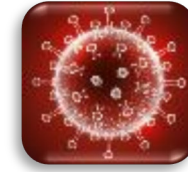


# SPEAKER: DISCLOSURES

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Calgary Zone  
webinar series  
**Mental health  
& hot topics**



## **Disclosures**

- None

## **Dr. Matthew Mazurek**

Gastroenterologist, Luminal Therapeutic Endoscopist

Medical Director, Calgary Zone GI-CAT

Cumming School of Medicine, University of Calgary

Division of Gastroenterology, Department of Medicine



# DEMAND

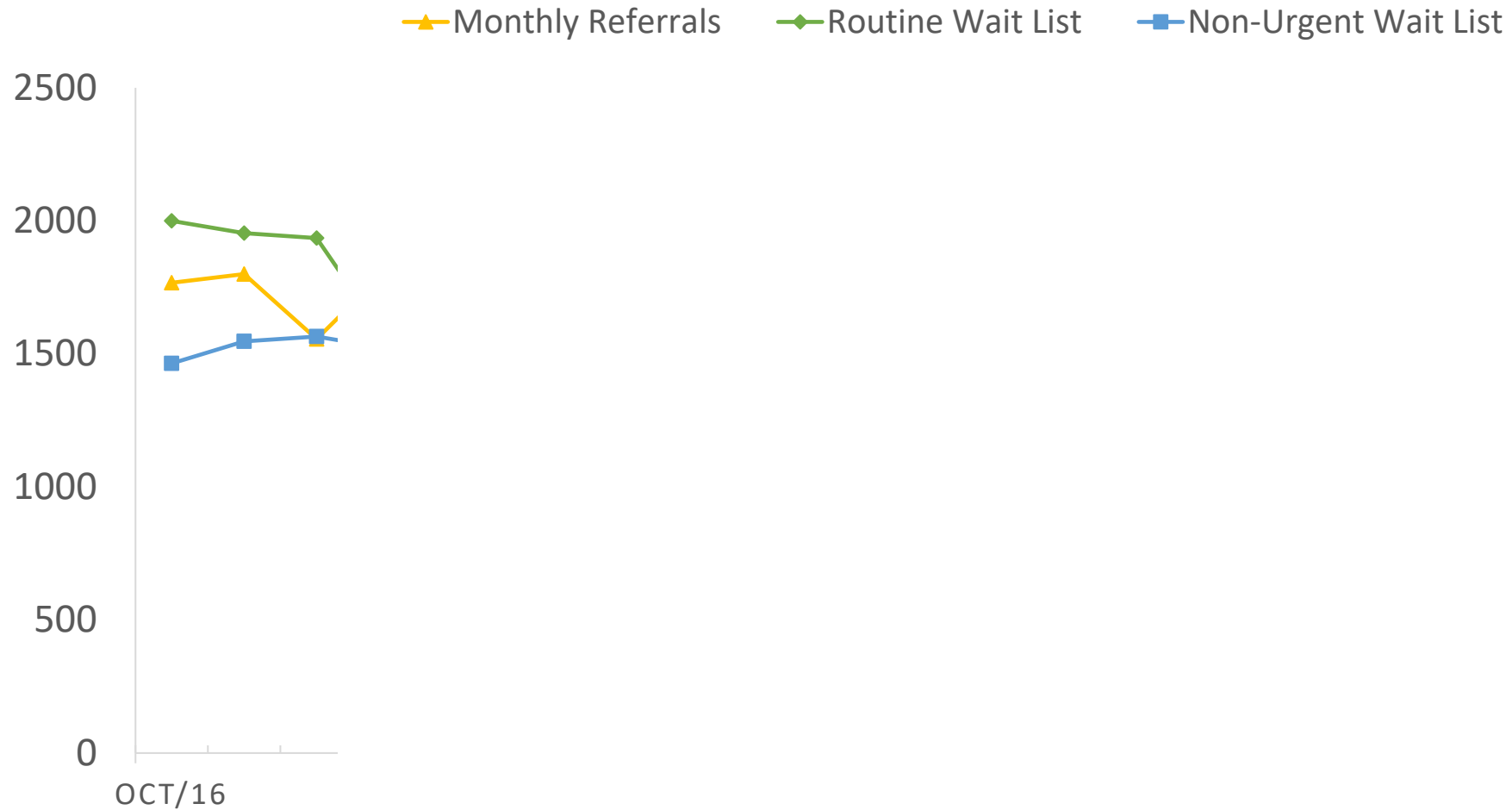
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# SUPPLY

## **Calgary GI Central Access and Triage**

- "Single point of entry model"(2005)
- ~2000 referral monthly (and growing)
- Promote equitable access to specialist care
- Allow for high quality data capture and analytics
- Permits rapid response to shifting population needs
- Adoption of best care practices and guidelines

# CAT Referrals & Wait List Volume...

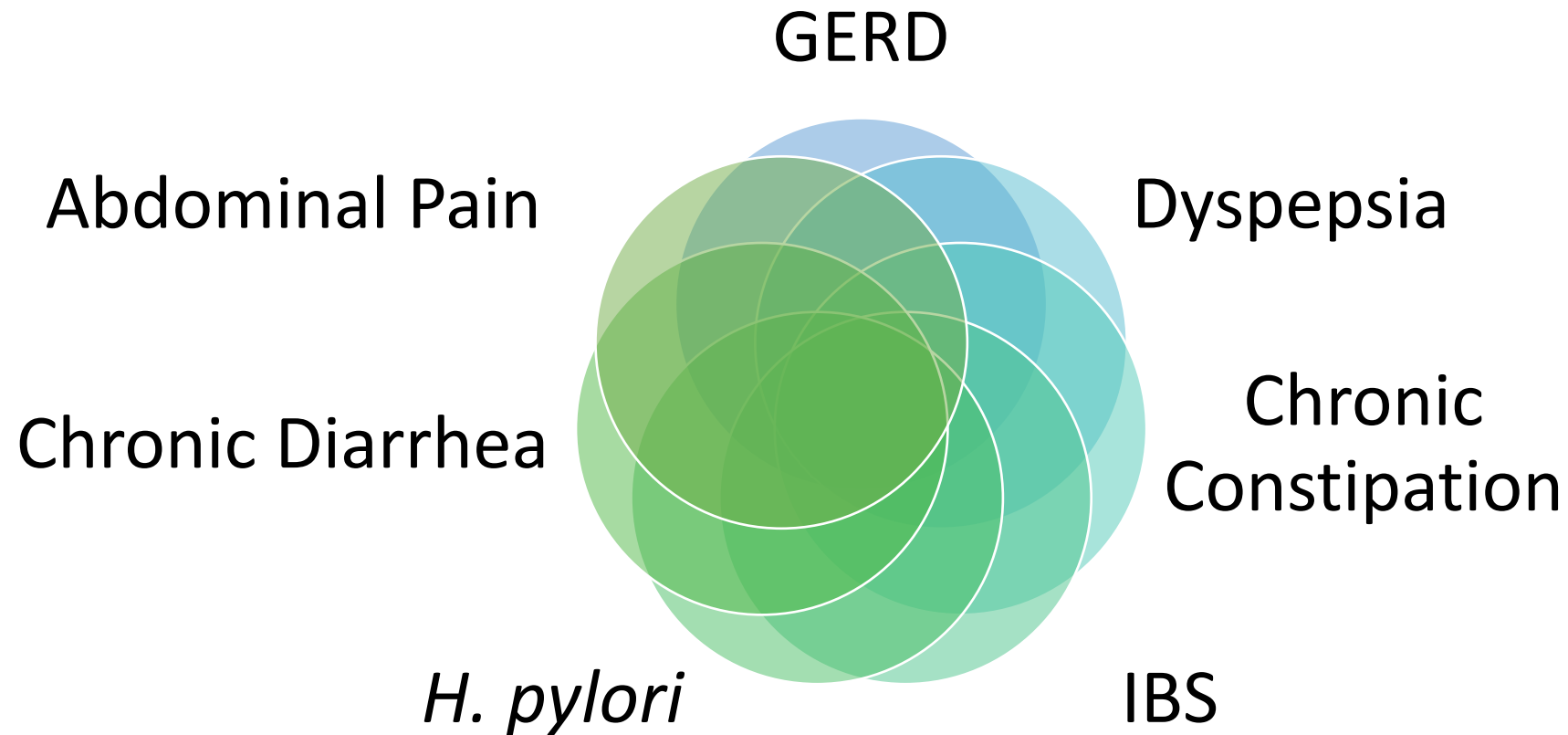


# Enhanced Primary Care Pathways

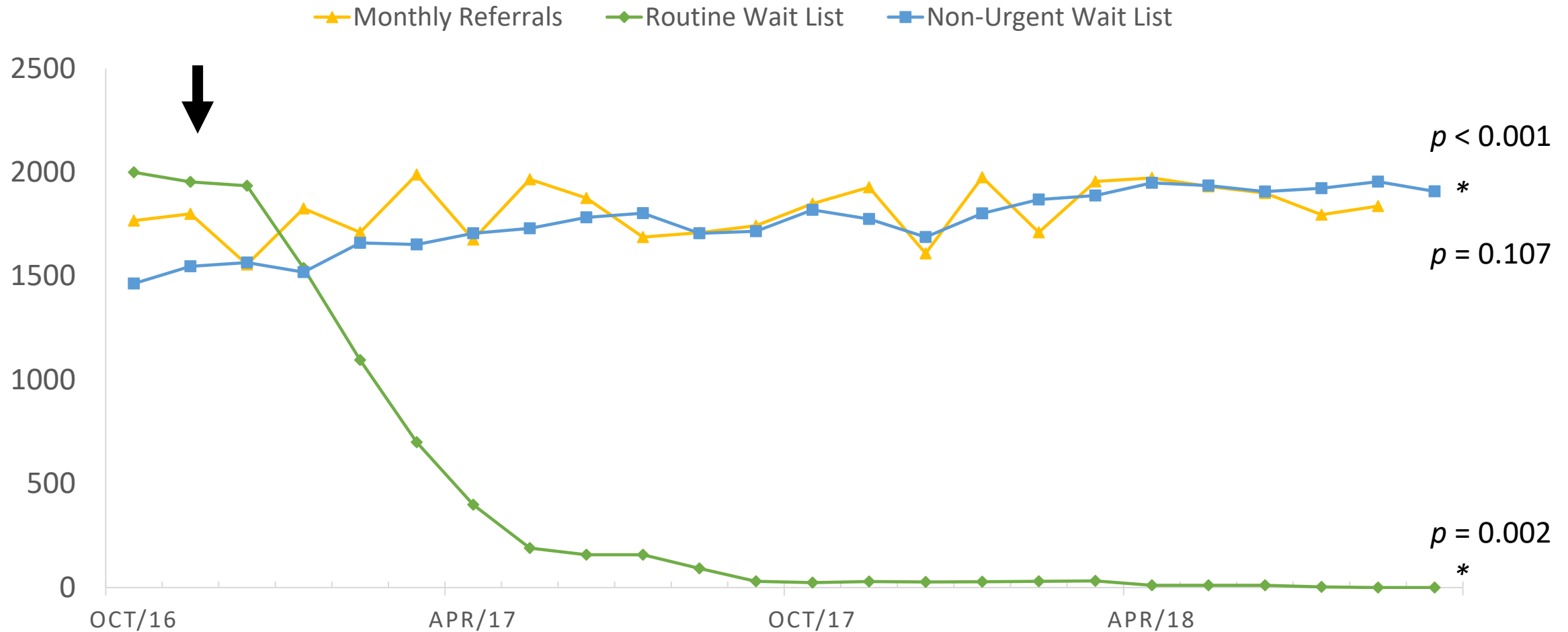
- *Best practice* evidence-based guidelines
- *Co-developed* by gastroenterologists and primary care networks
- Identify *low-risk* referrals best managed within primary care



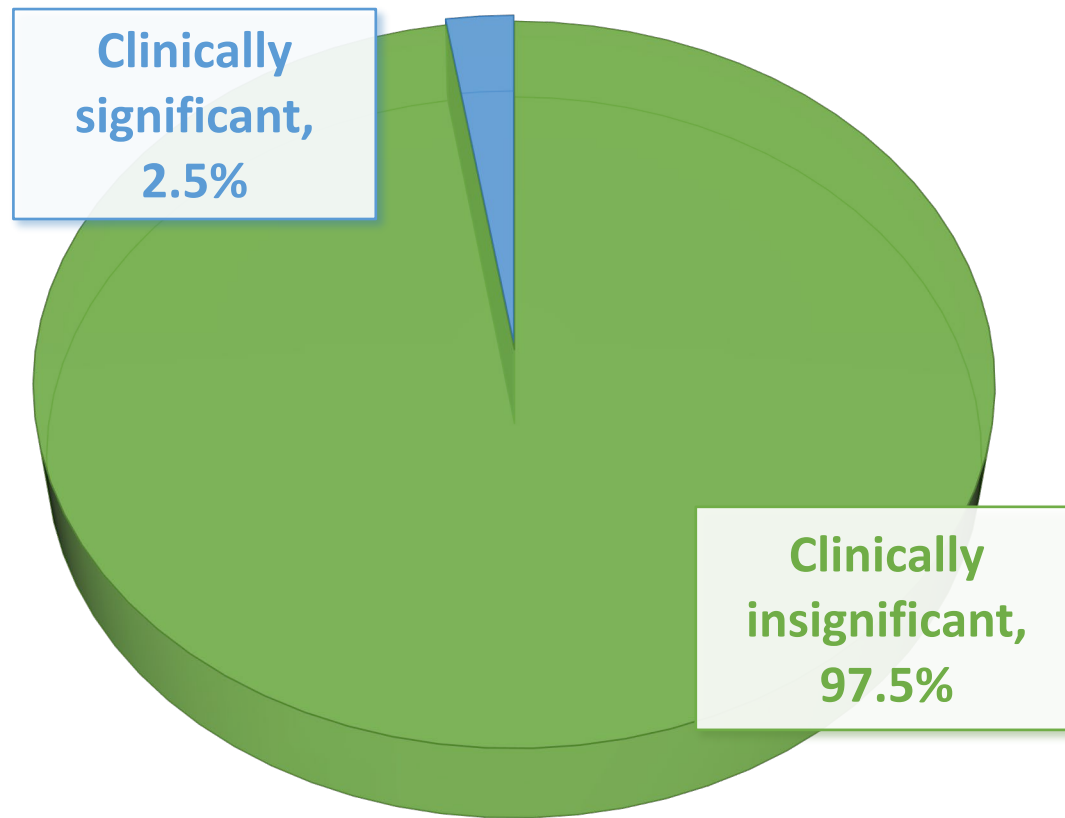
# Enhanced Primary Care Pathways



# CAT Referrals & Wait List Volume after EPCP launch



# EPCPs safely identify low-risk patients



- **1266** referrals closed under EPCP Jan 2015-2017
- **192** (15.2%) re-entries to endo
- **136** ER visits, **45** (3.5%) to endo

## Endoscopic findings of patients who failed EPCP

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231	Clinically insignificant
3	Severe (LA Grade C) esophagitis
1	Large sessile serrated adenoma (NO high grade dysplasia)
1	Peptic stricture (benign)
1	Duodenal ulcer (Forrest III)
0	Malignancy, IBD, celiac disease, or microscopic colitis

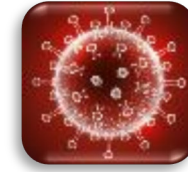
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# Enhanced Primary Care Pathways

*All pathways available at*  
[www.specialistlink.ca](http://www.specialistlink.ca)







*How do I get my patient in to see a gastroenterologist?*

# GI-CAT Triage Process Flow Diagram

Receipt of referral

*Automated digital scan and storage*

*Referral processing*

## **1. Quick review**

- Identify urgent/emergent referrals
- Confirmation of receipt of referral

## **2. Referral data entry**

## **3. Referral triage**

- RN/LPN triage per guidelines +/- phone interview
- MD to triage prn
- Medical lead prn

*Post-triage referral handling*

## **4. Post-triage surveillance**

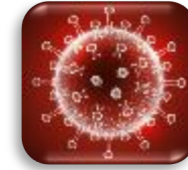
- Collect additional information from ref MD
- Respond to status updates
- Phone assessment for DTP patients
- Re-triage as necessary

## **5. Secure health record storage**

## **6. Audits and quality improvement projects**

Triage complete

# MAZUREK: Improving access with quality referrals



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Thanks for managing the above named concerned about daily bleeding PR with every bowel movement, not constipated or stool consistency not hard, infact has been softer since symptoms started, bright red blood, not with wiping the buttock, blood is mixed and on the stool and associated with mild abdominal pain and feeling incomplete bowel movement. He denies any no weight loss, night sweats. No weight lifting or tummy exercises, eats mostly healthy, no family hx of bowel issues.

His clinical examination revealed flat, soft abdomen with no organomegaly, rectal exam revealed normal anal tone and rectal muscosa. No external hemorrhoid seen or felt.

I would be grateful if he can be further investigated with sigmoidoscopy.

Thanks.

**Current Problems:** No active problems noted

**Medications:** No medications noted

**Allergies:** No Allergies Noted

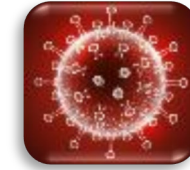
**Surgeries:** No surgeries noted

Thank you for seeing this patient in consultation.

Sincerely,

- ✓ Referring Indication
- ✓ With expanded detail
- ✓ Discussion alarm symptoms
- ✓ Relevant FHx
- ✓ Relevant exam
- ✓ Labs enclosed

# MAZUREK: Improving access with quality referrals



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Date (yyy-MM-dd)	Refer to <b>GI</b>	Fax <b>944-6541</b>
Referring provider/source		Phone
Address		Fax
Family Physician		
Referral Information		
Reason for referral <b>12 y/o f w/ diarrhea, ↑ CRP, ↑ platelets</b>		
Type of referral <input type="checkbox"/> New referral <input type="checkbox"/> Re-referral <input type="checkbox"/> 2nd opinion <input type="checkbox"/> Urgent referral <b>Unclear</b>		
<input type="checkbox"/> Service/consultant is aware of urgent referral		
Reason for urgency <b>Chronic</b>		
Specialist seen previously <input type="checkbox"/> No <input type="checkbox"/> Yes ▼		
If Yes Date seen	If Yes Diagnosis	Diagnosis Date (yyy-MM-dd) <b>possible</b>
Prior hospital admission (past 2 years) <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, when and where?)		
<input type="checkbox"/> Currently hospitalized, where?		
Past Medical History <input type="checkbox"/> Attached <b>GI malign?</b>		
Current Medications/Allergies <input type="checkbox"/> Attached <b>Thanks!</b>		

- Nature of diarrhea?
- Chronicity?
- Infectious risk factors?
- Alarm symptoms?
- FHx?
- Relevant PMHx/Meds?
- Labs/Stool work-up?

# MAZUREK: Improving access with quality referrals




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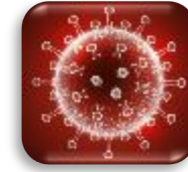
## Quality Referral Evolution

[www.ahs.ca](http://www.ahs.ca) -> Search “QuRE”

*“Improved communication between healthcare providers can improve **timely access to care**, ensure consistent **adherence to recommendations** and improve **relationships and safety for patients.**”*

<b>PATIENT INFORMATION</b> Name, DOB, PHN, Address, Phone, Alternate contact, Translator required <b>PRIMARY CARE MD/NP INFORMATION</b> Name, Phone, Fax, CC / Indicate if different from family physician <b>REQUESTING MD/NP INFORMATION</b> Name, Phone, Fax	 <b>Quality Referral Pocket Checklist</b> To receive more Checklists, email <a href="mailto:access_referral@ahs.ca">access_referral@ahs.ca</a> For more information, visit <a href="http://www.ahs.ca/QuRE">www.ahs.ca/QuRE</a> © AHS June 2019
<b>CLEARLY STATE A REASON FOR REFERRAL</b> Diagnosis, management and/or treatment Procedure issue / Care transfer Is patient aware of reason for referral?	
<b>SUMMARY OF PATIENT'S CURRENT STATUS</b> Stable, worsening or urgent/emergent What do you think is going on? Patient's expectation Symptom onset / Duration Key symptoms & findings / Any red flags	
<b>RELEVANT FINDINGS AND/OR INVESTIGATIONS</b> (Pertinent results attached) What has been done & is available What has been ordered & is pending	
<b>CURRENT AND PAST MANAGEMENT</b> (List with outcomes) None Unsuccessful / Successful treatment(s) Previous or concurrent consultations for this issue	
<b>COMORBIDITIES</b> Medical history Pertinent concurrent medical problems • List other MD/NP involved in care if long-term conditions Current & recent medications • Name, dosage, PRN basis Allergies / Warnings & challenges	

# MAZUREK: Improving access with quality referrals



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## Alberta Referral Directory

Your official information source for referral-based healthcare services

### **Gastroenterology Centralized Referral Service (GI Central Triage)** at Calgary Zone and Area

Connect Care Specialty: Gastroenterology

Connect Care Department: CALGARY ZONE GI CAT

Calgary Alberta T2P 2M5

Phone: 403-944-6535 Fax: 403-944-6540

**Reason for Referral:** Abdominal pain, Barrett's esophagus, Capsule endoscopy, Celiac disease [more...](#)

Estimated Routine Appt Wait Time: Within 12 months

## **[www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca)**

- Required information/investigations
- Referral tips (see additional details)
- Anticipated time to consult
- Referral forms and checklists

# MAZUREK: Additional routes of advice & access



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September 11, 2022

Important notice

Triage status: **CLOSED**

## GI CENTRAL ACCESS & TRIAGE

Calgary Division of Gastroenterology & Hepatology

[www.calgarygi.com](http://www.calgarygi.com)

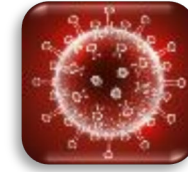
T: (403) 944-6535

F: (403) 944-6540

***What do I do? I still think this patient needs to be seen by GI...***

# MAZUREK: Additional routes of advice & access

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## **After a referral closure**

- Review requests for additional information
- Review notes & suggestions from triage nurse/physician
- Resubmit with additional information if necessary

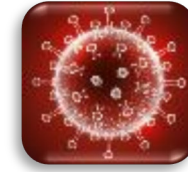
## **Patient needs still not met**

- SpecialistLINK (Call 1-844-962-LINK)
- eReferral Advice Request (access in NetCare)
- Emergency? Contact Hospital Switchboard for GI on call



# Q&A: Gastroenterology Q&A

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*Thank you!*

