TRANSFORMING PREOPERATIVE ASSESSMENT THROUGH DIGITAL COMMUNICATIONS

Jim Ward, director at Good4HEALTH, explains how lowering 'Did not Attend' rates, shortening clinical appointments and fast-tracking low-risk patients will allow staff to focus on medium and high-risk cases, where improvement and reassessment may be required.

Current surgery practices in the NHS involve the use of 20th century technologies in communicating with patients. We send letters to confirm appointments and use telephone calls to cancel, rearrange or ask for advice. As a result, it is no surprise that high 'Did not Attend' (DNA) rates occur and that patients come along to appointments less than well prepared and often face long, laborious, paper-based procedures, to gather clinical and historical information. It's no wonder many are also left less than satisfied with the non-clinical side of their service.

Connected4HEALTH is currently working with a group of hospitals, looking to completely update their planned surgical processes. This includes everything from new protocols and procedures, to better ways of providing patient-centric care. Their CEO "wants the UK's best preoperative assessment" – and we are confident of delivering it! As well as that, other parts of the care process improve at the same time.

At present, the sharing of clinical information, when a GP refers a patient to a hospital for surgical assessment, varies from almost non-existent to fulsome. As a result, most hospitals operate a preoperative assessment clinic for every patient, where they are 'interviewed' by a nurse, assessed clinically and asked often tens of pages of questions relating to their present health and past medical history. In almost every hospital, at best, it is an electronic form of a paper system – with most still filling in paper-based reviews. On average, these appointments last an hour and for many patients – those with good health – it is largely a waste of their and the hospital's time. From this assessment, patients are normally either referred directly to surgery, or referred for anaesthetic review, most often carried out by anaesthetists and slowing the entire process down. With recent changes in England, many patients who smoke or have a BMI above 30 are rejected completely and sent to 'improve'. Controversial and while classed as 'obese' in those reviews, many may be more than suitable.

As present, most hospitals only use the Friends and Family Test for patient feedback, rather than more intensive PROM (Patient Reported Outcome Measures) and PREM (Patient Rated Experience Measure) surveys. As a result, little is gathered concerning patients' actual views on how a service may improve based on their experiences and outcomes.

Changes don't have to impact negatively

In our work with three hospitals, a new system is being designed that will encompass a number of communication methodologies, from PREMs and PROMs being carried out digitally by patients, using SMS or apps, to offering choice of dates to patients, with digital chat, to reminders about outpatients, preop and surgery dates, to digital questionnaires to pre-assess low-risk and minimise clinical time. Around this will be a digital information delivery system to ensure patients have relevant information at the right time, minimising ill-prepared clinical time. This will create a patient-centric system which has at least 50% less DNAs, more clinical time for patients who need it, fast-tracked low-risk surgery and optimised anaesthetic review. All in all, we estimate not even costing the system 10% of the money saved in DNAs, never mind other features.

In terms of impact, all of this becomes automatic, with no clinical or even admin time dedicated to delivery of reminders, information, questionnaires, surveys or feedback. This will free up time for personal interactions, particularly for patients who require it, and help concentrate efforts on equality and ensuring high-risk patients get help in lowering risk and meeting targets. We expect much more positive outcomes, both for patients and staff.

Moving forward, we have also helped develop a pre and post-operative app for Android and Apple, that delivers a completely digital and modern communications platform for patients, where they can receive advice, book times, change dates, fill in assessments digitally and provide feedback. It is already in trial in children's hospitals and is delivering positive results. It is designed in such a way that review and change can take place in hours rather than months and at a low overall cost. This app will suit the growing cohort of patients with modern and high expectations of the NHS as a service industry. It will ease pressure on staff and result in faster appointment and surgery times, as well as lowering the costs of delivering the service. All in all, a win-win situation.

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W: www.good4health.co.uk