

Open Access Booking (OAB)

Therapeutic Services

Area 3 - Fredericton and Upper River Valley



RÉSEAU DE SANTÉ

Horizon
HEALTH NETWORK

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Open Access Booking (OAB)

OAB is a client-centered Horizon Health Network (HHN) initiative for accepting outpatient Therapeutic Services referrals. It has been in place in the Saint John Area since 2017, in Moncton since 2021, and most recently launched in Fredericton and Upper River Valley Areas in January 2022. Miramichi is planning to launch in 2023.

OAB prioritizes patient engagement in their own health and rehabilitation. It also reduces scheduling inefficiencies (e.g., “phone tag”), “no shows”, and wait times. Equipped with the reason they would like to be seen, patients, service providers, or family members can call to schedule an appointment directly with Audiology, Clinical Nutrition, Occupational Therapy, Physiotherapy, or Speech-Language Pathology. ***An appointment date and time will be provided during that call.***

What you Need to do as a service provider:

- Provide the patient with an [appointment card](#) and/or the central number (1-833-928-2070) to schedule an appointment.
- Inform the patient why you are recommending the referral and encourage them to record this on the [appointment card](#).
- As needed, complete the [OAB - Consultation Tool](#) and fax it to the corresponding department. The consultation tool can be used to provide additional information the patient may not know to provide (e.g. post surgical protocols, related history).

Note: The above documents are available within the appendix, on Skyline, Intrahealth EMR, as well by order from the HHN Print shop (506-453-3010).

What services are impacted?

The following Therapeutic Services providing outpatient care within Area 3 (Fredericton and Upper River Valley) hospital-based services can be accessed by OAB:

- Audiology
- Clinical Nutrition
- Occupational Therapy
- Physiotherapy
- Speech-Language Pathology (SLP)

The traditional paper referral process will still be accepted and in some cases required for:

- **Psychology**
- **Cardiac Rehabilitation**
- **Children's Rehabilitation Teams (0-5yrs)**
- **Eating Disorder Clinic** at Hotel-Dieu St Joseph's
- **Dysphagia referrals** to SLP (physician referral is required for VFSS)
- **VNG referrals** to Audiology (ENT referral is required for this assessment)
- **Community Health Centres (CHCs)** are continuing to accept referrals as they do currently but are also open to OAB given shared scheduling and clinical resource to many of these service areas

As an additional resource, the following table outlines the hospital-based Therapeutic Services in Area 3 that use OAB vs. the traditional referral process:

Area 3 Outpatient Therapeutic Services Referral Process

Open Access Booking (OAB) Process	Traditional Referral Process
Skyline link: Appointment Booking Card OAB – Consultation Tool	Skyline Link: Outpatient Referral Form Pediatric Eating Disorder Program Referral
Audiology	
Hearing testing, all ages	VNG testing (ENT referral only)
	Oncology referrals
	Infant hearing screening
	High risk registry
	Skull base clinic
Clinical Nutrition	
School aged services	Paediatric Eating Disorders Program
Adult Services	Birth to age-five services
	Diabetes clinic
	Dialysis clinic
	The following Community Health Centres: Downtown (Fredericton) Northside (Fredericton) Tobique Valley
Occupational Therapy	
Adult services	Children’s Rehabilitation Teams (0-5yrs)
Children with an Upper extremity injury potentially requiring a splint or orthosis	Paediatric Eating Disorders Program at HDSJ
	The following Community Health Centres: Downtown (Fredericton) Northside (Fredericton) Oromocto
Physiotherapy	
Adult services	Birth to age 5 services
	The following Community Health Centres: Downtown (Fredericton) Northside (Fredericton) Tobique Valley
Speech-Language Pathology	
Birth to age-five services	Dysphagia referrals: primary care referral required
Adult communication services	Laryngectomy referrals

Note that requests for service within the Extramural Program, Education system, Child & Youth Phys Rehab Team (ISD) (school aged children), Mental Health and Addictions, and SCCR follow their own program specific referral processes.

Frequently Asked Questions

Where do I find the documents and communication tools for Open Access Booking (OAB) in area 3?

The appointment card (HHN-1041), the consultation tool (300000478), and the referral form (300000216) for those out of scope for open access booking, are available on the:

- Electronic Medical record (EMR), IntraHealth “Marketplace”
- Horizon Health Network intranet, Skyline:
 - [Appointment Booking Card](#)
 - [OAB - Consultation Tool](#)
 - [Outpatient Referral Form](#)
- Print Shop for HHN departments (506-453-3010)

If you require further support in obtaining the OAB forms please call 506-452-5226 or e-mail caitlin.geldart@horizonnb.ca.

I see many of my patients virtually. How do they receive the information to schedule their appointment?

Documentation is not needed to schedule an appointment for therapeutic departments in Area 3 (Fredericton and Upper River Valley) . To book they need:

- The phone number: 1-833-928-2070
- To know what service they are requesting,
- To know why they would like to be seen (e.g. “I have been losing weight for the past year”)

How do I ensure a patient’s request for service is prioritized correctly?

For the department to accurately prioritize and to support success during therapy, the patient should understand and communicate why they need an appointment and provide important details such as:

- Is the diagnosis / symptom chronic or of recent onset?
- Have they had a recent procedure/investigation or an appointment with a specialist?
- Is their concern impacting their day-to-day functioning (e.g. pain; unable to sleep or eat)?

Although it is not required, a cue for this information is on the [Appointment Booking Card](#) that can be provided to the patient. A referral source can also provide further detail (e.g. a protocol) by completing and sending the [OAB - Consultation Tool](#) to the department, for use by the clinician, pending the patient’s call to schedule an appointment.

How do we support patients who need assistance with calling to schedule their appointment?

If a patient requires support in scheduling their appointment, please call directly from the primary care office, or program referring the patient. A caregiver is also welcome to call on behalf of the patient. If you are required to leave a message, please indicate how we can support the patient in scheduling their appointment (e.g. “call to schedule and speak to their caregiver”, “the patient requires translation in Arabic”).

In accordance with the official languages act, patients can schedule their appointment in French or English with our scheduling staff. For access to translation for other languages, the Language Line can be used by Horizon employees to support scheduling a patient (1-833-435-0714). In addition, the Multicultural Association of Fredericton (MCAF) can be contacted by the patient for support in scheduling their appointment in the language of their choice.

Why are there still long wait times for my patient to receive service in some disciplines and programs?

There are some service areas in which the demand for service continues to outpace the available resources. Open Access Booking reduces cancellations and no shows, which optimizes administrative and clinical resources allowing us to schedule patients sooner for their appointment, resulting in shorter overall wait times. When a patient calls to schedule an appointment, they will be given an appointment time and are then fully informed of the service’s availability, allowing them to advocate for or pursue alternatives (e.g. private services) if desired.

How will my patient remember an appointment that is scheduled a long time into the future?

Outpatient services booked by OAB are now offering e-mail and text reminders at the time the appointment is scheduled. In addition, reminder phone calls are provided for some services.



Appointment Booking Information
 Fredericton and Upper River Valley Area
Therapeutic Services

Please have this card and your Medicare card ready when you call to book your appointment with:

- Clinical Nutrition Occupational Therapy
- Physiotherapy Audiology
- Speech-Language Pathology

The patient **must** call to book an appointment.

The referral source may FAX a consultation note.

Ask why you need this appointment. You will need to explain it when you book your appointment.

I need to see _____
 (insert service requested)

to help me with _____

(insert the reason you are seeking service)

Call :

1-833-928-2070

Between 8:00am - 4:00pm, Monday - Friday

300000477 (03/22)



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Renseignements sur la prise de rendez-vous

Région de Fredericton et du Haut de la vallée

Services thérapeutiques

Veillez avoir la présente carte et votre carte d'assurance-maladie en main et nous téléphoner pour (indiquer la raison pour laquelle vous avez besoin du service)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Nutrition clinique | <input type="checkbox"/> Ergothérapie |
| <input type="checkbox"/> Physiothérapie | <input type="checkbox"/> Audiologie |
| <input type="checkbox"/> Orthophonie | |

Le patient **doit** appeler le service pour prendre rendez-vous.

Une note de consultation peut être envoyée.

.....
Demandez la raison pour laquelle vous devez prendre ce rendez-vous. Vous devrez justifier cette raison au moment de prendre rendez-vous.

Je dois voir quelqu'un _____
(indiquer le service demandé)

pour m'aider avec _____

(indiquer la raison pour laquelle vous avez besoin du service)

Appelez le :

1-833-928-2070

Entre 8h00-16h00, lundi au vendredi

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Je dois voir quelqu'un _____
(indiquer le service demandé)

pour m'aider avec _____

(indiquer la raison pour laquelle vous avez besoin du service)

Appelez le :

1-833-928-2070

Entre 8h00-16h00, lundi au vendredi

300000477 (03/22)



Open Access Booking - Consultation Tool

Therapeutic Services (TS)
Fredericton and Upper River Valley

Patient Name _____

Date of Birth _____
(month/dd/yyyy)

Medicare Number _____

Hospital Identification Number _____

Provide an Appointment Booking Card to your patient. The patient must call to schedule an appointment.
This is **not a referral form**. If the patient does not call to book an appointment, this will be returned to you.

Service Required: Speech Language Pathology Audiology Clinical Nutrition
 Occupational Therapy Physiotherapy

Reason for accessing service:

Precautions/Contraindications/Protocols:

Description of Presenting Illness/Condition:

Investigative Results:

Relevant Past Health History:

Additional Information:

Signature _____ Date _____ Time _____

For office Use only:

- the patient did not make contact to schedule an appointment
- the patient did not attend their scheduled appointment or attempt to re-schedule

Initials _____ Date: _____



Open Access Booking - Consultation Tool
 Therapeutic Services (TS)
 Fredericton and Upper River Valley – Area 3

Patient Name _____
 Date of Birth _____
 (month/dd/yyyy)
 Medicare Number _____
 Hospital Identification Number _____

Service	Location	Fax
Audiology	Dr. Everett Chalmers Hospital	452-5814
	Upper River Valley Hospital	375-2840
Clinical Nutrition	Dr. Everett Chalmers Hospital / Oromocto Public Hospital	452-5661
	Community Health Centres (CHC): • Central Miramichi CHC Doaktown • Oromocto CHC • Queens North CHC Minto	365-6104 357-4922 327-7850
	Health Clinics: • Boiestown • Chipman • Fredericton Junction • Harvey • McAdam • Nackawic • Stanley	369-2702 339-7652 368-6502 366-6403 784-6306 575-6603 367-7738
	Upper River Valley Hospital	375-2867
	Hotel Dieu of St. Joseph Hospital	273-7163
Occupational Therapy	Dr. Everett Chalmers Hospital	452-5814
	Oromocto Public Hospital	452-5814
	Upper River Valley Hospital	375-2840
	Hotel Dieu of St. Joseph Hospital	273-7163
	Community Health Centers and Health Clinic: • Tobique Valley CHC Plaster Rock • Queens North CHC Minto	273-7163 327-7899
Physiotherapy	Dr. Everett Chalmers Hospital	447-4483
	Oromocto Public Hospital	357-4735
	Upper River Valley Hospital	375-2840
	Hotel Dieu of St. Joseph Hospital	273-7163
	Community Health Centers and Health Clinics (HC): • Harvey HC • Queens North CHC Minto • Tobique Valley CHC Plaster Rock	366-6403 327-7899 356-6637
Speech-Language Pathology	Dr. Everett Chalmers Hospital	452-5814
	Oromocto Public Hospital	452-5814
	Upper River Valley Hospital	375-2840
	Hotel Dieu of St. Joseph Hospital	273-7163
	Community Health Centers and Health Clinics: • Tobique Valley CHC Plaster Rock	273-7163

Signature _____ Date _____ Time _____



**Therapeutic Services
Referral Form – Outpatient
Fredericton and Upper River Valley Areas**

Patient name _____
 Address _____
 Phone number _____
 Date of birth _____ Age _____
 Medicare number _____
 Family MD _____
 Parent/Guardian _____

Date of Referral _____

Language Preference: English French

- Service Requested:** (Check one service only)
- Speech-Language Pathology
 - Video Fluoroscopic Swallow Study
 - Laryngectomy
 - Audiology (VNG)
 - Children's Rehab Team (0-5 years)
 - Psychology
 - Occupational Therapy*
 - Clinical Nutrition *
 - Physiotherapy*
(*See back for relevant community health clinics)

- Preferred Service Location:**
- Fredericton
 - Waterville
 - Plaster Rock
 - Oromocto
 - Perth Andover
 - Other

Referral Source (please print)

Name _____
 Profession _____
 Patient is aware of referral Yes No
 Physician is aware of referral Yes No

Reason for Referral
Description of Primary Presenting Problem
Onset of problem <input type="checkbox"/> less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> greater than 3 months ago Recurring problem <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient being followed by any other service providers? (e.g., EMP, Mental Health, Social Development, Private practitioners, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____ *Please attach any relevant documentation (e.g., diagnostic imaging reports, specialist reports, past medical history, etc.)
Relevant Medical History
Additional Information

Date _____ Time _____ Signature _____

Referrals without detail for triage/prioritization may be returned to referral source for more information.

300000216 (05/22)

Contact Information for relevant services can be found on the reverse of this form.

<p>Note: If a department / service location cannot be found on this form, please provide your patient with the Open Access Booking information to make their appointment.</p>			
Service	Location	Phone	Fax
Clinical Nutrition	Community Health Centres (CHC): <ul style="list-style-type: none"> • Downtown Community Health Center • Noreen-Richard Health Centre • Northside Health Centre: 	452-5900	452-5793
	Health Clinics: <ul style="list-style-type: none"> • Chipman • Tobique Valley CHC Plaster Rock 	474-4611 447-4444	474-4621 447-4221
DiabetesClinic	DECH & OPH	452-5180	447-4363
Physiotherapy	Community Health Centers and Health Clinics (HC): <ul style="list-style-type: none"> • Queens North CHC Minto • Tobique Valley CHC Plaster Rock 	327-7821	327-7899
		356-6609	356-6637
Children's Rehab Team	Woodbridge Centre	452-5611	452-5661
	Upper River Valley Hospital	375-2569	375-2840
Psychology	Dr. Everett Chalmers Hospital	452-5287	452-5989
	Upper River Valley Hospital	375-2573	375-2867
Speech Language Pathology	Dr. Everett Chalmers Hospital	447-4015	452-5814
	Upper River Valley Hospital	375-2569	375-2840
Audiology	Dr. Everett Chalmers Hospital	452-5931	452-5814
Occupational Therapy	Community Health Centers and Health Clinics <ul style="list-style-type: none"> • Downtown Community Health Center • Queens North CHC Minto 	452-5900	452-5793
		327-7845	327-7899