

## Posters

### CQ - Clinical Quality - CQ - Clinical Effectiveness

#### 1016 USING VIDEO TELEMEDICINE FOR INPATIENT WORKING: A NOVEL APPROACH TO REMOTE WORKING DURING THE COVID-19 PANDEMIC

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**Background:** Orthogeriatrics inpatient ward.

**Introduction:** The COVID-19 pandemic changed working patterns for many trainees. Remote telephone or video outpatient consultations became established practice, with clinically vulnerable staff able to support this provision. We adapted the use of telemedicine to provide remote clinical working for inpatient care and continued speciality training opportunities.

**Method:** Microsoft Teams video conferencing facilitated interaction between the specialist registrar working remotely and the on-site multidisciplinary team (MDT). Daily activities

included virtual handover attendance, inpatient ward round consultations and MDT discussions. A portable computer enabled the clinician to see and interact with inpatients remotely. Access to electronic patient records facilitated timely decision making and enactment of management plans. Anonymous MDT feedback was collected via online questionnaires. This project conformed to service evaluation guidelines and ethical approval was not required.

**Results:** Fourteen staff members completed the feedback survey. Results were overwhelmingly positive, with 78.6% of respondents strongly agreeing that the senior doctor working remotely supported the MDT, facilitated complex clinical decision making and was beneficial to patient care. Feedback noted that some patients praised the 'clever' and 'innovative' method. Limitations included technical difficulties due to Wi-Fi connection, which contributed to communication not being as fluid as face-to-face consultations and increased ward round duration. Patient factors, namely hearing and cognitive impairment, limited the interaction that patients were able to have with the clinician via video link.

**Conclusion:** Video inpatient ward round consultations offer an effective opportunity for physicians to continue clinical patient-facing roles whilst working remotely. Furthermore, this minimises the impact of COVID-19 on specialty trainees, by providing continued training and assessment opportunities for individuals required to shield. This novel method affords a framework transferrable to clinicians from other hospital specialties who may be required to work remotely. Future reviews of patient and relative satisfaction with this process are required.