

Benefits evaluation is an important component of the connecting South West Ontario (cSWO) Program that helps to support and demonstrate the realization of health system benefits through the adoption of an electronic health record (EHR). By pursuing the measurement of organizational value (improvements in the efficiency of care delivery such as time-savings and redirected resources) and clinical value (patients undergo fewer unnecessary tests, patients have improved access to care) ultimately, patients benefit from higher quality, better informed clinical decision-making.

The cSWO Benefits Realization program uses a research-based approach to identify areas of clinical best practice that are affected by the use of the EHR, and works collaboratively with clinicians to understand the value of the EHR. This formative evaluation process informs change management and adoption, and enables clinicians to use the EHR more effectively. This research does not include the use of any personal health information.

The document is one in a series of case studies which describe the clinical value of the EHR in different clinical settings and contexts, particularly with respect to clinical best practices. The work of the cSWO Benefits Realization program is ongoing; in some cases, these cases raise questions for further investigation, and clinicians are invited to participate in benefits evaluation to continue to develop these answers.

Value statement

Waterloo Wellington Diabetes Central Intake (DCI) is a program that offers a one-stop referral process for both self and professional referrals to diabetes care, including diabetes education programs and specialists. The program has developed common referral forms for both the self-referral and professional referral process. The professional referral includes sections for diabetes assessment (i.e. type of diabetes, duration of diabetes, urgent need); reason for referral (i.e. diabetes education, hypoglycemia, pregnancy counselling, lipid management, insulin start, foot care treatment, weight control), medical history, laboratory results and specialist consults.

The patient navigator is a certified diabetes nurse educator (CDE) who triages the referral based on complexity, geographical location, and urgency. This is required to establish the most appropriate referral. From the information provided and gathered, the Navigator determines whether patients are best served by a community diabetes education program, or whether they need to be seen in a more specialized clinic for complex diabetes care. The navigator identifies a program close to the person's home and determines which specialist the referral will be triaged to, if this is required. The navigator completes the triage process by determining if the patient need is:

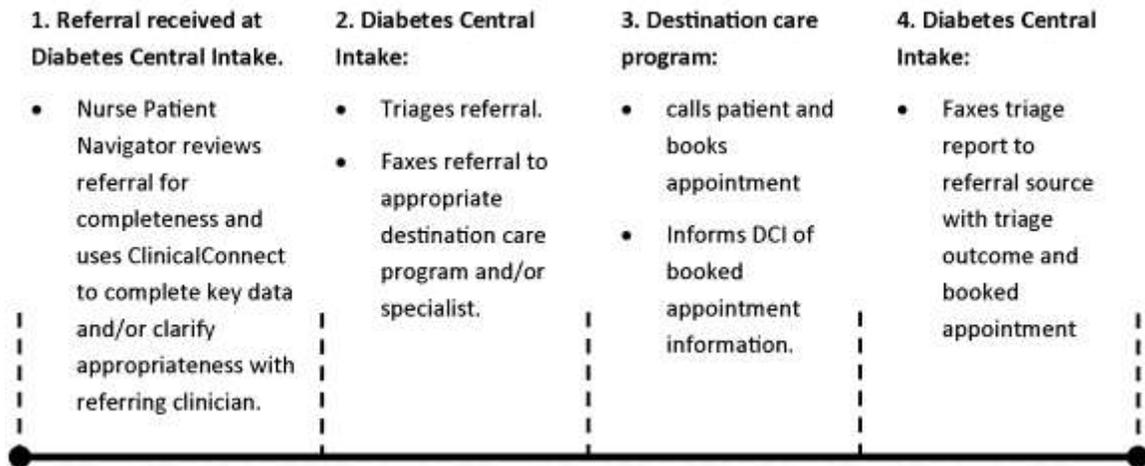
Urgent (to be seen within 48 hours – i.e. emergency department discharge follow-up)

Semi-Urgent (to be seen within 1-2 weeks – i.e. gestational diabetes)

Non-Urgent (to be seen within 2-4 weeks – pre-diabetes, insulin pump therapy)

The CDE patient navigator triages referrals at Central Intake by using the Regional Clinical Viewer, ClinicalConnect™ to complete information, which is vital to the effectiveness of the program (Figure 1). Supporting existing literature for centralized referral processes has found having a triage clinician resulted in a 40-75 per cent reduction in the number of referrals made without a clear consultative question (Chen et al., 2013). The DCI is adding value to diabetes referrals to support the provision of care in south west Ontario.

Figure 1 – Diabetes Central Intake (DCI) Using ClinicalConnect to Effectively Process Referrals



The value of Diabetes Central Intake in increasing access to care

During the past three years, the number of patients with diabetes receiving care within the appropriate clinically-based wait time has increased. Referred patients who require urgent care (within 48-hours) are seen within-target 76 per cent of the time, two times more often than three years ago.

(<http://www.waterloowellingtondiabetes.ca/Professional-Site-Wait-Times.htm>)

ClinicalConnect enables increased patient safety and wider geographical coverage of DCI

In March/April 2016, DCI recorded the number of times they accessed ClinicalConnect to inform their triage and referral process. In a one-month period, the CDE Patient Navigator accessed ClinicalConnect 18 times. ClinicalConnect was used to improve the reported history and labs, look-ups from referral source, accessed reports for specialist consult. **For 13 of 18 patients information was gathered that: i) changed the urgency of the referral (6), ii) improved facilitation of specialist consult (6), and iii) sped up referrals to Diabetes Education (1).**

Access to information and data in ClinicalConnect is enabling health care professional to provide better care to more people (DCI had a 12 per cent increase in referrals year-over-year) over a larger catchment area (DCI has entered a pilot project with the South West LHIN to manage referrals).

Testimonial

“As the Patient Navigator at Waterloo Wellington Diabetes Central Intake, I triage many referrals each day for diabetes education, endocrinology, ophthalmology and nephrology/HTN consults. I started using ClinicalConnect in April 2015 and have found it has increased my ability to obtain information to triage referrals more efficiently and accurately.”

Kelly McCammon RN, CDE

Questions

For questions, comments, or to participate in cSWO’s Benefits Realization program, please contact: Ted Alexander, Manager, Benefits Realization: ted.alexander@lhsc.on.ca

Sources

Chen, A. H., Murphy, E. J., & Yee, H. F. (2013). eReferral - a new model for integrated care. *N Engl J Med*, 368(26). doi:10.1056/NEJMp1303295

<http://www.waterloowellingtondiabetes.ca/Professional-Site-Wait-Times.htm>



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