

Odyssey Introduction

- Odyssey
 - Used in UK, Eire, the Netherlands, Australia, New Zealand and Switzerland
 - No serious incident or litigation
 - Evaluated in scientific trials
 - British Medical Journal
 - the Lancet
 - Quality and Safety in Health Care
 - the Public Library of Science
 - Plus others
 - Used standalone or embedded

Why Odyssey?

- 22 year track record, over 30 million assessments
- Used in many clinical settings and health care systems, by a broad range of users, with excellent outcomes
- Evidence of effectiveness in telephone triage, ambulance services, out of hours, walk-in/urgent care centres, reception, prisons, care homes, eye hospital, dental services, symptom checker.....
- Outstanding record for patient safety
 - Reduces risk of failing to elicit key symptoms
 - Reduces risk of failing to interpret data correctly in the context of other information known about the patient

Why Odyssey?

- High acceptability to users
 - Intuitive design, simple to train
 - Integrates into normal clinical workflows
- Improves efficiency
 - quick call lengths, more accurate sorting than algorithms
- Reduces pressure on emergency and urgent care services
- Supports audit and professional development
- Improves patient experience

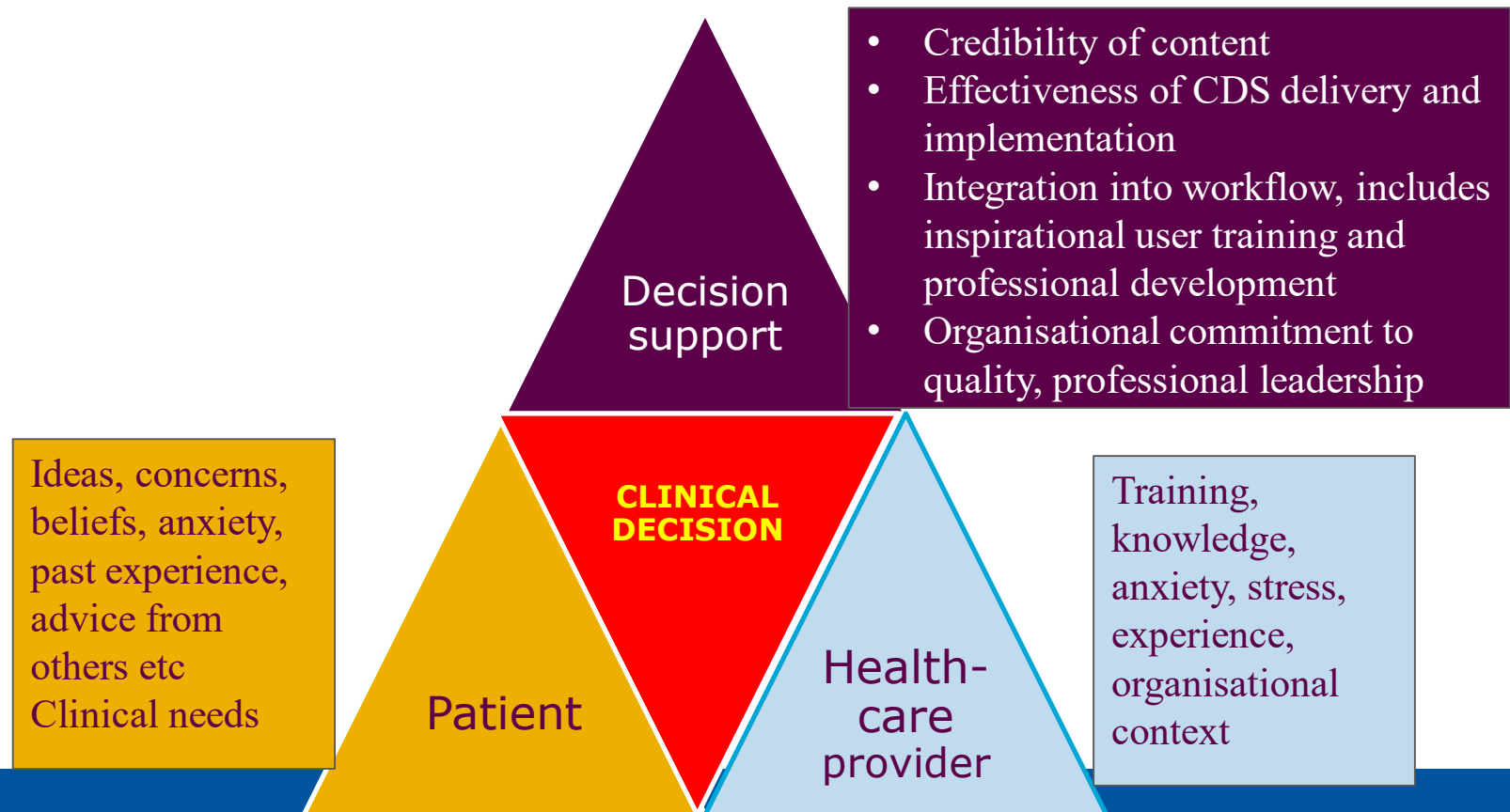
Odyssey's unique approach



- 492 inter-linked question sets, age and sex-linked
 - cover full range of acute presentations from birth to death
 - associated with 1290 presenting complaints
- Each question set includes
 - differential diagnosis listing to support decision-making
 - rationales for each question
 - first aid advice
 - safety netting & self care advice
 - education text (with appropriate references)
- Approximately 30 million assessments without serious incident

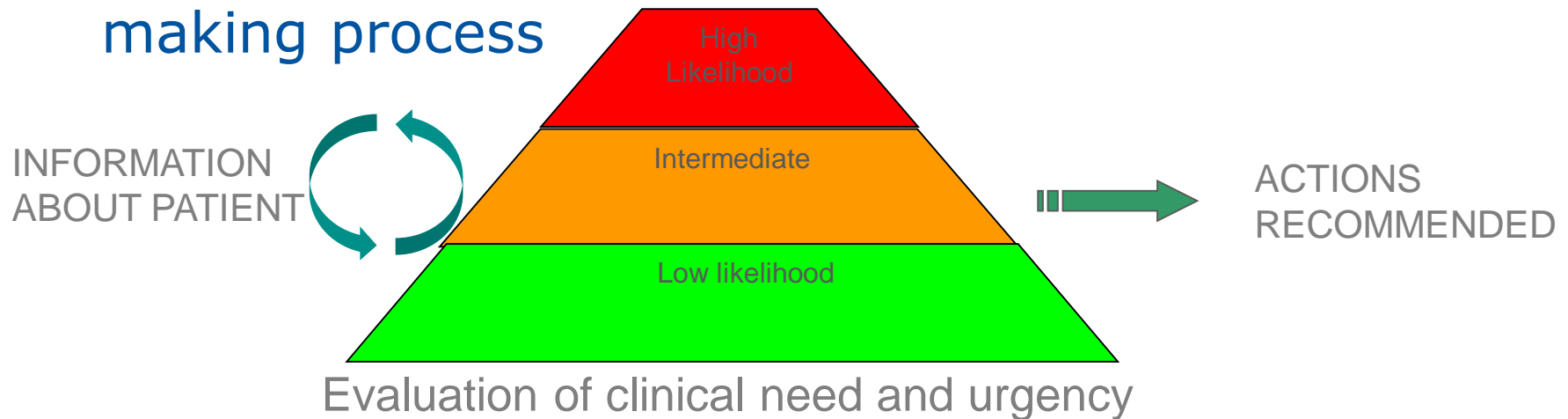
The need for safe, consistent and effective clinical decision-making

- Avoidance of error – costly to the patient and health care system
- Avoidance of inappropriate use of scarce resources



Clinical decision-making is naturally Bayesian

- Clinical decisions are complex, with much uncertainty
 - Diagnostic hypotheses are refined by factoring in additional evidence and background information
 - Decision-making outcome reflects weighting of information + knowledge of uncertainty
- Odyssey is designed to support Bayesian decision-making process



Odyssey TeleAssess: emergency 999 calls

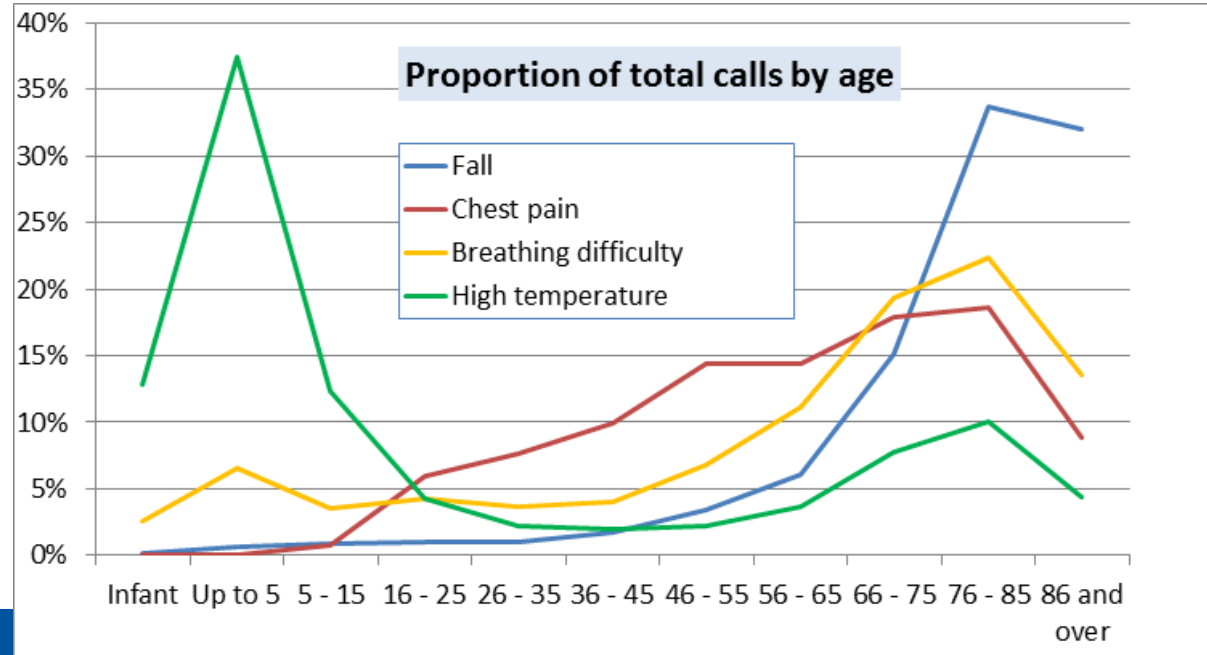
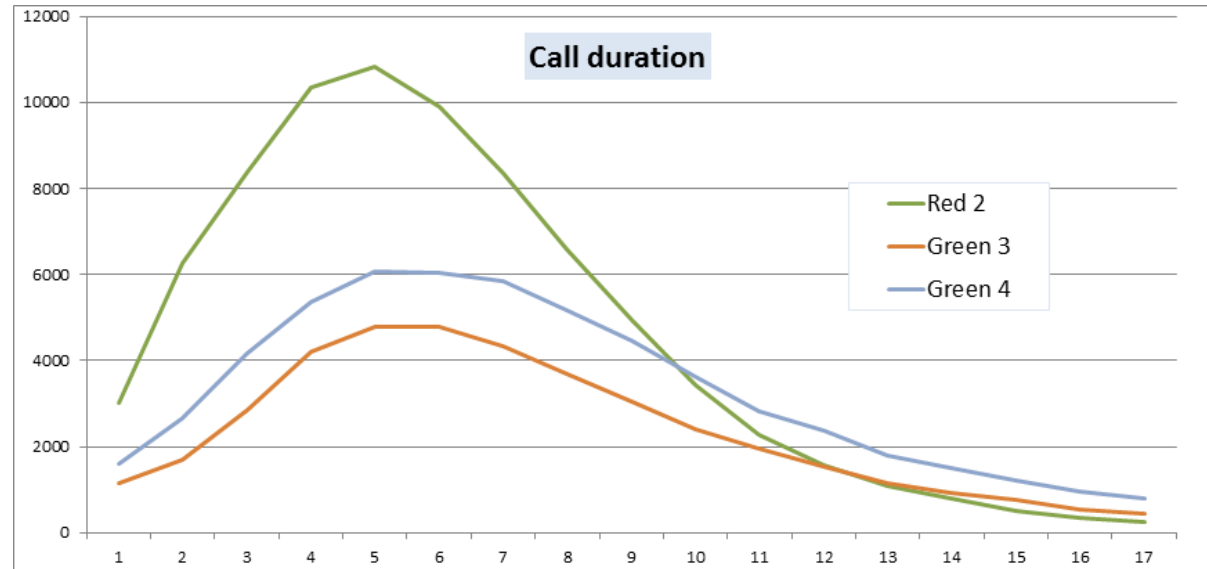
- East Midlands Ambulance Service has paramedics and nurses using Odyssey for:
 - 999 callers prioritised with AMPDS as not requiring immediate blue light response (Green 3 and Green 4 calls)
 - At busy times, 999 calls that may not be attended by an ambulance within standard performance target time
- About 1 in 4 calls are assessed with Odyssey TeleAssess
 - Red 2 42.7%
 - Green 3 25.0%
 - Green 4 27.4%
- 5 minute av. call length



Call length and case mix

-5 min mean call length

- Most freq problems for adults: falls, chest pain, abdominal pain and breathing problems
- Most freq problem for children - fever



Odyssey assessment of 999 calls

- 31.7% triaged as not needing blue light ambulance
- 68.3% outcomes indicated attendance by ambulance needed, but with substantial shift from Red to Green response
- Odyssey enables downgrading of AMPDS urgency
 - 31.8% of assessed calls downgraded
- Odyssey promotes patient safety
 - 38.6% of assessed calls upgraded, mostly from Green 3 / 4 to Green 1 / 2 so improving patient safety

Improving 999 service efficiency and patient safety

- Of the Red 2 calls assessed with Odyssey
 - 40.1% stayed at Red 1 or Red 2 (ie confirming need for 999 response)
 - 56.9% were downgraded to Green 1 and Green 2
 - **Odyssey frees up emergency ambulances at times when EMAS is at its busiest**
- Of the 38296 Green 3 /Green 4 calls assessed with Odyssey
 - 51.0% were upgraded, 98.2% to Green 1/Green 2 and 700 (1.8%) to Red1/Red2
 - **Odyssey increases patient safety**

CLINICAL CONTENT CURRENTLY AVAILABLE

Number of presenting complaints = 1290

Number of symptom specific 'question sets' = 492

Age and gender differentiation of questions/answers,
question rationale descriptions and care text.

Health professional and lay language mirror image
versions

VALIDATION OF THE CLINICAL CONTENT



Processes for validation of new content and review of current content include:

Ongoing review of content --4 monthly data version release cycle.

Review of the content is guided by the **core clinical team** which consists of the following members:

- Director of Clinical Knowledge Unit (also Professor in Primary Care at Warwick University and GP in Coventry)
 - Prof Jeremy Dale MA PhD MB BS FRCGP DRCOG DCH FHEA
- Director of Clinical Knowledge Management (also a GP Principal in Hertfordshire):
 - Dr Mark Vorster BSc MB BS FRCS(Eng) DFPSRH DRCOG MRCGP PcMed Ed
- Clinical Knowledge Specialist (also a GP Principal in Scotland)
 - Dr Felicity Brand MBChB (Hons), DRCOG DCH DFFP MRCGP DTM&H MScPH
- Medical Director Advanced Health + Care
 - Dr Alex Yeates MB BS DRCOG
 - Dr Katherine McGinn, Emergency Care Specialist
- Clinical Consultant (also Nurse Consultant in A+E at Southampton General Hospital):
 - Prof Robert Crouch OBE RN PhD FRCN FFEN
- Nursing Reviewers
 - Penny Hickson MSc RGN ONC LiCAc
 - Lynn Page RGN
 - Claire Sherwood RGN
 - Hayley Merralls RGN

VALIDATION OF THE CLINICAL CONTENT

- **Feedback from sites using Odyssey:**
 - Each site is encouraged to contribute to the database review and development through setting up its own local clinical panel to review the clinical content, including all updates, as part of its clinical governance. All feedback from sites is responded to within less than week.
 - The sites/users are encouraged to feed back anything that is noted either in terms of the software functionality or the clinical content. This is via what is termed the 'Medical Feedback' process.
- Validation of Odyssey by Dutch College of General Practitioners (NHG, Nederlands Huisartsen Genootschap) 2006
- Detailed review of content re new **New Zealand national Telehealth service** (Homecare medical) 2014/15

Using Odyssey to improve service quality

- Variation in user performance impacts on the consistency, safety and efficiency of services
- Odyssey data is being analysed to identify user variation at site level in:
 - Call length
 - Incomplete use of Odyssey
 - Upgrading recommended Odyssey outcome
 - Downgrading recommended Odyssey outcome

For further information:

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