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Introduction

St Andrew's Hospital offers patients a comprehensive pre-admission service and a multi-disciplinary breast care service supported by specialist breast care nurses. The clinical protocols in place provide high-quality patient care and are delivered through paper forms and phone calls. Despite rigorous adherence to accreditation standards, the clinical team sought to address a number of challenges:

- Patients handing in their preadmission assessment forms on the day of surgery, compromising pre-admission interventions
- Patients calling breast-care nurses after issues have escalated post-discharge.
- Nursing staff with full workloads not having the time to call patients more than once or twice.

How could the clinical team detect risks earlier and extend monitoring of patient recovery to 28-days post-discharge without increasing nursing workloads?

Technology Brief

A technology solution needed to significantly increase the efficiency of clinical protocols without changing existing workflows. The solution could not impose additional tasks on specialists and needed to be easy to set up and use by already busy nurses. No specialised computer skills could be assumed and lengthy implementation projects were not an option.

The solution needed to capture pre-admission risks in a timely manner to allow intervention when required. Post-surgery, the solution needed to track the patient's recovery in between phone calls and alert the clinical team to issues requiring follow-up. For the patient, the technology needed to be accessible to all age groups via a variety of mobile devices. The technology needed to improve patient monitoring and achieve a high patient response rate.

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Implementation Process

The Personify Care platform was configured based on existing paper-based protocols and clinical criteria; a process that took 4 weeks. An evaluation was conducted over a 4-month period involving breast cancer patients, 2 pre-admission staff and 4 breast care nurses. Nursing staff were taken through a brief induction and the service was introduced to patients by the surgeons' staff. Evaluation criteria included outcomes of system use which were tracked via the Personify Care platform, and patient and clinical team satisfaction obtained via electronic surveys and interviews. This included an assessment of the impact on patient experience, quality of care and risk reduction.

Clinical Care Impact

The Personify Care platform was used to contact each patient 17 times (an 8-fold increase) and provided the clinical team with ongoing visibility of patient progress across 7 weeks, without increasing nurse workload. Instead of spending time calling patients asking about their progress or processing paperwork, nursing time could be dedicated to patients identified in the Personify Care platform as needing clinical attention each day. Patients received information and follow up via the Personify Care platform to their mobile device. The patient response rate was 95.8%. The clinical teams were able to track that patients had read information provided about their procedure and had provided updates on their progress both before and after surgery. This resulted in surgical practices reporting approximately 50% less phone calls from patients requesting information and has since been endorsed by surgical specialists. 95% of patients reported being satisfied or very satisfied with Personify Care and 86% reported feeling "better supported after surgery". Clinical teams found the platform very easy to use and in their view, resulted in early detection of additional patient risks in 1 in 5 cases.

Conclusion

Using a mobile platform, Personify Care improved patient care, reduced patient risk and allowed clinical teams to spend less time processing paperwork and more time caring for patients. As a result, St Andrew's Hospital was able to extend the support it provided to patients without increasing workload on nursing staff. The hospital now has ongoing visibility of the 28-day post-discharge recovery of its patients and is currently considering the roll- out of the platform to other surgical areas.

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