



Communicating with Family Physicians

Communication is central to practicing medicine. In-patient admissions and discharges, emergency and urgent care visits, and extraordinary events are many items which need to be communicated to providers. However, systems are not always tuned efficiently to provide this information. We need to ask the question: Who needs to know what, at what time?

In the fall of 2002, information was gathered about what information family physicians would like to receive and what information was being provided to them from Trillium units. Several challenges and areas of opportunity were identified.

Patient Admissions

Upon patient registration, if a family physician name is not entered, or entered incorrectly, the family physician is not notified about a patient admission through the PCI system. This negatively effects the continuum of care and prevents primary care physicians from supporting their patients with their health care needs. This is being addressed through some technological solutions (e.g. making the family physician field a mandatory data field), on-going registration clerk education, and a pilot in Emergency Services to identify patients with missing information through use of wristbands.

If a patient is not interviewed upon admission, their chart is usually missing several data fields, including family physician's name. The term "unknown" is then entered into the field. To address this problem, a report will be run daily to identify the number of patient's with "unknown" in the family physician field, and a notice will be sent to units to capture this information and notify the family physician of the admission.

Courtesy staff family physicians often do not have access to PCI. We are examining this issue and considering: 1) providing more opportunities for PCI access/ training; 2) autofax and telephone solutions.

Patient Discharges

As well as access to a report on patient discharges through the PCI system, family physicians have indicated that rapid access to the discharge sheet can support them in providing care. This could be provided by fax.

Unit-based protocols for communicating with family physicians will be considered as this process moves forward.

Hopefully these changes will result in better information for family physicians. In the meantime, if family physicians have identified a problem with notification of their patients, please forward this information to Sheryl Farrar via MOX or at 416-259-

7580 ext 5511, sfarrar@thc.on.ca. Other comments/suggestions about these processes are also welcome.

More information will follow in this Bulletin and also at Family Practice Business meetings about these initiatives.

Assessment Tools for Family Physicians

A group of 6 family physicians has met to review and develop a primary care assessment toolkit for Early Dementia. This toolkit includes a flowchart for assessments, screening tools for patients and caregivers, a physical examination tool, mini-mental status tool, treatment and follow-up information, and information about referral sources, medications and patient education sources. The tool kit will be available April 11 to coincide with Family Practice presented by Dr. Richard Schulman. Contact Sheryl Farrar at 416-259-7580 ext 5511. All assessment tools will also be available for download from the Trillium website in early May 2003.

The group will continue to meet over the next year to review assessments tools for various clinical topics, including mild-moderate alcohol dependency. The Ontario

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Assessment Tools cont'd.

College of Family Physicians has granted MAINPRO credits for participating family physicians.

Best Practices in Primary Care

Information for Family physicians and their staff about innovative practice in primary care.

Improving Chronic Illness Care – The Chronic Care Model

Improving Chronic Illness Care is a US-based program of The Robert Wood Johnson Foundation. It is a model which allows individuals who suffer from diabetes, depression and other chronic conditions to lead healthier lives. Providers who care for chronically ill patients can be better supported with guidelines, specialty expertise and information systems.

All this is possible, by transforming what is currently a reactive health care system into one that keeps its patients as healthy as possible through planning, proven strategies and management.

The Chronic Care Model includes four elements that encourages high-quality chronic disease management:

- The Community
 - Community programs can support or expand a health system's care for chronically ill patients
- The Health System
 - A system seeking to improve chronic illness care must be prepared for change from top to bottom

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Directory of Services & Physicians and New Trillium Website

Trillium's Directory of Services & Physicians is now available to all physicians, departments and units at Trillium. The hard copy of the Directory will be placed in mailboxes of all physicians with mailboxes at Trillium and mailed to those without on-site mailboxes. An electronic copy will be available on Trillium's intranet, accessible only by staff and physicians. A version without contact information will be available on the internet for public access.

How will we keep this publication updated? If you have changes now, please contact Sheryl Farrar via MOX or at sfarrar@thc.on.ca or 416-259-7580 ext 5511. Future changes will be gathered through the medical staff office via the credentialing process. When physicians receive their credentialing information, an information sheet will be included upon which changes can be made. Other regular changes (e.g. status) will be communicated to us through the medical staff office. It is our hope that an updated version of the Directory be available annually. Thank you to all who assisted in creating this excellent tool.

Website

A special section for Trillium's Family Physicians will be available on Trillium's new website. This section includes information and updates about primary care programs, access to downloading the Primary Care Initiative Bulletin and assessment tools for various clinical topics (*see Update – Assessment Tools for Family Physicians*). The section will also have websites of interest for family physicians. The Trillium website will be available in early May. Check often for new updates and information!

FOR YOUR INFORMATION

Trillium Health Centre Multi-Year Service Plan

Trillium Health Centre is a pioneer in the healthcare industry once again by embarking on a multi-year planning process.

The planning process will engage planning teams for each health system and business unit and challenge them to develop three year clinical and service plans. The teams will be supported by Trillium staff and consultants to provide information about Trillium's community, current programs, and best practices in healthcare.

How will family practice be represented in this process?

Family physicians have been asked to join each of the planning teams and will assist in identifying gaps and opportunities for primary care and community-based programs. A member of the Multi-year Service Plan team will provide updates to family physicians at regular business meetings in April, May and June. The MYSP is expected to be complete in September 2003!

Best Practice cont'd.

- Self-Management Support
 - Using a collaborative approach, providers and patients work together to define problems, set priorities, establish goals, create treatment plans and solve problems along the way.
- Delivery Design System
 - Improving the health of people with chronic illness requires transforming a system that is essentially reactive – responding mainly when a person is sick – to one that is proactive and focused on keeping a person as healthy as possible.
- Decision Support
 - Treatment decisions need to be based on explicit, proven guidelines supported by at least one defining study.
 - These guidelines should be discussed with patients, so they can understand the principles behind their care.
 - Decision support also means keeping primary care physicians in the loop when a patient is referred to a specialist, through better feedback or even joint consultation.
- Clinical Information Systems
 - Effective chronic illness care is virtually impossible without information systems that track individual patients as well as populations of patients.^{11, 12}
 - The first step is to establish a disease registry that outlines recommended care for certain conditions or subgroups of conditions (minor depression versus major depression, for example).
 - The system can check an individual's treatment to make sure it conforms to recommended guidelines, measure outcomes and offer reminders for screenings or check-ups

You can find more information at www.improvingchroniccare.org

Community information

Important information for Family Physicians and their Staff

LEGAL PROBLEMS

Legal Aid Ontario: is the option for low-income individuals seeking legal representation for criminal and family law matters. Legal Aid Ontario also funds several Community Legal Clinics, which deal with “poverty law” issues such as social assistance, disabilities assistance, tenants rights, employment insurance, and workplace safety (see Other Providers of Free Advice/Representation below).

- County Court - Peel
205 Hurontario Street, Suite 200
905-453-1723
Mon -Thurs (8:30am-4:30pm); Fri (7:30am-3:30pm) No new applications on Fridays.
- Etobicoke
5415 Dundas Street West
416-237-1216
Mon – Thurs (8:30am-2:30pm); Fri (8:30am-12 noon) Open daily for general inquires until 4pm
First come, first served; evening appointments available.

If Your Patient Needs Urgent Summary Legal Advice:

Ombudsman of Ontario (416-586-3300): investigates complaints against the actions, decisions, procedures, and practices of agencies of the Ontario government.

Ontario Human Rights Commission (1-800-387-9080): investigates complaints of discrimination based on age, sex, marital status, race, creed, colour, nationality, disability, record of offence, family status and receipt of public assistance.

Victim Services (Peel 905-568-1068; Toronto 416-808-7066): works in conjunction with police departments to assist and support victims of crime and tragic circumstances.

Victim / Witness Assistance Program (Peel Region 905-456-4797; Metro 416-314-3944): assists individuals who are victims/witnesses to navigate the court process.

Primary Care & Community Health Initiative News

If you are interested in participating or learning more about this exciting initiative, please contact Sheryl Farrar, Coordinator, Primary and Community Care Initiative at Trillium Health Centre 416-259-7580 ext 5511.

Queensway Site, 150 Sherway Drive
Etobicoke M9C 1A5



Other Providers of Free Advice/Representation

Community legal clinics provide legal services and advice to people with low incomes about social assistance, Ontario Disabilities Support Program, Ontario Works Program, Canada Pension Plan, tenants rights, employment insurance and workplace safety and insurance. Sponsored by Legal Aid Ontario.

Mississauga Community Legal Services

(905-896-2050)

130 Dundas Street East, Suite 501A

Mon, Tues, Wed, Fri (9:30am-5pm); Thur (1pm-5pm)

(call first to speak to intake)

North Peel & Dufferin Community Legal Services

(905-455-0160)

24 Queen Street East, Suite 601

Mon – Fri (9am – 4:30pm)

(call first to speak to intake)

Rexdale Community Legal Clinic

(416-741-5201)

The Woodbine Centre

500 Rexdale Boulevard

Mon, Tues & Fri (9am-4:30pm); Wed (1pm-4:30pm);

Thurs (9am-6:30pm) (call first to speak to intake)

South Etobicoke Community Legal Services

(416-252-7218)

5353 Dundas Street West, Suite 210 (close to Kipling subway station)

Office hours Mon-Fri (9am-5pm); call first to speak to intake worker

Specialized Community Legal Services

These organizations provide cultural or otherwise specialized focus in the legal areas of social assistance, Ontario Disabilities Support Program, Ontario Works Program, Canada Pension Plan, tenants rights, employment insurance and workplace safety and insurance. Sponsored by Legal Aid Ontario.

Advocacy Centre for the Elderly (ACE)

(416-598-2656): provides free direct legal services, public legal education and law reform assistance to seniors.

ARCH: Legal Resource Centre for Persons with Disabilities

(416-482-8255): provides free direct legal services, public legal education and law reform assistance to persons with disabilities.

Aboriginal Legal Services (416-408-3967)

African Canadian Legal Clinic (416-214-4747)

Centre for Spanish Speaking Peoples Legal Clinic

(416-533-0680)

Metro Toronto Chinese and Southeast Asian Legal Clinic

(416-971-9674): serves only individuals who do not speak English.

Patient Advocate Office

Public Trustee's Office

(416-314-2800, 1-800-366-0335): is a government appointed office which manages and protects the personal and property interests of mentally disabled people in Ontario, while supporting the important role of friends, families, and volunteers in their lives. Staff of the office work on behalf of mentally disabled people to make sure their bills are paid and their property is maintained, as well as making decisions about personal care and medical treatment. Power of Attorney kits are also available at the office for people who want to appoint someone to make decisions in the future about their financial situation and personal health care. Administers estates of persons who die without adult next of kin. As a last resort, treatment decisions for incapable persons over the age of 18.

If Your Patient Has a Landlord/Tenant Problem:

Ontario Rental Housing Tribunal

(1-888-332-3234, local 416-645-8080): Provides information on residential landlord/tenant issues covered by the Landlord Tenant Act. Disputes are solved through the tribunal itself. The bureau will provide referrals to legal service when necessary. Website www.orth.goc.on.ca

Find a Lawyer

Lawyer Referral Service (416-947-3330): will provide the name of a lawyer with expertise in specific areas for a small fee. The lawyer will provide 30 minutes of consultation when contacted.