RM&R

Relationship Management Initiative

2014 User Satisfaction Data

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ABOUT RM&R

Resource Matching & Referral (RM&R) is a web-based application that manages electronic referrals and matches patients to the most appropriate clinical programs/services, in Toronto Central Local Health Integration Network (LHIN). As of 2014, the application is live in 80 participating organizations. These vary in size; from large academic hospitals to medium community hospitals to small senior support agencies. The participating organizations also vary in the services offered; from palliative care clinics to long-term care homes to low tolerance long duration rehabilitation programs. The 20,000 registered users also vary in clinical designation; physicians, social workers, case managers and nurses regularly use the application.

THE CHALLENGE

The RM&R program is charged with managing this diverse network of relationships. The sheer volume and variety of stakeholders, however, presents formidable challenges. How should the program contextualize raised issues? How can the program create greater transparency? And what processes will facilitate a meaningful dialogue? In order to build and maintain healthy relationships, the RM&R program will shift its stakeholder engagement, from an ad-hoc reaction to a strategic function. In 2014, the RM&R program started the Relationship Management Initiative to accomplish that goal.

CURRENT ENGAGEMENT

Through its implementation and operational wings, the RM&R program does engage with the stakeholders. However, there is no systematic approach to this engagement. During the implementation of an individual project or through the governance structure, both wings will conduct engagement exercises to accomplish set deliverables. Discussions, however, are limited in scope. And while participating organizations will voice concerns about issues related to RM&R, due to the pace of the project or overburdened resources, the program has difficulty contextualizing and prioritizing the issue. Moreover, by the time the RM&R program is made aware of an issue at a participating organization, the issue may have deteriorated the relationship.

" *What is a Relationship Management Initiative ?* "

> " *What is the objective of the Relationship Management Initiative?* "

Through the Relationship Management Initiative, the RM&R program will annually measure and track its relationships. Broken into two phases, the initiative quantifies relationships and then actions on the data trends. A strategic approach to stakeholder engagement delivers four primary benefits to the RM&R program.

1.) The Relationship Management Initiative assists in identifying and prioritizing issues. Instead of applying a topical cure, the program can strategically assess how an issue is situated within the larger context. While previously, the solution may have been organization-specific, through the Relationship Management Initiative, the program can instead develop a program solution that benefits multiple stakeholders.

2.) The initiative manages expectations. By contrasting a participating organization's results with others, it provides a framework for the feasibility of demands.

3.) The initiative facilitates an active and meaningful dialogue between the RM&R program and participating organizations. Grounded in data, the dialogue is broad enough to foster discussion but has boundaries to prevent digression.

4.) The initiative identifies emerging issues that can be resolved before they affect the relationship.

The 2014 Relationship Management Initiative Report will showcase the methodology used to gather the data. It will also visualize program level data, sector level data and, where applicable, organizational level data.

Arti Patel,
RN, UHN (Toronto Rehab)
2014 RMI Survey Winner

Relationship Management Initiative Data

RMI Survey Demographic Data

Resource Matching & Referral
User Satisfaction Data

🩺 HEALTH DISCIPLINE

N 1022

Physician
65 — 6%

Nurse
328 — 32%

Case Manager
26 — 3%

Allied Health
296 — 29%

Care/Service Coordinator
67 — 7%

Administrative Personnel
93 — 9%

Nurse Practitioner
8 — 1%

P.C. Coordinator
14 — 1%

Research Staff
21 — 2%

Training Staff
6 — 1%

Other
32 — 3%

Management
72 — 7%
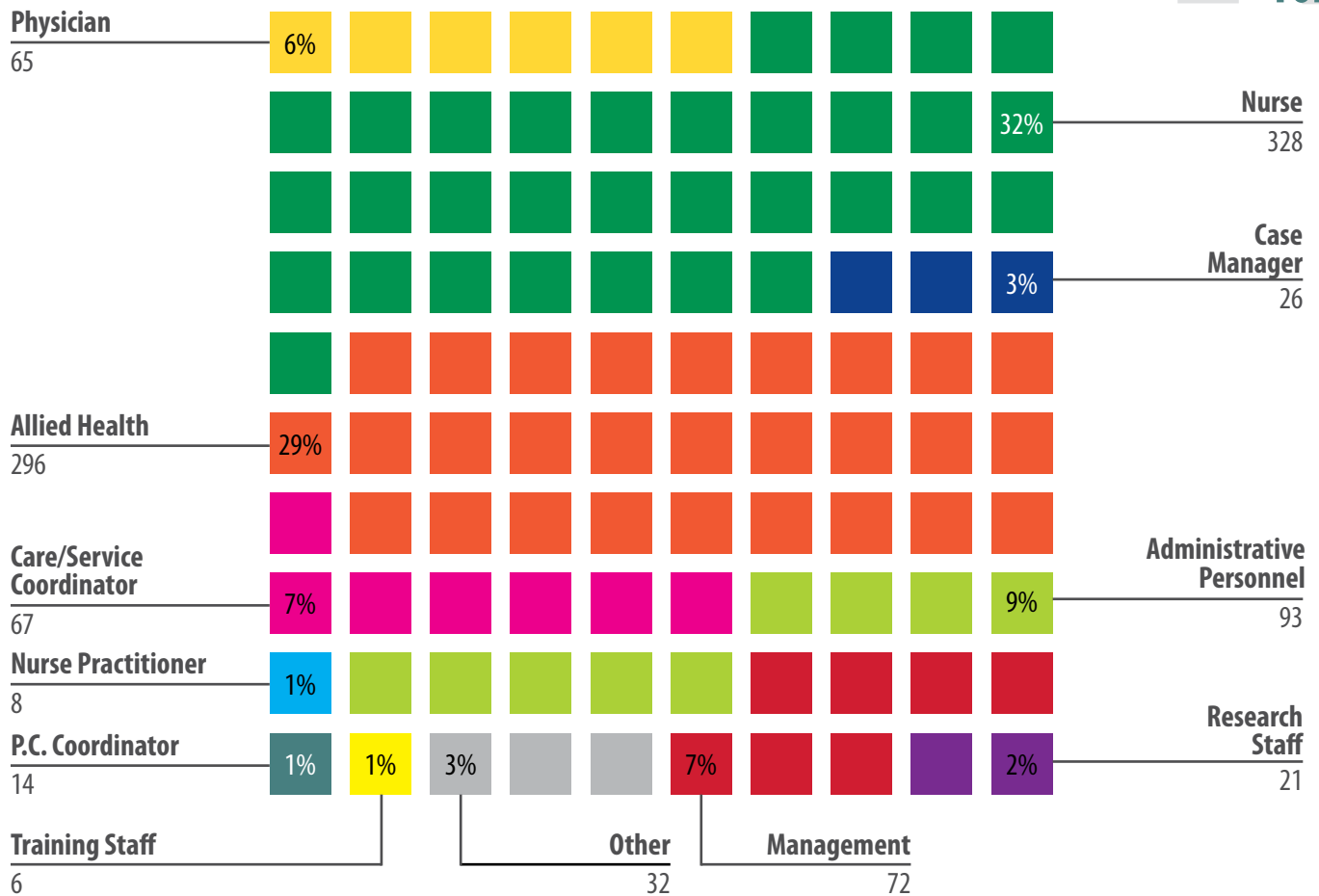
💉 SERVICE AREA
*Non-mandatory question

N 798

Inpatient
546 — 68%

Outpatient
139 — 18%

Emergency Department
58 — 7%

Specialty Clinic
57 — 7%
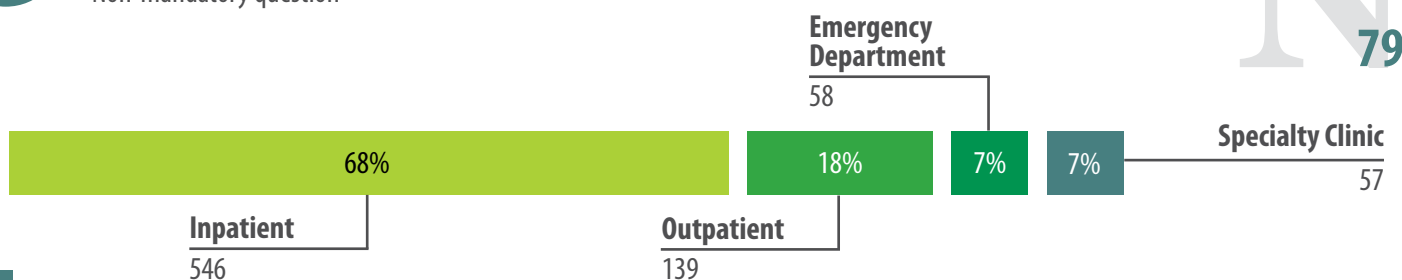
RM&R Program

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

1022
Total Respondents
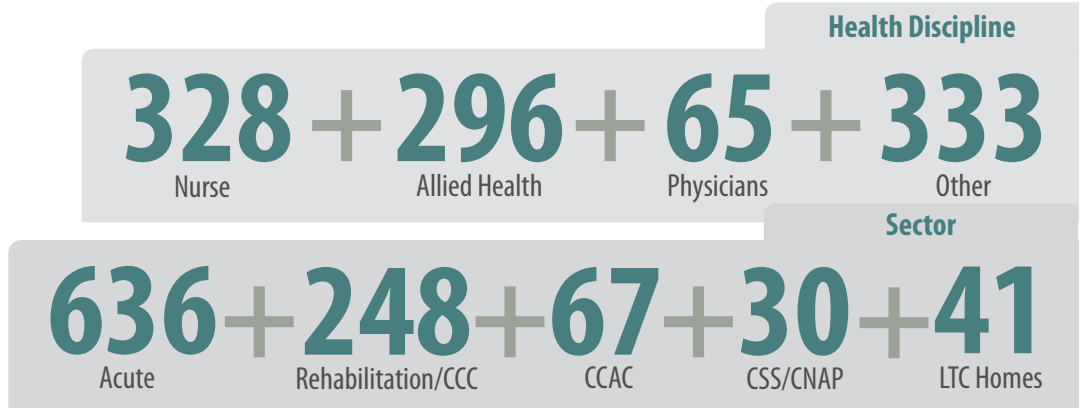
Health Discipline

328 + **296** + **65** + **333**
Nurse   Allied Health   Physicians   Other

Sector

636 + **248** + **67** + **30** + **41**
Acute   Rehabilitation/CCC   CCAC   CSS/CNAP   LTC Homes

INFORMATION ACCESS SATISFACTION
Users recieve information about RM&R through the following:

73%
Email

20%
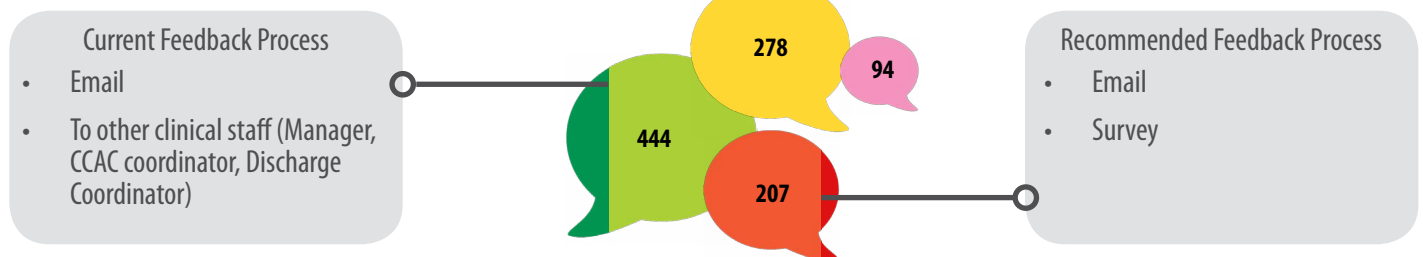**Do not recieve information**

11%
Team Huddles/Meetings

FEEDBACK SATISFACTION
I have the opportunity to provide feedback

- Strongly Agree
- Agree
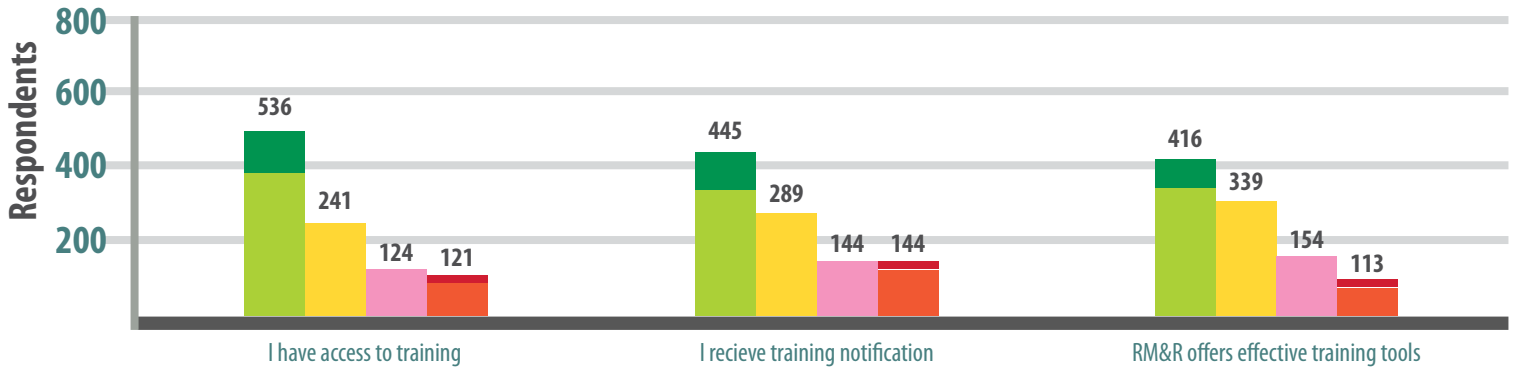- Neutral
- N/A
- Strongly Disagree
- Disagree

N
1022

Current Feedback Process
- Email
- To other clinical staff (Manager, CCAC coordinator, Discharge Coordinator)

278

94

444

207

Recommended Feedback Process
- Email
- Survey

TRAINING SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 200, 400, 600, 800)

I have access to training
- 536
- 241
- 124
- 121

I recieve training notification
- 445
- 289
- 144
- 144

RM&R offers effective training tools
- 416
- 339
- 154
- 113

DOWNTIME SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 200, 400, 600, 800)

Downtime frequency is not disruptive
- 576
- 229
- 106
- 111

Downtime duration is not disruptive
- 586
- 212
- 110
- 114

I recieve early downtime notification
- 674
- 187
- 104
- 57

I am aware of changes post-downtime
- 528
- 218
- 96
- 180

HELP DESK SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 200, 400, 600, 800)

I contact Help Desk to resolve issues
- 625
- 152
- 182
- 63

Help Desk resolves my issues in a timely manner
- 505
- 232
- 201
- 84

Help Desk uses easy to understand language
- 532
- 231
- 202
- 57

Toronto Central Community Care Access Centre

Resource Matching & Referral
User Satisfaction Data

👤 RESPONDENTS

67
Total Respondents

Health Discipline

22 + **18** + **8** + **8** + **11**
Care Coordinator | Case Manager | Administrator | Management | Other

✉ INFORMATION ACCESS SATISFACTION
Users recieve information about RM&R through the following:

75%
Email

16%
Team Huddles/Meetings

10%
RM&R Website

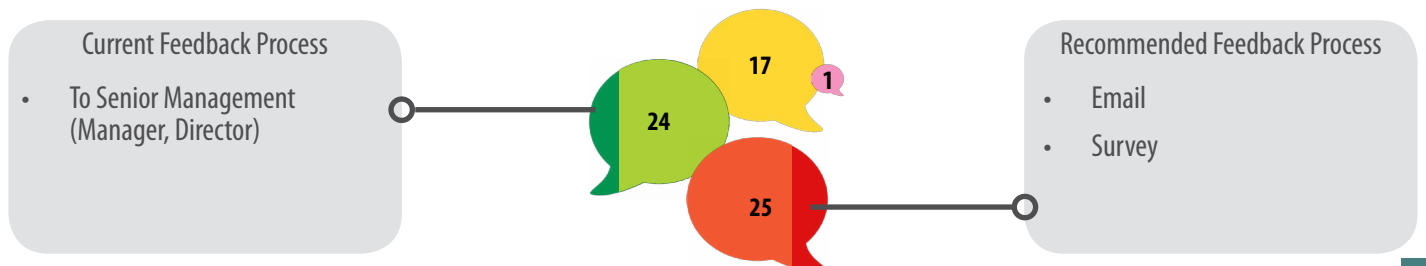**9%**
Do not recieve information

💬 FEEDBACK SATISFACTION
I have the opportunity to provide feedback

- 🟩 Strongly Agree
- 🟨 Neutral
- 🟥 Strongly Disagree
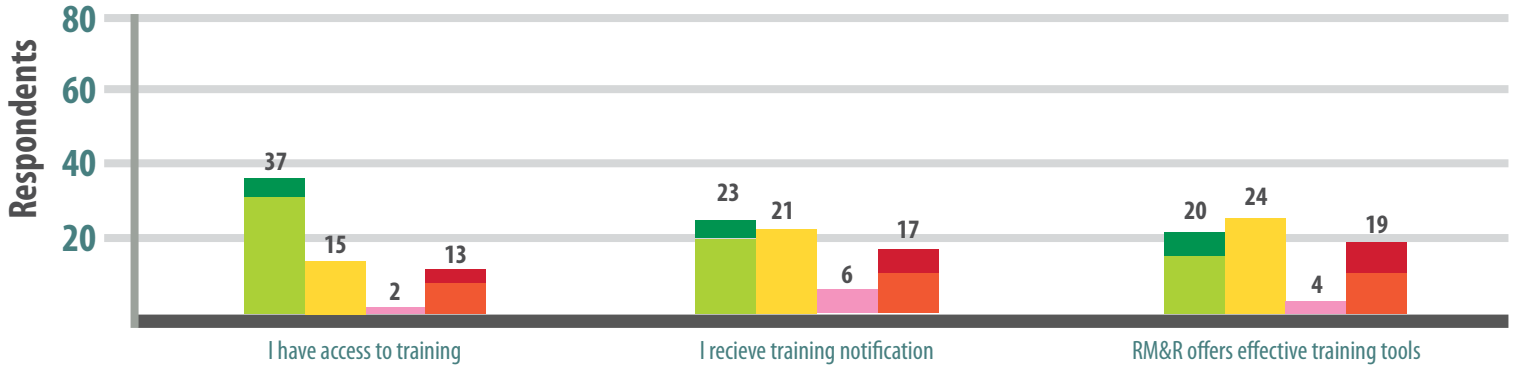- 🟩 Agree
- 🟪 N/A
- 🟧 Disagree

N
67

Current Feedback Process
- To Senior Management (Manager, Director)

17
1
24
25

Recommended Feedback Process
- Email
- Survey

TRAINING SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 20, 40, 60, 80)

Category	Value
I have access to training	37, 15, 2, 13
I recieve training notification	23, 21, 6, 17
RM&R offers effective training tools	20, 24, 4, 19

DOWNTIME SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 20, 40, 60, 80)

Category	Value
Downtime frequency is not disruptive	39, 9, 3, 16
Downtime duration is not disruptive	37, 9, 3, 18
I recieve early downtime notification	48, 10, 2, 7
I am aware of changes post-downtime	35, 15, 1, 16

HELP DESK SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 20, 40, 60, 80)

Category	Value
I contact Help Desk to resolve issues	49, 7, 5, 6
Help Desk resolves my issues in a timely manner	33, 11, 6, 17
Help Desk uses easy to understand language	34, 12, 6, 14

C.S.S. & C.N.A.P. Agencies

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

Health Discipline

30
Total Respondents

8 + **7** + **6** + **9**
Care/Service Coordinator / Management / Allied Health / Other

INFORMATION ACCESS SATISFACTION

Users recieve information about RM&R through the following:

73%
Email

20%
RM&R Newsletter

6%
RM&R Website

6%
Team Meetings/Huddles

6%
Do not recieve information

6%
Subcommittee member

FEEDBACK SATISFACTION

I have the opportunity to provide feedback

- 🟩 Strongly Agree
- 🟨 Neutral
- 🟥 Strongly Disagree
- 🟩 Agree
- 🟪 N/A
- 🟧 Disagree

N
30

Current Feedback Process

- Email
- To other clinical staff

1
4
19
6

Recommended Feedback Process

- Email
- Survey

TRAINING SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

	I have access to training	I recieve training notification	RM&R offers effective training tools
	20	20	18
	3 3 3	5 3 2	6 4 2

DOWNTIME SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

	Downtime frequency is not disruptive	Downtime duration is not disruptive	I recieve early downtime notification	I am aware of changes post-downtime
	23	23	27	23
	2 3 2	2 3 2	2 1	3 2 2

HELP DESK SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

	I contact Help Desk to resolve issues	Help Desk resolves my issues in a timely manner	Help Desk uses easy to understand language
	23	21	20
	2 4 1	1 6 2	2 6 2

Long-Term Care Homes

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

25
Total Respondents

Health Discipline

17 + **1** + **1** + **6**
Management   Physician   Nurse   Other

INFORMATION ACCESS SATISFACTION

Users recieve information about RM&R through the following:

72%
Email

48%
RM&R Newsletter

24%
RM&R Website

FEEDBACK SATISFACTION

I have the opportunity to provide feedback

- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

N
25

Current Feedback Process
- To CCAC Coordinator

2
21
1
1

Recommended Feedback Process
- Email
- Survey

TRAINING SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Question	Value
I have access to training	16, 4, 4, 1
I recieve training notification	16, 4, 3, 2
RM&R offers effective training tools	17, 3, 3, 2

Respondents (axis: 10, 20, 30, 40)

DOWNTIME SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Question	Value
Downtime frequency is not disruptive	18, 4, 2, 1
Downtime duration is not disruptive	20, 3, 2
I recieve early downtime notification	22, 1, 2
I am aware of changes post-downtime	21, 1, 2, 1

Respondents (axis: 10, 20, 30, 40)

HELP DESK SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Question	Value
I contact Help Desk to resolve issues	20, 2, 2, 1
Help Desk resolves my issues in a timely manner	22, 2, 1
Help Desk uses easy to understand language	20, 2, 2, 1

Respondents (axis: 10, 20, 30, 40)

Centre for Addiction and Mental Health

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

5
Total Respondents

Health Discipline

2 Physicians + **1** Nurse + **1** Allied Health + **1** Administrative

Service Area

3 Outpatient + **1** Inpatient + **1** Specialty Clinic

INFORMATION ACCESS
Users recieve information about RM&R through the following:

60%
Email

40%
Do not recieve information

20%
RM&R Website

20%
RM&R Newsletter

FEEDBACK
I have the opportunity to provide feedback

- ■ Strongly Agree
- ■ Agree
- ■ Neutral
- ■ N/A
- ■ Strongly Disagree
- ■ Disagree

N 5

Current Feedback Process
- Surveys
- Email
- To other clinical staff

2
2
1

TRAINING SATISFACTION

N 5

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 2, 4, 6, 8)

- I have access to training: 3, 1, 1
- I recieve training notification: 3, 1, 1
- RM&R offers effective training tools: 2, 2, 1

DOWNTIME SATISFACTION

N 5

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 2, 4, 6, 8)

- Downtime frequency is not disruptive: 3, 1, 1
- Downtime duration is not disruptive: 3, 1, 1
- I recieve early downtime notification: 4, 1
- I am aware of changes post-downtime: 3, 1, 1

HELP DESK SATISFACTION

N 5

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 2, 4, 6, 8)

- I contact Help Desk to resolve issues: 3, 2
- Help Desk resolves my issues in a timely manner: 3, 2
- Help Desk uses easy to understand language: 3, 2

Mount Sinai Hospital

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

52
Total Respondents

Health Discipline

28 + **10** + **7** + **7**
Nurse   Allied Health Physicians   Other

Service Area

30 + **18** + **2** + **2**
Emergency Department   Inpatient   Outpatient   Other

INFORMATION ACCESS SATISFACTION

Users recieve information about RM&R through the following:

78%
Email

25%
Team Huddles/Meetings

7%
Subcommittee Member

FEEDBACK SATISFACTION

I have the opportunity to provide feedback

- 🟩 Strongly Agree
- 🟩 Agree
- 🟨 Neutral
- 🟪 N/A
- 🟥 Strongly Disagree
- 🟧 Disagree

N 52

Current Feedback Process
- Email
- To other clinical staff (Manager, CCAC Coordinator)

20

26

6

Recommended Feedback Process
- Email
- Survey

TRAINING SATISFACTION

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

- I have access to training: 38, 9, 2, 3
- I recieve training notification: 29, 13, 4, 6
- RM&R offers effective training tools: 20, 22, 5, 5

DOWNTIME SATISFACTION

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

- Downtime frequency is not disruptive: 29, 19, 4
- Downtime duration is not disruptive: 27, 19, 6
- I recieve early downtime notification: 32, 17, 1, 2
- I am aware of changes post-downtime: 25, 17, 10

HELP DESK SATISFACTION

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

- I contact Help Desk to resolve issues: 24, 14, 13, 1
- Help Desk resolves my issues in a timely manner: 21, 17, 13, 1
- Help Desk uses easy to understand language: 22, 18, 12

St. Joseph's Health Centre

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

18
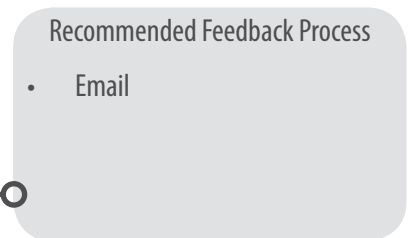**Total Respondents**

Health Discipline

9	+	6	+	2	+	1
Allied Health		Nurses		Discharge Planner		Privacy

Service Area

2	+	12	+	2	+	1
Emergency Department		Inpatient		Outpatient		Other

INFORMATION ACCESS SATISFACTION

Users recieve information about RM&R through the following:

55%
Email

/

25%
Do not recieve infomation

/

11%
Subcommittee Member

FEEDBACK SATISFACTION

I have the opportunity to provide feedback

- 🟩 Strongly Agree
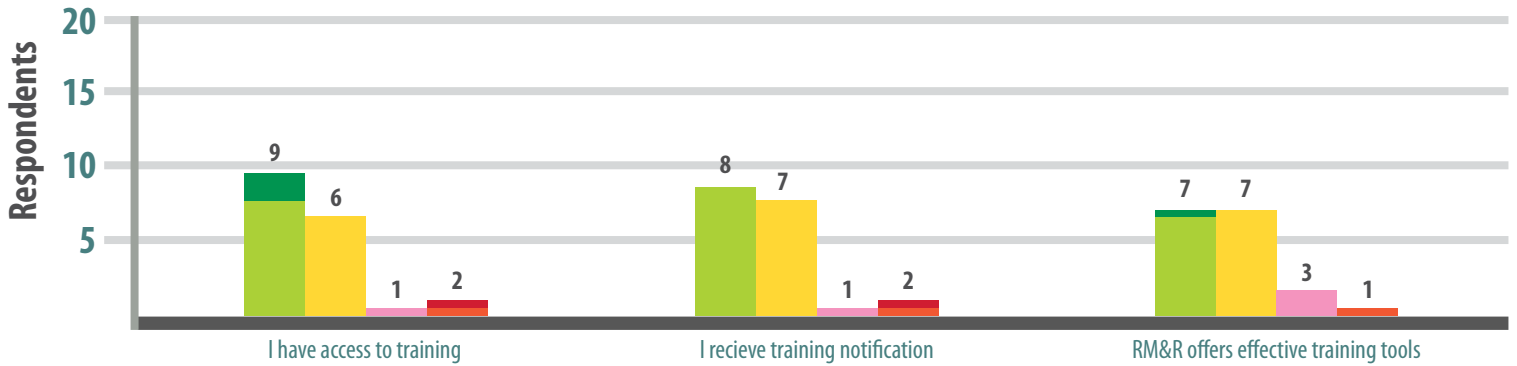- 🟩 Agree
- 🟨 Neutral
- 🟪 N/A
- 🟥 Strongly Disagree
- 🟧 Disagree

N
18

Current Feedback Process
- To RM&R representative

6

10

2

Recommended Feedback Process
- Email

TRAINING SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (0–20)

I have access to training: 9, 6, 1, 2
I recieve training notification: 8, 7, 1, 2
RM&R offers effective training tools: 7, 7, 3, 1

DOWNTIME SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (0–20)

Downtime frequency is not disruptive: 11, 4, 3
Downtime duration is not disruptive: 11, 3, 4
I recieve early downtime notification: 12, 3, 3
I am aware of changes post-downtime: 11, 4, 3

HELP DESK SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (0–20)

I contact Help Desk to resolve issues: 13, 2, 1, 2
Help Desk resolves my issues in a timely manner: 10, 5, 1, 2
Help Desk uses easy to understand language: 11, 6, 1

St. Michael's Hospital

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

6
Total Respondents

Health Discipline

2 + **2** + **1** + **1**
Allied Health   Case Manager   Care/Service Coordinator   Administrative

Service Area

4 + **1** + **1**
Inpatient   Specialty Clinic   Decision Support

INFORMATION ACCESS SATISFACTION

Users recieve information about RM&R through the following:

66%
Email

16%
Team Huddles/Meetings

16%
Do not recieve information

FEEDBACK SATISFACTION

I have the opportunity to provide feedback

- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

N 6

Current Feedback Process
- Email RM&R representative

2
2
1
1

Recommended Feedback Process
- Survey

TRAINING SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

I have access to training: 2, 2, 2

I recieve training notification: 2, 1, 2, 1

RM&R offers effective training tools: 3, 3

DOWNTIME SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

Downtime frequency is not disruptive: 5, 1

Downtime duration is not disruptive: 4, 1, 1

I recieve early downtime notification: 3, 2, 1

I am aware of changes post-downtime: 4, 1, 1

HELP DESK SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

I contact Help Desk to resolve issues: 3, 3

Help Desk resolves my issues in a timely manner: 3, 3

Help Desk uses easy to understand language: 3, 3

Sunnybrook Health Sciences Centre

Resource Matching & Referral
User Satisfaction Data
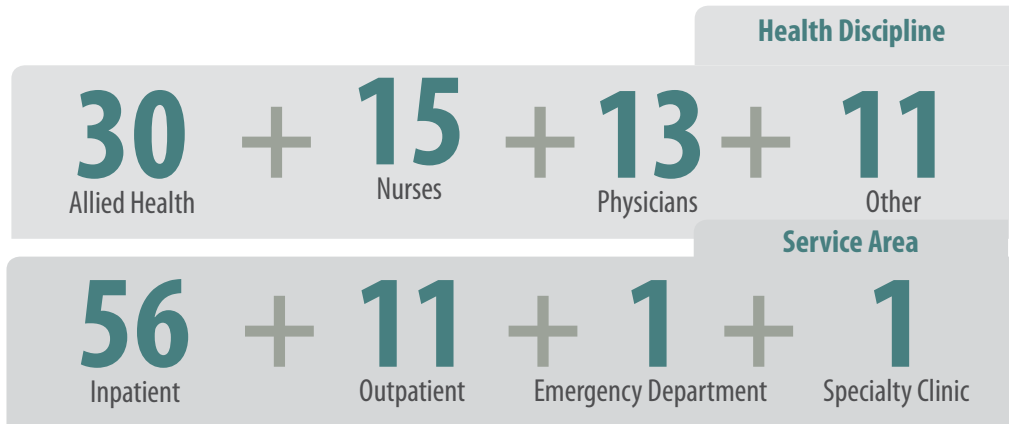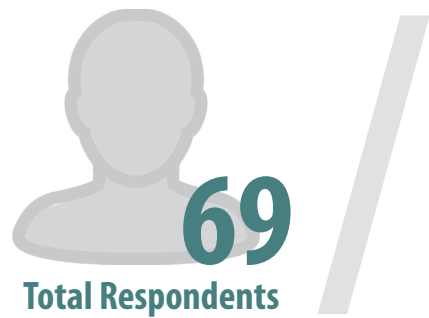
RESPONDENTS

69
Total Respondents

Health Discipline

30	+	**15**	+	**13**	+	**11**
Allied Health		Nurses		Physicians		Other

Service Area

56	+	**11**	+	**1**	+	**1**
Inpatient		Outpatient		Emergency Department		Specialty Clinic

INFORMATION ACCESS SATISFACTION
Users recieve information about RM&R through the following:

42%
Email

18%
Do not recieve information

11%
Subcommittee Member
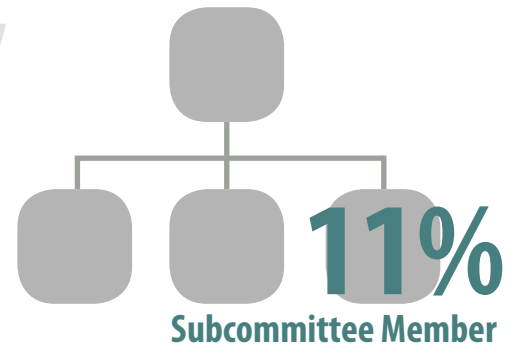
FEEDBACK SATISFACTION
I have the opportunity to provide feedback

- ■ Strongly Agree
- ■ Agree
- ■ Neutral
- ■ N/A
- ■ Strongly Disagree
- ■ Disagree

N
69

Current Feedback Process
- To other clinical staff (Manager, CCAC Coordinator, Practice Lead, RM&R meetings)
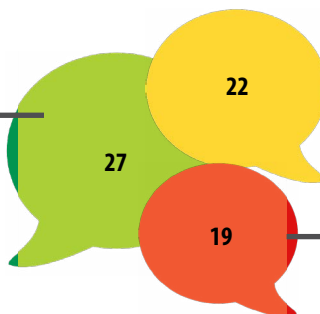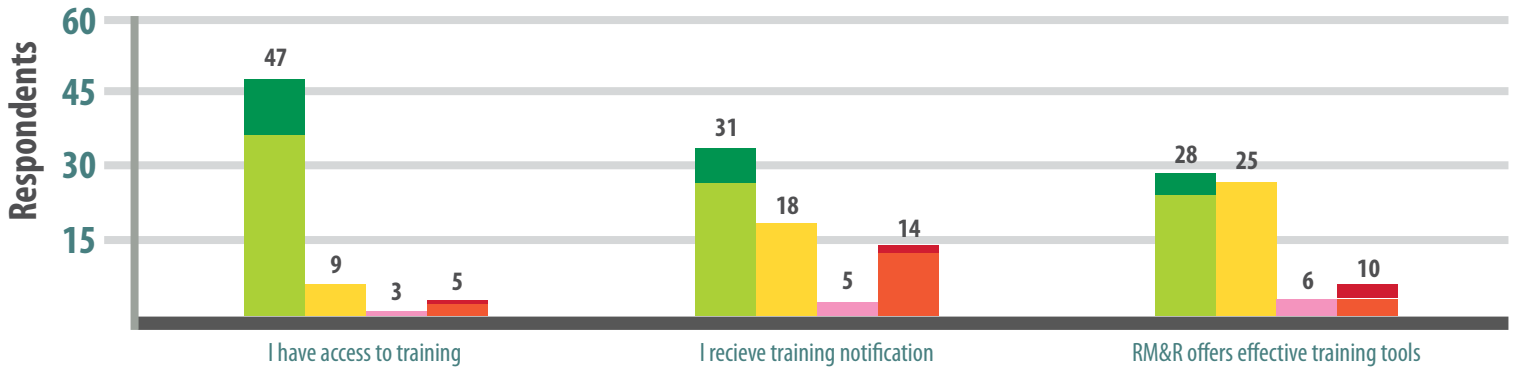
22

27

19

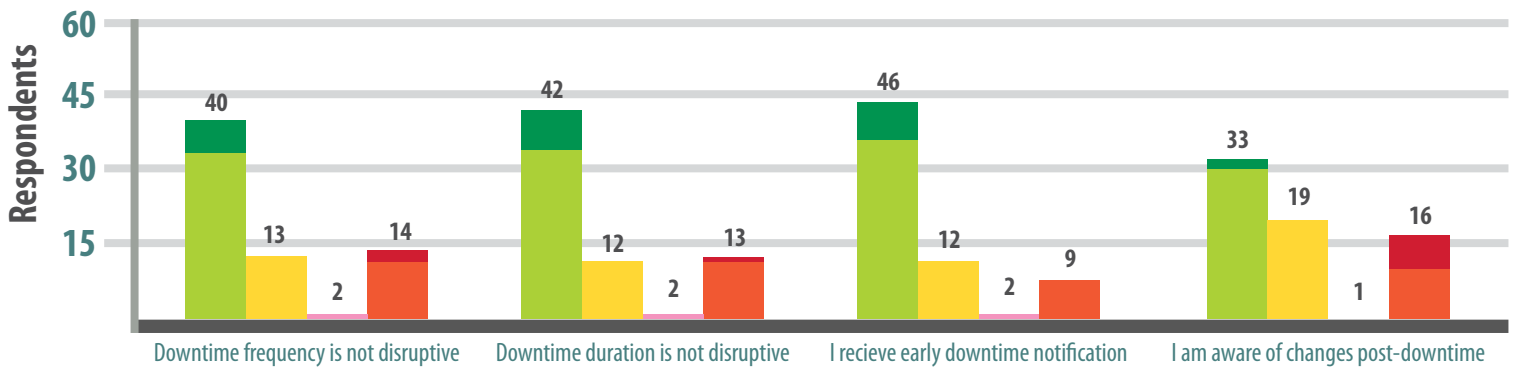**Recommended Feedback Process**
- Email
- Survey

TRAINING SATISFACTION

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

- I have access to training: 47, 9, 3, 5
- I recieve training notification: 31, 18, 5, 14
- RM&R offers effective training tools: 28, 25, 6, 10

DOWNTIME SATISFACTION

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

- Downtime frequency is not disruptive: 40, 13, 2, 14
- Downtime duration is not disruptive: 42, 12, 2, 13
- I recieve early downtime notification: 46, 12, 2, 9
- I am aware of changes post-downtime: 33, 19, 1, 16

HELP DESK SATISFACTION

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

- I contact Help Desk to resolve issues: 40, 9, 9, 11
- Help Desk resolves my issues in a timely manner: 22, 14, 15, 18
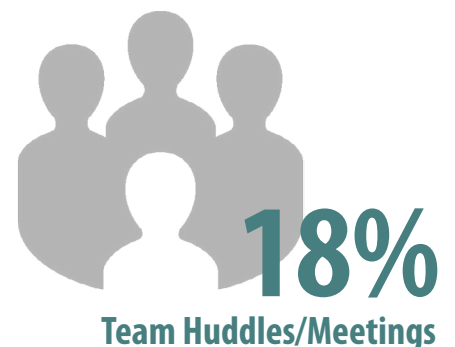- Help Desk uses easy to understand language: 29, 16, 17, 7
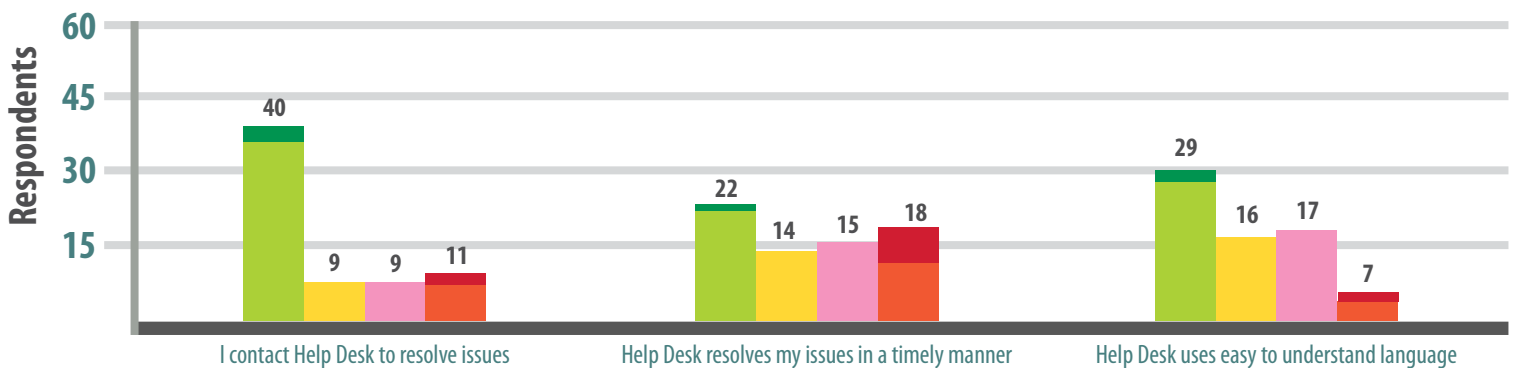
Toronto East General Hospital

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

16
Total Respondents

Health Discipline

13 + **1** + **2**
Allied Health   Nurses   Management

Service Area

11 + **2** + **2** + **1**
Inpatient   Other   Emergency Department   Specialty Clinic

INFORMATION ACCESS

87%
Email

25%
RM&R Website

18%
Team Huddles/Meetings

FEEDBACK

- 🟩 Strongly Agree
- 🟨 Neutral
- 🟥 Strongly Disagree
- 🟩 Agree
- 🟪 N/A
- 🟧 Disagree

N
52

Current Feedback Process
- Email
- Help Desk

5

9

2

Recommended Feedback Process
- Survey

TRAINING

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

Question	Value
I have access to training	16
I recieve training notification	13 / 3
RM&R offers effective training tools	13 / 3

DOWNTIME

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

Question	Values
Downtime frequency is not disruptive	14 / 1 / 1
Downtime duration is not disruptive	14 / 1 / 1
I recieve early downtime notification	15 / 1
I am aware of changes post-downtime	13 / 2 / 1

HELP DESK

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

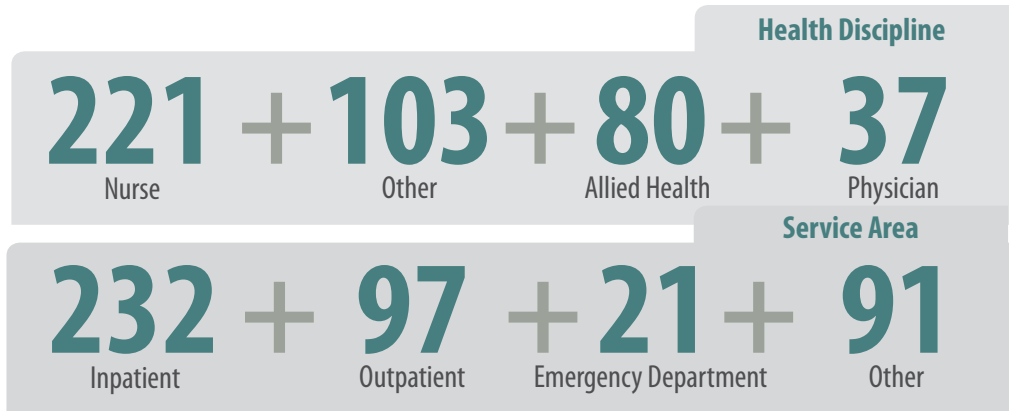| Question	Values
I contact Help Desk to resolve issues	13 / 2 / 1
Help Desk resolves my issues in a timely manner	12 / 3 / 1
Help Desk uses easy to understand language	11 / 3 / 2

University Health Network

(Toronto General, Toronto Western, Princess Margaret)
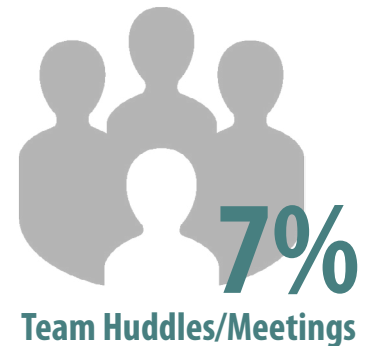
Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

441
Total Respondents

Health Discipline

221 +	103 +	80 +	37
Nurse	Other	Allied Health	Physician

Service Area

232 +	97 +	21 +	91
Inpatient	Outpatient	Emergency Department	Other

INFORMATION ACCESS SATISFACTION
Users recieve information about RM&R through the following:

67%
Email

22%
Do not recieve information

7%
Team Huddles/Meetings

FEEDBACK SATISFACTION
I have the opportunity to provide feedback

- 🟩 Strongly Agree
- 🟨 Neutral
- 🟥 Strongly Disagree
- 🟩 Agree
- 🟪 N/A
- 🟧 Disagree

N
441

Current Feedback Process
- Email
- To other clinical staff (Manager, CCAC coordinator, Discharge Coordinator)
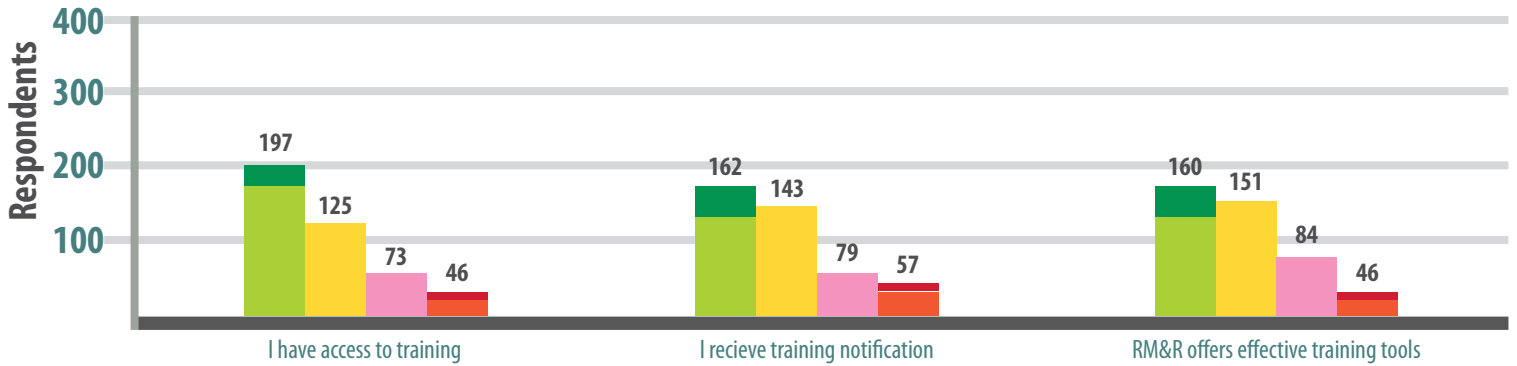
121
61
171
88

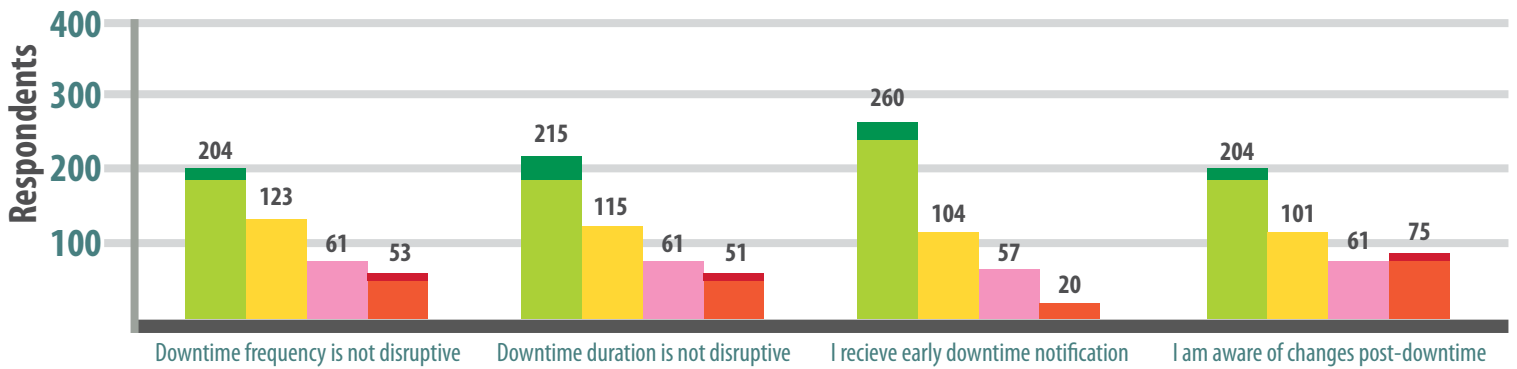**Recommended Feedback Process**
- Email
- Survey

TRAINING SATISFACTION

Legend: Strongly Agree | Neutral | Strongly Disagree | Agree | N/A | Disagree

Respondents

- I have access to training: 197, 125, 73, 46
- I recieve training notification: 162, 143, 79, 57
- RM&R offers effective training tools: 160, 151, 84, 46

DOWNTIME SATISFACTION

Legend: Strongly Agree | Neutral | Strongly Disagree | Agree | N/A | Disagree

Respondents

- Downtime frequency is not disruptive: 204, 123, 61, 53
- Downtime duration is not disruptive: 215, 115, 61, 51
- I recieve early downtime notification: 260, 104, 57, 20
- I am aware of changes post-downtime: 204, 101, 61, 75

HELP DESK SATISFACTION

Legend: Strongly Agree | Neutral | Strongly Disagree | Agree | N/A | Disagree

Respondents

- I contact Help Desk to resolve issues: 246, 82, 89, 20
- Help Desk resolves my issues in a timely manner: 202, 113, 106, 13
- Help Desk uses easy to understand language: 214, 105, 101, 22

Baycrest

Resource Matching & Referral
User Satisfaction Data
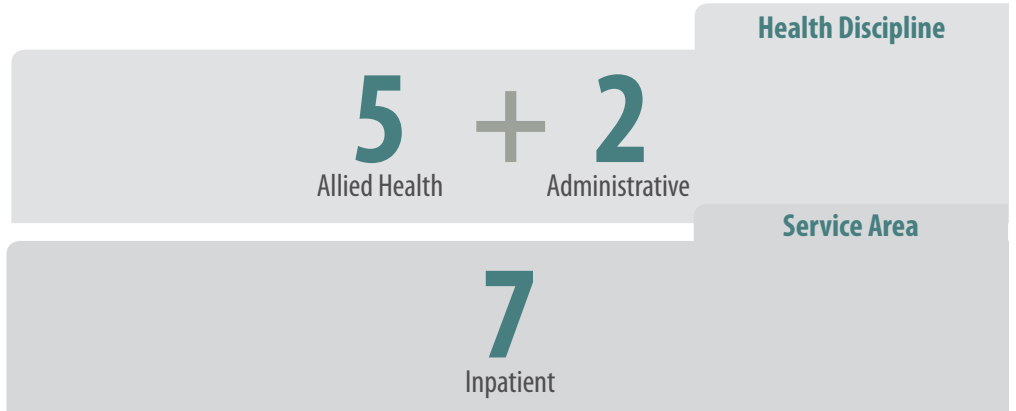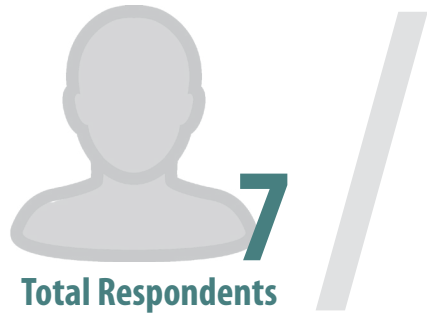
👤 RESPONDENTS

7
Total Respondents

Health Discipline

5 + **2**
Allied Health   Administrative

Service Area

7
Inpatient

✉ INFORMATION ACCESS SATISFACTION
Users recieve information about RM&R through the following:

86%
Email

14%
RM&R Website

14%
Team Meetings/Huddles

14%
RM&R Newsletter

14%
Subcommittee member

💬 FEEDBACK
I have the opportunity to provide feedback

- 🟩 Strongly Agree
- 🟨 Neutral
- 🟥 Strongly Disagree
- 🟩 Agree
- 🟪 N/A
- 🟧 Disagree

N 7

Current Feedback Process
- To RM&R Contact

4   2   2

🎓 TRAINING SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 2, 4, 6, 8)

- I have access to training: 3, 2, 2
- I recieve training notification: 4, 1, 2
- RM&R offers effective training tools: 4, 2, 1

⚠ DOWNTIME SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 2, 4, 6, 8)

- Downtime frequency is not disruptive: 6, 1
- Downtime duration is not disruptive: 6, 1
- I recieve early downtime notification: 7
- I am aware of changes post-downtime: 5, 2

☎ HELP DESK SATISFACTION

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents (y-axis: 2, 4, 6, 8)

- I contact Help Desk to resolve issues: 7
- Help Desk resolves my issues in a timely manner: 6, 1
- Help Desk uses easy to understand language: 6, 1

Bridgepoint Health

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

94
Total Respondents

Health Discipline

46 + **26** + **1** + **21**
Nurses   Allied Health   Physician   Other

Service Area

92 + **2**
Inpatient   Other

INFORMATION ACCESS

63%
Email

26%
Do not recieve information

19%
Team Huddles/Meetings

FEEDBACK

- 🟩 Strongly Agree
- 🟨 Neutral
- 🟥 Strongly Disagree
- 🟩 Agree
- 🟪 N/A
- 🟧 Disagree

N 94

Current Feedback Process

- Email
- To supervisor (Manager, Practice Lead, Nurse Educator)

45
20
3
26

Recommended Feedback Process

- Email
- Survey
- In-person discussion

⬤ TRAINING

Legend: ■ Strongly Agree ■ Agree ■ Neutral ■ N/A ■ Strongly Disagree ■ Disagree

Respondents

I have access to training: 46, 21, 6, 21
I recieve training notification: 43, 23, 6, 22
RM&R offers effective training tools: 41, 29, 5, 19

⚠ DOWNTIME

Legend: ■ Strongly Agree ■ Agree ■ Neutral ■ N/A ■ Strongly Disagree ■ Disagree

Respondents

Downtime frequency is not disruptive: 62, 20, 4, 8
Downtime duration is not disruptive: 62, 19, 4, 9
I recieve early downtime notification: 69, 14, 3, 8
I am aware of changes post-downtime: 49, 17, 3, 25

☎ HELP DESK

Legend: ■ Strongly Agree ■ Agree ■ Neutral ■ N/A ■ Strongly Disagree ■ Disagree

Respondents

I contact Help Desk to resolve issues: 66, 10, 7, 11
Help Desk resolves my issues in a timely manner: 52, 21, 9, 12
Help Desk uses easy to understand language: 60, 18, 11, 5

Providence Healthcare Centre

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

25
Total Respondents

Health Discipline

21	+	2	+	1	+	1
Allied Health		Care Coordinator		Case Manager		Management

Service Area

22	+	3
Inpatient		Outpatient

INFORMATION ACCESS SATISFACTION

Users recieve information about RM&R through the following:

96%
Email

17%
Subcommittee Member

12%
RM&R Newsletter

FEEDBACK SATISFACTION

I have the opportunity to provide feedback

- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

N **25**

Current Feedback Process
- To other clinical staff (Manager, CCAC coordinator, Discharge Coordinator)

5

12

8

Recommended Feedback Process
- Survey

TRAINING SATISFACTION

Legend: Strongly Agree · Agree · Neutral · N/A · Strongly Disagree · Disagree

Respondents

Statement	Value
I have access to training	17, 5, 3
I recieve training notification	14, 7, 4
RM&R offers effective training tools	12, 11, 2

DOWNTIME SATISFACTION

Legend: Strongly Agree · Agree · Neutral · N/A · Strongly Disagree · Disagree

Respondents

Statement	Value
Downtime frequency is not disruptive	24, 1
Downtime duration is not disruptive	23, 2
I recieve early downtime notification	22, 1, 2
I am aware of changes post-downtime	19, 3, 3

HELP DESK SATISFACTION

Legend: Strongly Agree · Agree · Neutral · N/A · Strongly Disagree · Disagree

Respondents

Statement	Value
I contact Help Desk to resolve issues	20, 1, 3, 1
Help Desk resolves my issues in a timely manner	18, 2, 3, 2
Help Desk uses easy to understand language	19, 2, 3, 1

Runnymede

Resource Matching & Referral
User Satisfaction Data

👤 RESPONDENTS

10
Total Respondents

/

Health Discipline

2	+	**3**	+	**2**	+	**3**
Allied Health		Nurses		MDS Coordinator		Other

Service Area

5	+	**5**
Inpatient		Other

✉️ INFORMATION ACCESS

89%
Email

/

67%
RM&R Newsletter

/

55%
RM&R Website

💬 FEEDBACK

N
10

- 🟩 Strongly Agree
- 🟨 Neutral
- 🟥 Strongly Disagree
- 🟩 Agree
- 🟪 N/A
- 🟧 Disagree

Current Feedback Process
- Phone
- Email

7
2
2

Recommended Feedback Process
- Phone
- Email
- Survey

TRAINING

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

Question	Values
I have access to training	4, 4, 1, 1
I recieve training notification	6, 3, 1
RM&R offers effective training tools	7, 2, 1

DOWNTIME

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

Question	Values
Downtime frequency is not disruptive	6, 3, 1
Downtime duration is not disruptive	6, 3, 1
I recieve early downtime notification	8, 1, 1
I am aware of changes post-downtime	5, 3, 1

HELP DESK

Legend: Strongly Agree, Agree, Neutral, N/A, Strongly Disagree, Disagree

Respondents

Question	Values
I contact Help Desk to resolve issues	8, 1, 1
Help Desk resolves my issues in a timely manner	8, 1, 1
Help Desk uses easy to understand language	7, 2, 1

Toronto Grace Health Centre

Resource Matching & Referral
User Satisfaction Data
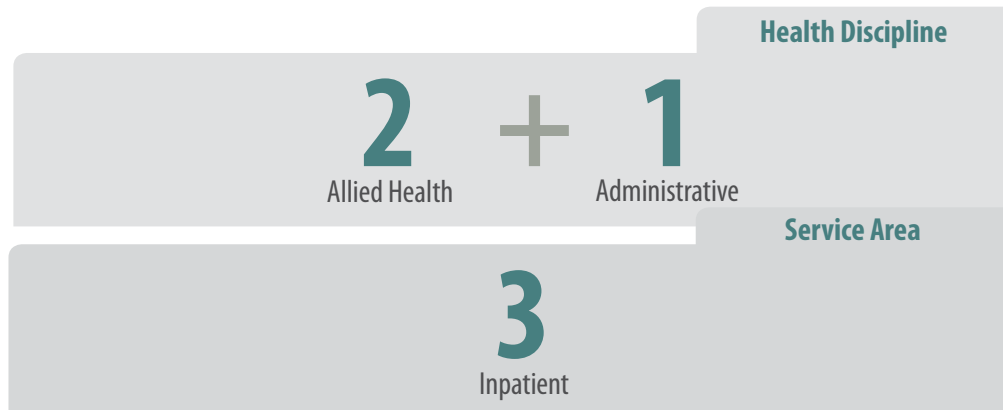
RESPONDENTS

3
Total Respondents

Health Discipline

2 + **1**
Allied Health   Administrative

Service Area

3
Inpatient

INFORMATION ACCESS

100%
Email

/

33%
RM&R Newsletter

FEEDBACK

- 🟩 Strongly Agree
- 🟩 Agree
- 🟨 Neutral
- 🟪 N/A
- 🟥 Strongly Disagree
- 🟧 Disagree

N
3

Current Feedback Process
- Meetings
- Email

3

TRAINING

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

Statement	Agree	Neutral
I have access to training	1	2
I recieve training notification	2	1
RM&R offers effective training tools	2	1

DOWNTIME

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

Statement	Value
Downtime frequency is not disruptive	3
Downtime duration is not disruptive	3
I recieve early downtime notification	3
I am aware of changes post-downtime	2, 1

HELP DESK

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

Statement	Value
I contact Help Desk to resolve issues	3
Help Desk resolves my issues in a timely manner	3
Help Desk uses easy to understand language	3
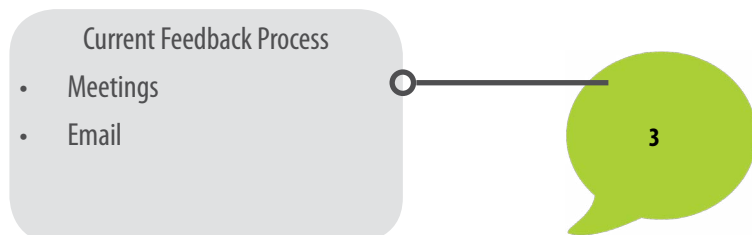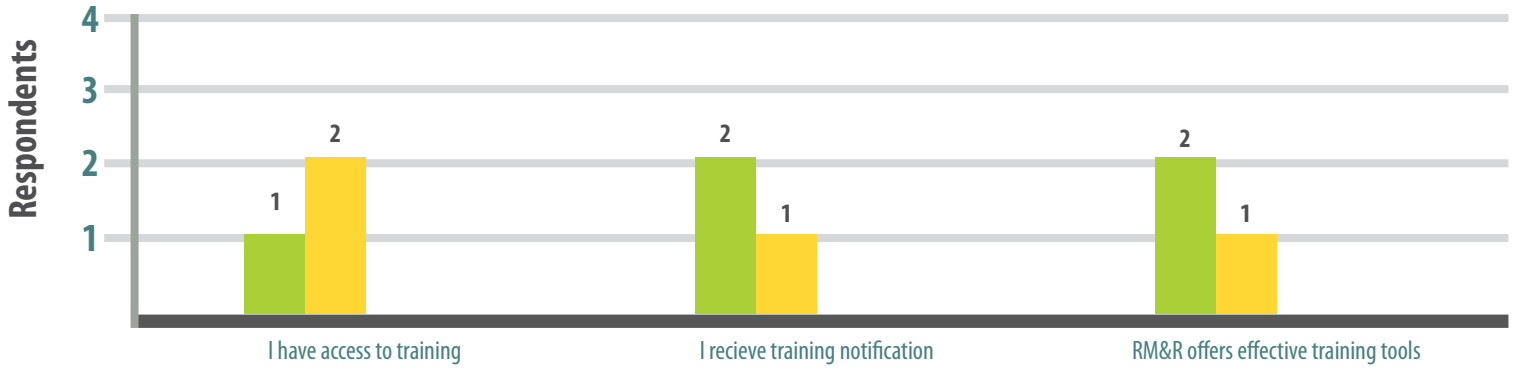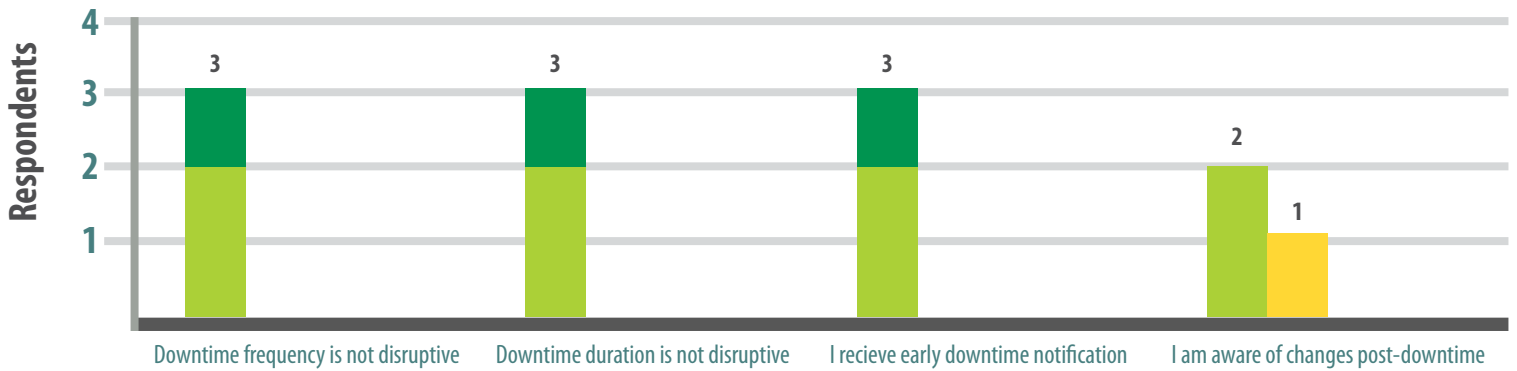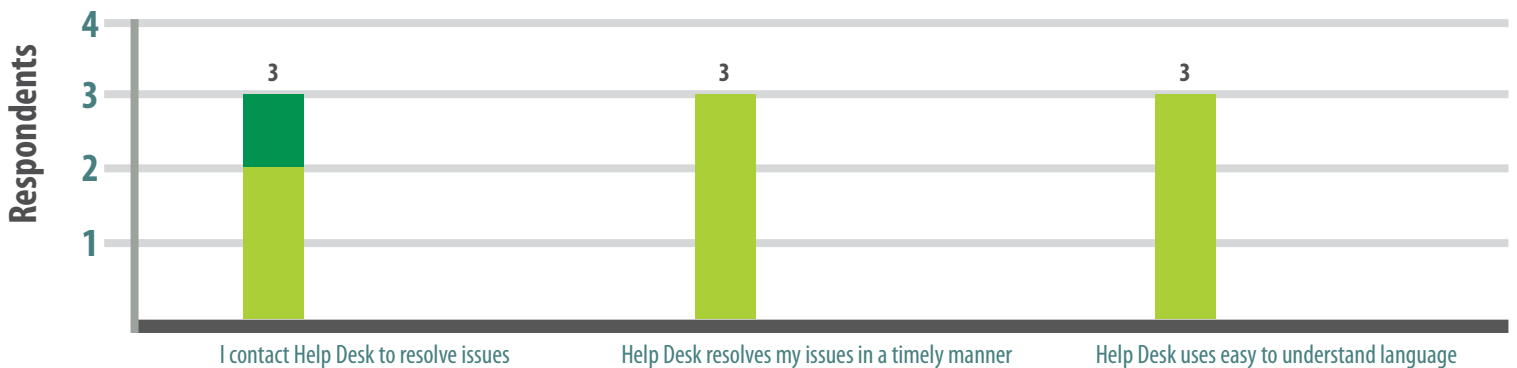
University Health Network

(Toronto Rehabilitation)

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

114
Total Respondents

Health Discipline

37 + **25** + **12** + **40**

Allied Health | Nurse | Administrator | Other

Service Area

65 + **23** + **14** + **40**

Inpatient | Outpatient | Specialty Clinic | Other

INFORMATION ACCESS SATISFACTION

Users recieve information about RM&R through the following:

74%
Email

22%
Do not recieve information

13%
Team Huddles/Meetings

FEEDBACK SATISFACTION

I have the opportunity to provide feedback

- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

N
114

Current Feedback Process
- Email
- To other clinical staff (Manager or CCAC Coordinator)

42
40
20
14

Recommended Feedback Process
- Email
- Survey

TRAINING SATISFACTION

Legend: Strongly Agree · Agree · Neutral · N/A · Strongly Disagree · Disagree

N 114

Respondents	I have access to training	I recieve training notification	RM&R offers effective training tools
	53	46	45
	28	33	39
	20	25	26
	13	10	4

DOWNTIME SATISFACTION

Legend: Strongly Agree · Agree · Neutral · N/A · Strongly Disagree · Disagree

N 114

Respondents	Downtime frequency is not disruptive	Downtime duration is not disruptive	I recieve early downtime notification	I am aware of changes post-downtime
	62	64	69	53
	27	25	20	25
	20	19	22	17
	5	6	3	19

HELP DESK SATISFACTION

Legend: Strongly Agree · Agree · Neutral · N/A · Strongly Disagree · Disagree

N 114

Respondents	I contact Help Desk to resolve issues	Help Desk resolves my issues in a timely manner	Help Desk uses easy to understand language
	61	48	50
	17	24	24
	30	35	37
	6	7	3

West Park Healthcare Centre

Resource Matching & Referral
User Satisfaction Data

RESPONDENTS

22
Total Respondents

Health Discipline

16 + **3** + **1** + **2**
Allied Health | Patient Care Coordinator | Administrator | Other

Service Area

17 + **3** + **1** + **1**
Inpatient | Outpatient | Admitting | Specialty Clinic

INFORMATION ACCESS

Users recieve information about RM&R through the following:

55%
Email

45%
Do not recieve information

5%
Team Meetings/Huddles

5%
RM&R Newsletter

5%
Subcommittee member

FEEDBACK

I have the opportunity to provide feedback

- 🟩 Strongly Agree
- 🟢 Agree
- 🟨 Neutral
- 🩷 N/A
- 🟥 Strongly Disagree
- 🟧 Disagree

N 22

Current Feedback Process
- Email
- To other clinical staff (Manager, CCAC coordinator, Discharge Coordinator)

8

6

1

7

Recommended Feedback Process
- Email
- On-site staff meeting

🎓 TRAINING

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

I have access to training: 11, 3, 4, 4

I recieve training notification: 10, 3, 4, 5

RM&R offers effective training tools: 7, 7, 5, 2

⚠️ DOWNTIME

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

Downtime frequency is not disruptive: 12, 4, 5

Downtime duration is not disruptive: 11, 4, 5

I recieve early downtime notification: 12, 2, 6, 1

I am aware of changes post-downtime: 9, 2, 4, 7

☎️ HELP DESK

Legend:
- Strongly Agree
- Agree
- Neutral
- N/A
- Strongly Disagree
- Disagree

Respondents

I contact Help Desk to resolve issues: 11, 2, 7, 2

Help Desk resolves my issues in a timely manner: 7, 7, 6, 1

Help Desk uses easy to understand language: 7, 5, 6, 3

Improvement Activities

The Relationship Management data highlights 4 opportunities that can enhance user satisfaction with the RM&R program: improved information access, effective internal governance, revamped training tools and robust internal help desk. These recommendations will also inform future process improvement initiatives undertaken by the RM&R program.

IMPROVED INFORMATION ACCESS

In the survey, 20% (196) of respondents indicated they did not receive critical information about RM&R. 17% (180) of respondents were not aware of changes, to the RM&R application, after a downtime. 13% (144) did not receive training notifications. Discussion with the sites showcased two roadblocks to timely information access.

The RM&R program sends critical information in an inconsistent fashion. Communication tools are lengthy, technically focused and do not specify the affected audience. To resolve this roadblock, the RM&R program will standardize its communication tools. For example, the program will now use email templates to send critical information regarding downtimes, program updates and training notifications. These emails will identify (among other items) affected groups, contact information for more details and associated time lines.

The data also indicated that many participating organizations do not have an established process to disseminate critical information about RM&R to all affected groups. The RM&R program highly recommends participating organizations establish a communication pathway to disseminate critical RM&R information. An effective communication pathway would include the following elements:

- **Points of contact**: The participating organization should identify staff responsible for receiving and disseminating RM&R information.

- **Distribution lists:** The participating organization should develop and routinely maintain a distribution list of all affected groups. For example, an effective distribution list would include senior management, unit managers, practice leads, help desk personnel, training staff, information technologists etc. If the participating organization is a large acute care facility, the RM&R program recommends the points of contact receive access to the global/All Users distribution list.

- **RM&R information repository:** The participating organization should also develop and maintain a process to house critical RM&R information. After the points of contact have disseminated the information to affected groups, they should also store the information in an easily accessible location. For example, an organization may store critical information such as training documents, list of super users, RM&R newsletters, Frequently Asked Questions etc. on an intranet page. Any communication tool disseminated by the points of contact would also include a link to the intranet page.

Improvement Activities

EFFECTIVE INTERNAL GOVERNANCE

Participating organizations with high user satisfaction had a strong internal RM&R governance structure. Participating organizations with either low response rate or low user satisfaction had little collaboration between groups. The RM&R program highly recommends participating organizations develop an internal committee to oversee RM&R. An effective internal committee would include the following elements:

- **An effective chair:** The chair will develop or approve the agenda, act as the final point of escalation and oversee all RM&R related activities.

- **Committee composition:** The internal committee would include representatives from all affected groups. Along with clinicians (unit managers and practice leads) the committee would also include auxiliary staff like help desk personnel, site educators and information technologists. Ideally, existing RM&R subcommittee members would form this internal committee.

- **Meeting frequency:** The internal committee would hold scheduled meetings. The RM&R program strongly recommends these meetings occur quarterly. Ideally, the internal committee would meet after RM&R User Group (RUG) meetings.

REVAMPED TRAINING TOOLS

The Relationship Management survey data revealed that only 11% (113) of respondents were dissatisfied with the training documents offered by the RM&R program. However, in the Relationship Management Initiative data debrief discussions, a majority of participating organizations requested the RM&R program reexamine the training documents currently offered. Both users and site training staff expressed dissatisfaction with the current training documents. The primary complaint was regarding documents length and technically focused content.

The RM&R program is revamping the old training documents. Instead of a single comprehensive guide, the new douments will be broken into short navigational guides. For example, while previously all navigational actions associated with managing referrals (How do I respond to Request for Information? How do I put a referral on hold?) were placed in one lenghty document, each navigational action will now be a seperate document. Users will be able access the new training documents either through the www.resourcematchingandreferral.com website or through the RM&R application by clicking the Help button located in the navigation bar.

Participating organizations will be notified when the revised training tools are ready.

Improvement Activities

ROBUST INTERNAL HELP DESK

While only 6% (68*) of respondents were dissatisfied with help desk, 19% (198*) indicated they did not use help desk. Further analysis revealed, participating organizations that use a two tier help desk model were more likely to have users who did not use help desk. In a two tiered model, users encountering issues will contact internal help desk. If the internal help desk is unable to adequately resolve the issue, it is triaged to the vendor help desk. The vendor will then prioritize the issue and upon resolution, notify the user.

The Relationship Management Initiative data debrief discussions revealed that poor previous experiences with internal help desk and the length of time spent waiting for a response from the vendor help desk, may explain low usage. The RM&R program is actively working with the vendor to develop better processes to identify high priority issues and resolve them in a timely manner. The RM&R program also highly recommends participating organizations reexamine its internal help desk processes to improve user satisfaction. An effective internal help desk would include the following elements:

- **Clear understanding of internal help desk roles and responsibilities:** Each site, upon initial RM&R go-live, has determined a set of roles and responsibilities for its internal help desk. The RM&R program recommends reassessing those roles and responsibilities to determine potential amendments. For example, account management issues (which form the bulk of help desk issues) are currently manned by the vendor help desk. Account management could be transferred to internal help desk. This would greatly improve user satisfaction with internal help desk.

- **Basic knowledge of RM&R:** While help desk cannot answer clinical questions required to complete an eReferral form, users may contact help desk to assist navigating the RM&R application. The RM&R program, therefore, highly recommends each internal help desk staff receive basic training about RM&R.

- **Have an internal help desk super user:** The RM&R program recommends each internal help desk team have an RM&R subject matter expert to resolve complicated navigational questions. This internal help desk member should have a thorough knowledge of all the options available and should be aware of upcoming version releases, monthly configuration changes etc.

- **Part of the distribution list and internal RM&R committee:** An effective internal help desk should be aware of critical RM&R information and be part of the internal RM&R committee.

*An average of all questions in the Key Satisfaction Indicator

"*How do you measure relationships?*"

The Relationship Management Initiative, draws inspiration from Dr. James E. Grunig and Dr. Linda Childres Hon's, "Guidelines for Measuring Relationships in Public Relations." Published by the Institute for Public Relations, the report is widely acknowledged as a gold standard for the use of metrics to quantify relationships and subsequently develop stakeholder engagement strategies.

While the Relationship Management Initiative does not mimic the procedure laid out by the report, it closely adheres to the core principle. To effectively measure a relationship, one must first understand what factors contribute to a relationship's constitution. By using a mapping exercise, the RM&R program laid out all the factors that contribute to a user's satisfaction. The factors were then refined using two criteria: a.) is the factor a constant feature in the relationship? and b.) can the factor be improved? After confirmation with the program's clinical advisors, the refined factors were then labelled Key Satisfaction Indicators (KSIs).

These KSIs form the parameters of the Relationship Management Initiative. The data assists the program in identifying problem KSIs and prioritizing which KSI requires immediate attention. Comparing the KSI data, across sectors and/or organizations, helps manage expectations and increases transparency. Finally, the KSIs also offer a platform to host discussions with stakeholders.

Listed next are the Key Satisfaction Indicators used by the Relationship Management Initiative.

Key Satisfaction Indicators

INFORMATION ACCESS

Knowledge of RM&R's activities is an essential component of a user's satisfaction. Through this KSI, the program can measure the tools through which users receive information. This data helps the program focus on the most receptive communication tools and eschew others. It also reveals if users are receiving information about RM&R. The latter then facilitates a focused discussion on the communication pathway used by organizations to disseminate RM&R's key messages to users and identify opportunities to improve.

FEEDBACK

The opportunity to provide feedback, regarding RM&R, is measured in this KSI. The program also probes through which mechanism do users currently give feedback, or conversely, would prefer to give feedback. The data can then be used to either strengthen or build the organization's feedback pathway for RM&R.

TRAINING

The RM&R program routinely updates the application to meet business requirements. Subsequently, it also offers training to users. This KSI measures access to training, the timeliness of training and the effectiveness of the training tools offered. The data facilitates a focused discussion on the organization's training processes for RM&R.

DOWNTIME

Major updates necessitate a fixed downtime period, during which users are unable to use the application. This KSI measures users' satisfaction with downtime frequency, forewarning and the knowledge of changes post-downtime.

HELP DESK

If a user experiences difficulty either logging into or navigating through the application, they may contact the Help Desk to resolve their issues. This KSI measures the frequency of Help Desk usage, the timeliness of Help Desk responses and the Help Desk effectiveness. It is critical to note that the Help Desk model varies by participating organizations. Some will call their organization's internal Help Desk, while others will call directly to the vendor Help Desk

47

Implementation Activities

PLANNING PHASE

The first step of the Relationship Management Initiative is building a project plan. A comprehensive project plan includes a scope analysis, clear objectives, identified audiences, key implementation activities, risk management log and a budget. Once the project plan has been developed, the second step is building a survey. By using Key Satisfaction Indicators as the parameters, the survey questions must paint a detailed picture of the users' satisfaction with RM&R.

PROMOTIONAL PHASE

After the survey is built and reviewed by all pertinent parties, a vigorous series of promotional activities is required to raise awareness and ensure a robust sample size. The 2014 Relationship Management Initiative used RM&R's external newsletter, website, governance structure and customized site emails. Additionally, the initiative also used a prize incentive to increase response rate. It bears noting that promotional activities do not occur just once the survey is made live. Instead, stakeholders must be periodically provided updates about survey results.

ANALYSIS PHASE

Once the survey is closed, the next phase is analyzing the data into meaningful information. A detailed report must include: a.) the Relationship Management Initiative background, b.) the Relationship Management Initiative data and c.) Key Satisfaction Indicator trends.

DIALOGUE PHASE

In the fourth phase of the Relationship Management Initiative, the collected data is shared with all stakeholders. The report is published in the external newsletter, website and distributed to all governance members. The RM&R program also held meetings to showcase the participating organization's data and compare it with the program data. Through focused discussion, the RM&R program is able to understand the strategies behind successful KSIs and opportunities to improve other KSIs.

KNOWLEDGE TRANSFER PHASE

The last phase of the Relationship Management Initiative is to transfer all the knowledge collected: both the Relationship Management Initiative survey data and the outcomes from the participating organization discussions, to the RM&R program's senior leadership and internal staff. The knowledge will inform their engagements with participating organizations and potentially assist with program planning.

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