

The Queen Elizabeth Hospital

Reduce patient wait times by 71% and improve access to care for routine endoscopic/colonoscopic procedures

There is currently a high demand for endoscopic services across the healthcare system, which has led some health teams, such as the Endoscopy Unit at The Queen Elizabeth Hospital in Adelaide, to implement direct access pathways for their patients.



Health
Central Adelaide
Local Health Network

Their Direct Access Colonoscopy (DAC) pathways program was first introduced in 2008, however as subsequent demand for the service continued to increase, the workload from manual risk assessments became overwhelming. They, therefore, sought to find a technology solution that could support their DAC pathways, and in early 2021 they implemented Personify Care's patient pathway technology.

Since then, the acceptability and feasibility of digital pathways for automating the triage of high volumes of patients has now been measured over a number of months and has been found to be effective in streamlining endoscopic services.

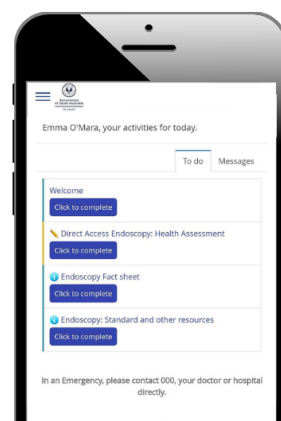
The Challenge

Prior to their adoption of Personify Care, the increasing volume of calls to be made to DAC referred patients, driven by increasing demand and higher complexity of patients, had led to overwhelming pressures on the endoscopic and administrative teams.

"Personify Care has simplified our health-service delivery using tailored pathways for routine high-volume services. This enabled suitable patients to self-serve, preserving staff time to coordinate care for those with more complex needs."

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Once patients were referred to the endoscopy unit:

- **The Consultant**
Would triage each patient to determine their suitability for DAC
- **The Nurse**
Would then call each patient to capture their health history
- **The Admin Team**
Would call each patient again to book a procedure date
- **The Patient**
Then required a pre-procedure in-person visit to the endoscopy unit to have a nurse guide them through their bowel prep instructions

The challenges of this process:

- It often took staff multiple attempts to reach patients by phone
- Some calls to complex patients would take upwards of 45 minutes to complete, with research increasingly showing people don't answer calls from unknown numbers*
- Double handling of calls across departments
- Admin staff often needed to speak with patients multiple times if they were unsure of their availability or needed to change dates
- The unscheduled nature of the pre-procedural bowel prep visits meant that nurses had to be diverted from their daily tasks with no notice, thus disrupting the flow of the unit

The large volume of calls to be made to patients referred for DAC pathways, coupled with the time it took to triage patients, also meant that wait times for procedure bookings was increasing. This put pressure on the waiting lists, leading to underutilisation of theatre slots.

"The increased demand for our service was causing a heavy manual task load, taking precious clinical time and causing difficulties in optimising theatre time. After Personify Care was implemented, I ring high-risks patients only and spend less than a quarter of the time I used to spend on the phone with them"

SHARON GILLESPIE
CLINICAL NURSE
THE QUEEN
ELIZABETH HOSPITAL

*Most Americans don't answer cellphone calls from unknown numbers, by Colleen McClain,
<https://www.pewresearch.org/fact-tank/2020/12/14/most-americans-dont-answer-cellphone-calls-from-unknown-numbers/>

The Technology

These challenges led the Endoscopy Team to streamline their pre-procedural processes, by adopting Personify Care technology to help determine patient eligibility for DAC pathways, as well as supporting the preparation of patients on the day of admission.

Upon referral to the hospital for an endoscopic procedure, triaged patients are then sent a notification via their mobile or desktop to register for their digital pathway on the Personify Care platform.



The patients are directed to the web app and the pathway welcomes patients, provides them with information about their procedure and invites them to complete a digital pre-procedural health assessment.



Patient data is then available to clinical and administrative staff via an online “dashboard”. They have real-time visibility to the risk status of patients via a clinical alert system, giving them the ability to directly attend to high-risk patients.



Patients for whom all indicators are “green” pose a lower clinical risk and can safely progress along their digital pathway without initial intervention. They are then electronically offered a booking date, giving them flexibility in selecting a date that suits them.



Patients are also sent their personalised bowel preparation information via a daily digital checklist on their Personify Care app, at the appropriate time relative to their procedure, a process that used to require an in-person visit to the hospital.



Providing perpetually accessible procedural information to patients digitally saves staff time and aids in recall, as research suggests patients only remember on average 25%* of what they’re told during an in-person consult.

"There's always the patients who struggle with technology, but it's a minority and means there's a much smaller number of patients that need to be followed up manually than before Personify Care."

SHARON GILLESPIE

CLINICAL NURSE

THE QUEEN ELIZABETH HOSPITAL

*Godwin Y. Do they listen? A review of information retained by patients following consent for reduction mammoplasty. *Br J Plast Surg* 2000;53: 121-5.

Harrison P, Hara P, Pope, J, Young, M, Rula, E. The Impact of Postdischarge Telephonic Follow-Up on Hospital Readmissions. *Popul Health Manag.* 2011 Feb; 14(1): 27–32.

Results

In the first 3 months of implementing digital pathways to support their DAC processes, there has been an 82% patient registration rate. That's an immediate reduction in pre-admission administrative follow up. The age range of these patient respondents is 18-84 years, with 93% of all digital pathway activities being completed.

Alerts were then detected for 44% of these patients, meaning the remaining 56% were able to automatically progress along their digital pathway, freeing clinical staff time to provide direct care to the high-risk patients. In addition, for the 44% of patients that triggered an alert and received a follow up call, the average call length was reduced, thanks to early access to patient's clinical data.

Discussion

Since the adoption of digital pathways, the endoscopy unit has experienced significantly reduced wait times for DAC patients, and clinical staff time has been redirected away from repetitive administrative tasks and into high-value care.

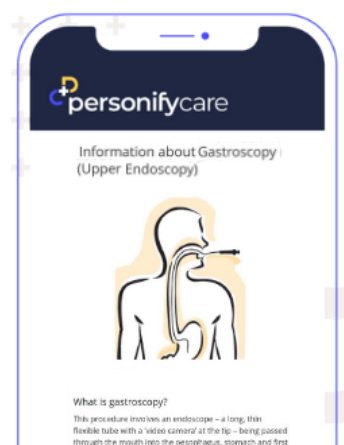
Prior to the adoption of Personify Care, clinical staff were required to call every patient once they were referred to a DAC pathway. Now the number of phone calls required has decreased by 44% and alleviated much of the administrative burden on staff, and call times for the remaining patients reduced and were focused on providing key clinical instructions. Not collecting medical information.

The pressures from the procedure bookings process has also been alleviated with flexible booking dates for low-risk patients being automatically sent to them. This has meant that lists can be booked 3 weeks in advance, and wait times have decreased by 71%.

"It's great, we've been able to get patients booked within a few days of receiving their referrals. Before, it would take weeks, so it's made a real difference to us", says Sharon.

Patients are also able to provide signed medical consent via Personify Care, receiving procedure information well ahead of their admission and consenting digitally.

Prior to the implementation of digital pathways, patients were required to attend in person to receive their printed bowel preparation instructions from nursing staff. These same instructions are now available to patients on the Personify Care platform, in tandem with digital reminders, and are sent automatically relative to the patient's admission date.



Expansion

Digital pathway technology simplifies health-service delivery by personalising the input needed to deliver routine services, enabling low-risk patients to self-serve, preserving staff time to coordinate more complex care.

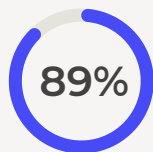
Personify Care has been well received by staff at The Queen Elizabeth Hospital, who report marked reduction in work stress, reduced booking times per patient and better ability to work without phone calls interruptions. Nursing staff report having more time to direct towards the complex patients with “straightforward” patients being able to progress without waiting for staff time.



of staff would be likely or extremely likely to recommend the platform to a colleague



of patients said having access to this service helped them prepare for their clinical visit, treatment or procedure



of patients said the information provided via this service covered health information they weren't otherwise aware of



of patients said this service provide them with new information about their treatment or procedure

After the successful implementation of digital pathways at The Queen Elizabeth Hospital's endoscopy unit in April 2021, Personify Care technology has now been rolled out across all units for elective surgery, as of August 2021.

Personify Care digital endoscopy pathways have also now been extended to the Royal Adelaide Hospital Endoscopy Unit, as of November 2021.