Telemedicine – quality improvement during organisational change – experience of C@rtref RCP Future Hospital development site

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Aims

C@rtref aims to improve access to care for frail older patients in rural Wales by enabling patients to have follow-up reviews closer to their own home. Usage of telemedicine for geriatric medicine will measurably reduce need for ambulance resource to transport patients to a hospital 60–90 minutes' drive from their home within 12 months by 20% against a rising baseline chronic health needs by bringing access to specialist care into easy reach of those living at considerable distance from secondary care centres.

Methods

Standard quality improvement methodology using PDSA cycles. Metrics included a comprehensive patient satisfaction questionnaire with extensive demographic information, patients' views of the clinics and whether they recommend the clinics to their family and friends, which is used as a gauge as to whether the clinics are acceptable for the targeted population. The travel distance and time saved for patients travelling to and from the community hospital, instead of the acute hospital, were recorded.

Results

Increase flexibility for follow-up by switching scheduled follow-up to on-demand appointments and setting free travel time. This reduced the number of follow-up appointments in hospital in CoTE by 20% within 12 months. In addition, significant positive feedback has been received from patients, with over 83% stating that they would recommend the clinics to family and friends. Patients have saved on average 64 minutes of travel time (40 miles) to and from the clinics, with 69.6% of these patients being discharged back to GP care The cost of travel expenses for the consultant equates to £1,411 for a year(calculated at 42p/mile). While there has been no saving arising out of job planning, the clinician time saved from not travelling is being used to cover emergencies. Due to organisational restructuring, maintaining momentum and pace has been challenging, leading to delay in 'ownership' and roll-out of project across the organisation. Success of proof of concept has led to adoption in rheumatology, movement disorder and palliative respiratory patients.

Conclusions

- Throughout the project, the team implemented a constant PDSA cycle whereby patient concerns were collected and acted upon as soon as possible. The main message to begin with was that the equipment used was not suitable for the older patients due to its small size. This review process enabled the quick procurement of bigger VC screens with increased audio volume early on, which significantly helped with the acceptability of the method to patients.
- Informatics support was vital, particularly during the early stages, to ensure that the clinics were conducted as planned. Any issues were dealt with quickly and effectively due to the expertise being available within the project team.
- Implementing the clinics into the consultant's job plan was vital to ensure that the consultations were conducted regularly to a high standard.
- Clear information in regards to the purpose of the clinics was very useful in alleviating patient concerns, as well as the presence of a staff member at all times during the clinics.
- Organisational buy-in and executive support are essential for success of major quality improvement projects. ■

Conflict of interest statement

None.

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