

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

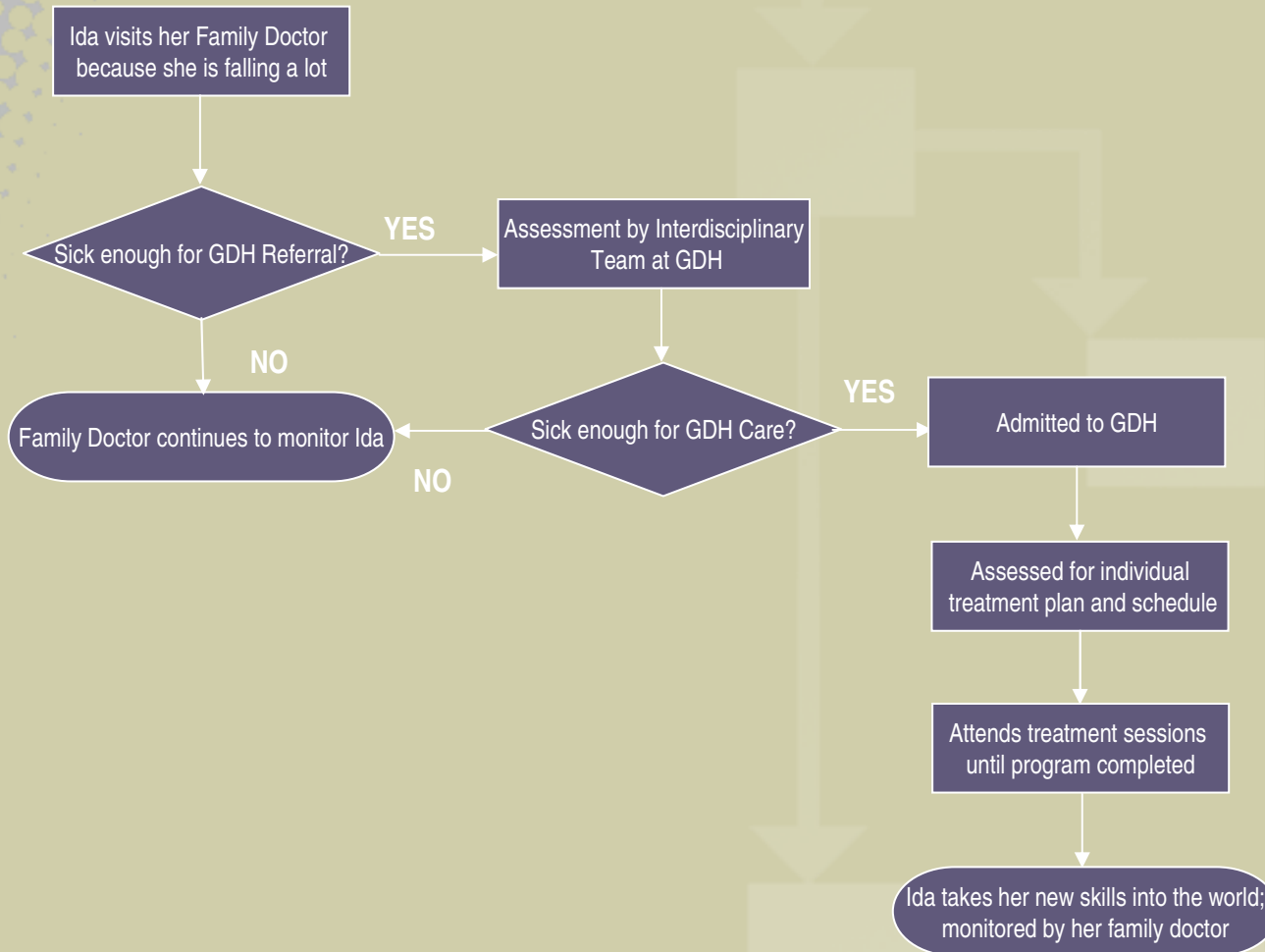
- ❑ Provide comprehensive multidisciplinary assessment for elderly patients who are experiencing a change in function, memory, mood, or have complex medical issues.
- ❑ Short-term treatment, counseling, and education are available to patients and their caregivers to facilitate community support and long-term 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

MRS. IDA JONES

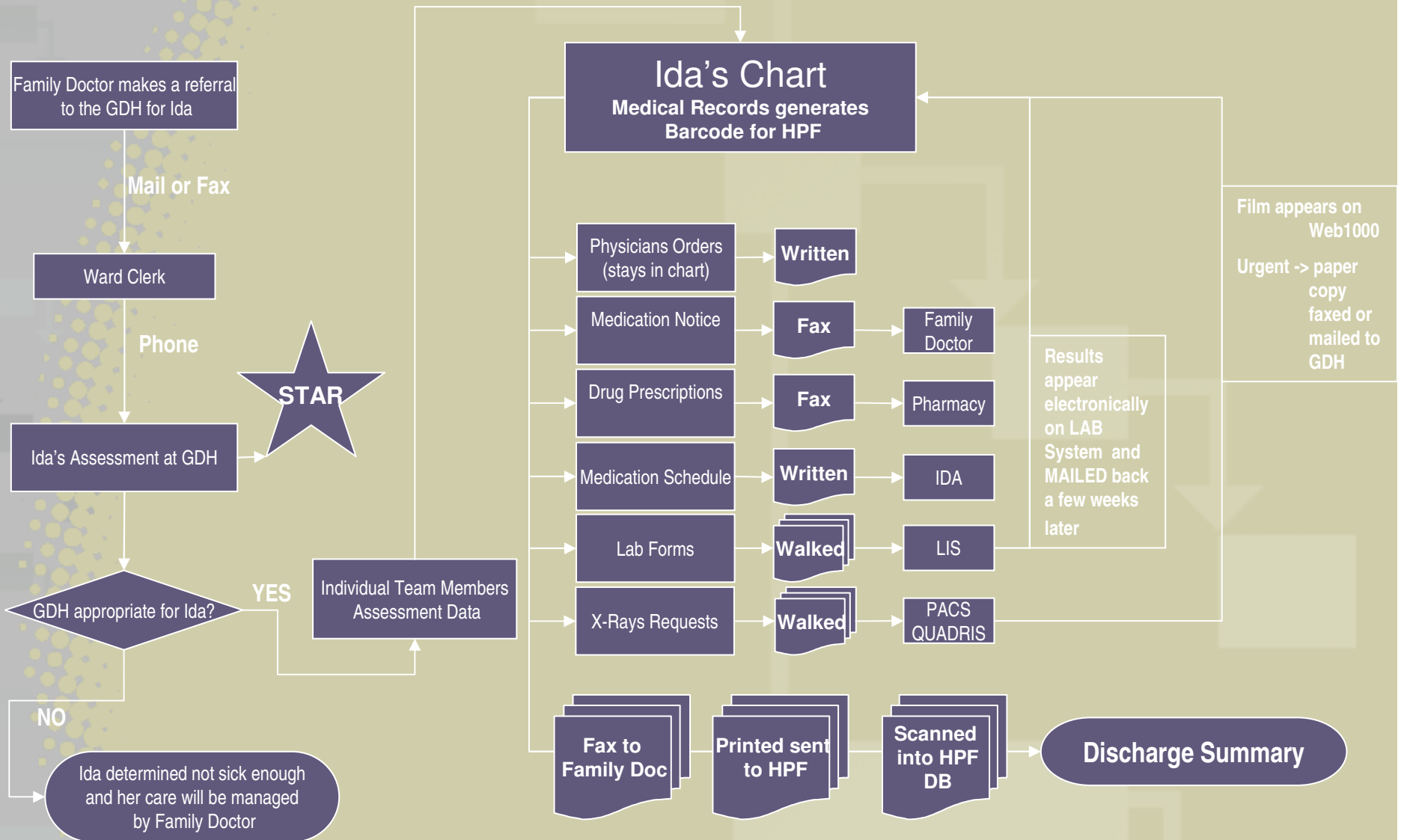


85 yr old woman, lives at home alone since she lost her husband 5 years ago. Likes to play bridge and loves her garden. She has fallen three times in the past week and went to see her family doctor to determine the cause of it.

Ida's Physical Flow



Ida's Health Information Flow



9/8/2008

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

 **Day Hospital Screening Tool** Print Screening Form Exit

THUMBNAIL SKETCH
Last Name First Name Age Gender

Date Screened RFR Description of Patient
Case Mgr

ACTIVE PROBLEMS | **SENSORY FUNCTION** | **PMHx & MEDS** | **CONTACT INFORMATION** | **OUTCOME OF ASSESSMENT**

Brief description only, details found in assessment modules

Parkinson's Disease Active Issues: Movement Cognition Autonomic Medications
 Polypharmacy
 Incontinence New Incontinence Fecal Urinary
 Sleep Problems
 Mobility Impairment
 Falls Injury Frequency of Falls
 Functional Decline
 Cognitive Impairment
 Mood
 Pain
 Social Issues
 Other

Questions or Thoughts?

