



# PATIENT ACCESS

**Resident Orientation**

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# Patient Access and Flow

## Guiding Principles

“Improving flow requires an integrated, hospital-wide approach.....Inpatient services have an important stake in this work...” (Jensen and Mayer, p. 15)

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

- ☐ Timely access to acute care for patients across all services
- ☐ Patients are at the right place at the right time for the right care every time
- ☐ Maximize patient throughput to improve overall hospital level performance

# Challenges to Balancing the Demands of Patient Access

LHSC is a community hospital for London-Middlesex

LHSC is the tertiary hospital supporting the South West LHIN

LHSC generally runs at greater than 100% occupancy

LHSC has a no refusal policy for “Life or Limb” patients regardless of bed availability

# ONE NUMBER PROTOCOL

Created to provide a coordinated approach to transfer patients to  
and from a higher level of care

# What is One Number?

- A single point of entry (dedicated number) to facilitate the access/movement of patients to and from LHSC in a coordinated fashion.
- Connects physicians at the sending and receiving hospitals to discuss patient condition and determine a timeline for transfer if required to meet the needs of the patient

**Exclusions** – SJHC Hand and Upper Limb, PCI, Stroke Bypass, Obstetrics

- The “One Number” line is to be used for all admission requests from outside LHSC.

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)**

# LHSC One Number Process

Patient Access “One Number” staff are available 24/7 at extension 33367 or (519) 663-3367 to facilitate calls from our regional partners (we facilitate approximately 650-700 calls per month):

- Collect patient demographics, primary complaint and urgency for transfer
- Set up the conference line and page either the Consultant or Senior Resident on call (has been determined by service – please check with your Consultant)
- Remain on the line for administrative support

# One Number Process for Residents

- You will receive a page with a call back number followed by a **4 digit ID code**
- When you call into the Conference Line, you will be prompted to enter the 4 digit ID code
- If the ID code is followed by 999 – this indicates a “life or limb” referral
- 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.

# One Number Expectation for Residents

- To be familiar with the process and respond to your page in a timely fashion (within 5 minutes)
- 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

# One Number Expectation for Residents

- To familiarize yourself with the resources at LHSC:
  - 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.

# **DISCHARGE PLANNING**

**To ensure the needs of patients are being  
cared for in the most appropriate setting**

# Expectation for Residents

- Adopt Home First Philosophy
- Discuss discharge plans with staff and patients/families as soon as appropriate following the date of admission
- Work with the healthcare team, patients and families to identify an Expected Date of Discharge
- Complete discharge orders, including medication reconciliation, follow-up appointments, education, etc.
- Identify patients for repatriation/transfer to home hospital; utilize the Repatriation Protocol where applicable

# Managing and Preparing for Repatriations

- ❑ Patients can be flagged for repatriation to another facility 24-48 hours in advance of being ready for transfer
- ❑ Please complete the repatriation form (can be completed by a designate (NP, Discharge planner, Coordinator)
- ❑ The completed form with supporting documents will be sent to Patient Access by the staff
- ❑ The “One Number” staff will find a bed and accepting Physician at the home hospital.
- ❑ The “One Number” staff will contact you to complete the Physician to Physician handoff

