Making virtual appointments a reality

Improving organisation of and communication in virtual clinics in the COVID-19 era

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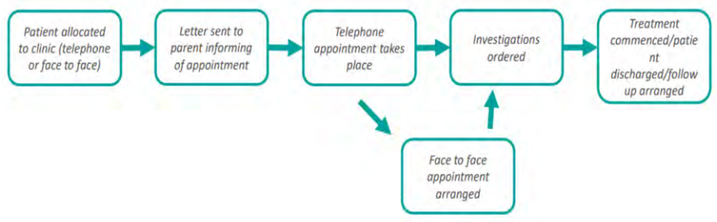
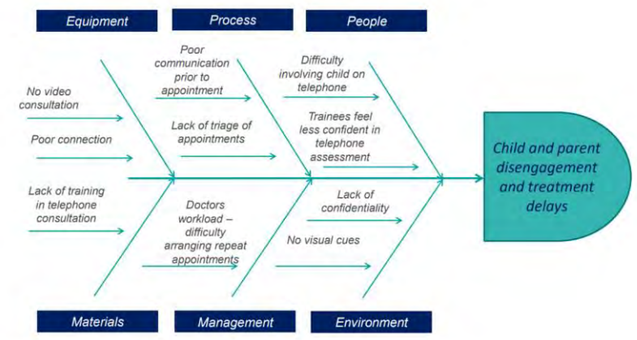
BACKGROUND

- The COVID-19 pandemic has meant the rapid introduction of virtual consultations
- The rapidity of Introduction resulted in poor organisation and communication

Telephone clinics are disorganised, and communication is poor. Children are not present or involved. Time is wasted arranging face to face review and urgent tests are delayed. Children are suffering waiting for treatment

DIAGNOSTICS





AIM & MEASUREMENT DEFINITION

Aim

To improve organisation and communication of general paediatric telephone appointments so that there are no unnecessary rearrangement of appointments by March 2021

Chosen measure

3 question clinician survey after each appointment –

1. was further examination/investigation necessary following consultation
2. Did you feel confident getting all information needed by telephone
3. Was child involved in consultation

Inclusions

All telephone appointments in registrar general paediatric clinics

Exclusions

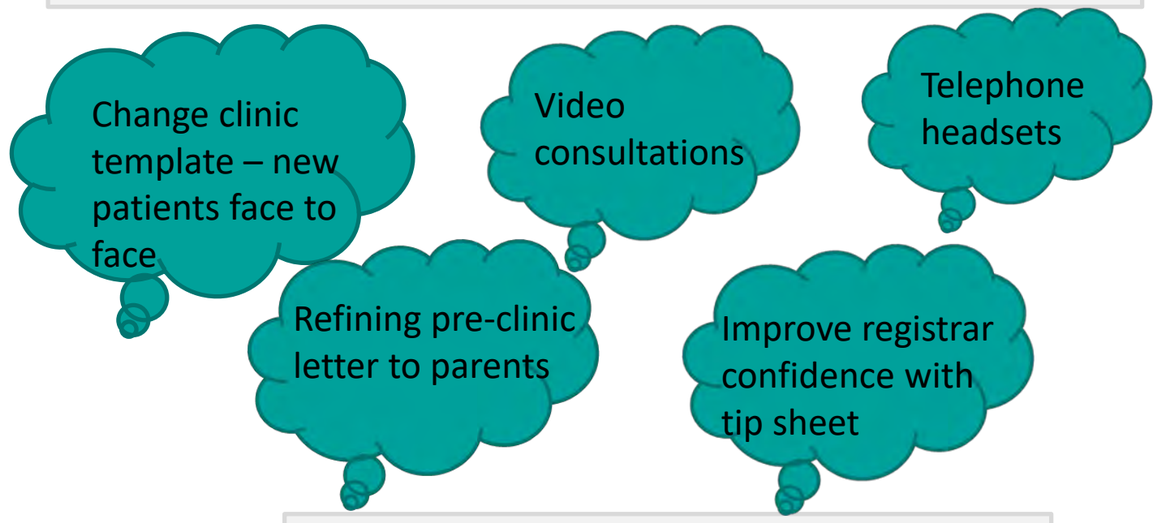
Fast track clinic (these should all be face to face)

Consultant clinics

Sampling method & frequency

All telephone appointments in 2 x weekly general paediatric registrar clinics

CHANGE IDEAS



PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	To improve rearrangement of appointments by making first appointments face to face	Brought up at local faculty group meeting and agreed with consultants	Both juniors and consultants thought this was appropriate	need to update clinic template and inform patient pathway co-ordinators
1.2	Update clinic template to allow face to face reviews	Patient pathway co-ordinators to be updated and new template	Need time to clean between face to face consultations – this allows time for telephone	Continue to study effect on rearrangements
2.1	To understand why registrars not satisfied with telephone consultations	Survey to registrars after each clinic	Lack of confidence in telephone consultation and how to arrange investigations and face to face review. Very little involvement of child	Send around tip sheet for telephone consultations and review
2.2	Improve registrar confidence in telephone consultation	tip sheet sent by email to all registrars doing telephone clinics	Some improvement in knowledge of pathways	Continue to survey registrar confidence. Consider introducing video for child involvement

Clinician survey results – between PDSA1 and 2

Question 1 - was further examination/investigation necessary following telephone consultation

N=16 N=7 N=9

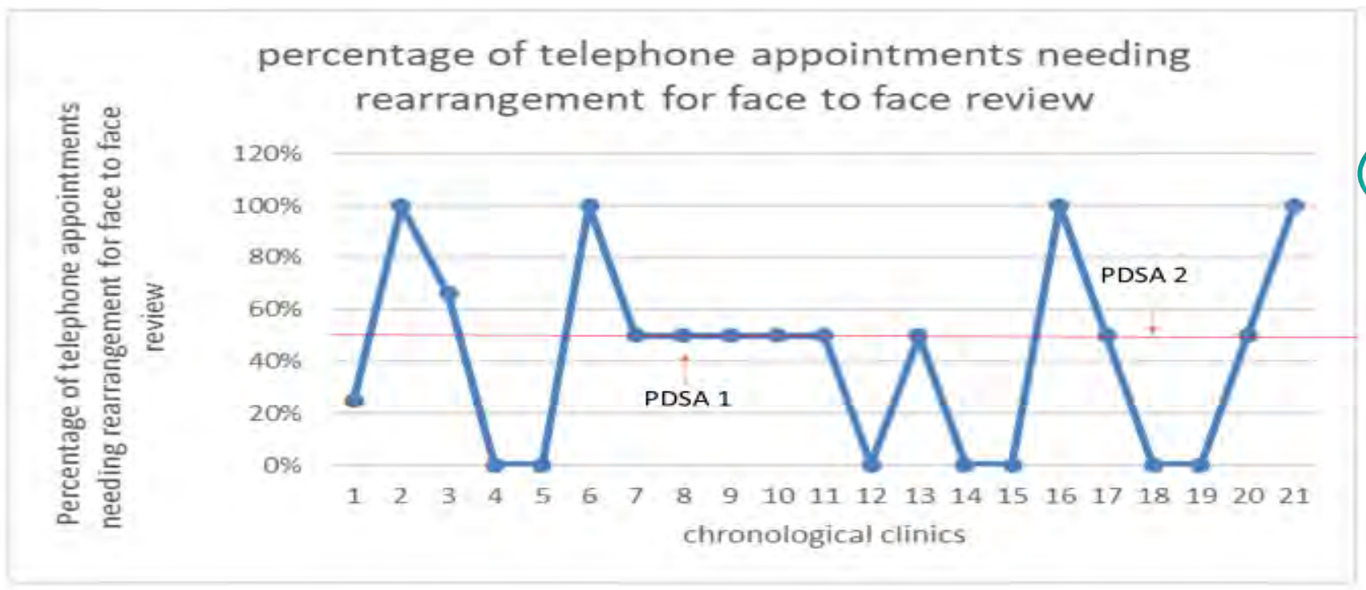
Question 2 – did you feel confident to obtain all the necessary information via telephone

N=16 N=7 N=9

Question 3 – Was the child involved in consultation?

N=16

RUN CHART



REFLECTIONS & LEARNING

Some improvement in organisation seen due to early diagnostics showing high proportion of first appointments needing urgent rearrangement for face to face review

Data difficult to collect due to COVID-19 – many clinics cancelled due to redeployment/sickness/self isolaton

Introduction of video consultations could help in certain appointments to improve child

Future ideas: to continue select follow up telephone consultation even after pandemic – more convenient for patients and clinicians

Acknowledgements:

QI Change Champion

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