

Results from a '25/10 Crowd Sourcing' exercise, London Middlesex Primary Care Alliance, November 29, 2017

For more info on the exercise see: <http://www.liberatingstructures.com/12-2510-crowd-sourcing/>

How are "silos of care" impairing patient care in the LM sub-region? What will be the first step to improving the issue?		Rating
Technology/Communication		136
Lack of communication therefore duplication	Integration of communication systems one LHIN site for Clinical Connect i.e. access to imaging, labs - make it easier with one site to log-on	22
Less than ideal communication between the silos	Improved communication tools leveraging ERMs that can talk to each other	21
Repetition of testing/duplication of services	All providers need access to results of any testing done in province - easy access to cSWO/Clinical Connect	21
Lack of communication between professionals and sometimes duplication of tests and care - longer wait times for some tests and specialists	Common EMR - access to records part of circle of care	20
Poor communication between silos	Using technology - e-consult would help, needs increased funding	14
Tests get repeated and sometimes treatments	Reduce barriers to family docs/NPs getting on OLIS/Clinical Connect and encourage hospital specialists to connect with docs and NPs	18
Silos hinder knowledge transfer about patients which leads to inefficiencies	Single EMR access - which includes patient info and is patient facing i.e. shared with patients	20
Communication		90
Patients attending walk-ins or ER with information not filtering back to primary care	Mandatory notes sent from walk-in or ER to PC for each patient	25
Makes it difficult to view the patient in a holistic manner i.e. looking at one issue only and not communicating to other health care providers to assist in care. Decreases quality of care	Open communication	18
Finding care and access care is too complex	Centralization of services and referrals	16
Communication gaps create misunderstanding about level of urgency of referral	System for feedback between silos	16
We still have little coordination between hospital, primary care for complex patients at discharge	Hospital staff and primary care staff touch base by phone	15
Models of Care		15
Different approach to addiction supports i.e. harm reduction approach, requirement to abstain from use	Evidence based approach to care	15
Partnerships		11
Limit patient care due to lack of communication, ease of access to care and/or referrals, lack of coordination	Enhance partnerships between the sectors through partnership agreements and performance indicators	11