Implementation of Patient Browsers in Different Sectors of the "National Hospital Professor Alejandro Posadas"

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Abstract

In 2020, when the Covid-19 pandemic began, Professor Alejandro Posadas National Hospital implemented clinical monitoring of patients and their contacts by telephone to manage the overwhelming demand for assistance and avoid overcrowding. This led to the formation of a Telephone Monitoring team. The team's success prompted the hospital to explore other areas where the tool could be applied. In 2021, the hospital continued to use the Telephone Monitoring team, adapting it to new lines of work where patient care traceability was critical for ensuring access to the healthcare system. This article examines the role of patient navigation in improving healthcare outcomes, including better access and quality of care for underserved populations. The hospital institutionalized the Telephone Monitoring device in February 2023 as a sector of Assistance Relinking, adding another weapon to benefit patients by increasing their safety and improving the quality of care.

Keywords: Patient Navigator; Quality of Care; Traceability; Accessibility

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Introduction

The "patient navigation" emerged for the first time in the US Patient groups and achieved varying degrees of implementation. "Patient navigation" is based on focusing the patient on medical care [1,2].

The roles that the "patient browsers" must have are: [1,2]

- Identify groups of vulnerable patients.

- Guide them through the medical care system.

- Help overcome the barriers that prevent them from getting the attention they need.

- Link them: citing them and thus reduce the losses of monitoring complex pathology.

Therefore, with "patient navigation" we achieved.

- Increase accessibility.

- Improve quality.

- Achieve equity in medical care.

- Guaranteeing the improvement of the quality of individual and collective health services is the essential function of the Public Health 9 (FESP 9) according to the Pan American Health Organization.

In our posterior institution of positive COVID patients, "patient navigation" was implemented in different areas, which we will develop below.

General objectives

- Promote accessibility for the continuity of health care.

- Promote traceability by working on a network with the internal teams of the hospital.

- Improve patient quality and safety by strengthening clinical monitoring and incorporating monitoring of care processes.

- Tracing the organizational culture of the hospital towards the review of the practices and the improvement of healthcare processes, as well as the systematization of monitoring and evaluation of care provided by the institution as a whole.

Specific objectives

- Connect the patient with the hospital or other centers, in order to perform treatment and/or follow-up.

- Notify your diagnosis and inform you of the importance of pathology with its respective treatment and its possible complications.

- Work inter-disciplinarily with hospital health teams to agree on monitoring strategies.

- Exhaustively analyze the medical records

- Record specific interventions in medical history.

Materials and Methods

A review of information on roles and functions in the navigation of

Table 1: Procedure process.

Covid	• Search for results • clinical monitoring • TRIAG derivation
Syphilis	• Confirm results • Review digital medical history • Call and grant schedule • Prioritizing pregnant women
• Post High / Post High Emergency Diagnostic Orientation Center (COD) • Low acute respiratory infections (Irab)	• Confirm offset absences • Post high clinical monitoring in case of COD and Irab Granting on duty
Head and neck (benign pathology)	• Patient derivation to the Bicentennial Hospital • Delivery of results • Post consultation call
Perinatal duel	• Explanation to patients about the formation of the office and citation
Strategy 1, 2, 3	• Stratification of patients for giving shifts prioritizing urgent cases
Oncological	• Search for assistance in digital medical history • Citation to office according to specialty

patients in different areas of health published in the scientific literature was carried out [3-6]. Barriers and impediments were also evaluated in our establishment so that vulnerable patients can access medical care. Different Drive bases were designed that were shared between the different sectors involved.

From the year 2020 to the year 2022, we made the following axes in table 1.

1. Covid axis we communicated telephone with all the patients who had consulted the hospital and were positive for Covid with a fast PCR test, always emphasizing the patients who had comorbidities. We took care of looking for their results and carrying out their clinical monitoring according to their comorbidities.

2. Syphilis axis the data of a shared Drive Base are extracted, patients that the territory does not locate. Its laboratory is confirmed, the digital medical history is reviewed to interpret the VDRL + and in case we consider it to know if it was treated in a timely manner. Otherwise, the infectiology office is cited. With pregnant women instead they are contacted immediately, and the results are interpreted and cited with the infectiology office as soon as possible.

3. Axes of high medical clinic/post emergency: corresponds to the patients who were admitted to the room or in the guard for a short period of time respectively. These patients face various problems in the first weeks after being discharged. High absenteeism was found in post-high outpatients. Therefore, revinculation with the hospital was considered necessary, where the patient is contacted and their lost shifts are reassigned, avoiding complications on time and guiding patients after discharge.

4. Axis Diagnostic Orientation Center (COD) are patients who attend the hospital to this sector, assist them and guide them, providing a turn according to what the professional suggests. Our task is to review the medical records, contact a patient of high complexity that he did not attend, recite, and guide him on the functioning of our institution.

5. Axis with sharp acute respiratory infections (Irab) All the medical records of these patients are reviewed and in case of absenteeism they are stratified and recited to the respiratory guard.

6. Benigno and neck pathology axis. During the pandemic, the patients could not perform the routine controls or controls of their pathologies. Among them are benign head and neck pathologies. When patients returned to the hospital, both benign and malignant

pathologies began to increase throughout the entire hospital. Faced with the lack of operating room availability, the hospital made an agreement with the Bicentennial Hospital of Esteban Echeverría for the realization of benign pathology surgeries. Our task consisted of contacting patients, sending their studies, guiding them to the other center, and then communicating to assess that the patient has been connected.

7. Perinatal duel axis: Our function consists of contacting patients who were admitted to our hospital, with a diagnosis of dead fetus or neonatal death during the first week of life and the citation is made to a consultation with the perinatal duel office.

8. Strategy 123: In a Drive Base shared with the Patient Office and Communication Center Posadas we take care of the Coordination of Officials to stratify the pathologies, to give priority to complex patients, and thus expand accessibility.

9. Oncological axis: The pathological anatomy service shared a list of oncological patients from different hospital services, our mission was to review all medical records and verify if the patient was in follow-up or did not know their result. In case of verifying that the patient was not in treatment, he contacted it and quoted with his header.

Figure 1 presents a process algorithm.

1. Drive base shared according to the axis.

2. Patient search.

3. The digital medical history is read.

4. Search for complementary studies according to axis (vdrl, treponemic test, urine cultures, paff; ultrasound).

5. Telephone contact (called or WP).

6. Effective contact: Granting shift.

7. Ineffective contact: Voice messages and WP are left. In case of non-achievement, it is called again the later day. In case of not achieving contact, reference, and counter-reference is derived for your search in territory.

Algorithm 1, efforts performed 2020/2022. In 2020 we made 37,636 efforts; in that year we remember that the first and second wave of Covid occurred.

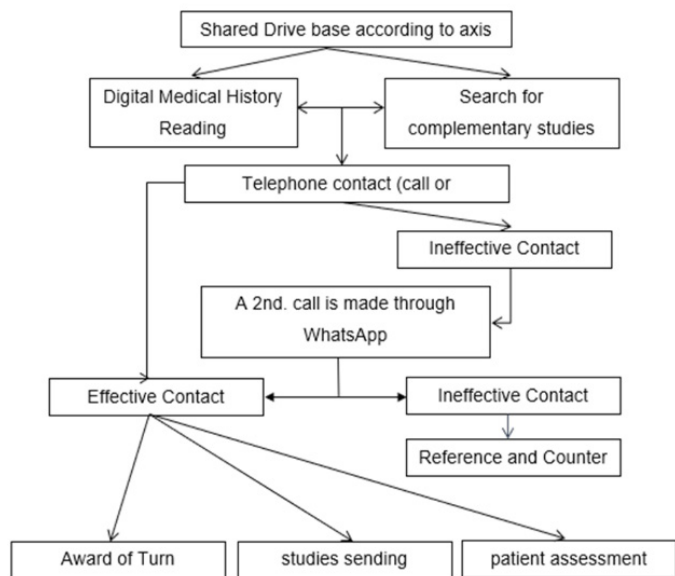In 2021 we made 12,088 steps by Covid towards July we begin to

Figure 1: Process algorithm.

implement other axes such as Post High Medical Clinic, Syphilis, and Perinatal Duel (Table 2).

Table 2: Implementation of other axes such as Post High Medical Clinic, Syphilis, and Perinatal Duel.

Axes	2020	2021	2022
Covid	37636	12088	1428
Post hospital discharge		159	343
Syphilis		306	254
Perinatal duel*		29	47
Diagnostic Orientation Center (COD)			602
Strategy 1, 2, 3			1489
Head and neck: benign pathology			192
Low acute respiratory infections (Irab)**			142
Post emergency hospital discharge			175
Oncological			733
Total	37636	12582	5415

In 2022 we increased many more work axes such as the revinculation of patients who had attended the diagnostic orientation center, high emergency post, benign head and neck pathology, patients suffering from acute low respiratory infections, and finally oncological patients (Figure 2).
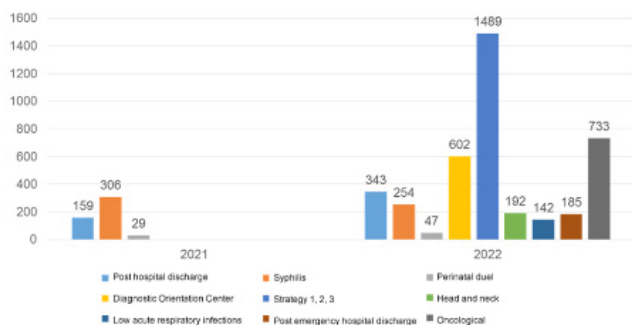

Figure 2: 2021 and 2022 data.

Conclusion

- The Assistance Revinculation Device was institutionalized within the framework of the Directorate of Assistance and Quality.

- A new tool was implemented in our institution with excellent acceptance by the population.

- Patients said they felt accompanied and content.

- It has served to identify those patients who needed a specific health intervention and avoid the feeling of abandonment and difficulty of access the health system they could have.

Challenges

- Expand the work axes identifying in conjunction with the assistance equipment groups of patients at risk, which require monitoring of their continuity of care in order to guarantee access again if they have lost them.

- Review of practices for the improvement of healthcare processes, and the systematization of monitoring and evaluation of care provided by the institution as a whole.

Conflict of Interest

The authors declare that they have no conflicts of interest. The article was sent with the consent of all authors for their evaluation and publication.

Ethics Statement

Work has been approved by the ethics committee responsible in the workplace, and does not declare means of financing of the work carried out.

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