

Beyond the hospital walls: Can personalising post-discharge protocols, free-up scarce clinical time for early interventions?

Relevance

The health outcomes of surgical patients are increasingly dependent on their recovery after they have been discharged. As the average length of stay declines and pressure increases on clinical teams to deliver improved health outcomes with constrained resources, there is a need for post-discharge protocols to be delivered in a way that allows clinical staff to identify clinical risks early and intervene before they escalate.

Evidence suggests that patient recollection and compliance with post-discharge instructions is often low and the delivery of evidence-based protocols post-discharge is often too costly using traditional methods.

Context and Aims

As part of its ongoing commitment to high reliability health care, Calvary Wakefield Hospital sought to deliver an 'Enhanced Post Discharge Care' program for its patients.

Technology was needed to reduce manual effort involved in collecting information about a patient's recovery. The solution could not impose additional workload on hospital staff, change their workflows or require specialized computer skills. Control of the clinical protocols also needed to remain with the clinical team so they could be updated via the system. For patients, the solution needed to achieve a high-patient response rate if it was going to assist in the early detection of clinical risks.

Findings

Since October 2017, the Enhanced Post-Discharge Care program has been delivered to patients having lower limb arthroplasty and cranial procedures. Existing hospital best practices were used as the basis for the protocols and delivered via the Personify Care mobile platform.

To-date, there have been over 10,964 individual patient interactions with the program (via Personify Care). The average patient response rate is 90.24%. That is, patients completed over 90% of all clinical risk assessments and information relating to their recovery over a 6-week period. 65% of enrolled patients were over the age of 60.

This enabled the clinical team to deliver personalised and timely information to patients as and when it was relevant rather than all at the time of discharge.

In addition, achieving a high patient response rate enabled clinical teams to screen patients for over 3,885 individual post-discharge risk factors (without having to collect or review manually) and provide early intervention to over 306 clinical indicators that were flagged as potential risks based on existing clinical criteria.

96% of enrolled patients reported that “The overall clinical care was of a high standard” and 97% reported that they “received timely information from the clinical staff”. Risk indicators that were assessed via the program included pain, raised temperature, signs of wound infection, compliance with exercises and shortness of breath.

Innovative Contribution to Policy, Practice and/or Research

Evidence-based protocols that have a demonstrated impact on patient outcomes often don't reach patients because the cost of delivering them using traditional approaches is too costly and time consuming. Personalising care protocols for patients is often associated with further increases to those costs. However, using intelligent technology solutions can simultaneously achieve a personalised experience for patients and more targeted use of scarce clinical resources.