Nephrology (CSN)

## Chronic Kidney Disease Clinical Pathway



# Friends & Family

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Alberta Netcare  
eHealth Support Team  
Orion Health  
Path to Care  
Primary Care Networks  
Quality Referral Evolution  
Strategic Clinical Networks  
UCalgary  
UAlberta

[www.ahs.ca/accessImprovement](http://www.ahs.ca/accessImprovement)  
[www.albertanetcare.ca/eReferral.htm](http://www.albertanetcare.ca/eReferral.htm)  
[www.AHS.ca](http://www.AHS.ca)

Jodi.Glassford@ahs.ca

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**Thank you**

