

An Evolution of Interaction: The benefits of online booking systems integration into traditional triage

Another Digi-Gap: Integrating Multifaceted Triage Approaches to Assist and Speed Technological Transition to Electronic Medical Documentation and Booking Systems



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BACKGROUND

Recognising and harnessing cultural and technological shifts in both client and healthcare provider arenas are crucial to optimising triage engagement of potential clients, subsequent care and developing sustainable and economically sound service provision.¹

Clinic 16, a publicly funded sexual health clinic, utilises a nurse led triage system to allocate appointments to priority population clients in line with Australia's Third National Sexually Transmissible Infections Strategy 2014-2017 and New South Wales Sexually Transmissible Infection Program Unit (STIPU) triaging guidelines.

Traditional telephone and walk-in triage has been the standard of care for many years. The last decade has seen a cultural and technological shift in Australia towards greater internet use, creating greater access to information and engagement prospects.^{2,3}

A 2015 Clinic 16 client survey reveals 55% of clients report using the Clinic 16 website and 43% found out about the clinic through an online search.

In response, Clinic 16 developed an online abbreviated self triage and appointment request service to better meet the evolving needs of client-to-service engagement.

We describe the implementation and evaluation of this service in the first 6 months of use.

METHODS

The booking enquiry form was informed by a literature review of similar services. Clients were directed to the booking enquiry form through the Clinic16 website, via direct link GRINDR* advertising, and through the clinic phone line (automated answer message).



Fig 1: Online booking process from initial client contact through to appointment confirmation

The following de-identified data were extracted retrospectively from the email enquiries and clinic database and collated in a spreadsheet: client demographics, dates of contact, prior Clinic16 attendance, presence of symptoms. Descriptive statistics and comparison of proportions between phone and website enquiries by chi-squared test are presented.

Cost benefit was estimated by recording telephone interaction time in a convenience sample of triage nurses for standard telephone triage versus website enquiry follow up and the difference multiplied by average cost of a triage nurse/min (67c AU).

RESULTS

From November 2014 to April 2015, the website booking service:

- Generated 413 enquiries of which 76% (N=314) were new clients
- Resulted in 299 bookings (72% of total website enquiries)
- Accounted for 21% (n=299) of all Clinic 16 appointments

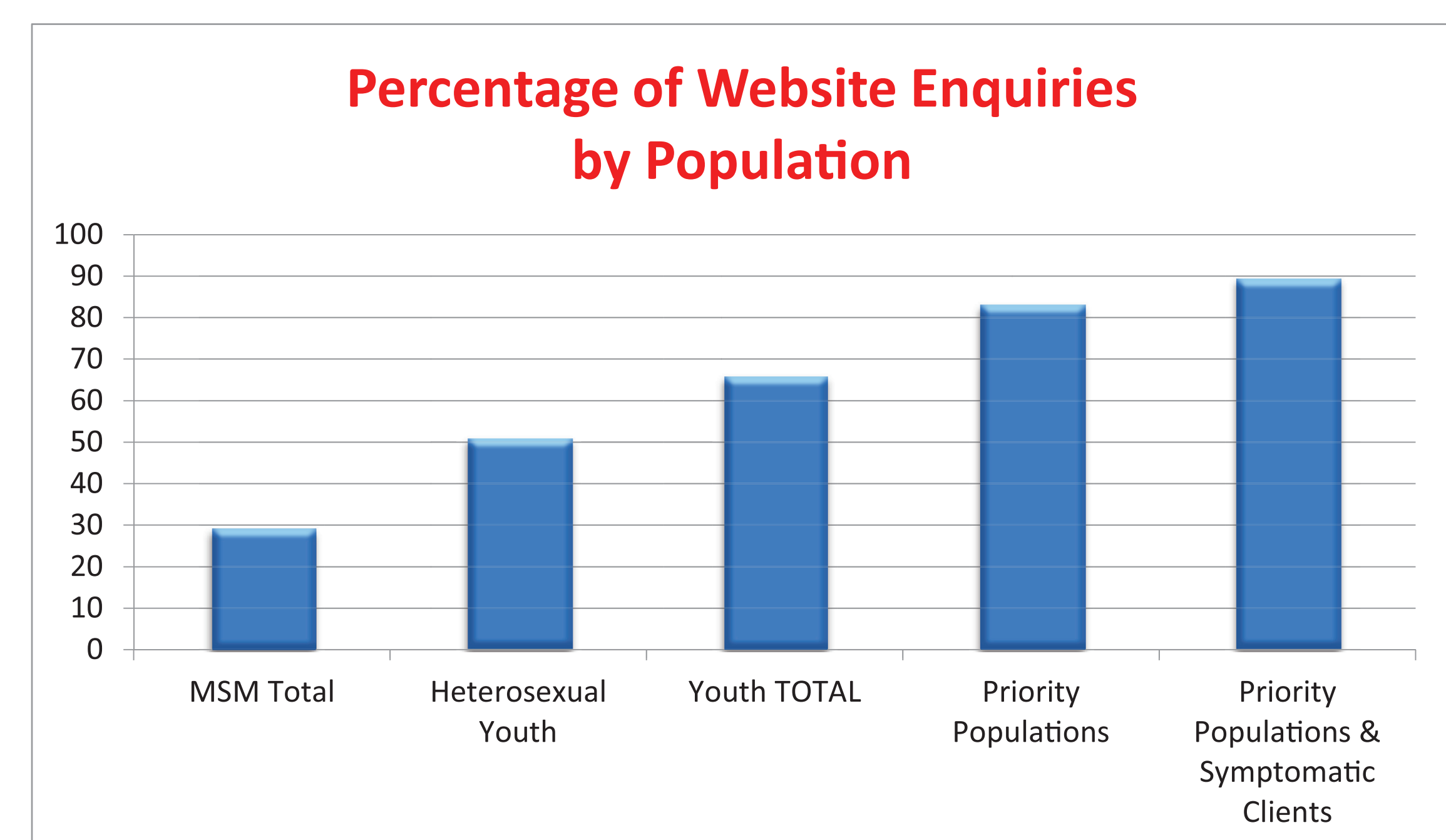


Fig 2: Percentage of Total Enquiries by Population from November 2014 through April 2015

Comparison of website versus telephone enquiries:

- Proportion of enquiries that were priority population: 89% vs 66% (p<0.001)
- Proportion of enquiries that resulted in appointments: 72% vs 59% (p<0.001)

Saved nursing time cost estimated range 67c to AU\$2.01 per enquiry.

CONCLUSIONS

A statistically higher proportion of website enquiries compared to telephone enquiries resulted in booked appointments.

The majority of website enquiries were from people not previously known to the service.

The website self triage appears to result in a cost saving per enquiry.

SUMMARY

The incorporation of online bookings allows for a streamlined appointment making process. We believe our online booking facility has opened up access to our service by using the same virtual spaces our clients frequent.



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*popular geolocation social network application

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