

What makes a referral process effective & efficient?

Overview of Work in Progress
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Overview

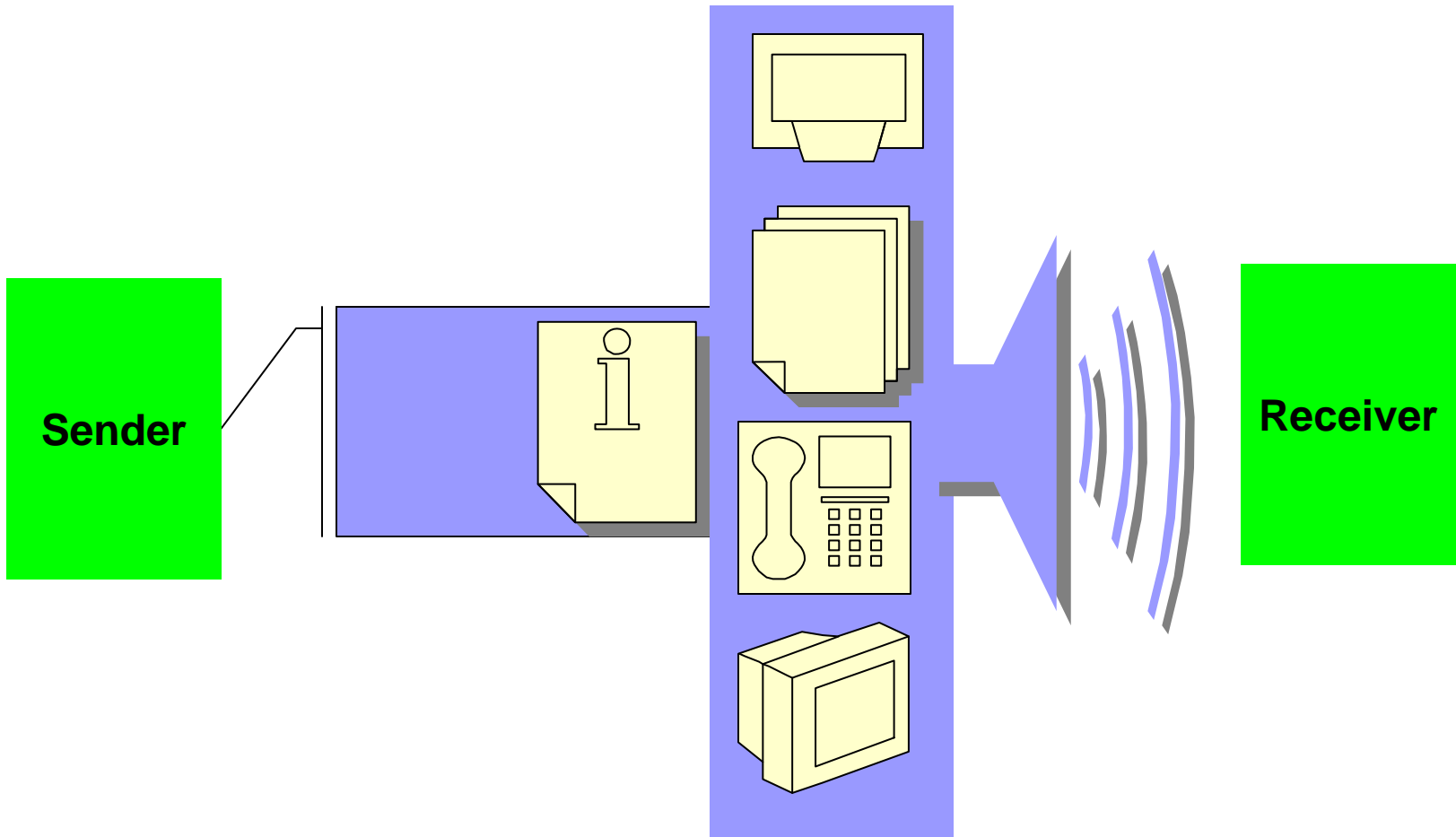
- 200+ hospitals
- 600+ long term care homes
- 10,000+ inter-organizational referrals/year
- Dozens of different referral processes



Natural Experiment – Referral Processes

Formal rules and processes that govern choices

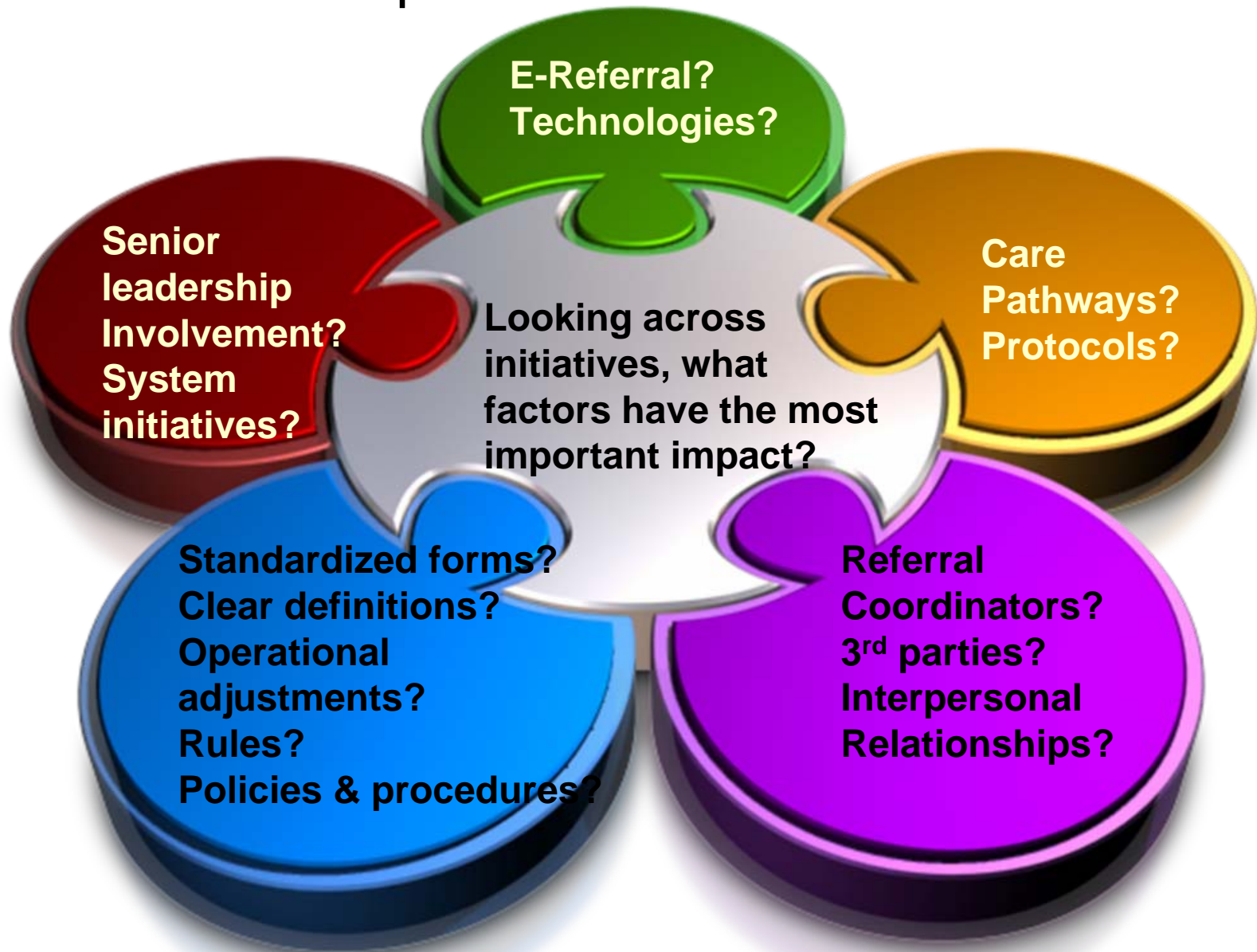
Continuity of care, resources, LOS



Legitimacy, utilization, and resources

Interactions between individuals

Natural Experiment – Referral Processes

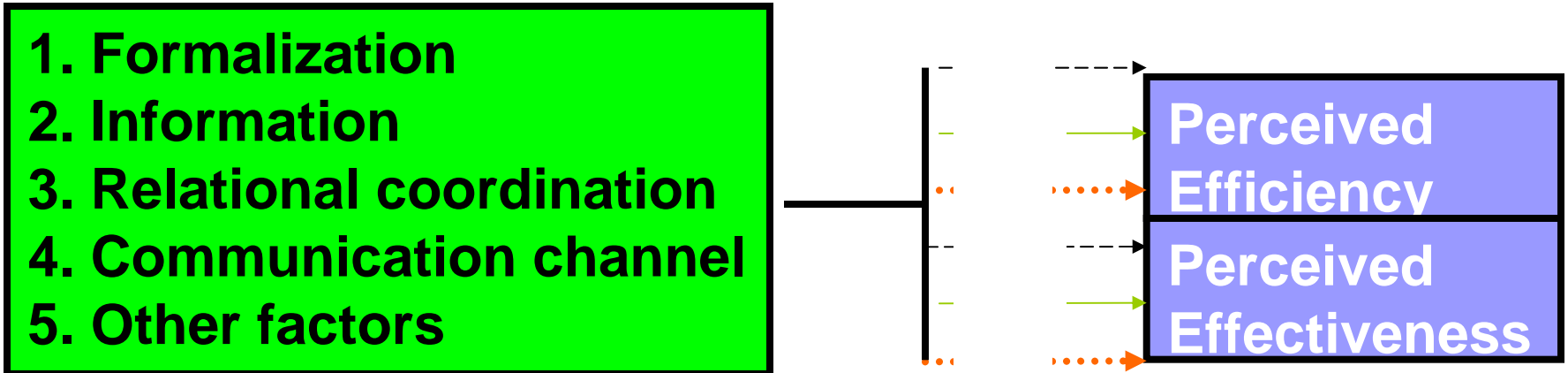


Control: Other variables (not exhaustive)?

- LHIN
- Organizational focus on measuring referral/discharge
- Type of discharge planning model
- Years working together
- Years of experience
- Involvement in a process improvement
- Complexity of patient
- Availability of referral options
- Accessibility of services in the region
- Discharge planning model characteristics
- Clinical background of individuals involved

Research Question:

What are the **antecedents** of perceived effectiveness and efficiency in the referral process from perspectives of those most involved?

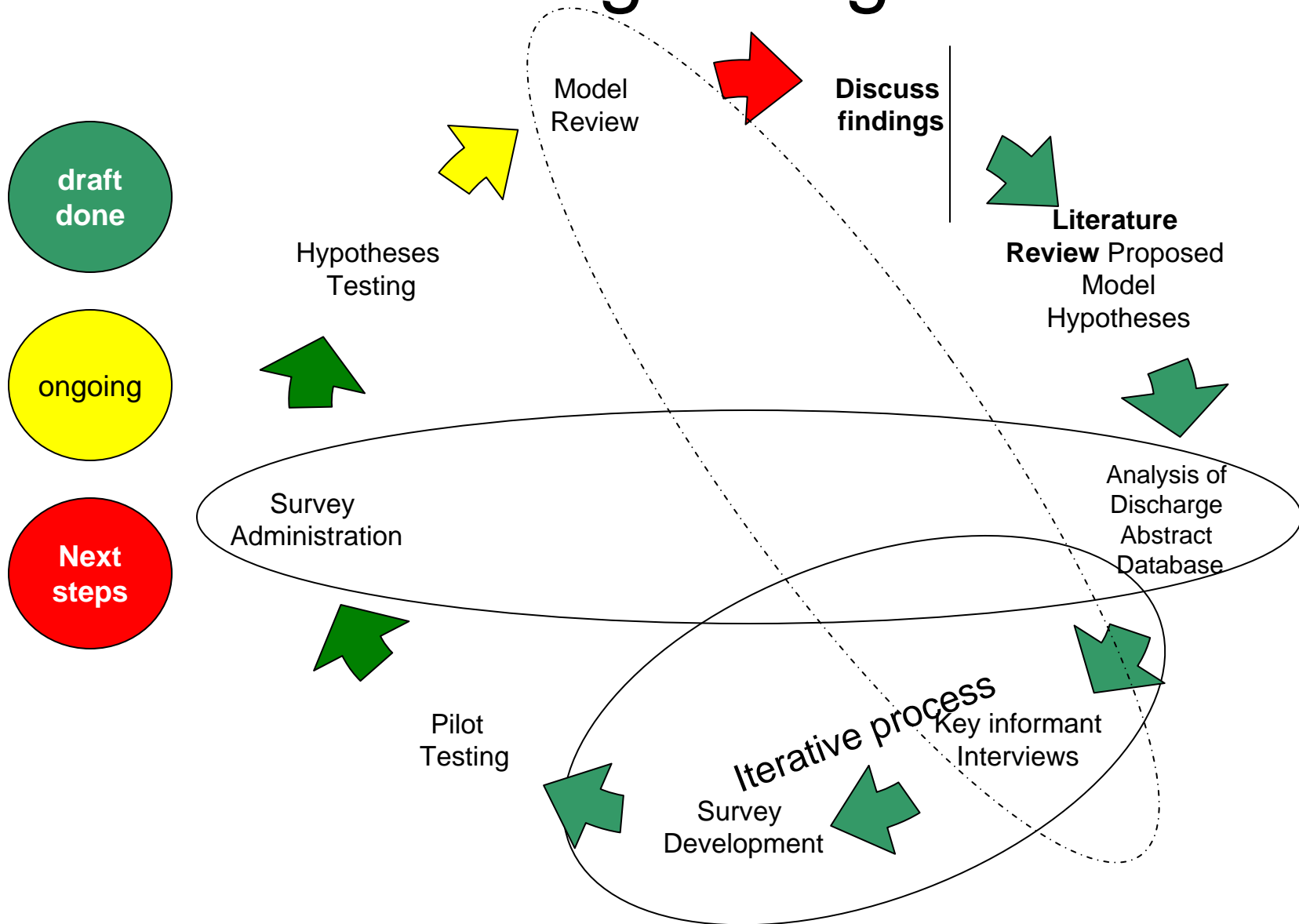


How important is each factor?

What is the relationship between the factors?

What can we learn by looking across all parts of different innovations?

Research Design/Progress to date



So what?

■ **Is variation a bad thing?**

- Contingency theorists don't think so
- Not wise to try to find ONE "best" process
- Different processes for different scenarios
- Isn't there already a lot of innovation out there?

■ **Is variation an opportunity?**

- Quality improvement specialists think so
- We know some things work in combination with other things, what are the inter-relationships?
- What is the collective "intelligence"?

Next Steps

- Engage providers across Ontario in the completion of either the referral sender survey or the referral receiver survey (Spring/Summer '09)
- Analyze data, interpret results, write up discussion and share findings (Fall '09- Winter/Spring '10)

Anticipated outcomes

- **Practice:** Looking across innovations to understand what parts work, in what order, and their relative priority
 - Help guide investments in technology
 - Contribute to an evidence base for policy
 - Improve discharge planning
 - Facilitate transitions and continuity of care
 - Preserve resources
- **Theory:** What can we learn about relationships and how does that lend itself to other applications? **Ex. crisis communications?**



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