



Increasing Communication with Referring Providers to Enhance Patient-Centered Care

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Background: A Meaningful Use objective for eligible providers seeing patients in ambulatory settings is to provide a visit summary of care to the referring provider. Electronic patient visit summaries promote continuity and coordination of health care as patients receive different levels of care within the same location or are seen by multiple providers in different locations. After implementation of a new electronic medical record (EMR) in a large ambulatory surgery clinic, it was noted by the surgeons that referring provider information was lacking in the patient record, preventing after visit auto-routing of clinic notes and resulting in inferior care coordination. **Objective:** The aim of this project was to identify barriers and implement changes to the current intake process at the time of scheduling and registration. Identifying the referring provider at the time of scheduling an appointment and prior to the clinic visit was expected to promote an increase in outgoing referring provider communication for patients seen in the ambulatory surgery clinic. **Methods:** A one-month, three-month, and six-month post implementation review took place, using the Ambulatory Provider Dashboard report function of an EMR system to identify patient visits without a documented referring provider. After the one-month review and again after the three-month review, changes were discussed with the clinic team and made with the scheduling team, setting a referring provider documentation goal of 90%. **Results:** At the one-month review, 85% (1874/2194 encounters) of referring names were present, with 15% missing in patient records at the time of the clinic visit. After problems were reviewed and changes made, 88% were then present (2095/2397 encounters), a 3% improvement. At the six-month point, improvement goals were met (2034/2185 encounters) and surpassed at 94%. **Conclusion:** Using a team approach that includes the scheduling staff, clinic administrator, clinic nursing staff, advanced practice group, and surgeons to improve the referring communication process leads to an increase in outgoing visit summaries to patient-referring providers. This increase has the potential to blunt costs and improve care quality and safety.

