beetroot®
digital health solutions

Case Study
The administrator's view

"The Trust has hired two additional administrators who will provide initial administrative support to clinical teams who want to start using beetroot."

Chris Wright talks to Michelle Stallibrass about the administrator's view of beetroot

beetroot®
digital health solutions

CW: Hello Michelle – can you tell us something about yourself and your role?

MS: My name is **Michelle Stallibrass** and I am the lead administrator for Patient Stratified Follow-Up and beetroot across the hospitals at Mid and South Essex NHS Foundation Trust. I specialise in using beetroot to support the urology team at Southend, and I also supervise the activity of two additional full-time beetroot administrators.

CW: How did you get involved with beetroot?

MS: I was asked to come on board with the beetroot project quite early on in terms of its actual setup and build and I was instrumental in setting up the clinical governance guidelines and looking at how the system was going to work best for the urology department as a whole.

CW: What was the original brief for you in introducing beetroot within urology at Southend?

"The beetroot system has been really instrumental in taking a significant number of those patients away and lessening that workload."

MS: We were looking at setting it up to deliver good outcomes for patients if they were experiencing problems getting appointments in regular clinics. We've had a lot of problems with overbooking and staff having to work extra time so it's not unusual for some of our staff to work overtime to work at weekends and to work on bank holidays to fit patients in. We were looking across the board at different clinic codes with different nurses and different consultants across the urology department just at Southend at first to look to see what criteria we could set in place to take away some of those patients from those overburdened clinics and move them onto a patient stratified and automated system. The beetroot system has been really instrumental in taking a significant number of those patients away and lessening that workload. I'm pleased to say that we're now enrolling patients on beetroot from Basildon and Chelmsford urology as well.

CW: How does beetroot actually work for you?

MS: With regards to the monitoring of patients we've set up the system so that we can look at specific blood tests. For urology patients that's something called a PSA which is a well-used determinate in measuring prostate cancer disease progression. A patient will have a PSA done at set intervals defined in beetroot, with beetroot sending them a reminder to go for a test. The PSA result will come back into the beetroot system and we can tailor make alerts for each patient or groups of patients, setting the parameters as to when those alerts will be generated. Those alerts might indicate a rising PSA which could be a sign of disease progression, or they could be notification of a patient not providing a test when expected, a Did Not Attend (DNA). Once an alert is generated the administrator is fully trained to be able to know what to do with that particular alert, they can review it, escalate it to clinical staff who can take appropriate action. We have specific lines of communication in place so that the patient can be fast-tracked back into the urology system and see a clinical nurse specialist should they need to. But we also have the ability for patients to just be left alone and live life beyond their treatment for prostate cancer and they can call us if they need to, rather than us calling them on a regular basis. That saves a lot of time.

It's worth mentioning that in terms of the actual use of beetroot the administrators are the principal users and are fully trained to be able to recognise what they should do with the alerts and when to escalate to clinicians. Clinical staff can use beetroot, but the idea is that it frees their time up to do other things.

CW: What's motivating more teams to start using beetroot?

MS: A lot of the tumour sites that we're getting on board are actually using the PROMS more and more because in terms of the communication with patients we find that it's a really good and effective beetroot feature. Lots of people these days use mobile phones to communicate and so the ability to be able to send a questionnaire really quickly and easily to a patient's mobile phone is great. They can fill it out quickly and easily and it's sent back to us and any concerns can be actioned almost in real time. But it also gives that patient a link to the clinical team. We were really keen to make sure that our patients didn't feel that as soon as they moved over onto remote follow up they were cast out into the community and they didn't have that link back to us. The Healthcare Needs Assessments (HNAs) and other questionnaires that we have started using have reassured patients that there is that link and if they do have any issues or worries or concerns they can contact us really easily.

"If a PSA test isn't received when expected we also get an alert. That way we can keep track of where they are within their pathway much more efficiently and safely."

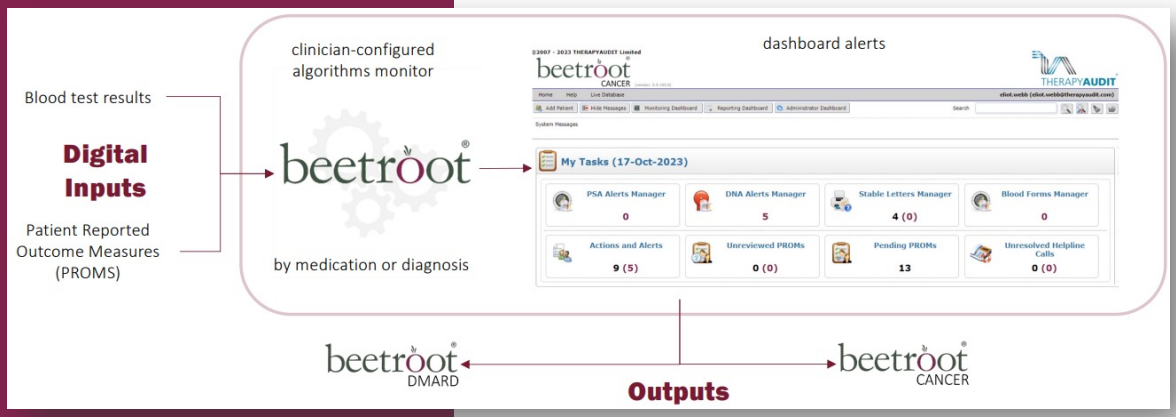
CW: I understand that the original remit for beetroot was to support clinical teams with delivering Patient Stratified Follow Up but I think you're starting to use it earlier in the patient's journey?

MS: That's right. This refers to the active surveillance or watch and wait aspect of beetroot. It's really in the early stages but what we're looking to achieve is really along the same lines as for patients who have had treatment. We have a huge number of patients who are currently in our clinics who have some degree of prostate cancer but it doesn't actually need any treatment right now so they're on a watch and wait pathway. But as you can imagine the more patients we see at team meetings and in clinic settings and those who are referred from GP practices the more difficult it is to manually monitor their regular PSAs and quickly identify any disease progression. For those patients we can enrol them onto the beetroot system and associate them with an active surveillance monitoring processes which will remind them when to go for PSA tests. When the tests are returned beetroot identifies rising levels of PSA that might indicate worsening of disease. If a PSA test isn't received when expected we also get an alert. That way we can keep track of where they are within their pathway much more efficiently and safely.

CW: And you've recently started to supervise additional beetroot administrators?

MS: Yes, this has been an exciting development and very necessary to support and accelerate the beetroot rollout across cancer services. The Trust has hired two additional administrators who will provide initial administrative support to clinical teams who want to start using beetroot. My role is extended to working with the clinical teams and the guys at beetroot to ensure that it's configured as it should be for their specific needs, for example identifying the blood markers and frequencies they want to monitor and the questionnaires they might want to use. Once it's all set up the administrators will 'pump-prime' the enrolment of patients onto beetroot and show the team's administers and/or clinical staff how to use it.

beetroot®
digital health solutions



UK CA

MEDICAL DEVICES ISO ISO 13485:2016 QUALITY MANAGEMENT

beetroot® DMARD

beetroot® CANCER

beetroot® PROMS

beetroot® CCARD

beetroot® START

For more information:

www.beetroothealth.com

0800 756 1087

more@therapyaudit.com