The need to adapt to indefinite uncertainty - delivering specialist care during a pandemic.

A retrospective analysis and reflection of using telemedicine to manage respiratory outpatient care.

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Background

CoVID-19 has caused huge challenges in providing specialist non-urgent care. There are concerns of:

- Inability to support chronically unwell and clinically vulnerable patients
- The lack of time and space for routine care
- The mounting waiting times for routine appointments
- Social distancing guidance for managing waiting rooms

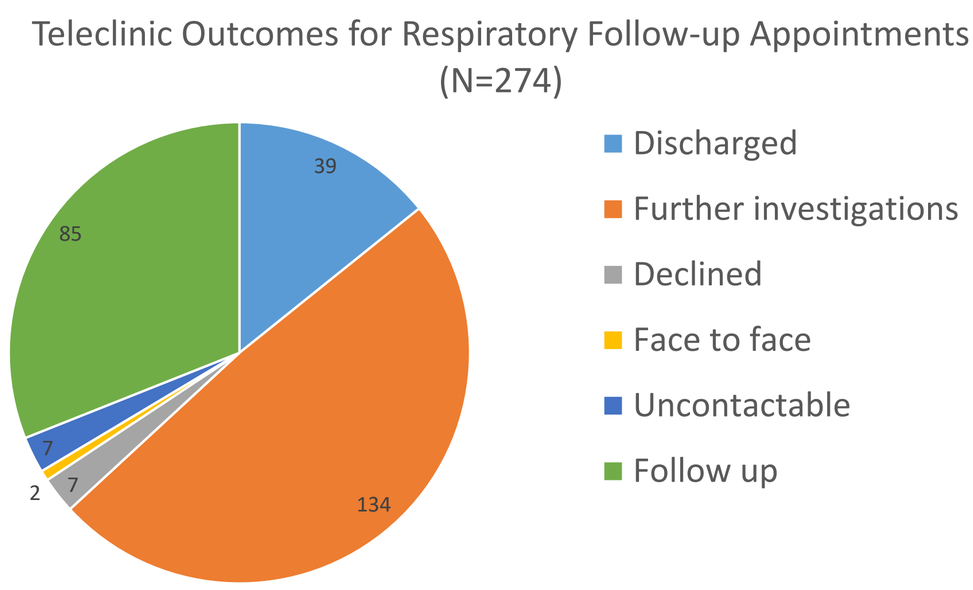
Personal Context

Due to shielding requirements, for a period of time I had to refrain from the usual patient-contact work as a respiratory registrar . In order to contribute to my team in a meaningful way, as well as to fulfil training curriculum requirements, I opted to devise a way to manage our respiratory outpatient care

Methodology of setting up the teleclinic service

- Follow-up patients only. Telephone communication
- Initial phone contact by secretarial staff – date and time-slot offered (am or pm)
- Eight patients booked per session. 20 minutes per patient. This allowed ample time to maintain outpatient administration, and re-contact patients with results/ongoing plans
- Short/uncomplicated encounters were self-entered directly onto the computerised system. More-detailed/complicated letters were dictated
- Radiology investigations were requested remotely, blood and sputum forms were sent in the post, any changes to medications were made via request from the GP (by telephone if urgent, by letter if not)

Results / clinic outcomes



274 patients reviewed in 35 clinics

7 patients declined the offer of an appointment – their notes were reviewed, and they were discharged if appropriate.

7 patients were uncontactable by telephone, even after confirming the appointment – they were not discharged, but sent a standard letter and rebooked.

2 were invited to face-to-face consultation following their teleclinic appointment

- Both of these were for communication purposes, rather than for a clinical examination.

Discussion and Reflection

Benefits of teleclinics	Potential pitfalls
No clinic space/support staff required – can be conducted from an office, or the clinician's home	Communication difficulties – language and cognitive issues
Flexibility for clinician as broad timeslot rather than fixed appointment times	Unable to assess non-verbal communications cues
Convenient for the patient	Unable to document routine clinical trends eg. Oxygen saturations, weight
Administrative burden reduced	No access to patient's support network for collateral history
Patients voiced feeling supported in uncertain times	Unable to assess accuracy of symptoms
Can be attended by patients shielding or self isolating	Increases burden on primary care for prescriptions
Can be conducted by clinicians shielding or self isolating	NB. This model was not applied to the management of New Patients, and only used for following up patients with an existing diagnosis, or those who had recently been discharged.

Conclusions

- Teleclinics are efficient in terms of time and resources
- Virtually all investigations and changes to treatment can be implemented remotely
- Administrative burden was reduced
- Positive feedback from patients

There remain ongoing uncertainties regarding service provision in the context of CoVID-19
Telemedicine could represent a new way of working

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