Canadian Association of Ambulatory Care

The Patient Experience in Ambulatory Care: Striving for Excellence

Many Specialties, One Forum

May 12-13, 2016, Westin Prince Hotel, Toronto, Ontario

FOURTH ANNUAL CONFERENCE

Welcome to the 4th Annual

Canadian Association of Ambulatory Care Conference

Registration Fee Includes: Admittance to all main session, concurrent sessions, continental breakfasts, luncheons, and the "Poster Session/ Reception." Your conference badge will provide you with entrance to these events. Please wear your bag at all times.

Double Length Session: We have a number of double session (=2 concurrent) and will be limited to 50 participants on a first come basis. Please see program for details. We prefer if you remain for the entire session.

Evaluation: We will be sending out an online conference evaluation which you will receive immediately following the event.

Badge Colours: All presenters, delegates and executive members will be wearing colour coded badges. To help identify these groups, please look for:

- Executive Board……**Black Badges**
- Presenters……..**White Badges**
- Delegates……**Black Badges**
- Conference Planning Members……**Red Badges**
- CAAC Members……**Blue Badges**

Canadian Association of Ambulatory Care (CAAC)

Our Mission

To Transform the Future of Preventative Medical Ambulatory Care by; Offering our members a forum to share their knowledge and skills and the ability to network with other professionals in order to enhance practice in the ever growing ambulatory care environment.

Our Vision

To lead the nation and influence the practice of Ambulatory Patient Care through our research, educational agenda and practice innovations.

Canadian Association of Ambulatory Care (CAAC)

CAAC Board of Executives

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Nelisha Bhaloo
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Denyse Henry
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Canadian Association of Ambulatory Care Conference

FOURTH ANNUAL CONFERENCE

CAAC 2016- Our Friends and Sponsors

PRIME MINISTER · PREMIER MINISTRE

May 12-13, 2016

Dear Friends:

I am delighted to extend my warmest greetings to everyone attending the fourth annual conference of the Canadian Association of Ambulatory Care (CAAC).

This year's meeting, with its theme, "The Patient Experience in Ambulatory Care — Striving for Excellence," provides CAAC members with an opportunity to share their knowledge and best practices, meet colleagues face to face, and hear from leading experts in this rapidly evolving field. With a varied program of educational sessions and workshops, this event is sure to leave delegates inspired and re-energized to take on new challenges.

I would like to commend the CAAC for its commitment to promoting the highest standards of out-patient health care and for supporting its members in their pursuit of professional excellence. I would also like to thank organizing committee for their hard work in putting together such a stimulating learning experience.

Please accept my best wishes for an enjoyable and productive meeting.

Sincerely,

The Rt. Hon. Justin P.J. Trudeau, P.C., M.P.
Prime Minister of Canada

Canadian Association of Ambulatory Care

Canadian Association of Ambulatory Care, Why are we here?

CEO's Message

Dear Friends,

It is with great pleasure that I welcome you to the 4th Canadian Association of Ambulatory Care (CAAC) Conference today in Toronto.
We are the first and only interprofessional Association formed to focus exclusively on patients requiring medical or surgical care on an outpatient basis.
As we continue to evolve, we will always strive towards excellence in patient care by promoting research and evidence based best practices among all health care providers working in ambulatory care settings.

I am extremely excited with the new CAAC Executive Board structure and the appointment of our new President Jatinder Bains. I am confident that the great work which was started will be carried on: new partnerships will be formed, and there will be transfer of knowledge to enhance the delivery of safe patient care, increased patient and staff satisfaction, and continuous quality improvement.

Today the CAAC conference promises to be an educational forum where information can be openly shared. By sharing such information it is my hope that we can learn from each other how challenging issues facing us are being addressed.

I would sincerely like to thank our conference planning committee for their diligent work in ensuring everyone in attendance today will find something exciting and relevant among the many sessions.

Once again, it is my pleasure to welcome you to this year's conference! I am confident that you will be motivated and energized you collaborate with your colleagues and friends.

Please remember to take a few minutes of your time to fill out our evaluation of today's conference that will be sent to you online.

Have fun, meet a new peer and enjoy the Toronto.

Denyse Henry
CAAC Founder and CEO

Canadian Association of Ambulatory Care

Canadian Association of Ambulatory Care, Why are we here?

President's Message

Welcome to the 4th CAAC conference, being held to promote and share the world of ambulatory care across Canada. With this important segment of the heath care delivery system running with the right amount of supports, many important initiatives like patient flow and treating the patient in the right place and right time have been possible. I am very excited to be joining the Association this year. There is a lot more work to do to further support the work we are currently doing in ambulatory care. We require a renewed and ever present focus to advocate and to help in generating greater knowledge and evidence about the effectiveness of ambulatory care. It is within our mandate to provide recommendations and to advise policy makers and providers on how we can work together across all segments of the health system to enhance our patients' experience and their outcomes. I look forward to meeting you all and working closely with our CAAC members to advance our association and mandate.

Have a great conference. I hope you will have a lot to share with your colleagues and constituents at your respective organizations or practices.

Jatinder Bains

CAAC President

Canadian Association of Ambulatory Care

Canadian Association of Ambulatory Care, Why are we here?

Chair and Co-Chair's Message

Welcome Friends to the 4th Annual Canadian Association of Ambulatory Care Conference.

It is a great honour for us to serve as your Conference Chair and Co-Chair for 2016. Along with our outstanding staff and dedicated board members, our Association represents a network of businesses and individuals working together to support and understand Ambulatory Care within our Healthcare Facilities and the surrounding Community. This is our mission and ultimately what makes this a great community to live, work and play.

This 4th anniversary "The Patient Experience in Ambulatory Care –Striving for Excellence" represents the future of Ambulatory Healthcare. It positions us all as enablers, facilitators and partners forging great healthcare communities and we are pleased to host this conference today. More than 100 colleagues from 28 facilities across Canada and international borders have joined us here today.

The agenda for the conference was designed exclusively with topics of interest to Ambulatory Care clients. It includes Ethics, Patient Relations, Efficiency, Customer Service, Case Costing and Patient Flow.

For those of you who will be attending our workshops – ACLS, Ethics and

GI Bleed, we are pleased to let you know that you will be provided with educational credits and will be issued Certificates of Attendance. The positive feedback that we have received to date has been phenomenal and we are extremely confident that this event will prove to be invaluable to our colleagues from multi levels of hospital management.

This international conference is far reaching. We are part of the larger community of Ambulatory Care and as such we encourage the promotion of knowledge and valuable experience exchange amongst our local and international peers. We strive not only for patient safety but for excellence.

The annual turnout to date has been extraordinary. The CAAC continues to innovate and evaluate itself, making it one of the most successful, stable and influential associations within this great country of Canada.

It is with a tremendous sense of pride that we open this conference for you today and look forward with great enthusiasm to next year's conference 2017.

All the Best,

Ellie Lee
Conference Chair, CAAC

Joseph Pali
Conference Co-Chair, CAAC

Day 1- Thursday, May 12, 2016

3 great workshops which include breakfast, refreshment, break and lunch. ***AGM*** *after workshops with complimentary Presidents Dinner at The David* ***Duncan House Fine Dining*** *for all CAAC members at 5 pm.*

Tackling the Ethical Complexities in Ambulatory Care

Workshop A: Thursday, May 12, 2016, from 8:00 AM - 12:00 PM, North Princess Room

Workshop Leader:
Barbara Russell

For all health care providers and administrators who work in ambulatory care. This three hour workshop will address strategies to maximize the identification and acceptance of solutions that best respond to everyone's needs,

Learning Objectives: To understand how values, stereo-types and assumptions impact conflict and the inability to find acceptable solutions. Best Practices for timely and responsive complaints/concerns resolution. Learn how to achieve effective care, collaboration and communication in the patient's healthcare.

Advanced Cardiac Life Support For HeathCare Professionals

Workshop B: Thursday, May 12, 2016, from 8:30 AM - 4:00 PM, North York Room (North and South) and Princess Room (South)

Workshop Leader:
Dr. Mark Mesour

Learning Objectives: The 8 hour Pre-Conference workshop Modalities include:

- Chest compression emphasis
- Application of energy (defibrillation)
- Limited didactic with emphasis on hands on training
- AUDIENCE RESPONSE SYSTEM

Seasoned Instructors and Course Director

Advanced Cardiac Life Support For HeathCare Professionals

Workshop B: Thursday, May 12, 2016, from 1:30 PM - 4:00 PM, North Princess Room

Workshop Leader:
Vantage Endoscopy

Learning Objectives: Attendees will be able to identify the defining characteristics if a foreign body (food bolus, sharp objects, and blunt object): associate these to the appropriate extraction device. Attendees will be introduced to a variety of specialized endoscopic tools and techniques appropriate when responding to a foreign body case. Attendees are offered hands-on instruction in regard to the safe use of these instruments.

Day 2- Friday, May 13, 2016

Networking Breakfast

7:00 AM - 8:00 AM

Opening Remarks

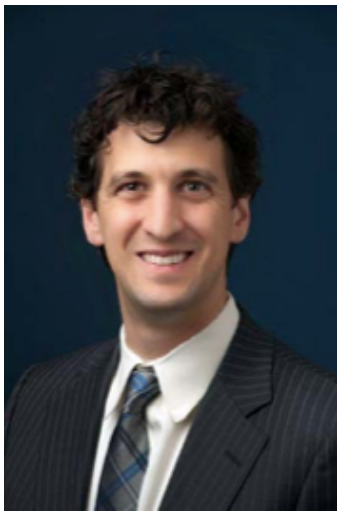
Prince Ballroom South 8:00 AM - 8:15 AM
Master of Ceremony
President and CEO address

Opening Keynote Address

Prince Ballroom South 8:15 AM - 8:55 AM

Dr. Joshua Tepper, MD, MPH, MBA

President and Chief Executive Officer



Dr. Tepper is a family physician and the President and Chief Executive Officer of Health Quality Ontario (HQO). An arm's length agency of the provincial government, HQO works in partnership with Ontario's health care system to support a better experience of care and better outcomes for Ontarians.

Prior to HQO, Dr. Tepper was the inaugural Vice President of Education at Sunnybrook Health Sciences Centre. As Vice President, he was responsible for Sunnybrook's educational strategy and programming for learners, physicians and staff, patients and their families and the community. Prior to joining Sunnybrook, Dr. Tepper was Ontario's first Assistant Deputy Minister (ADM) in the Health Human Resources Strategy Division of the Ministry of Health and Long-Term Care. As the ADM he led the HealthForceOntario health human resources strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers, now and in the future.

In addition to his involvement in health policy and research at the provincial level, Dr. Tepper has also been active on a national scale as the senior medical officer for Health Canada, an adjunct scientist at the Institute for Clinical Evaluative Sciences (ICES), and a research consultant for the Canadian Institute of Health Information (CIHI). He has received several provincial and national awards for his leadership in these positions.

Dr. Tepper has always remained in active practice serving marginalized populations and taking on clinical leadership roles. Previously, he served as the Medical Director for the Inner City Health Associates, President of the Inner City Family Health Team and as Vice-President of the Society of Rural Physicians. Currently, Dr. Tepper practices in the St. Michael's Hospital Family Health Team and in the Emergency Department at North York General Hospital.

Dr. Tepper holds a degree in Public Policy from Duke University, a medical degree from McMaster University, a Master of Public Health from Harvard, and his executive Master of Business Administration at the Richard Ivey School of Business. He completed residency at the University of Toronto.

Session A

A1 Integration of Patient Relations and Ethics Services

Prince Ballroom South 9:00 AM - 9:40 AM

Blair Henry - *MTS (Bioethics), Senior Ethicist, Sunnybrook Health Sciences Centre and the North York General Hospital.*
Maxwell J. Smith - *M.Sc, Clinical Ethicist, Sunnybrook Health Sciences Centre and North York General Hospital*
Patricia Lospinuso - *BA, Independent Patient Relations Specialist, The Canadian Patient Relations Association (CPRA).*

1. Review the role differentiations and complements between Ethics and Patient Relations
2. Identifying when and where ethics and patient relations can assist in complex cases
3. Consider case examples where ethics and patient relations have provided enhanced support to patients and families

Concurrent Sessions B

B1 Wait Time For Colonoscopy Is Reduced By Email Communication

The North York Room 9:45 AM - 10:20 AM

Dr. Fred Saibil - *Consultant, Gastroenterologist, Sunnybrook Health Sciences Centre, professor of Medicine, University of Toronto.*
Amy Liao - *Medical Student, University of Toronto*
Thurarshen Jeyalingam - *Medical Student, University of Toronto*

Timely access to gastroenterologists in Canada is an ongoing challenge. According to statics, in Canada, 29% of patients consider wait times for specialist visits to be unacceptable. Delays in colon cancer diagnosis have significant health and economic implications. The Canadian Association of gastroenterology recommends that colonoscopy can be completed within 8 weeks of referral for positive FOBT, and the same should be true for

symptomatic patients. However, while 55% of such patients do undergo colonoscopy within 8 weeks, it take 22 weeks for 90% of this cohort to have colonoscopy. In this study, we have shown that the wait time for consultation and colonoscopy is significantly reduced by replacing the initial consultation visit with email communication. Email is perceived as a safe, effective, and efficient means of communication and its use is associated with increased patient satisfaction.

B2 Humber River Hospital: Digitalization Drives a New Standard for Ambulatory Care

The North Princess Room 9:45 AM - 10:20 AM

Barbara Collins - *Chief Operating Officer, Humber River Hospital*
Jerry Jeter - *AIA, EDAC, LEED AP BD+C, Vice President, Healthcare Principal HDR Architecture Associates Inc.*

Publicized as the "First Fully Digital Hospital in North America," Humber River Hospital serves a diverse, multi-cultural urban community of 850,000 residents in northwest Toronto, Ontario. The new 656-bed facility opened in October 2015 and is planned to treat 97,400 Emergency Department patients, deliver 5,300 newborns, and perform 19,900 inpatient and 20,670 outpatient surgeries as well as support 192,700 on-site ambulatory clinic visits annually. In order to continue to properly serve the ever-growing healthcare needs of its community, Humber's executive administration embarked on an important transition: to transform a hospital constrained by the limitations of aging technology and building infrastructure to one using the most current technologies possible to enhance all aspects of quality patient care delivery and to improve efficiency, accuracy, reliability and safety.

Why Digital?
Hospitals are places of constant exchange of data - both internally and with outside sources. To improve the effectiveness and efficiency of inpatient and ambulatory services as well as control operational costs, new Information, Communication and Automation Technology (ICAT)m just be

fundamentally integrated with facility planning and design. The "Digital Hospital" is a beacon of promise and hope to realize these improvements. The goal is to leverage ICAT

Systems to minimize paper record storage, avoid unnecessary patient movement and to maximize limited stage resources. Research suggests a workflow, reduce waste and increase caregiver efficiency. Through thoughtful planning, Humber's design supports the latest medical technology and epitomizes interoperability as well as integrates the building automation system in a completely digital environment via a robust enterprise service bus. Largely invisible to patients and staff, the enterprise service bus provides wireless interoperability and wired connectivity through miles of cable tray concealed above the ceiling.

Learning Objectives
This session will enable attendees to:

Learning Outcome 1: Recognize the role of digital technology in ambulatory care facility design to enhance operational efficiency and to improve patient care.

Learning Outcome 2: Identify how to optimize design and apply technology and change processes to allow staff to spend more time with patients and to deliver faster, more accurate treatment

Network Break

10:20 AM - 10:40 AM

Concurrent Sessions C

C1 Transition to Electronic Scheduling & Documentation, Future Practice. Consideration in the Ambulatory Care Setting.

The North York Room 10:45 AM - 11:20 AM

Lena Chamberlin – *BScN, RN, CPN is a clinical nurse educator for the Operating room, PACU, Endoscopy and OPD clinics at William Osler Health System - Etobicoke site.*

Jonathan Katz – *MsC, MSA, BA, Business Manager, Surgical Program, William Osler Health System - Etobicoke site.*

William Osler Health System had a major project of transitioning of the endoscopy paper documentation to an online documentation in 2015. Through the journey of selecting the most appropriate application, creating the screenshots for documentation, the ambulatory team has leverage the power of data to support decision making in the Quality Based Procedure (QBP) new area. The determination of scheduling modification, performance tracking and key performance indicators have led to a practice change.

- The transition to electronic scheduling and documentation outcome is essential and relevant to a future practice consideration in the ambulatory care setting.
- It is evident that the practice achieved its objectives within less than a year since its implementation.
- Practical implications for reporting, scheduling, resource allocation and efficiency have been achieved.

C2 The Starbucks Affect- Goal: Customer Service Excellence

The North Princess Room 10:45 AM- 11:20 AM

Alan Doyle – *RN, Manager Krembil Neuroscience Ambulatory Clinic, Toronto*

Western Hospital, Toronto.

"I'd sooner be drinking coffee at Starbucks than talking to you!" - Upset patient.

Why is that?
After researching Starbucks, they left me with one powerful thought- We create inspired moments in each customer's day!

Could this be applied to our patients' experience with our ambulatory clinic?

The traditionalist in hospitals would frown upon me for comparing patients to clients, let alone hospitals to coffee shops. To break the norm, I began looking at our customer service approach to include the ward clerks in a holistic care approach acknowledging they are an essential part of creating the moments in our patients' care. Upon review and multiple external courses I found an online course that accomplished the goals in customer service excellence. I had all the ward clerks that worked inside the clinics complete the course and look at our environment for changes to improve. We reviewed everything before and after the clinicians saw the patients and found the experience to be similar to ordering a coffee at Starbucks. In the first quarter of review we dropped our complaint rate by 75%!

Drinking coffee, that's not too hard right? There is an art to ordering at Starbucks and a skill set to understanding it. Cup, coffee and lid! Please come again. Easy, right! Patient experiences in our clinic can follow a similar pathway. Complete, holistic and total care, from check in to check out.

Ordering coffee is as "simple" as fixing the patient experience.
Hi can I have a venti, half-whole milk, one quarter 1%, one quarter non-fat, extra hot, split quad shots, no foam latte, 2 splenda, a touch of vanilla syrup, and cinnamon please?

Concurrent Sessions D

D1 Evaluating the Efficiency of Patient Flows in an Endoscopy Suite

The North York Room 11:25 AM - 12:00 PM

Halima Hatimy – *RPN, BHA, School of Health Services Management Ryerson University.*

Efficiency is an essential component of managerial planning and strategy development. The continuous fluctuation in demand for service, resource availability, and compliance standards can make maintaining efficiency in patient flows a challenging enterprise for health managers. Existing research studies exploring this topic are minimal, disintegrated, riddled with bias, and insufficiently supported by scientific evidence (Bjorkman, 2008). Currently, there is no standardized evaluation process for assessing efficiency in community and hospital-based endoscopy centres. The absence of a solid evaluation framework has made assessing efficiency difficult. Currently, the time and motion model, although limited, is considered the most effective methodology for studying efficiency in operational flows.

This research evaluation project was conducted on the Endoscopy Suite at a tertiary research teaching hospital located in Toronto, Ontario. The first part of the study entailed a retrospective quantitative data analysis of procedural volume between the fiscal years of April 2013 and March 2015. Results from the study were analyzed using Microsoft Excel, and graphs were created to depict trends in procedural volume. The second part of the study involved conducting a time and motion study to observe patient throughput on the Endoscopy Suite. The metrics of measurement included actual case time, patient preparation time, consent time, total procedure time, physician/nurse report time, and turnover time. Bottlenecks in workflow were determined by identifying trends that emerged during observation and categorizing them as causes for delays. The causes for delay were identified and calculated as follows: physician availability (17%), nurse availability (3%), patient (13%), porter availability (50%), and turnover time (58%). A multivariate regression analysis was used to determine the relationship between the above-

mentioned causes for delay and efficiency. Results from the regression output showed an overall equation that was statistically significant. The time stamp that had the most impact on efficiency was "category of procedure" specifically, OGD, Flexible sigmoidoscopy, and "other" procedures.

D2 TrackOR- Implementing RFID Information Solutions that Improve Operational Performance

The North Princess Room 11:25 AM - 12:00 PM

Ellie Lee – *Business Manager, Operating Room Information Management Services, Sunnybrook Health Sciences Centre, BA University of Toronto*

- TrackOR- A New Level of Patient Care: Improving and encouraging transparency of patient flow throughout the OR & Related Services
- Less work - more information: Improve utilization data collection in preoperative areas by RFID tracking of patients throughout the surgical journey - admission to discharge
- Provide stakeholders with active workflow summaries:
- Patient/family - Knowing without having to ask
- OR Theatre
- Surgeon

Networking Lunch, Exhibit Hall, and Poster Viewing

12:00 PM - 1:00 PM

Concurrent Sessions E

E1 Help! What is happening to me? Improving the patient care-partner experience dementia care

The North York Room 1:05 PM - 1:45 PM

Maria Martinez – *MSW, RSW*
Elena Cacchione – *RN, BScN (University Health Network)*

Canada is facing a dementia epidemic with approximately 747,000 Canadians living with Alzheimer's disease or a related dementia. This number will significantly increase in the coming decades

1. Dementia care can be more difficult to manage than other chronic diseases which can pose several challenges that are unique to an ambulatory care setting

2. Dementia care requires a number of specialized health care practitioners. It is also a health condition that not only affects the

person with dementia but also their care partners who are key participants in the care journey. The Krembil Neuroscience Center (KNC) Memory Clinic at the University Health Network is a specialized service for people with dementia. Our innovative model of interdisciplinary service provision strives for excellence by creating a patient experience that is thoroughly detailed, incorporating all aspects of their well-being. Behavioural neurologists, a geriatric psychiatrist, a geriatrician, social worker, occupational therapist and a nurse work together to assess and provide evidence based treatments and recommendations. Persons with dementia undergo a comprehensive medical assessment and neuropsychological testing. We provide consultation and long-term follow up which can improve quality of life, help people stay home longer, and assist care partners to prevent health and social crises. The KNC Memory Clinic believes early and accurate diagnosis of dementia is crucial to ensure that the person with dementia and their care partner have timely access to treatment, research and clinical trials, education, links to community resources and supportive counselling.

Informal discussions and questionnaires completed by care partners have provided us with a framework of meeting their needs as well as those of the person with dementia. They need education and support in order to have a positive impact on their quality of life, to decrease stress and to improve mood. Based on their identified needs, we have created an annual Care Partner Appreciation and Information Day with speakers discussing topics such as home safety, managing challenging behaviours, driving and dementia, planning for long-term care and advance care planning to name a few.

The participants' evaluation of this yearly event demonstrates a positive outcome on learning how to manage different aspects of dementia care and provides them with the opportunity to network and informally gather with other care partners living a similar experience. We will continue to strive for excellence by transforming how dementia care is delivered in an ambulatory care setting.

E2 Striving for Excellence in Interprofessional Vascular Access Education. Use of games as a creative and effective strategy for knowledge transfer across an organization.

The North Princess Room 1:05 PM - 1:45 PM

Grace Gray - *RN, Vascular Access team, Sunnybrook Health Sciences Centre, Toronto.*

Angela Boudreau - *RN, MN, CON(C), Chemotherapy in Ambulatory Oncology, Sunnybrook Health Sciences Centre, Toronto.*

Vascular access is one of many best practices that we have initiated to support our designation as a Best Practice Spotlight Organization through RNAO. Vascular access touches patients in all areas of the health care spectrum from ambulatory care through to palliative care. Knowledge and expertise development in vascular access is essential to providing a positive patient experience. We all strive to achieve excellence in care through knowledge and best available evidence. Within a large teaching facility comprised of three separate campuses, knowledge dissemination can be challenging when it crosses multiple professions and physical sites. The use of games or gaming is a creative approach to education. Utilizing fun, interactive activities can contribute to a positive learning experience resulting in improved retention.

Our Vascular Access Best Practice work group developed a Vascular Access Day for each of our three campuses. Intended as a drop in education day, the goal was to highlight and increase awareness of vascular access as a best practice; learn about policies/procedures; introduce a new best practice associated with vascular access and demonstrate the link with other best practices. The day also provided opportunity for front line best practice champions to be profiled and lead in the gaming education strategy.

Concurrent Sessions F

F1 Care Coordination: The Impact of a Collaborative Approach of a Healthcare Transition of Patients in a Tertiary Setting

The North York Room 1:50 PM - 2:20 PM

Maria Jessica Lourdes A. Catubig – *BSN, RN, RM, MPH, Clinical Nurse Coordinator, King Faisal Specialist Hospital & Research Centre, Riyadh.*

The primary goals of the Care Coordination Program is to collaborative with the multidisciplinary team to ensure that they have a positive health outcome and improve patient flow across the organization. The Care Coordination Program, at King Faisal Specialist Specialized Hospital & Research Centre, has identified patients with complex care needs as the population that requires their coordinated services. These patients are screened by the Nursing Care Coordinators and assessed to plan their discharge and to decrease their length of stay. These patients have been identified in the research as experiencing poorly coordinated care, which can lead to adverse drug interactions, unnecessary duplicate tests or procedures, conflicting information from multiple providers and exposure to potential acquired infections. The Care Coordination Program collaborates with various departments and the multidisciplinary team to improve the patient`s flow within KFSH&RC, as indicated as one of the organization strategic priority.

F2 Case Costing in the Patient Journey

The North Princess Room 1:50 PM- 2:20 PM

Vanita Bhandari - *Manager, Data Standards Unit, Health System Information Management Division, Ministry of Health and Long-Term Care.*

Xiao Zhou Qian - *Masters, Management of Health Administration, BA Medicine, Senior Information Management Advisor Data Standards Unit, Health System Information Management Division, Ministry of Health and Long-Term Care.*

Networking Break- Tea & Refreshments

2:20 PM - 2:35 PM

Concurrent Sessions G

G1 Tele-Ophthalmology and the patient Experience in Ambulatory Care

The North York Room 2:40 PM - 3:15 PM

Dr. Varun Chaudhary – *MD, FRCSC, Chief, Department of Eye Medicine and Surgery, St. Joseph's Healthcare Hamilton and McMaster University.*

Julie Holmes – *BA, MHSc, Director, Ambulatory Services, St. Joseph's Healthcare Hamilton.*

Tammy Robinson – *B.ScN, Manager, Urgent Care, Surgery Centre and Eye Clinic, St. Joseph's Healthcare Hamilton.*
Heather Radman - *B.A Manager, Specialty Clinics, St. Joseph's Healthcare, Hamilton.*

The tele-ophthalmology project is a joint HNHB LHIN and SJHH initiative designed to respond to the unmet diabetic retinopathy screening needs across high risk patient populations in southern Ontario. In its 2013 Clinical Practice Guidelines, the Canadian Diabetes Association recommends screening people with diabetes every to two years, yet approximately 380,000 people with diabetes in Ontario (37,000 in HNHB LHIN) are not being screened regularly. The absence of screening in the diabetes population is troubling given that identification of early Retinopathy is strongly related to positive treatment outcomes and avoiding blindness or severe vision loss in these patients. Mobility issues, inability to schedule appointments (rural areas with minimal ophthalmology services) and lack of education on the necessity of annual eye screening are identified as barriers to early screening and treatment. Offered at six host sites across the HNHB LHIN, the tele-ophthalmology project allows for screening at a time and location convenient to the patient. A single-centred prospective study screened patients over one year and assessed effectiveness of the initiative in increasing patient awareness and compliance to follow-up. Out of the 53 patients included

in the study, 92.5% acknowledged that that they were more likely to follow-up as recommended, and 34% were known to be compliant with follow-up. Due to the limitations of the study, it is unknown if further compliance was achieved amongst remaining study patients. Patient satisfaction survey results indicated a high patient satisfaction with the service and service accessibility. There were no significant differences in patients' pre and post screening HbA1c levels. This paper will describe the model used to provide tele-ophthalmology care, preliminary results and implications for future clinical and educational practices.

G2 Developing & Implementing a Patient Centered Interprofessional. Cardiovascular & Pulmonary Rehab Program

The North Princess Room 2:40 PM - 3:15 PM

Carolyn Welch - *Director, Ambulatory Services, Hospital Montfort, Ottawa.*

Valérie Dubois-Desroches – *Clinical Manager, Ambulatory Services, Hospital Montfort, Ottawa.*

At Hospital Montfort, we have successfully developed and implemented a patient-centered interprofessional cardiovascular and pulmonary rehabilitation program. From the initial planning phase to the implementation and evaluation phases of this program, managers and health care providers from different sectors worked together to create a dynamic program that excels in service delivery. In addition to integrating an inter-professional approach, we have applied LEAN methodology to ensure our program runs efficiently and used many of the Studer Group initiatives to build a sustainable culture that, consistently delivers a great patient experience.

From April 2014 to March 2015, the patients that completed our program have increased their metabolic level of by a mean of 1.57 METS which represent three times the established goal of 0.5 METS by the Cardiac Care Network standards from 2014. During the same period we have attained a

patient satisfaction level of 99.8% and all of our patients would recommend or strongly recommend the program to their friends and family members. Additionally the level of engagement of the staff working in this program is remarkable with a result of 85.7% which is significantly higher than the rest of the hospital.

Concurrent Sessions H

H1 How Case Costing Information Can Support?

The North York Room 3:20 PM - 4:00 PM

Jane Chen – *Manager of Case Costing and Activity Reporting At University Health Network.*

Introduce case costing data flow, methodology and how case costing information can be used in support various purposes of analysis such as QBP, Funding Proposal, Physician
Impact, Utilization Management, Budget Allocation, Benchmarking, Research etc. Specific examples related to ambulatory care patient type will be used in explaining how it works to use case costing information.

H2 Promoting Excellence in Ambulatory Care: The Role of Advanced Practice Nursing Within the Interprofessional Team

The North Princess Room 3:20 PM - 4:00 PM

Leigh Andrews – *RN, MN, PNC(C), CTDP, Sunnybrook Health Sciences Centre, Toronto.*

Sue Hermann, MN, RN, IBCLC, PNC(C), CTDP, *Sunnybrook Health Sciences Centre, Toronto.*

Megan Fockler – *RN, MPH, Sunnybrook Health Sciences Centre, Toronto.*

Fiona Thompson – *Hutchison, MN, RN, PNC(C), CDE, Sunnybrook Health Sciences Centre, Toronto.*

Addressing the unique challenges associated with the changing needs of the ambulatory patient population requires an innovative approach and the use of nursing expertise in this practice area. Advanced Practice Nurses play a critical role within the interdisciplinary team in meeting the health needs of individuals, families, and communities. Advanced Practice Nurses enhance collaboration within the healthcare team, improve quality of care of patients, and increase patient satisfaction and health outcomes. While Advanced Practice Nursing roles have gained increasing traction in recent years, often roles and processes are not well defined.

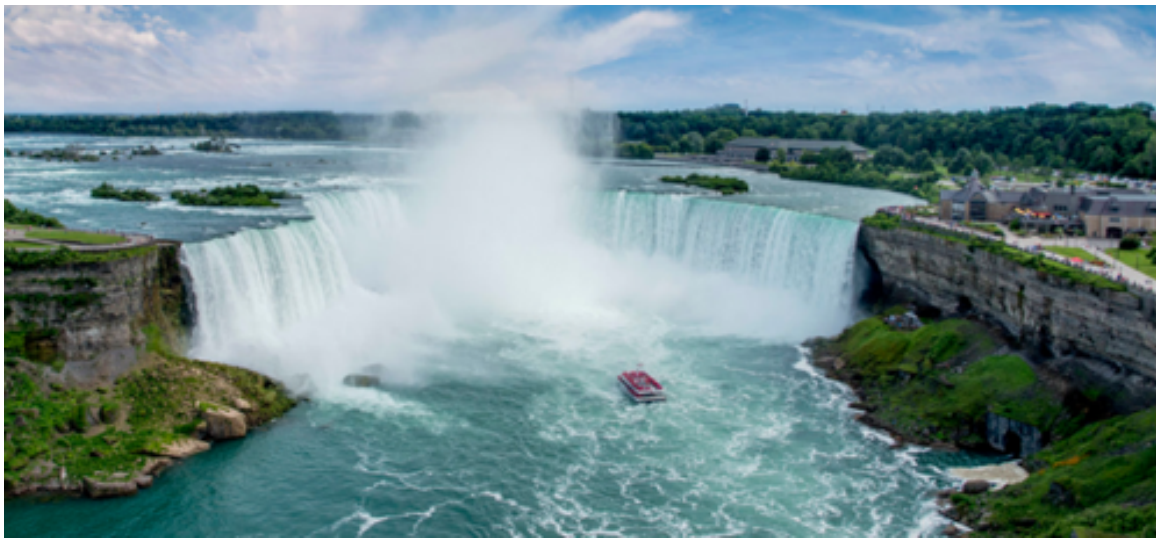
Closing Remarks Keynote

The Prince South Ballroom 4:05 PM - 4:30 PM

Haesun Moon, ***MEd, CSFC***
Certificate Program Director of Solution- Focused Brief Coaching Program, & Organizational Development Leadership Associate, Sunnybrook Health Sciences Centre.

Close of Conference

See you all next year Niagara Falls 2017!



Poster Presentation Abstracts

Poster # 1: Outpatient Placement of Feeding Gastrostomy Prior to Chemo and Radiation Therapy

Elaine Posluns, RD, Clinical Nutrition Services, *Sunnybrook Health Sciences Centre, Toronto*

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Lawrence B. Cohen M.D. *Sunnybrook Health Sciences Centre, Toronto*

Patients with Head and Neck Cancer undergoing chemo radiotherapy, and /or surgery are at high risk for severe weight loss, dehydration, malnutrition, treatment interruptions, and hospitalization, all of which may compromise treatment outcome. The use of PEG in this population offers a safe, effective method of delivering enteral nutrition to compensate for the decline in oral intake accompanying chemo radiotherapy.

In the past, patients were admitted to the hospital for PEG insertion when effects of the cancer treatment caused significant dysphagia, and reduced oral intake. The following reports our initial results of an innovative program for head and neck cancer patients during which outpatient PEG is established prior to the start of chemo radiation, while vigilant follow up and education regarding the care and use of the feeding tube are provided on an outpatient basis.

Poster # 2: Communication - A Science of Safety in Healthcare Settings

Anita Damjee - *RPN, Sunnybrook Health Sciences Centre, Toronto.*
Hunaina Hadi, *Bachelors of Science in Nursing, Aga Khan University, Pakistan.*
Shamsa Hadi, *Bachelors of Science in Nursing, Aga Khan University, Pakistan.*

Communication is the science of safety principles. In health care settings communication plays an important role in quality care and patients safety. Health care professionals require effective information-sharing strategies

to provide safe and evidence-based care to the patients.

A comprehensive literature search was conducted through electronic medium to explore the relevant literature. Various databases i.e. Pub med, Google search engines, Science Direct, JPMA and SAGA were used. In addition manual search was also done by accessing available articles in periodic library from 2005 till 2015.

Data collected by the Joint Commission on Accreditation of Healthcare Organizations suggest that poor communication contributed to nearly 70% of sentinel events reported during 2005. In addition, breakdown in communication was the leading root cause of sentinel events reported in 2006 to Joint Commission in the United States of America. According to the literature, communication failure occurred due to a reliance on documents and documentation (poor quality) used to transfer information at patient transition points. Professions including surgery, nursing, and anesthesia are overwhelmed by chronic staff shortages, educational duties, and economic pressures and break in message encoding and decoding are some of the barriers that hindered quality care. Each of these barriers threatens the consistent uptake of a new communication.

Use of read-backs in individual communications is the prevention strategies with the greatest potential to improve safety. Moreover, research suggests that Inter professional checklist briefings that include information (e.g. relevant medical history, allergies) and procedural issues (eg, operative plan, antibiotic requirements) reduced the number of communication failures and promoted proactive and collaborative team communication. In addition, the temporal correlation with hands offs during shift over can play vital role in improving care. Moreover daily goal sheet that includes detailed orders during consultant's round can help in effective communication.

Poster # 3: Feasibility of Using Smartwatches and Smartphones to Monitor Patients with COPD

Robert Wu – *University Health Network, Department of Medicine*
Eyal De Lara – *Department of Computer Sciences*
Daniyal Liaqat – *Department of Computer Sciences*
Parco Sin – *University Health Network*
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Dr. Andrea Gershon – *Department of Medicine, Sunnybrook Health Sciences Centre*

Acute exacerbations of COPD decrease patients' quality of life, accelerate decline in lung function and are associated with significant mortality. These outcomes may be avoided with early detection and treatment. Detection of patient physiologic signs such as heart rate, respiratory rate, activity, wheeze and cough could occur through mobile and wearable devices, such as smartphones and smartwatches. We aimed to develop a mobile sensing device that detects early exacerbations of COPD. The current study was conducted to determine if it was feasible to obtain consistent, useful physiologic data from smartwatches and smartphones used by older, sicker COPD patients who would need to keep them charged and functioning.

Hospitalized patients with acute exacerbations of COPD were recruited from Toronto General Hospital, Ontario, Canada and Sunnybrook Health Sciences Centre, Ontario, Canada. They were asked to use an application developed to sense and record physiologic signs on Android smartwatches. Signs included heart rate, step count, raw acceleration measurements as an indication of physical activity, and audio recordings to detect cough, breathlessness and wheezing. Data was relayed to paired smartphones for storage. Smartphones were also used to administer daily questionnaires that asked patients about COPD symptoms. Other than answering this questionnaire, the application was designed to require minimal patient interaction.

Figure 1: *COPD mobile sensing application on smartwatch*

Five patients have been recruited to date, with some who have been participating for over three months and others who have joined very recently. The most common reason for not participating was concern feeling too ill to participate. The smartwatch was worn by patients as directed and both devices were charged appropriately. Over 348 hours of audio, 280,000 heart rate samples and about 4 million accelerometer samples were obtained. Symptom questionnaires were completed daily.

Using a smartphone and smartwatch to record physiologic and audio data in hospitalized patients with acute exacerbations of COPD appears feasible. Future work should include continued patient enrolment as well as analysis of sounds to detect coughing, wheezing and breathlessness. Future correlation of sensing data to daily symptoms will be performed to determine if early acute exacerbations of COPD can be detected.

Research funding source: Ontario Ministry of Health and Long Term Care and Sunnybrook Health Sciences Centre Alternate Funding Plan Innovation Fund.

Poster # 4: HIMSS 7- Making an Impact in Patient Care through Electronic Medical Record in Family Medicine-Ambulatory in Riyadh, Kingdom of Saudi Arabia

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In an ambulatory care setting, the Family Medicine staff provides the highest level of nursing practice. Patients and their dependents all given excellent care to be safe and secure through implementation of standards and availability of online documentation. Patient Care is our priority focusing through on coordinating with the multi-disciplinary team, delivers of the best core standards of nursing care and demonstration of caring aspects of nursing in a technologically dominated world. Technology improves healthcare delivery system that will enhance patient safety by automating functions leading to simple and complex opportunities for improvement.

The optimization of health engagement through innovations made in Family Medicine and in collaboration with Healthcare Information Technology Affairs (HITA) led the creation of Health Maintenance Tab. This system is essential to show health prevention strategies and immunization updates of the patients and their dependents. Physician and nurses can easily access information that can lead to planning, evaluating and maintaining maximum health care of patients.

Poster # 5: Promoting Continence Self- Management in Ambulatory Care

Jennifer Skelly – *RN, PhD, Director, Continence Programs, St. Joseph's Healthcare Hamilton, ON.*
Julie Holmes – *BA, MHSc, Director, Ambulatory Services, St. Joseph's Healthcare Hamilton, ON.*
Heather Radman – *BA(Hons), Manager, Specialty Clinics, St. Joseph's Healthcare Hamilton, ON*

Incontinence is an issue affecting 15 to 20 % of the elderly living in the community. Seniors often have limited or no access to continence care in their communities. Barriers such as distance to clinics, available transportation and lack of knowledge that incontinence is a treatable condition are often factors in why they cannot access treatment. Five Continence clinics were established through a series of creative partnerships with community health agencies. The goal of the clinics was to promote awareness that incontinence is a treatable problem that responds well to self-management strategies and increase accessibility to continence services across the HNHB LHIN. The Continence Self Management Model focuses on behavioural interventions proven effective in reducing incontinence such as fluid intake strategies, prompted voiding, pelvic floor strengthening and managing constipation. Nurse Continence Advisors (NCA) provided assessment, which identified contributing factors and treatment options. Program evaluation was conducted using standardized tools to determine clients' success and achievement of goals at assessment and discharge. Involvement in the continence care clinics created improvements in clients' continence, achievement of goals, and improved quality of life. This paper will describe the clinic model and the results of the program evaluation of the ambulatory care service in southern Ontario.

Poster # 6: Reducing Craniotomy Surgical Site Infections Through Implementation of an SSI Prevention Bundle

Mahsa Sadeghi – *RN MSc (QIPS), Sunnybrook Health Sciences Centre, Toronto, Canada*
Avery B. Nathens – *MD PhD, Sunnybrook Health Sciences Centre, Toronto, Canada*
Cynthia Holm – *RN MBA, Sunnybrook Health Sciences Centre, Toronto, Canada*
Wendy Ditrani *– RN MScN, Sunnybrook Health Sciences Centre, Toronto, Canada*
Darrel Sparks *– RN MHS, Sunnybrook Health Sciences Centre, Toronto, Canada*
Aireen Sitchon – *RN (TL) BScN, Sunnybrook Health Sciences Centre, Toronto, Canada*
Girlie Hart – *RN MN, Sunnybrook Health Sciences Centre, Toronto, Canada*
Melisa Avaness – *BA CIC, Sunnybrook Health Sciences Centre, Toronto, Canada*
Sandra Callery – *RN MHSc CIC, Sunnybrook Health Sciences Centre, Toronto, Canada*
Mary Vearncombe – *MD FRCPC, Sunnybrook Health Sciences Centre, Toronto, Canada*
Todd Mainprize – *MD FRCSC, Sunnybrook Health Sciences Centre, Toronto, Canada*

We are a major academic health sciences center in Toronto, Canada that serves as both a major trauma and cancer centre. Through the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), we noted our rates of surgical site infections for craniotomies for tumors were 7.8% (10th decile) and we were a statistical outlier, while our expected SSI rate was 2.5%.

We aimed to decrease our craniotomy surgical site infection rate to 2.5% By April 2016. Surgical site infections not only increase patient length of stay but also increase the risk of death in this population. Considering that that these are clean operations, we focused on both system failures that can be

the driver of our high SSI rate and our routine practices.

Poster # 7: Preventing Catheter-Associated Urinary Tract Infections in the OR

Darrel Sparks – *RN MHS, Sunnybrook Health Sciences Centre, Toronto, Canada*

The placement of urinary catheters in operating room patients presents an increased risk of complication, including catheter-associated urinary tract infection (CAUTI). The purpose of this poster is to promote catheterization best practices. The CAUTIs are inappropriately catheterizing a patient, and leaving an indwelling urinary catheter in situ for a prolonged period. The literature reviewed supports establishing clear guidelines for catheter insertion and remove; as well as a means of disseminating this information. Implementation of an insertion and removal; as well as a means of disseminating this information. Implementation of an evidence based CAUTI prevention bundle will heighten awareness and reduce incidence of infections in this patient population. This change in practice will improve patient outcomes and satisfaction.

Poster # 8: End of Life Care in Thailand- Building Capacity Through International Collaborations

Stephanie Burlein-Hall – *RN BScN MEd CON(C), Sunnybrook Odette Cancer Centre, Toronto, Canada.*
Catherine Kiteley –*RN MScN CON(C) CHPCN(C), Trillium Health Partners Credit Valley Hospital, Mississauga, Canada.*
Margaret I. Fitch – *RN PhD, Sunnybrook Odette Cancer Centre, Toronto, Canad.*
Kittikorn Nilmanat – *RN PhD, Prince of Songkla University, Hat Yai, Thailand*
Waraporn Kongsuwan – *RN PhD, Prince of Songkla University, Hat Yai, Thailand*

Yaowarat Matchim – *RN PhD, Prince of Songkla University, Hat Yai, Thailand*

Engaging patients and families in planning for care is just as important at the end of life as during the treatment phase of any illness.
A Thai nursing professor was exposed to the role of Canadian nurses in palliative care and believed there was potential to adopt a similar role for nurses in Thailand. Through her motivation, a workshop focusing on end of life care was developed by Canadian and Thai faculty. Topics were drawn from existing programs with an application to nursing care at the end of life. Mode of delivery and learning was based on principles of adult learning as most of participants were practicing clinicians. In preparation, the Canadian team learned about Thai culture through various strategies to gain an understanding of the Thai health care system.

The workshop focused on sharing knowledge/skills and building capacity in care delivery. Skills related to assessment of palliative care needs, delivery of evidence-based interventions; and communication with patients and other team members were introduced. Personal reflection, group work, and role playing facilitated the practice of these skills. Materials included resources translated into Thai for participants' use in practice. Faculties interested in palliative care are now able to offer their own Thai-language "end of life care" workshops.

One interesting development was the building of a relationship amongst the group and a beginning sense of community as palliative care nurses. The sharing of experiences and expertise allowed a sense of trust to build and participants began to learn from one another, laying a foundation for on-going networking and the beginnings of a regional palliative care focus.

This presentation will describe: creating a proposal for funding; development of content; facilitating learners' needs; outcomes and evaluation; ideas to facilitate education in a different cultural setting; and personal reflections of a shared vision of nursing between cultures.

Poster # 9: Applying Successful Innovative Strategies to Deal with Severe Skin Reactions From Chlorhexadine/ Alcohol Solutions

Julie Wilson RN, BScN, CON(c), Odette Cancer Centre, Sunnybrook Health Sciences Centre
Carmen Gosselin RN, CON©, Odette Cancer Centre, Sunnybrook Health Sciences Centre
Rui F. Zhang RN, BScN. Odette Cancer Centre, Sunnybrook Health Sciences Centre

Peripherally inserted central catheter (PICC) maintenance involves cleansing the site with an antiseptic solution, most commonly chlorhexidine/alcohol preparations, for the prevention of catheter related infections (Maiwald &Chan, 2012). In our centre, many patients experience severe skin irritation with this practice. This skin reaction can be extremely pronounced in patients receiving infusional Fluorouracil, as well as patients of specific cultural or ethnic backgrounds. Severe skin reactions result in poor skin integrity, discomfort and itchiness for the patient. Without intervention, these skin reactions compromise the patient's treatment experience. The patient may experience interruption of treatment, due to the removal of the catheter and the necessary reinsertion of a second CVAD. Another alternative is cancellation of treatment, which has occurred at our centre, possibly impacting outcome.

This poster will share specific strategies that have resulted in the successful management of these severe skin reactions/allergies, including the use of antihistamines, steroid puffers and various dressings. The use of case studies will illustrate the effectiveness of our strategies. Patient engagement in the process of vascular access selection and maintenance is important for early detection and intervention of skin reactions. Teaching the patient about possible skin reaction with associated symptoms will facilitate timely reporting. In response to the issue, our interventions have enabled patients to continue to use their vascular access device while maintaining an extremely low rate of catheter related complications. Use of these strategies have optimized our clinical

practice and have resulted in positive patient outcomes.

Poster # 10: Wait Time for Colonoscopy Is Reduced By Email Communication

Dr. Fred Saibil – *Consultant, Gastroenterologist, Sunnybrook Health Sciences Centre. Professor Of Medicine, University Of Toronto.*
Amy Liao – *Student, University Of Toronto.*
Thurarshen Jeyalingam – *Student, University Of Toronto.*

Timely access to gastroenterologists in Canada is an ongoing challenge. According to statistics Canada, 29% of patients consider wait times for specialist visits to be unacceptable. Delays in colon cancer diagnosis have significant health and economic implications. The Canadian Association of gastroenterology recommends that colonoscopy can be completed within 8 weeks of referral for positive FOBT, and the same should be true for symptomatic patients. However, while 55% of such patients do undergo colonoscopy within 8 weeks, it takes 22 weeks for 90% of this cohort to have colonoscopy. In this study, we have shown that the wait time for consultation and colonoscopy is significantly reduced by replacing the initial consultation visit with email communication. Email is perceived as a safe, effective, and efficient means of communication and its use is associated with increased patient satisfaction.

Poster # 11: Electronic Smoking Cessation Documentation in an Ambulatory Cancer

Centre: Development and Implementation
Donna Lewis – *MRT(T) BA; Odette Cancer Centre, Sunnybrook Health Sciences Centre*
Lisa Di Prospero – *MRT(T) MSc, BSc Odette Cancer Centre, Sunnybrook Health Sciences Centre*

This poster will outline how a standardized accessible documentation is a fundamental requirement to facilitate continuity of patient centred care

and facilitates communication amongst health care professionals in the patient's circle of care. The electronic documentation allows for chart audits that provide analysis of the effectiveness of the smoking cessation program, by reviewing the number of patients screened, interventions provided and resources utilized.

Poster # 12: Perceptions of Receptivity: Exploring Tobacco Use and Smoking Cessation Best Practices from the Perspectives of Health Care Professionals

Bonnie Bristow – *MRT(T) BSc, Sunnybrook Health Sciences Centre*
Arlene Court *RN BSc(N) CON(C), Sunnybrook Health Sciences Centre*
Lisa Di Prospero – *MRT(T) MSc BSc, Sunnybrook Health Sciences Centre*
Elaine Curle *RN,* ***Leslie Gibson*** *OT Reg,(Ont) BHSc (OT) BKin, Sunnybrook Health Sciences Centre*
Andrea Eisen *MD FRCP,* ***Marg Fitch*** *RN PhD, Odette Cancer Centre, Sunnybrook Health Sciences Centre*

Lung Cancer is the second most commonly diagnosed cancer in Canada and the leading cause of cancer deaths in men and women. This poster will explore the perspectives of tobacco use and smoking cessation with lung cancer patients and health care professionals. It will also show the similarities and differences in perspectives in order to inform patient centered approached to offering smoking cessation services.

Poster # 13: Measuring the Effectiveness of Training on Changes to Clinical Practice: Educating Healthcare Professionals to Provide Brief Interventions for Smoking Cessation to Patients in a Comprehensive Cancer Centre

Bonnie Bristow – MRT(T) BSc, Sunnybrook Health Sciences Centre
Elaine Curle RN, Sunnybrook Health Sciences Centre
Leslie Gibson – *OT Reg (Ont) BHSc (OT) BKin*, Sunnybrook Health

Sciences Centre
Lisa Di Prospero – *MRT(T) MSc BSc Odette Cancer Centre,* Sunnybrook Health Sciences Centre

Smoking Cessation (SC) is recommended to prevent individuals from developing cancer with additional benefits following cancer diagnosis. An interprofessional model has been implemented to integrate SC best practices into daily clinical care. Healthcare professional (HCPs) were provided with peer to peer training to provide interventions of SC to patients. This poster outlines the study of measuring the effectiveness of the peer to peers teaching provided to staff at the Cancer Centre by the interprofessional team for smoking cessation.

Poster # 14: A Primary Care Practice-Based Intervention to Reduce ED Visits and Hospitalization for Complex Patients

Ian Stanaitis- *Women's College Hospital*
Tara O'Brien- *Women's College Hospital, University of Toronto*
Laura Pus- *Women's College Hospital,*
Noah Ivers- *Women's College Hospital, University of Toronto*
Onil Bhattacharyya- *Women's College Hospital, University of Toronto*
Pauline Pariser- *University of Toronto, University Health Network*
Geetha Mukerji- *Women's College Hospital, University of Toronto*
Steven Friedman- *University of Toronto, University Health Network*
Howard Abrams- *University of Toronto, University Health Network*
Gillian Hawker- *Women's College Hospital, University of Toronto*

Background: Poor access to timely consultative services, difficulty in navigation of the healthcare system and fragmented care may contribute to avoidable Emergency Department (ED) visits and hospital admissions for complex patients. SCOPE (Seamless Care Optimizing the Patient Experience) is a quality improvement collaboration between acute and

community providers located in downtown Toronto, Canada (WCH, UHN, Toronto Central CCAC and solo community primary care physicians (PCPs)). The SCOPE objective is to strengthen relationships between hospitals, primary, and community care to improve care delivery for complex patients who are frequent users of the ED.

Poster # 15: Acute Ambulatory Care Unit- A New Model of Care

Tara O'Brien- *MD, MSc, Women's College Hospital, University of Toronto*

Pat DiRaimo- *RN, MScN, Women's College Hospital*

Cris Barrett- *RN, BScN, Women's College Hospital*

Heather McPherson- *MSc, OT, Women's College Hospital*

Tina Borschel- *MD, Women's College Hospital*

Savannah Cardew- *MD, Women's College Hospital*

Shoba Sujana Kumar- *MD, MSc, Women's College Hospital*

Sutapa Mukherjee- *MD MBBS, PhD, Women's College Hospital*

Gillian Hawker- *MD, MSc Women's College Hospital, University of Toronto*

The Acute Ambulatory Care Unit (AACU) is a new model of care which provides urgent assessment, investigation and management of patients with complex medical conditions within 18hrs. Our objective is to manage acute illnesses or exacerbations of chronic medical conditions in order to reduce ED visits and inpatient admissions in this complex patient population. This model of care has been evolving since its inception in order to support patients with complex chronic conditions but also to become a solution for our health systems.

Poster # 16: Engaging Primary Care Physicians In Care Coordination for Patients With Complex Medical Conditions

Ian Stanaitis- *Women's College Hospital, Toronto, ON*
Elizabeth Lockhart- *University of Toronto, Toronto, ON*
Laura Pus- *Women's College Hospital, Toronto, ON*
Gillian Hawker- *Women's College Hospital, Toronto, ON, University of Toronto, Toronto, ON*
Noah Ivers- *Women's College Hospital, Toronto, ON, University of Toronto, Toronto, ON*
Geetha Mukerji- *Women's College Hospital, Toronto, ON, University of Toronto, Toronto, ON*
Pauline Pariser- *University Health Network, Toronto, ON, University of Toronto, Toronto ON*
G. Ross Baker- *University of Toronto, Toronto, ON*

Many patients with complex chronic disease are high users of healthcare services and frequently transition between healthcare professionals with disjointed care. In Ontario, these patients account for a high proportion of the province's total healthcare costs. Effective, integrated care for medically complex patients requires coordination between primary care physicians (PCPs) and hospitalists as well as a high degree of physician engagement. However, PCPs often are not well connected with the broader healthcare system. In 2012, the Seamless Care Optimizing the Patient Experience (SCOPE) project was initiated in Toronto, Canada to improve linkages between community-based PCPs, hospitals and community resources, engage physicians in an innovative, integrated care model for medically complex patients, and, ultimately, improve overall quality of care and care transitions for patients.

New Peer Contact List

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