

IMPROVING ACCESS TO URGENT GASTROENTEROLOGICAL CONSULTATION: A POSITIVE PANDEMIC IMPACT

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Background: The global COVID-19 pandemic has resulted in a dramatic re-alignment of clinical service delivery. In mid-March 2020 the Division of Digestive Care and Endoscopy at Dalhousie University leveraged eHealth technology to rapidly implemented a new referral management and triage system and established a new rapid outpatient consultation service to facilitate urgent virtual and face-to-face appointments. Standardized procedures for triaging, booking, and staffing the urgent gastroenterology consultation service were implemented.

Aims: The aim of this study was to evaluate the impact of the implementation of a standardized triage and consultation process on access to urgent gastroenterology consultative services at a single tertiary care center during the COVID-19 pandemic.

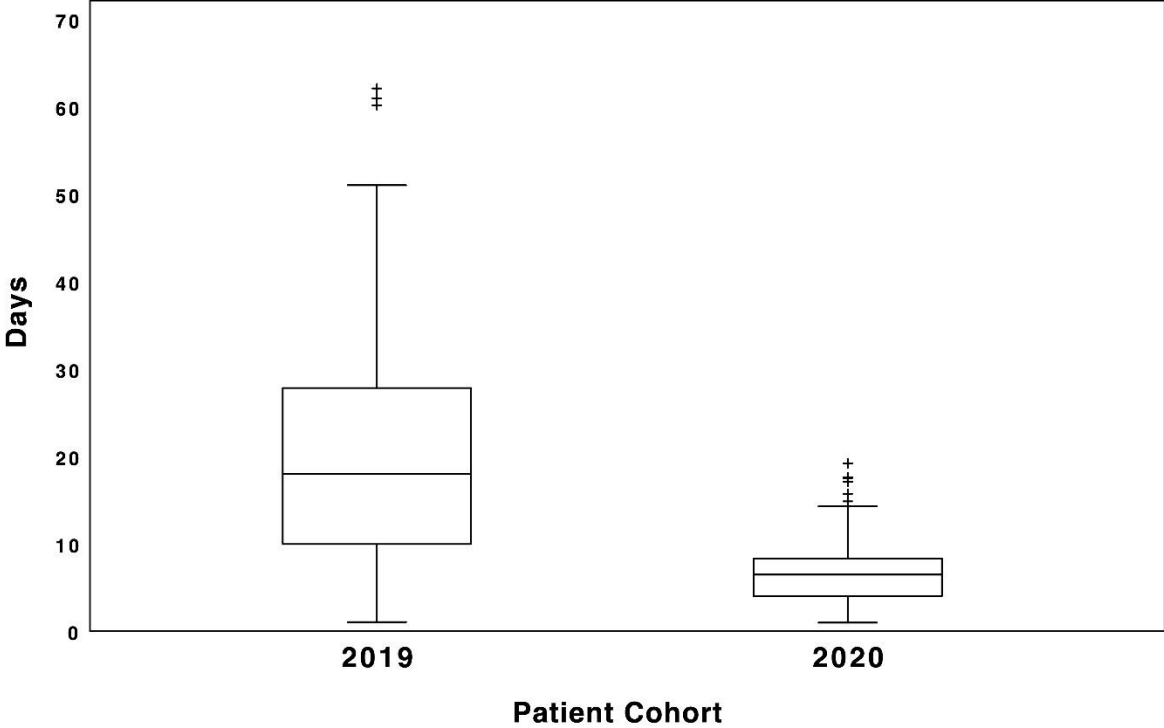
Methods: We performed a pre- and post-implementation study comparing efficiency metrics for urgent triage and urgent consultation. The pre-implementation cohort included all patients referred and triaged to an urgent clinic appointment between April 1, 2019 to September 30, 2019. The post-implementation cohort included all patients referred and triaged to an urgent clinic appointment between April 1, 2020 to September 30, 2020.

Healthcare efficiency data was extracted through electronic record review with specific dates and times for referral receipt (a), triage completion (b), appointment wait-listing (c), and clinic appointment (d). The time to triage (TT), time to visit (TV), and total time to consult (TC) were calculated ($TT = c - a$; $TV = d - c$; $TC = TT + TV$) for each patient. The Mann–Whitney U test was used to compare TT, TV, CT between patient cohorts.

Results: A total of 429 patients were booked for urgent clinic consultation, 176 during the pre-implementation period and 253 in the post-implementation period. The mean TT for the pre-and post-implementation cohorts was 4.8 days and 3.3 days, respectively ($U=18,149$, $p=0.001$). Mean TV was decreased from 16.2 days for the pre-implementation cohort to 3.6 days for the post-implementation cohort ($U=6095$, $p=0.000$). The mean time from a referral being received to the patient being seen in consultation (TC) decreased by 67% from 21 days to 6.9 days, Figure 1 ($U=6,419$, $p=0.000$).

Conclusions: The COVID-19 pandemic has had a dramatic impact on healthcare delivery in Nova Scotia. One positive result is that it facilitated the motivation and alignment needed to make a large health system change that may not have otherwise been possible. This study demonstrates that a standardized pathway for urgent outpatient gastroenterology assessment improves the timeliness of care delivery.

FIGURE 1: Total time from referral to consultation



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