

An APPL a Day Keeps The Doctor Away:

An audit investigating the accessibility of **Automated Personal Patient Lists** in A&E

Introduction:

16 million people attend A&E each year. It is therefore essential that the medical staff, employed within these busy clinical areas, are equipped with the necessary skills/tools to perform their clinical duties efficiently and to a high standard.

An “**Automated Personal Patient List**” (**APPL**) is an automatically generated digital list of all the patients, in a particular hospital location, under the care of a specific doctor. APPLs compile this information and present it alongside other clinically significant data, such as patient clinical acuity and management plans.

APPLs function as a digitalised shortcut, offering an efficiency-saving that has theoretical benefits to both workload organisation and clinical practice. The ideal standard is, therefore, for 100% of medical staff to feel confident in generating APPLs.

Objectives:

1. To evaluate the perceived clinical utility of APPLs amongst medical practitioners in A&E.
2. To audit the confidence/capability of medical staff in creating APPLs.
3. To successfully deliver an intervention that augments the confidence/capability of medical staff in generating APPLs.

Methods:

Pre- & post-intervention questionnaires were distributed to FY1/FY2/trust-grade A&E doctors to gather data regarding the utility of APPLs and to assess the ability of medical staff in generating APPLs.

Intervention: an illustrated step-by-step guide, detailing how to construct APPLs, was created and distributed to the medical staff in A&E.

Results:

32 questionnaires were completed. 100% of respondents with APPLs believed that they benefited their workload organisation & clinical practice. Doctors found it significantly easier to access the clinical profiles of patients under their care using APPLs (9.7 ± 0.87) when compared to without (3.7 ± 1.5) ($p < 0.05$). Pre- to post-intervention, the proportion of doctors that were confident in generating APPLs increased from 12.5% to 94.4% ($p < 0.001$).

Conclusions:

This audit provides an insight into the evident clinical and organisational benefits of APPLs; and highlights the efficacy of an illustrated guide as a means of enhancing medical staff confidence in creating these.

In busy clinical settings, simple yet effective interventions like these, should be identified and actively promoted. The cumulative effect of these changes, and their secondary benefits, holds the key to unlocking untapped potential within respective health services.

Additional Information:

Key Words: Quality Improvement, Healthcare technology, Workflow

Authors: Frederick Wyatt^{1,2}; James Peaty¹; Ashley Lockwood¹

Affiliations:

- ¹ Northumbria Specialist Emergency Care Hospital Cramlington, Northumbria Way, Cramlington, NE23 6NZ
- ² Translational and Clinical Research Institute, Faculty of Medical Sciences, Newcastle University, Newcastle upon Tyne NE2 4HH, Tyne and Wear, United Kingdom

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.