

## DESCRIPTION

Humber River Health's Fracture Clinic receives 120 referrals from the Emergency Department (ED) weekly. Patients with acute injuries referred to the Fracture Clinic, should be seen within 72 hours. Patients with non-acute conditions add unnecessary volumes, leading to delays in care. Only 23% of all referrals were seen within 72 hours.

## OBJECTIVE

- Separate acute from non-acute referrals by creation of an alternative referral pathway from ED to Fracture Clinic.
- Improve patient flow and ensure patients with acute injuries are seen within 72 hours.

## ACTIONS TAKEN

Define the problem:

- Interdisciplinary approach including Clinic Managers, Orthopaedic Surgeons, ED physicians, Information Technology (IT), and frontline staff.
- Process maps clarifying the pathway for ED referrals to Fracture Clinic.
- Analysis revealed that 24% of cases were non-urgent and did not require immediate assessment from an orthopaedic surgeon.
- Many patients were seen by surgeons not specializing in that area.

Change ideas:

- Define acute and non-acute referrals
- IT to establish separate referral pathways within Meditech
- Implement changes in collaboration with ED team
- Complete Plan-Do-Study-Act (PDSA) cycles to evaluate progress

Implementation:

- Department meeting with key stakeholders to define and approve pathways
- Education provided to all ED and Fracture Clinic staff
- Referral pathways launched in Meditech by IT
- Ongoing audits to monitor compliance

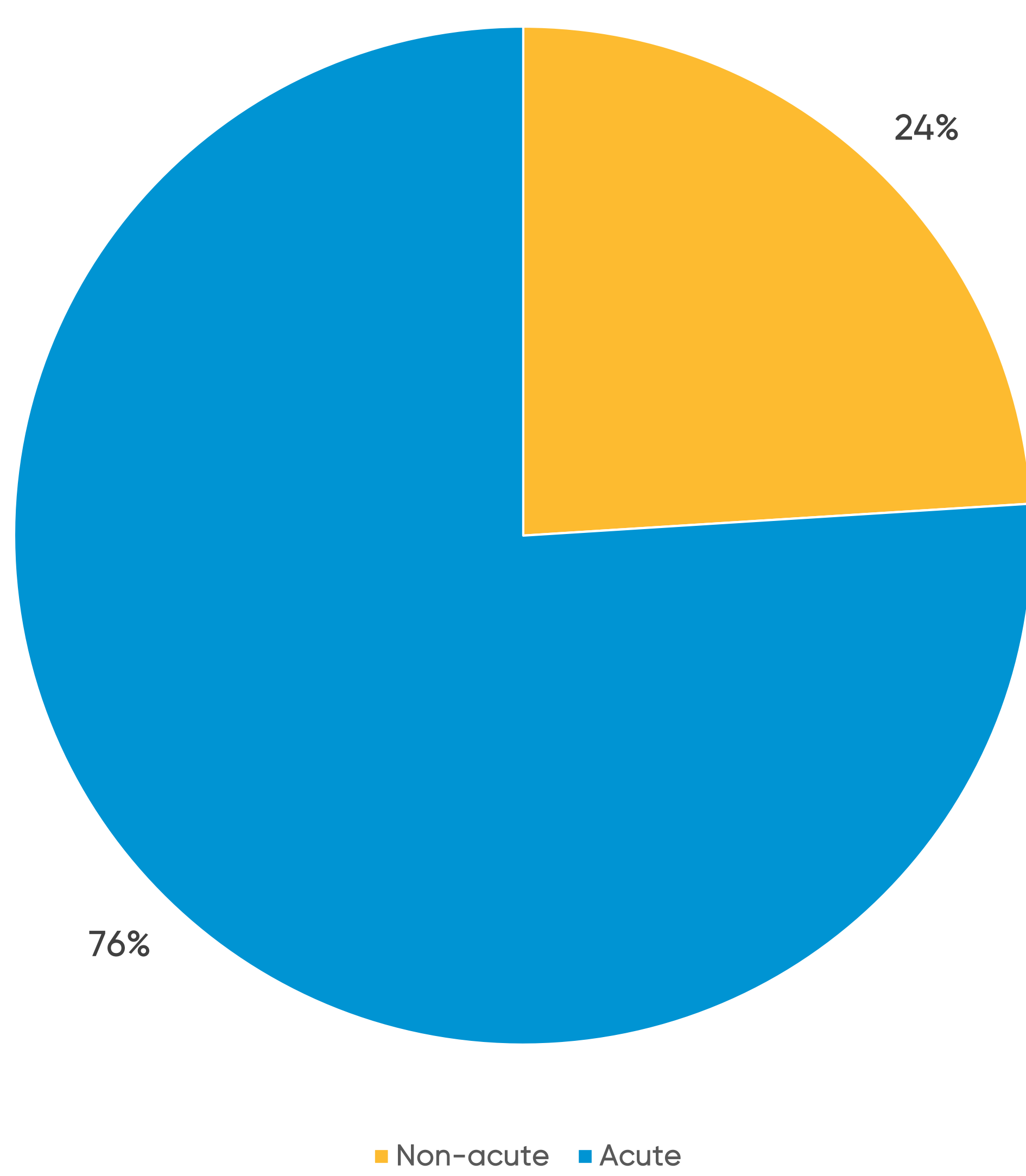
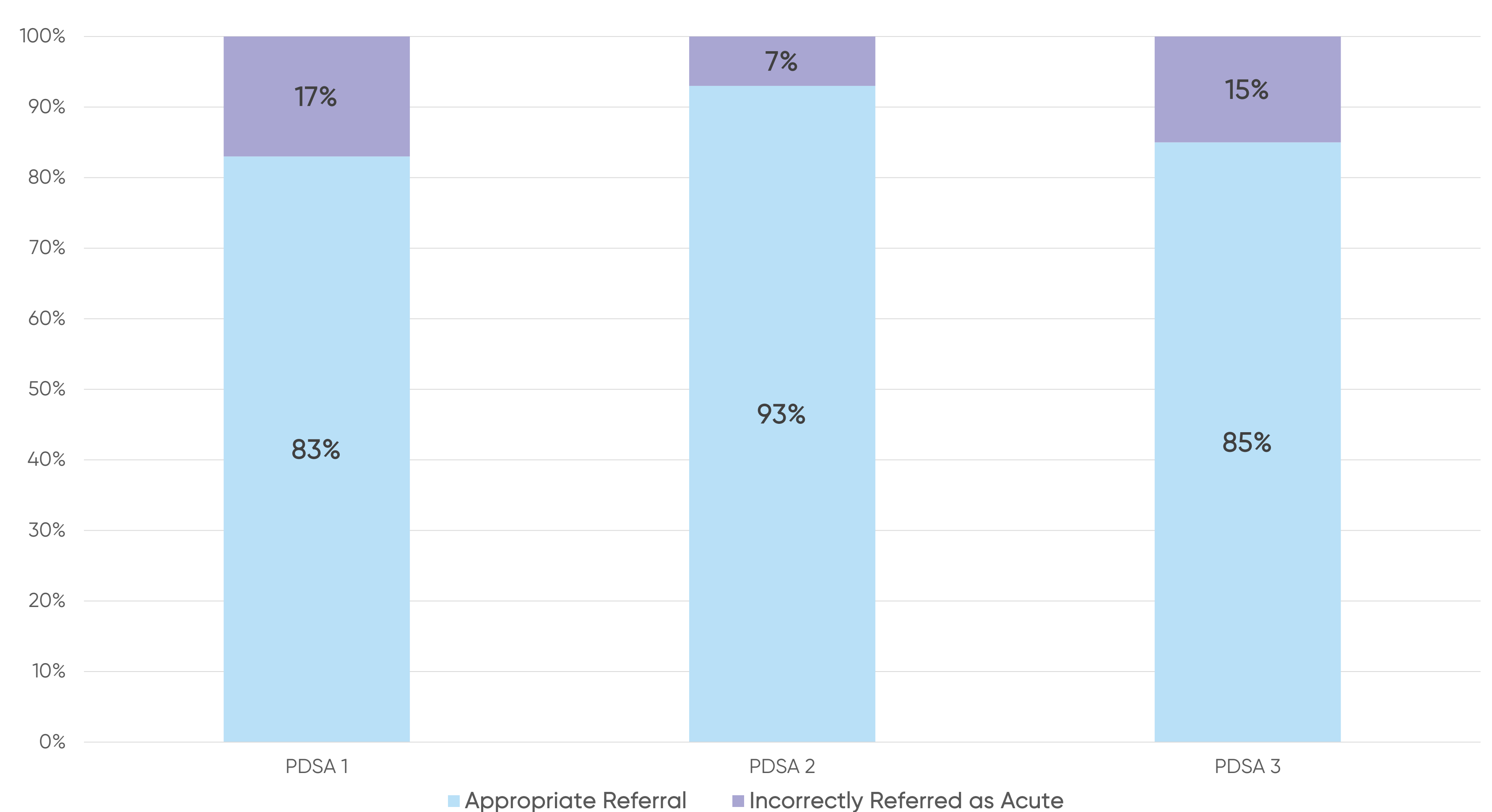


Figure 1. Baseline data examining referrals from ED to fracture clinic.

Figure 2. PDSA data regarding appropriateness of referrals coming from ED to Fracture Clinic.



Percentage of Acute Patients seen within 72 hours

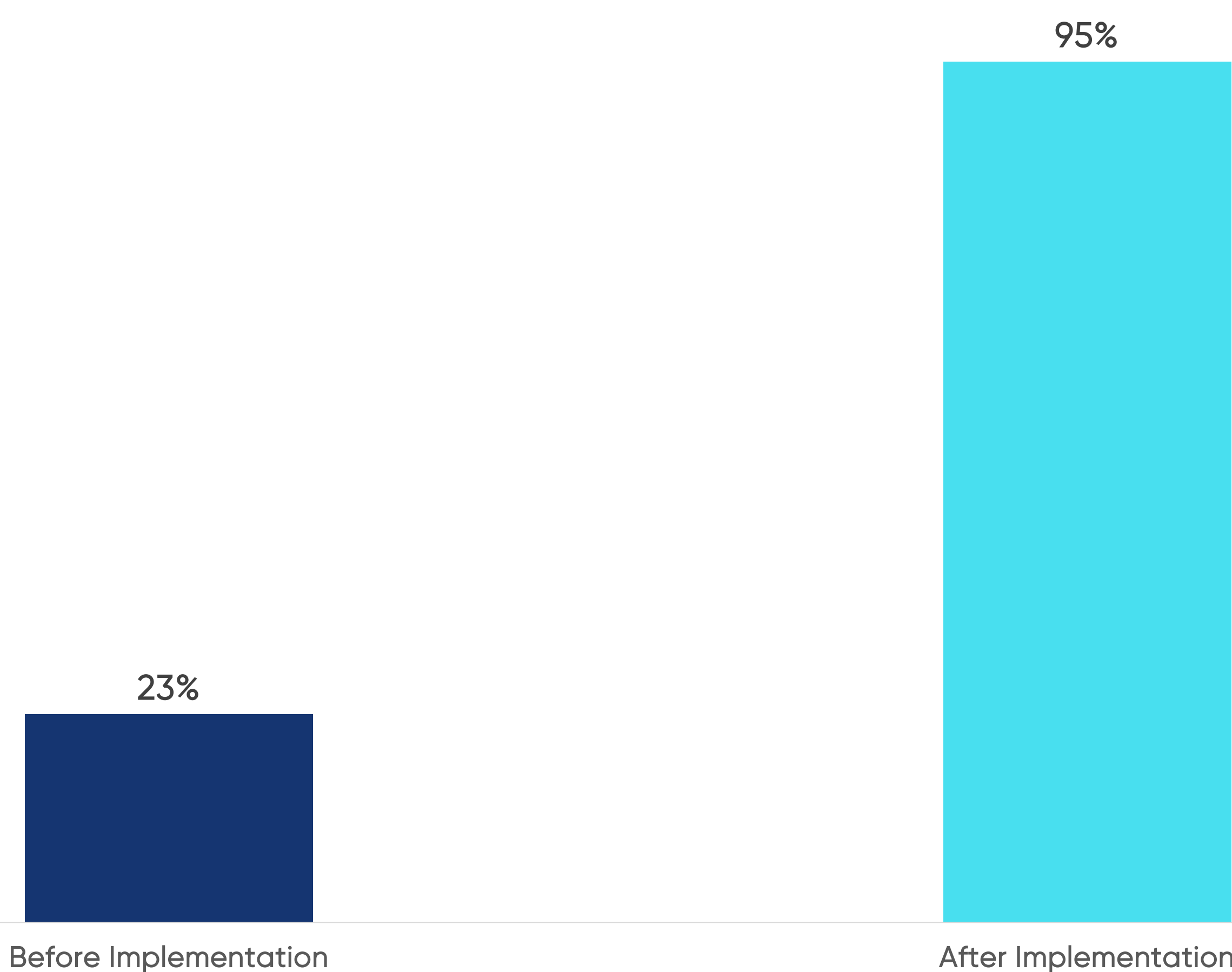


Figure 3. Since implementation of the non-acute referral pathway, significant improvement in acute patients seen within 72 hours.

## SUMMARY OF RESULTS

Outcome measures

- Significant improvement in the percentage of patients with acute injuries seen within 72 hours from 23% to 95% post-implementation.
- Non-acute referrals to acute stream improved from 24% to 11%, they are now seen by appropriate specialists.

Balance measures

- Percentage of acute sent to the non-acute stream (Figure 2).

## LESSONS LEARNED

Creation of a non-acute referral pathway streamlined the referral process from ED to Fracture Clinic for patients requiring non-urgent treatment, allowing acute cases to be seen in a timely fashion.

