

RESCHEDULE ANNOUNCEMENT

In recent weeks there has been incredible interest and enthusiasm about the upcoming launch of the eReferral Limited Production Roll-out with breast cancer, lung cancer and hip and knee arthroplasty. The testing for eReferral has gone very well and the feedback on the clinical design has been very positive.

During testing, some issues around printing and launching from an EMR were identified that would limit full functionality of eReferral if launched at the end of November. A number of these issues would impact the way primary care uses eReferral. As a result, referrals can be made through eReferral for

hip and knee arthroplasty at the beginning of March once these issues are resolved.

For confirmed breast and lung cancer referrals, specialists create the largest portion of the referrals so would be less impacted by these issues. Cancer Control is therefore currently deciding whether to go live toward the end of January or to go live at the beginning of March.

Our team will continue to provide communication over the coming months about the upcoming go live and associated training materials and sessions.

Jodi Glassford, Director

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ALBERTA NETCARE
eREFERRAL WILL ACCEPT
ELECTRONIC REFERRALS
FOR

- BREAST CANCER
- LUNG CANCER
- HIP & KNEE ARTHROPLASTY

STARTING MARCH 2014

HOW DID eReferral IMPRESS YOU? - Feedback from our clinical testing team

Did you know?

In Alberta we spend approximately \$1 BILLION on ambulatory services - 4.3 million visits...That's a lot of faxes, and likely significantly under represents patient care transitions...made through the referral process.

- Allison Bichel

"The program was very easy to use, essentially the same information is required that goes on the paper referral. It does not take any additional time to fill out and if you need to make changes after you have sent the referral it is very easy to add information or to request a change of some type.

It is very helpful to have one place to go to check on all the hip and knee referrals and you can see in real time the status of those referrals.

I hope that there will be other specialties that will become part of this system it is an excellent way to submit and monitor the status of referrals. It would be especially useful for referrals that require many phone calls to arrange appointments, such as urology and mental health. All of the people that I dealt with through this process were extremely helpful and knowledgeable. Thanks for letting us be a part of this training."

- Vicki Sanford, RN, Jabulani Health Centre, Sherwood Park

Additional Feedback

"The eReferral system will be beneficial in terms of standardizing the protocols for referring and triaging referrals and making access to specialized care more equitable across the province. It will cut down on the numbers of "lost" faxes and tracking down where a patient's referral is at, both for the referring clinic and the referral centre."

- Jana Lognon, Triage Nurse, Breast Health Program

WHAT IS A "COMPLETE" REFERRAL?

When a referral is complete, it provides all the information that is required for triage. This starts with patient demographics, referring and family physician information, and the reason for referral. For each reason for referral, there are specific tests and investigations that must be included so the referral may be triaged appropriately.

In a paper based system, this information is collected on a referral form and faxed to the receiving specialty. The required tests and investigations vary between clinics, and the average physician's office must maintain copies of over 250 referral forms, each with differing requirements.

After a referral is submitted, it may be triaged in two phases: clerical and clinical. Clerical triage ensures all the necessary information is provided, whereas clinical triage involves deciding whether the referral is appropriate and the time frame in which the patient needs to be seen (priority).

Understandably, missing information and inappropriate referrals often cause hours of extra work and may delay a patient consult for weeks. To hip and knee arthroplasty, nearly a third of referrals made are incomplete, and 38% of referrals are not appropriate because patients aren't surgical candidates. A complete referral helps to decrease delays by guaranteeing that time is not lost trying to gather missing information.

This is where eReferral can help. As part of the



A typical referral form drawer in the average physician's office may hold over 250 different referral forms.

clinical design for eReferral, the participating specialty groups worked with referring providers to discuss minimum triage requirements for a complete referral. eReferral will digitally confirm that a referral has met these requirements before it can be submitted. This will significantly reduce the number of incomplete referrals. In addition, eReferral can track a referral's status, list up-to-date service and wait time information, and allow physicians to request advice.

By providing up-to-date wait times and triage requirements eReferral will make it easier to select the right service and provide the right information for a complete referral.

"I can see that a future implication of eReferral in Alberta will be to standardize processes. This will benefit the referring location in that they will have ease and clarity around ensuring a referral is complete and being processed. On the receiving end, there will be a consistent collection of information that will allow streamlined and accurate triage."

- Maureen Lynch, Breast Health Clinic

NEXT ISSUE:
How eReferral fits into the future of health care - from a patient's perspective.