

Leveraging eReferral

Putting the puzzle pieces together to improve patient transitions

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Background

- Referrals received by fax, encrypted PDF and existing e-referral system based on subacute service and site specific
- Provincial referral (RMR) not consistently completed leaving key pieces of information missing.
- Communication of referral status and patient updates between referring & receiving sites not efficient or standard.
- Overall objective to develop a one stop source of referrals to bedded subacute care.

Project design & implementation

2023–2024

- TRC COVID Clinic and Physiatry clinics launched an eReferral in 2023.
- Detailed process mapping starting with Bruyère inpatient rehabilitation with high-volume referral sources - The Ottawa Hospital, Montfort Hospital, Queensway-Carleton Hospital.
- Training for 3 sites spring 2024.
- Selected a high-volume referral program - Geriatric Rehabilitation at Bruyère Health with The Ottawa Hospital as early adopters in April 2024.
- Added all inpatient Bruyère programs along with two additional referring sites over subsequent eight weeks.

Summer/Fall 2024

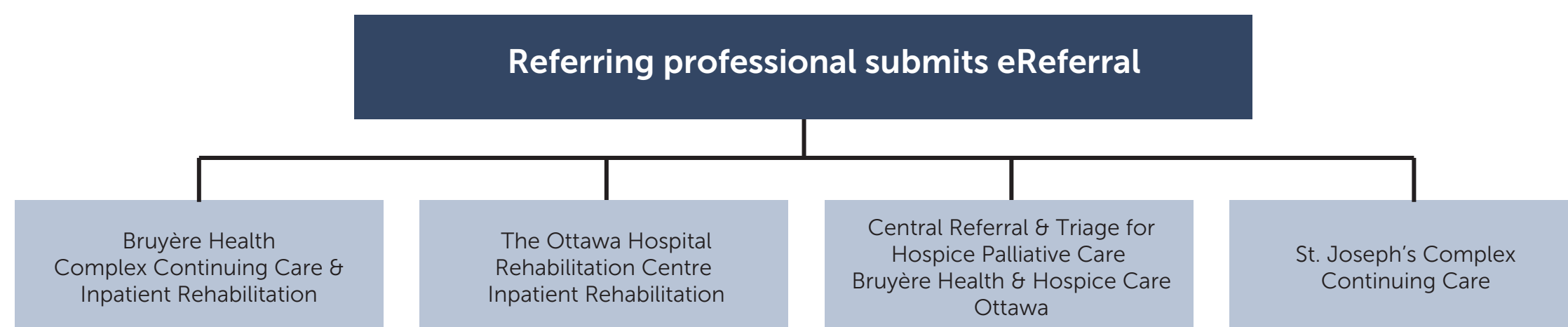
Process mapping for Hospice-Palliative Care referrals and The Rehabilitation Centre inpatient referrals

- Training summer/fall 2024
- Go Live October 2024

January 2025

St Joseph's Complex Continuing Care in Cornwall accepting inpatient referrals.

Flow of the eReferral



Benefits of implementing an eReferral

Secure, web-based eReferral platform

Funded by the Ministry of Health through the Digital Health Initiative

"Axe the Fax" – secure, legible, no lost referrals

Works on any browser. Well established product

Secure instant messaging between referrer & receiving site; avoids need of phone tag or emailing about referral status

Champlain Rehabilitation Advisory Committee has committed to using eReferral for all subacute bedded care.

Wins of the eReferral project



Easy to setup accounts & training of front-line staff



Phased in approach validated eReferral system worked as designed.



Common referral form – RMR



Similar functionality across sites – easy to problem solve, simplified user learning



Buy-in from referral sources & onboarding was seamless

Challenges



Non-integration with EMRs



Designed for outpatient clinics – language not congruent with inpatient referrals or patient statuses



Provincial RFP eReferral process ongoing



Referral status not viewable from dashboard. Referral sources can only view a patient's acceptance status by opening each individual referral



Reporting features not adequate

By the numbers

TRC inpatient – 23 referrals received November 4, 2024 – March 31, 2025

Bruyère Health inpatient – 2657 referrals received April 1, 2024 - March 31, 2025

Hospice Palliative Care – 727 referrals received October 1, 2024 - March 31, 2025

Future eReferral plans



Expansion to remaining regional subacute bedded facilities (n=3) and outpatient clinics (TBD)



Vision of EMR integration – referrals populated & submitted from the EMR