POSTER ABSTRACT

Pilot Implementation of Digital Messaging Application between EDITH and FITT teams

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

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Introduction: The Frailty Intervention Therapy Team (FITT) in St Columcille's Hospital (SCH) was established in 2019 to improve care in the acute setting for the frail older population. The Emergency Department in the Home (EDITH) was set up in St Vincent's University Hospital in 2020 to reduce Emergency Department visits for older patients. Rather than ED attendance, these patients receive medical and functional assessment from an ED doctor and Occupational Therapist in their own home.

When EDITH assess a patient and deem them to need hospital admission to SCH, they contact SCH FITT to provide handover. This handover was initially provided via email which typically wasn't received until after the patient's admission to SCH. Due to the problems this delay caused (unnecessary repetition of assessments; delayed decision making regarding patient's care), a 3 month pilot of the Siilo app was commenced in August 2021 to improve the flow of information between teams, facilitate timely decision making in SCH, and improve patient care.

Siilo is a secure medical messaging app designed to facilitate instant communication of patient information between healthcare professionals in a confidential manner.

Methods: A retrospective analysis of routinely collected information was completed to determine the time from EDITH assessment to receipt of handover in SCH. The 3 month period before the pilot was compared to the 3 month pilot period.

A questionnaire to determine the effectiveness of Siilo was designed and completed by all EDITH and SCH Siilo users (n=7). Respondents were asked to rate speed, efficiency, accuracy, accessibility and confidentiality on a 4 point scale. Qualitative questions regarding positive and negative aspects, and future suggestions were also included.

Results: In the 3 months before the pilot, 11 EDITH patients were transferred to SCH. Median time from EDITH assessment to receipt of handover was 20 hours. During the pilot, 9 EDITH patients were transferred. Median time to handover was 1 hour.

Speed, efficiency and accessibility of communication between EDITH and FITT all received a median rating of 2 ("average") before the pilot, this increased to 4 ("excellent") during the pilot. Accuracy and confidentiality both received a median rating of 3 ("good") before the pilot, and both improved to a median rating of 4 ("excellent").

100% of respondents felt the introduction of Siilo had a positive impact on decision making in SCH, and a positive impact on patient care.

Themes that emerged in qualitative statements included earlier acute care discharge planning; ease of use; reduction in paperwork. Suggestions to further improve communication between the services were made and will be explored at a later date.

Discussion: A significant reduction in time from assessment to handover improved the flow of communication between the teams, reduced the duplication of assessments, and improved patient care for older patients in the EDITH and SCH catchment area. Confidentiality and accuracy were maintained over this period. As a result of the pilot, the use of the app will be continued and suggestions to further improve the integration between the services will be implemented.