

IMPROVING ACCESS TO HOSPITAL AND COMMUNITY SERVICES FOR PRIMARY CARE PROVIDERS (PCPS) AND PATIENTS

Beatrise Edelstein BSc PT, MHSc, CHE, CMP; Kathleen Kirk RN, BSN, MBA/HCM (c); Mehwish Ali RN, MN; Kris-Ann Simpson RN, BScN

DESCRIPTION

SCOPE (Seamless Care Optimizing the Patient Experience) is a platform that promotes collaborative work between primary care, hospital, and community services. PCPs that are registered with SCOPE can connect to internists, outpatient services, diagnostic imaging, and home care services through a single point of access. SCOPE was launched at Humber River Health (HRH) in an effort to create a more connected system, fostering the ability to promptly respond to urgent and ongoing primary care needs. With continued collaboration and feedback from key stakeholders, clinical pathways are regularly being developed and deployed to help improve access to healthcare services and reducing unplanned hospital visits.

OBJECTIVE

To improve access to outpatient services, increase PCP satisfaction, and reduce avoidable emergency department (ED) visits.

ACTIONS TAKEN

Stakeholder engagement and preparations for HRH SCOPE began in October 2020, followed by initial PCP registration and onboarding event in January 2021. A Physician Advisory Committee was established, where regular meetings informed priority pathway development. Ongoing engagement and outreach with PCPs promotes increased uptake of SCOPE. Regular newsletters and outreach highlight new or existing pathways as reminders of the services offered to support the Quintuple aim of healthcare: enhanced patient experience, health equity, cost-effective care, improved population health, and improved provider and staff experience.

SUMMARY OF RESULTS

There have been over 2,700 calls to SCOPE, with 100% of PCPs surveyed strongly or somewhat agreed that they are satisfied with the SCOPE program. Six additional clinical pathways have been developed and deployed since the initial launch, expediting patient access to orthopedics, plastics, vascular surgery for lower limb preservation, mental health, cardiology, and neurology. This collaboration between HRH and community PCPs has resulted in ED diversion for 96 to 98% of calls monthly.

LESSONS LEARNED

Improved access to community and acute care services for PCPs resulted in reduced emergency department visits and enhanced PCP experience.

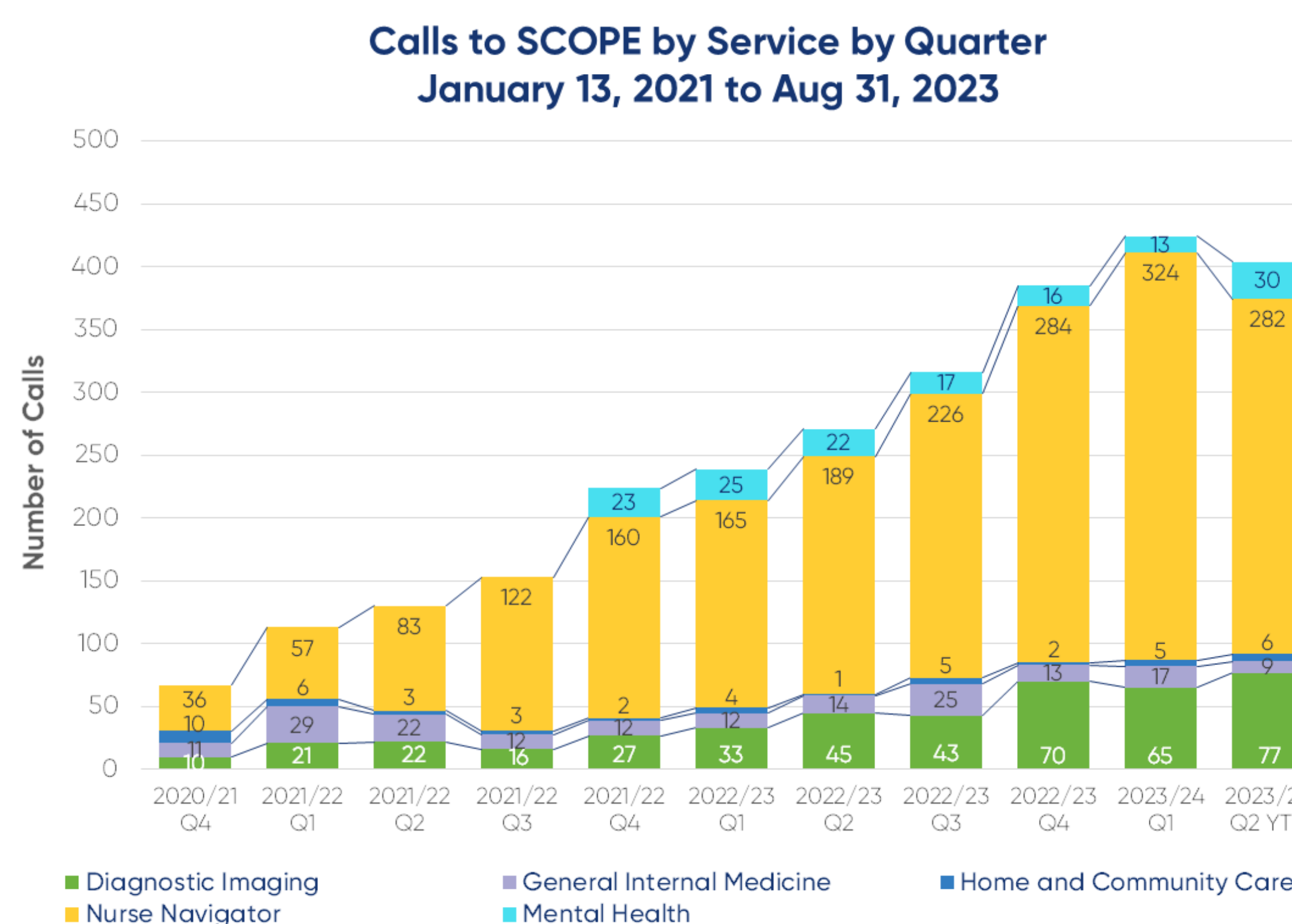


Figure 1. Total Calls to SCOPE. There is a notable trend in the number of calls to SCOPE to bridge patient access to care.

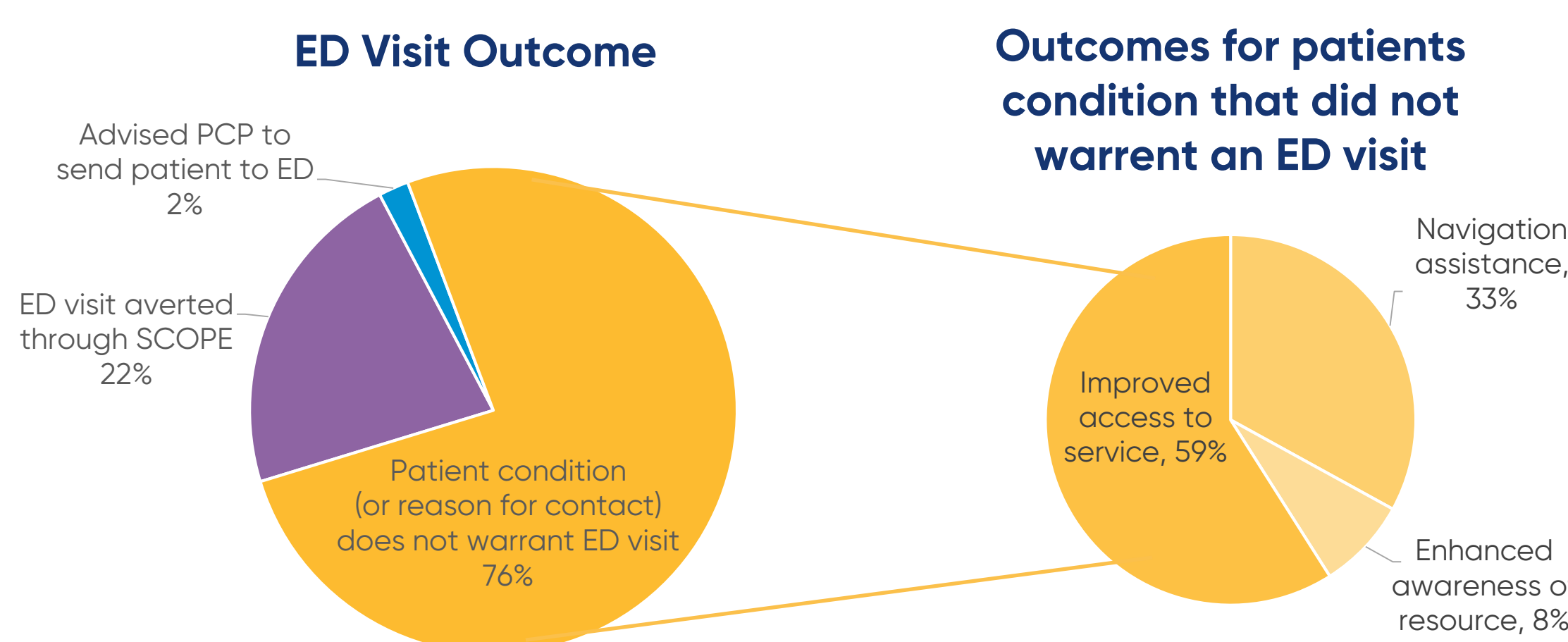


Figure 2. Breakdown of Calls. The left graph depicts that 98% of SCOPE consultations averted an ED visit, while only 2% of calls required patient to be send to ED. Out of the 76% of calls did not warrant ED visit, the Nurse Navigators provided navigation assistance to 33%, improved access to service to 59% and enhanced awareness of resources to 8% of calls.

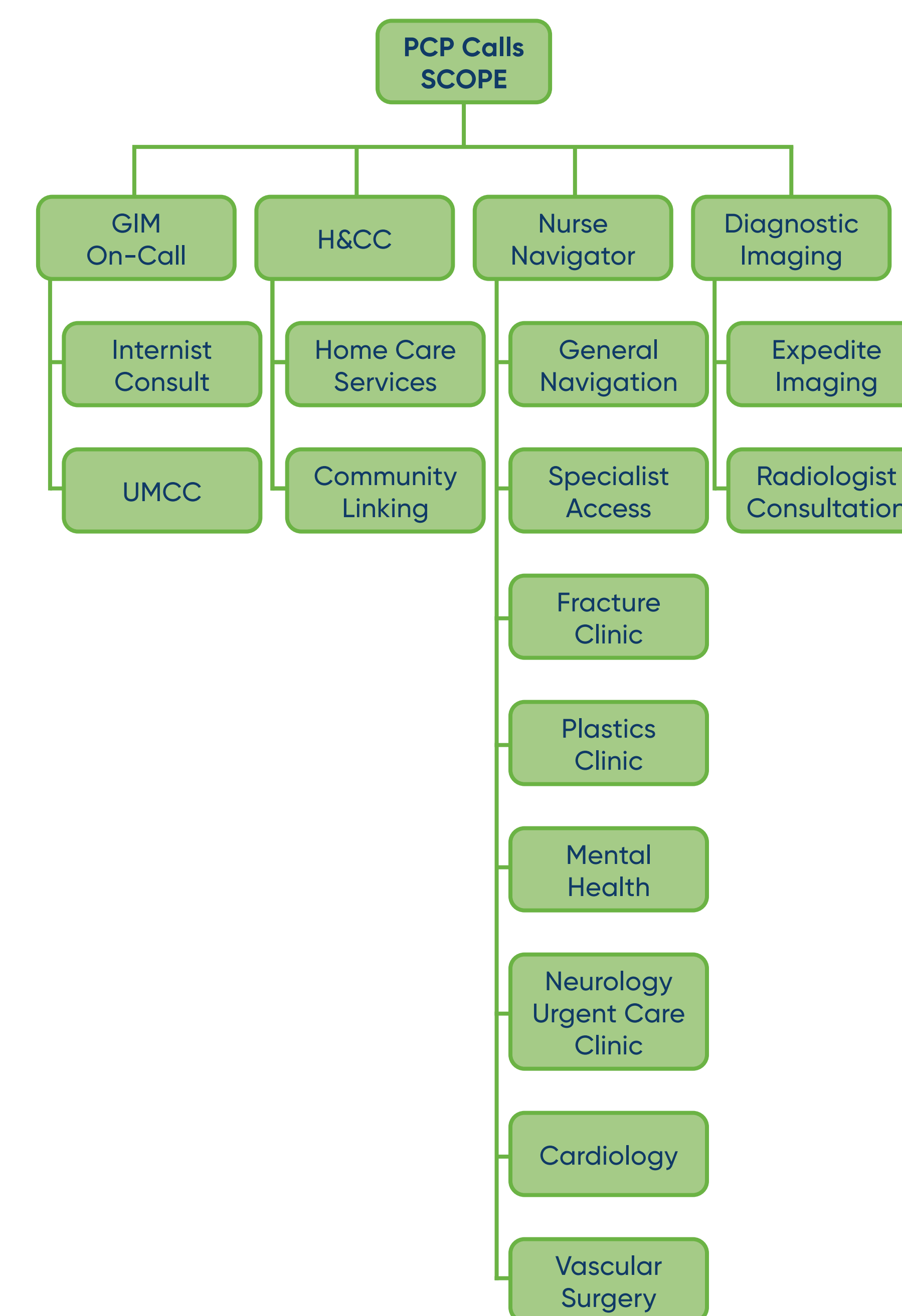


Figure 3. SCOPE Pathways/Services diagram.