

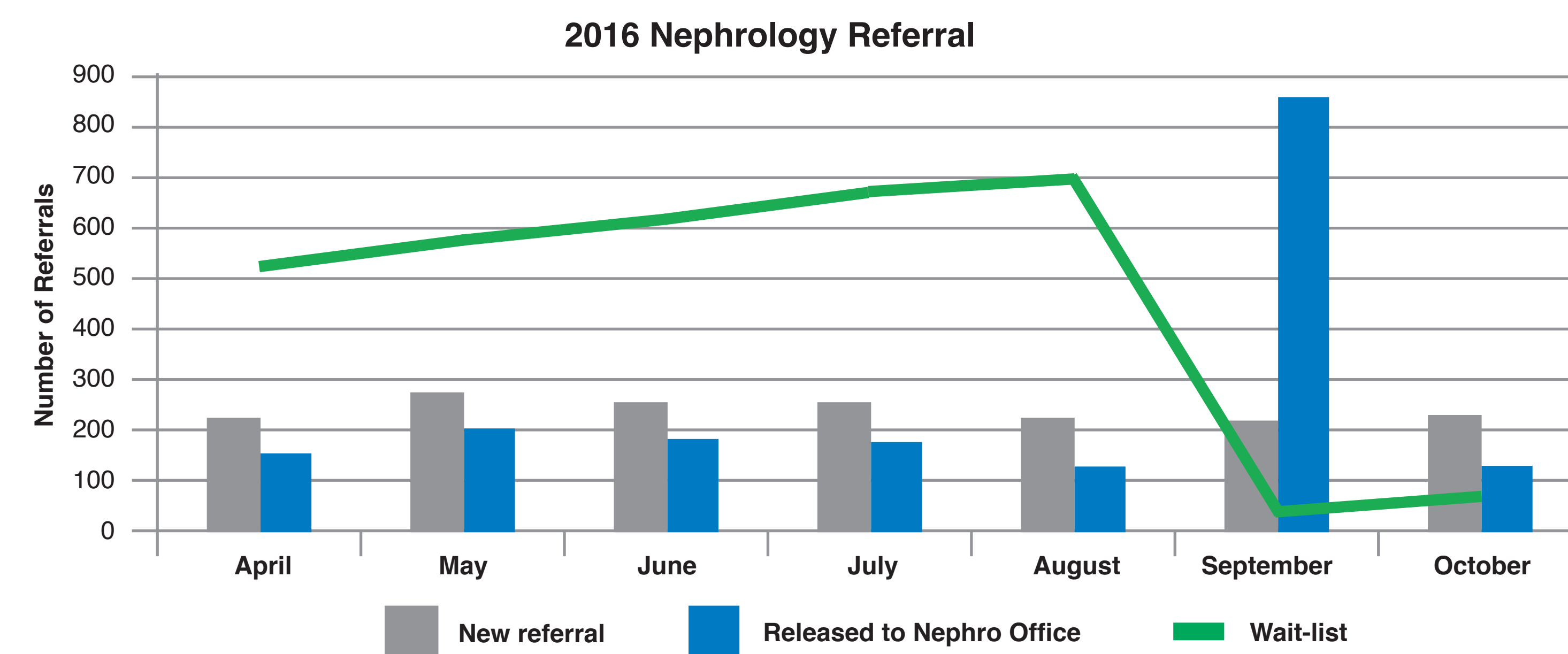
NEPHROLOGY REFERRAL OPTIMIZATION PROJECT

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Background

The Southern Alberta Renal Program is seeing increasing referrals and growing wait time.



In August 2016, there were over 700 referrals on the wait list and the average wait time for routine consultation was 6 months.

Evidence suggests up to 40% referrals do not require a face-to-face consultation, and there is validated kidney failure risk equation (KFRE) to identify low risk patients.

We hypothesize that some routine referrals are low risk and can be better managed by phone consultation with referring physicians or advice letter.

Project Design

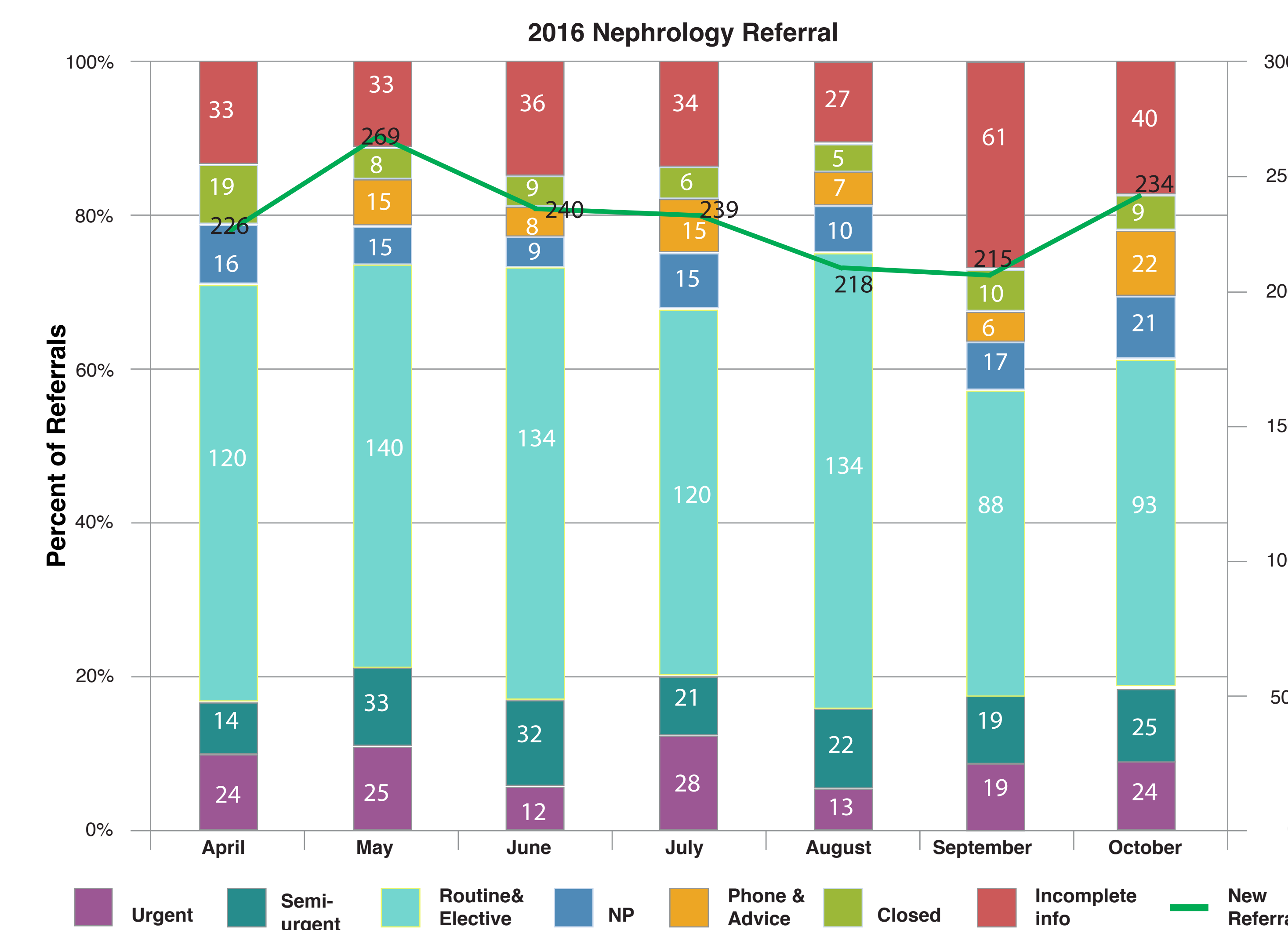
- 1 Review and analyze the current triage process and data for potential solutions
- 2 Develop criteria and process for phone consultation clinic
- 3 Develop process to implement KFRE to identify low risk referrals

Project Aim

Phase 1 is to analyze current triage process to identify strategies including KFRE and phone consultation clinic, to reduce wait list.

Phase 2 is to implement phone consultation clinic by January 2017 to reduce wait list.

Data Collection



Data Analysis

Problems	Strategies	Anticipated Effect	Unintended Consequences
Data reporting lacks details	Revise reporting definition and additional data collection for details (underway)	Better data to inform process and track progress	None
12-30% referral are incomplete and leads to long process time	Revise response letter to include a 30 day holding (in place Nov 2016)	Shorter process time	None
Clinic capacity for Urgent & semi-urgent referrals is an issue	Increase clinic space (in place Nov 2016) Utilization of last minute cancellation (in place Jan 2017)	Fewer referrals past recommended wait time	None
Routine and elective referrals are the main reason for long wait list	Revised current triage criteria to be consistent with AHS Path to Care and www.ckdpathway.ca (in place Nov 2016) Use KFRE to identify low risk referrals and send advice letter (underway) Develop criteria and process for phone consultation clinic (in place Feb 2019)	More advice letters to referring physicians and referral is closed Mock implementation for Jan 2017 identified additional 14.5% of low risk referrals in the Routine Category More phone consults are completed	Increased dictation workload for nephrologists (plan: automatic letter) Perception of referring physician (plan: interview or survey) Re-referrals (plan: track)
Nurse practitioner clinic has a smaller impact on wait list than previously anticipated	Work with stakeholders to re-define nurse practitioner's role to align with division's need and visions (underway)		

Results

	# of Phone consultation (% of referrals)	# of Advice Letter (% of referrals)	Average Triage Time (days)	# of Referrals on wait-list
October	8 (3.4)	19 (8.1)	72	55
November	12 (4.3)	16 (5.7)	53	134
December	13 (6.0)	21 (9.6)	46	209
January	3 (1.4)	29 (13.2)	N/A	261
Additional cases identified with KFRE		32 (14.5)		

Next Steps

- 1 Evaluate phone consultation clinics
- 2 Implement KFRE to identify low risk patients and provide advice letter to close referral without increasing dictation workload
- 3 Engage stakeholders to re-define nurse practitioner clinic
- 4 Ongoing evaluation on triage process
- 5 Track re-referrals and collect feedback from referring physicians

Reference

- Champlain BASE project
- N Tangri et al JAMA 2016;315(2)1-11

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