Flow of Patients and Information through the Geriatric Day Hospital at the QEII

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Agenda

• Geriatric Day Hospital Overview
• Meet Mrs. Ida Jones!
• Patient Flow
• Information Flow
• Risks
• Strategic Vision
• Questions or Thoughts
Introduction

• Objective
  - To provide an in depth look into the flow of patient information when an individual is referred to and enters the Geriatric Day Hospital at the QEII in Halifax, Nova Scotia.
  - Analyze current flow and suggest ideas for improvements.

• Outcome
  - Suggest strategic changes to information flow to increase patient safety and satisfaction in turn allowing more time for patient-clinician interaction.
  - Heighten physician/clinician knowledge at the point of care.
Geriatric Day Hospital

- Provide comprehensive multidisciplinary assessment for elderly patients who are experiencing a change in function, memory, mood, or have complex medical issues.
- Short-term treatment, counseling, and education are available to patients and their caregivers to facilitate community support and long-term care planning.
- For elderly individuals who have the POTENTIAL to improve in some areas such as function and mobility, allowing them to return home with improved coping abilities.

Team

- Geriatrician
- Registered Nurse
- Ward Clerk
- Physiotherapist
- Occupational Therapist
- Social Worker
- Pharmacist
85 yr old woman, lives at home alone since she lost her husband 5 years ago. Likes to play bridge and loves her garden. She has fallen three times in the past week and went to see her family doctor to determine the cause of it.
Ida’s Physical Flow

1. Ida visits her Family Doctor because she is falling a lot.
2. Sick enough for GDH Referral?  
   - **NO**: Family Doctor continues to monitor Ida.
   - **YES**: Assessment by Interdisciplinary Team at GDH.
3. Sick enough for GDH Care?  
   - **NO**: Admitted to GDH.
   - **YES**: Assessed for individual treatment plan and schedule.
4. Attends treatment sessions until program completed.
5. Ida takes her new skills into the world; monitored by her family doctor.
Ida’s Health Information Flow

Family Doctor makes a referral to the GDH for Ida

Ida’s Chart

Medical Records generates Barcode for HPF

Physicians Orders (stays in chart)

Written

Fax to Family Doc

Medication Notice

Fax

Printed sent to HPF

Medication Schedule

Written

Scanned into HPF DB

X-Rays Requests

Walked

Discharge Summary

Lab Forms

Walked

Results appear electronically on LAB System and MAILED back a few weeks later

Phone

Ida’s Assessment at GDH

GDH appropriate for Ida?

Ward Clerk

Mail or Fax

STAR

Ida determined not sick enough and her care will be managed by Family Doctor

Individual Team Members Assessment Data

Family Doctor

Pharmacy

IDA

LIS

PACS QUADRIS

Results appear electronically on LAB System and MAILED back a few weeks later

Film appears on Web1000

Urgent -> paper copy faxed or mailed to GDH

YES

NO

10/8/2008

Geriatric Day Hospital Information Flow
Immediate Risks

**Medications**
- Form is faxed to Family Doctor about which medications Ida is now taking but another form is filled out by the nurse for Ida (by hand) to teach her how and when to take her new meds.
- A copy needs to be communicated to the family doctor to avoid confusion and adverse drug events.
- A copy needs to stay in the patient chart to communicate to all clinicians the current med schedule.

**Lab / X-ray Results**
- Information and results are on a different system, sometimes inaccessible by several GDH staff

**Discharge Summary**
- The summary is compiled by the team who each fill in a section and sign an accompanying sheet to confirm they have entered their data. Then it is faxed to the family doctor, printed and mailed to HPF who scans it into the system as an image.
- Summary, important info may not be communicated to the family doctor properly.
- HPF is not searchable difficult to search through it if Ida returns to the hospital and if found.
Information Flow Risk Summary

- Information flow in GDH is complex because it interfaces with numerous information systems.
- Redundancies and inefficiencies because some information needs to be printed then faxed.
- In GDH most patient data is captured on paper or PDF forms that are electronically inaccessible.
Strategic Vision

• Central repository for all of Ida’s information so each team member can access it when working directly with her. Organized by modules (medication, function, mobility etc) provides a clear understanding of Ida’s complete care. Currently being developed now by Tracey Fisher and Dr. Paige Moorhouse.

• Better system for managing Ida’s medication schedule, and communicate this to the family doctor, not just Ida.

• Improve system communication so Ida’s information can be centralized and each system can interact with each other.

• Discharge summary can be generated from the central repository being built to save time and increase the knowledge being sent to the family doctor.
Day Hospital Screening Tool

<table>
<thead>
<tr>
<th>Date Screened</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>09-Mar-08</td>
<td>85</td>
<td>Female</td>
</tr>
</tbody>
</table>

**Description of Patient:** 85 yr old woman, widowed, likes to garden and play bridge. Has fallen 3x in the last week.

**Active Problems:**
- [x] Falls
- [x] Injury
- [ ] New Incontinence
- [ ] Fecal
- [ ] Urinary
- [ ] Sleep Problems
- [ ] Mobility Impairment
- [ ] Polypharmacy
- [ ] Parkinson's Disease
- [ ] Incontinence

**Active Issues:**
- [ ] Movement
- [ ] Cognition
- [ ] Autonomic
- [ ] Medications

**Frequency of Falls:** 3 per week

**Contact Information**

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9/8/2008 Geriatric Day Hospital Information Flow
Questions or Thoughts?