



Denyse Henry (third from left) and the organizing committee for this year's Canadian Ambulatory Care Association Conference.

Sharing best practices to enhance ambulatory patient care

By Natalie Chung Sayers

When we attend clinic appointments as part of our health care journey, or attend a loved one's appointment as part of theirs, we are all participants in ambulatory care.

Ambulatory care involves the expertise of thousands of health care professionals who collaborate to provide care to patients on a same day basis. Patients may have tests for screening, diagnosis or to monitor response to treatment, to attend appointments for follow up after hospitalization, to receive additional treatment, to undergo less complex procedures provided in a clinic or to attend rehabilitation sessions.

In the outpatient setting, individuals are often seen for a series of intermittent visits that relate to chronic conditions. These visits range from a period of days, to years.

The Canadian Association of Ambulatory Care (CAAC) is the first organization in Canada with an interdisciplinary health care professional membership that aims to enhance practices and education in ambulatory care.

"Health care professionals support patients on a continual basis," says Denyse Henry, Manager, Medical Outpatient Procedures, Sunnybrook Health Sciences Centre. "This relationship also helps practitioners to proactively manage patients and prevent situations from escalating to hospitalization." That's a level of support patients really appreciate, adds Henry, who is also a Registered Nurse.

Better primary prevention also reduces potential costs on an already burdened health care system. In 2012, Henry founded the Canadian Association of Ambulatory Care (CAAC), the first organization in Canada with an interdisciplinary health care professional membership that aims to enhance practices and education in ambulatory care. "At Sunnybrook, we are leaders in health care innovations," says Henry, "and it's that environment that has fostered my interest to establish a forum like this for the exchange of ideas."

In May, the CAAC held its third annual conference, Ambulatory-based Care: A Framework for Preventable Hospitaliza-

tions, which featured presentations from Canadian and international speakers. "The association has grown in membership and profile," she says. "We are increasingly recognized for our expertise and are consulted by Canadian organizations and internationally."

"It was great to see a lot of representation of health care professions across the care continuum," comments Adam Saporta, Project Manager, Outpatient Services, St. John's Rehab, Sunnybrook, about this year's conference. "The sessions gave us a good perspective of our roles and where we fit in along the patient journey."

"From the outpatient rehab point of view, providing care in this setting helps give patients the opportunity to focus on their goals as they transition to the community while being supported by our inter-professional teams who provide them with the necessary tools to prevent re-injury," says Saporta, who is also a Registered Physiotherapist, and Vice President, Special Projects, CAAC.

In tribute to the work of health care professionals in ambulatory care, the CAAC plans to launch Ambulatory Care Awareness Day on October 21, 2015.

Highlights of sessions presented at CAAC conferences:

- Managing non-acute gastrointestinal (GI) bleeds in patients who present at the Emergency Department by using an Upper Gastrointestinal Bleed algorithm that was developed collaboratively between the Emergency Department and the Digestive Diseases Unit (DDU). Patients have access to a gastroenterologist and same day endoscopy. They have a treatment plan formulated and in some cases are safely discharged home in less than 24 hours of arrival. This algorithm has provided safe, effective patient care while decreasing overall length of stay.

– Melodie Cannon, DNP, Joy Abbas, RN, Jatinder Bains, Manager, DDU and CPDs, Dr. Jose Nazareno, Gastroenterologist, Medical Director, DDU – Rouge Valley Health System

- The Rapid Referral clinic is an interdisciplinary clinic designed to facilitate assessments of general internal medicine patients by an internist outside of the emergency room, to reduce admissions to the inpatient service. Patients with non-acute referring diagnoses are managed in this clinic, which was developed in collaboration with Diagnostic Radiology,

Laboratory Medicine, Nursing and Non-invasive Cardiology. Investigations for these patients take place under the guidance of a nurse, residents and an internist. The clinic opened in 2010. Over four years through March 2014, 3,358 patients were seen, 1,019 avoided hospital admission initially, and 387 eventually needed admission. The rest were managed in the Rapid Referral Clinic or referred to specialty care.

– Dr. Graham Slaughter, Internal Medicine – Sunnybrook Health Sciences Centre

- Medically Complex Patients (MCP) Demonstration Projects are making improvements in care transitions for patients with multiple, chronic illnesses. One such project, the East/GTA Family Health

Team Transitional Care Pilot has used the expertise of family physicians, nurse practitioners, registered nurses, social workers, pharmacists, occupational therapists, and other allied health professionals, and personal support workers, to address the total needs of over 200 of these patients to date, and are using a standardized care plan and electronic medical records for information-sharing between the different health care providers as patients move between care environments.

– Dr. Christopher Jyu, Physician Lead, Sudin Ray, Mplex Project Manager – MCP

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OCTOBER 25 – 28, 2015
Sheraton Centre Toronto Hotel

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