

Project Adoption Profile: REFERRALS TO RADIOLOGY

PROJECT BACKGROUND

This profile is for the initiative led by the Chilliwack Division of Family practice to improve referrals to medical imaging by building on successes of other medical imaging projects within BC. The entire project was 18 months with a budget of \$130,000. The project steering committee included a lead GP, lead SP, medical imaging manager, booking clerk, ER physician, GP's, and project manager.

PROJECT GOAL

Improve timeliness of radiology exams for Chilliwack patients through improving the referral process, identification of level of urgency and improving communication referrals between radiology and family physicians.

BENEFIT FOR PHYSICIANS

- **Improved communication.**
- **Increased knowledge about imaging guidelines.**
- **Time saved which can reduce wait-times.**
- **Appropriate and faster referrals.**
- **Timely results received.**

CHALLENGES AND DELIVERABLES

To get an understanding of the issues experienced by radiologists, GP's, SP's, MOA's and radiology staff, a stakeholder meeting was held to hear various perspectives from all those involved and develop the deliverables which would address the challenges.

Key Deliverables are numbered and further indicated with an asterisk (*)

Problem Identified	Baseline Data – start of project	Strategies and *Deliverables	Success Indicator
Inappropriate or incomplete referrals	<p>50 requisitions were returned each week due to inappropriateness or incompleteness</p> <p>91% of radiologists indicated they receive inappropriate referrals</p> <p>64% of rad staff indicate they always or often receive incomplete forms</p>	<p>Physician Dine & Learn</p> <ul style="list-style-type: none"> Imaging Guidelines to improve knowledge <p>*1. New requisition “Smart” form</p> <ul style="list-style-type: none"> Designed with pop-up guidelines to support immediate learning. Mandatory fields and reminders that pop up as the GP completes the form serve to ensure completeness, adequate patient history and reason for exam provide enough info for the radiologists to understand request. 	<p>76% of GP's indicated they learned something new about medical imaging</p> <p>72% felt the sessions helped them make better referrals</p> <p>Only 2 requisitions are returned per week post-project (from outside area)</p>
Problem Identified	Baseline Data – start of project	Strategies and *Deliverables	Success Indicator
Lack of communication between radiology and family physician clinics	<p>24% of radiologists were satisfied with communication</p> <p>39% of GP's satisfied with communication</p>	<p>MOA Tour and Talks</p> <ul style="list-style-type: none"> Two tours of the radiology dept were held for MOA's to attend followed by Q&A, how to better prepare patients, completing referrals, etc. <p>GP/SP dialogue</p> <ul style="list-style-type: none"> 3 engagement meetings with physicians to discuss “pet peeves” and solutions to improve communication <p>One Phone Line</p> <ul style="list-style-type: none"> One phone number was set up in radiology for physicians to contact radiologists <p>*2. Medical Directory</p>	<p>100% of MOA's felt they had a better understanding of referral process after the tours</p> <p>100% felt they had a better relationship with radiology staff</p> <p>88% of GP's and SP's felt there was opportunity for networking and dialogue with each other</p>

		<ul style="list-style-type: none"> Listing of all GP's and SP's including radiology was developed with contact numbers and photos to improve contact sharing 	30% increase in satisfaction with communication
Congestion/ Waitlists	Due to returned requisitions and processing time, approx. 1 hour of clerical time and 1 hour of SP time per day was spent on incomplete/inappropriate Requisitions.	By focusing on improving referrals themselves and reducing incompleteness/inappropriateness, the medical imaging department could spend more time processing necessary referrals.	Medical imaging has saved at least 1 hour per day as a result of the reduction from 50 returns to 2.
Lack of communication regarding urgent referrals and results	<p>Only 39% of GP's were satisfied with the timeliness of receiving results.</p> <p>65% of GP's indicated they receive urgent results in a timely manner.</p>	<p>*3. Referral Process card</p> <ul style="list-style-type: none"> Timelines and protocols were agreed to by Radiology and urgent/emergent processes were communicated on a referral card. <p>Requisition Form Watermarks</p> <ul style="list-style-type: none"> Urgent/emergent identifiers were also included on electronic requisition form. 	93% of GP's indicate they now receive urgent results in a timely manner.

RECOMMENDATIONS TO SPREAD COMMUNITIES

General

If a community were to take on a piece of the project and adopt at a local level for the greatest impact, it is recommended to adapt the requisition form for your physicians' EMR vendors.

Stakeholder Perspectives

Title	Notes
Physician Champion(s)	N/A
Health Authority	N/A
Community Partner	N/A

SPREAD OF PROOF OF CONCEPT

PLANNING

Consultation with key physicians in your community to review key challenges with respect to radiology and determine if referral form would be an effective tool to create positive impacts. The team would also need to review the requisition form and guidelines to ensure that the guidelines listed reflect local capacity to meet.

ENGAGEMENT & IMPLEMENTATION:

In Chilliwack, we held a large stakeholder meeting and found that most physicians and MOA's were able to download the new form after the launch event. We also promoted use of the new form in Division e-news, emails to physicians and staff going around to each office to support this and delete the old form. We held one additional small lunch meeting to demonstrate the form and assist those that had not attended the launch event. Note that technical support may be required to adapt the requisition form to additional EMR's outside of OSCAR. Costs for this component may vary.

EVALUATION

The evaluation plan for the project was developed and initiated concurrently with the project plan. This included satisfaction levels, appropriateness, incompleteness with requisitions, and timeliness of receiving results. Evaluation tools can be provided to the spread community to save development of tools and costs.

SUSTAINABILITY

Funding and staff support is required to ensure project sustainability and improvements continue to be supported after the project ends.

BUDGET SUMMARY

Planning	\$10,000
Engagement & Implementation	\$15,000
Evaluation	\$3000
Sustainability and Spread	\$2000
TOTAL	\$30,000

SUPPORTING SPREAD

The Chilliwack project team is happy to provide support and advice to communities interested in adopting a part of this project, in particular, the requisition form may require some technical support. This can be provided through skype, teleconference support or an in-person meeting.

For more information contact:

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Division Executive Director:

N/A

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