"Supporting Newcomer Care Transitions: The Application of a Human Centred Design Tool by The Crossroads Clinic"

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Background

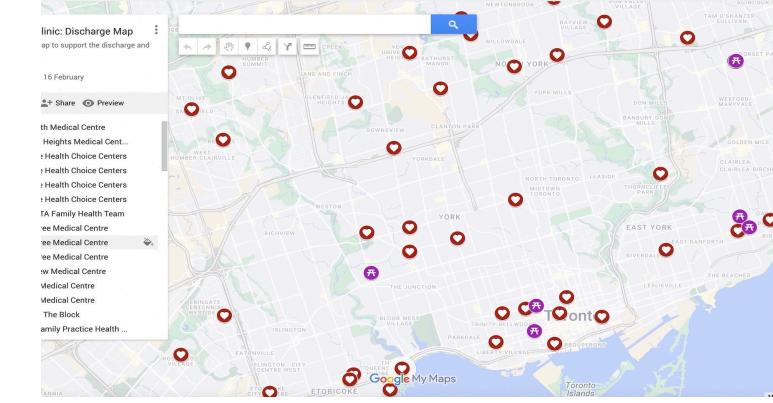
- The Crossroads Refugee Clinic (CRC) at Women's College Hospital is Toronto's first hospital-based refugee health clinic.
- CRC is a bridging clinic that provides comprehensive primary care, mental health, and social supports to refugees during their first two years in Canada.
- After two years, CRC assists patients to transition to an alternative health care provider in their community of settlement.
- Approximately 50 patients are transitioned each month from CRC. This model of care allows for a continual intake of new refugee patients.
- Yet, the discharge process (connecting patients to primary care) in known to be a labour intensive and time-consuming process

Conceptual Framework: Human Centred Design

- Human centred design (HCD) is a pragmatic practice framework that recognizes diverse stakeholder engagement across health care systems (Roberts et al., 2016).
- HCD seeks to elicit empathy for users so to understand variation of health care experience and address challenges and solutions within their context (Roberts et al., 2016).
- Hereby, the voice of the user is instrumental when designing health systems, services and products (Bazzano et al., 2017).

Intervention: Real time Discharge Map

- To facilitate the discharge process, CRC created online interactive discharge map in November 2023 using a HCD approach.
- The map consolidates all known primary care providers accepting patients across the greater Toronto area.



Aim

• To evaluate the feasibility of maintaining a discharge mapping tool, as well as perceived acceptability and adoption of the map by staff at the Crossroads Clinic over a period of six months.

The discharge map has proved to be a useful, consultative tool, that was quickly accepted and adopted by medical receptionists.

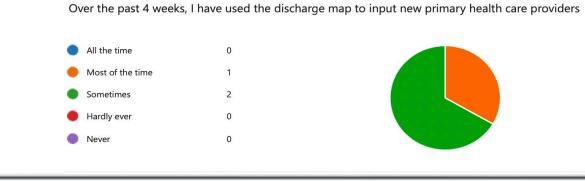
However, the feasibility of the map is only as useful as its ongoing maintenance.

"I rarely had to add primary care providers because it was already loaded with a good amount of resources."

"I would suggest initiating a volunteer or student to call more clinics to determine who is rostering new patients. That way, we could benefit with more clinics, allowing us to expedite the discharge process."

Results

- The discharge process is central to the CRC model of care.
- While this tool is reported useful, patient discharges from CRC remain at approximately 50/month and only 50% of receptionist used the map to input new primary care providers once found who are accepting new patients.
- These results demonstrate the importance of rapid cycle evaluations in quality improvement initiatives.
- The discharge map has proved to be a useful, consultative tool, that was quickly accepted and adopted by medical receptionists. However, the feasibility of the map is only as useful as its ongoing maintenance.
- This is a key consideration as CRC workflow measures and implementation processes continue to advance patient care transitions.



Evaluative Measures

 Benchmarks include the ease of connecting patients to care reported by CRC staff (outcome measure), marked by how often CRC staff access, and update the map (process measure) and lastly, measuring the volume of discharge patients/month from CRC after the map's launch.

Improvement/Innovation/Change Concepts

- Medical receptions were surveyed two months after the map launched.
- 100% reported the map was an easy to use and useful tool, that saved time through the consolidation of information in a central location.
- 100% stated they consistently consulted the map in the discharge process.
- However, only 50% used the map to input primary care providers once found, who are accepting patients.



References

Bazzano, A. N., Martin, J., Hicks, E., Faughnan, M., & Murphy, L. (2017). Human-centred design in global health: a scoping review of applications and contexts. *PloS one*, *12*(11), e0186744.

Roberts, J. P., Fisher, T. R., Trowbridge, M. J., & Bent, C. (2016, March). A design thinking framework for healthcare management and innovation. In *Healthcare* (Vol. 4, No. 1, pp. 11-14). Elsevier.

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