



PATIENT ACCESS

Resident Orientation

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What is Patient Access?

Strategic Priority

Timely Access to Care

Ensuring every patient has access to quality care that meets the patient's health care needs in the appropriate setting, closest to home.

Bed Capacity Pressures

- LHSC is the only tertiary and quaternary hospital in the South West LHIN
- LHSC is a community hospital for London-Middlesex
- LHSC generally runs at greater than 100% occupancy
- LHSC must accept Life or Limb patients

Responses

Regional Restriction Alerts

- Distributed to all South West LHIN hospitals
- Request to prioritize repatriations and transfers to create capacity at LHSC

One Number Protocol

- Created to provide a coordinated approach to transfer patients to and from a higher level of care
- Utilizes a single point of entry at each South West LHIN hospital
- Specifies timelines for a transfer subject to the patient's priority for accessing care

What is One Number?

A specific and dedicated number at each South West LHIN hospital where staff is available who:

- consistently respond to calls
- know the current bed situation
- know how to connect the incoming request with the consulting or specialist physician
- Facilitate the logistics regarding the repatriation or transfer of patients

Exclusions – SJHC Hand and Upper Limb, PCI, Stroke Bypass, Obstetrics – Mental Health to be added soon

The One Number Process

The One Number process at LHSC is supported 24/7 by the Patient Access staff who:

- Facilitate external calls from the region to LHSC
- Receive the calls
- Set up the conference line
- Send a page to the service(s) requested
- Connect you with the Referring/Sending Physician
- Will advise of Regional Restriction status
- Will advise of bed status
- Will remain on the line for administrative support

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One Number at LHSC

- The LHSC One Number is extension 33367 or 519-663-3367
- The One Number line is to be used for all admission requests from outside LHSC.
- The Patient Access staff will ask the Referring/Sending Physician the purpose of the call:
 - Requested Specialty (Consultant or Senior Resident depending on the service)
 - Life or Limb
 - Transfer Request
 - Consultation Only

Process for Residents

- You will receive a page with a call back extension number followed by a **4 digit ID code**
- Dial into the Conference Line and enter the 4 digit ID code
- The Patient Access staff will provide you with the call details; and will connect you with the Referring/Sending Physician.
- At the completion of the call, the transfer outcome of patients needs will be determined and prioritized accordingly.

CritiCall – Life or Limb Patients

- A Life or Limb Patient is indicated by an ID code followed by **999**
- It is provincially mandated that all Life or Limb calls go through CritiCall:
 - If you were to receive a Life or Limb call outside of the One Number, please refer them to CritiCall at **1-800-668-4357(HELP)**
- If the patient requires immediate transfer, CritiCall will arrange for transportation to either an inpatient bed or the ED or will be placed on a transfer list based on urgency

CritiCall – Intubated Patients

- All requests for intubated patients must go through CritiCall
- All other Intubated patient calls outside Trauma will include:
 - Extramural Physician (Critical Care Intensivists)
 - CCTC or MSICU Charge Nurse MSCU
 - Patient Access Staff
 - CritiCall staff

Resident Expectations

- To be familiar with the process and respond to your page in a timely fashion
- To determine the appropriate patient outcome and urgency (ie. admission, consult or redirect)
- If you receive a call directly from the region, to redirect the Referring/Sending Physician to the LHSC One Number or CritiCall as appropriate

- To familiarize yourself with the resources at LHSC and make use of placing a patient on the request list, direct admission to a floor bed, clinic referrals or arrange to see patients in clinic. All these options ensure a safe and timely visit and help patients to be seen outside the ED when safely possible.
- To facilitate timely discharges which are imperative to ensure access
 - To discuss discharge plans with staff and patients as soon as appropriate prior to day of discharge
 - To complete discharge orders, medication reconciliation, etc.

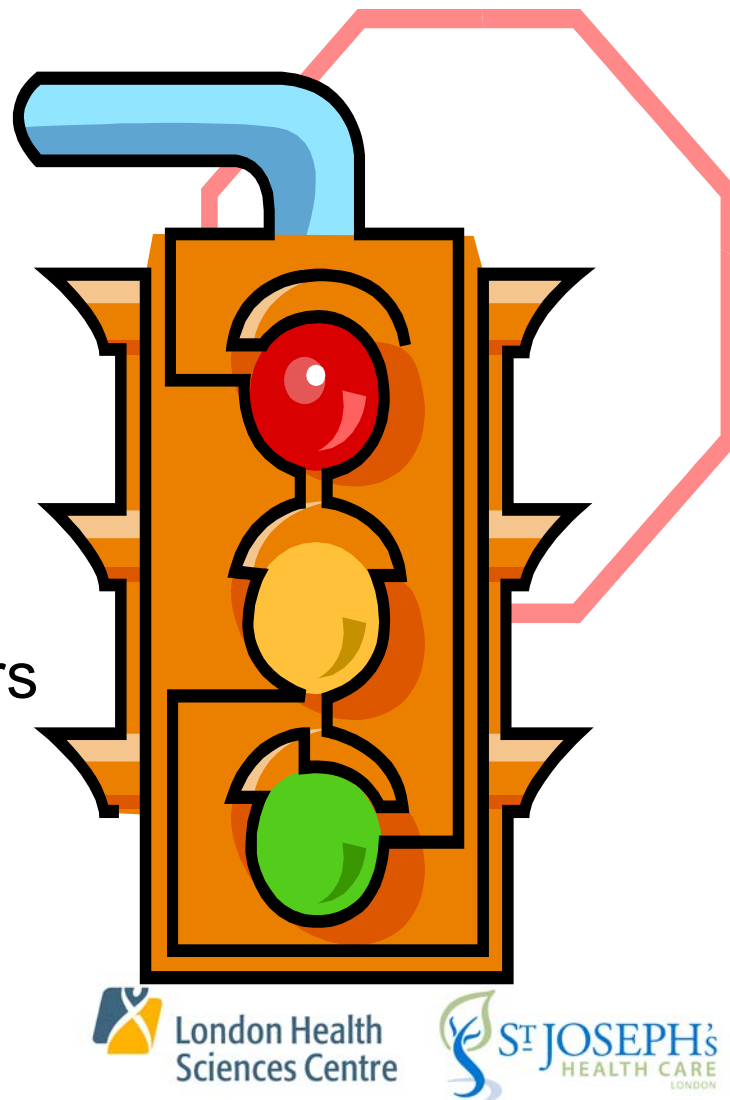
Predictive Discharges

System for identifying discharge status of patients

Red – not ready for discharge

Yellow – expected to be discharged between 24 and 48 hours

Green – expected to be discharged within 24 hours



Repatriations and Transfers

- Patients can be flagged at least 24-48 hours in advance of being ready to repatriate or transfer
- Please complete the repatriation/transfer form (can be completed by a designated – NP, RN, Coordinator, Discharge Planning Team)
- The floor will send the completed form to Patient Access
- The Patient Access staff will communicate with the receiving hospital for the bed assignment and accepting physician.
- Please be available for a physician-to-physician call if requested by the accepting physician

