

Consultant-Led Virtual Ward Rounds in a Specialist Palliative Care Unit

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Abbreviated abstract: The COVID-19 pandemic brought unprecedented change to our lives and our healthcare settings. Prioritising the shielding of vulnerable individuals, we utilised Microsoft Teams as a secure platform on a number of devices to deliver effective consultant-led, patient-centred ward rounds. This method has recently been extrapolated to facilitate the continuation of medical student clinical teaching.

Related publications:

– A. Garingo *et al*, J Telemed Telecare, 22 (2), 132-8 (2016)



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Background

Telemedicine, and more so, 'telerounding', are relatively new concepts. The use of technology to facilitate a ward round, ranging from simple tablets to complex robots, has been trialed in a number of clinical areas; from neonatology to surgery. However, we are unaware of this approach being previously utilised in a specialist palliative care unit (SPCU).

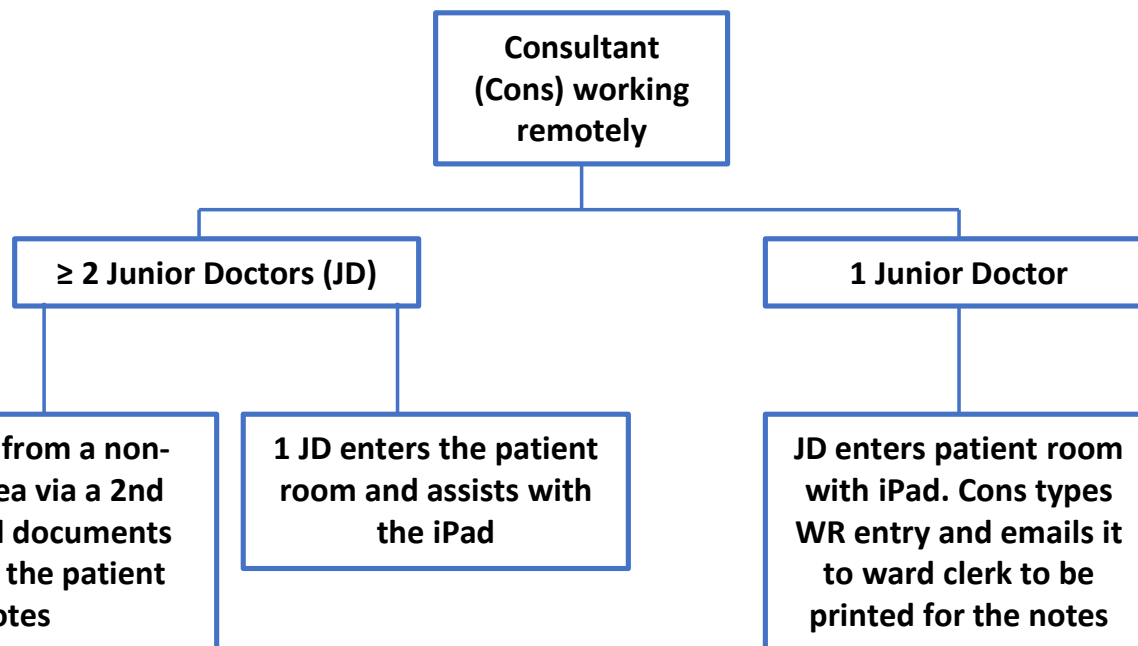


The COVID-19 pandemic drove the rapid remodelling of service and practice across the Health Service. Technology became vital in maintaining communication and connection. In Scotland, the use of 'Near Me' video consultations increased dramatically, from 9,000 consultations in 2019, to 17,000 per week in 2020.

Our aim was to develop an innovative solution that would allow us to deliver effective consultant-led, patient-centred care in the SPCU whilst minimising contact to protect shielded individuals.

Techniques and Methods

Utilising a quality improvement approach we developed, reviewed and enhanced an effective model for delivering consultant-led virtual ward rounds. Using Microsoft Teams as a secure platform, the clinical team connected using laptops and an iPad on the 'patient Wi-Fi'. To minimise patient and staff contact, only one junior doctor entered the patient's room, taking in the consultant via the iPad which was cleaned with clinical wipes between rooms. A minimum of 2 healthcare professionals (consultant and 1 other) were required to complete the ward round: See flow chart.



Results and Conclusions

Positives

Ward rounds were effective and efficient:

- There was no increase in time taken to complete
- Consultant decisions were fully implemented
- Patients were able to engage with the consultant through the iPad and despite the use of technology, discussions remained comprehensive, holistic and compassionate



Negatives

There were only occasional technical issues due to poor band-width in one area of the unit.

Conclusion

Virtual ward rounds are effective in delivering consultant-led, patient-centred care in a SPCU and should be considered as a means to minimise contact and protect shielded individuals. This method has since been extrapolated to enable medical students to join the ward round virtually, ensuring the continuation of effective clinical specialist palliative care teaching.