

# “CAN YOU HEAR ME?”

## VIRTUAL ANTENATAL APPOINTMENTS IN THE COVID ERA AND BEYOND

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### BACKGROUND

The COVID-19 pandemic dictated a rapid change to outpatient antenatal services. Pregnant women were advised to 'shield' where possible or, along with staff members, to self-isolate if symptomatic of COVID-19 or following contact with a symptomatic individual<sup>1</sup>. To reduce face-to-face contact, multiple specialties have successfully implemented virtual consultations by using high quality teleconferencing platforms with high patient satisfaction<sup>2</sup>. Our team therefore aimed to introduce telephone and video consultations to the Consultant-led antenatal clinic at Queen Charlotte's and Chelsea Hospital whilst also targeting the longstanding issue of long patient waiting times.

### AIMS

- 1) To reduce footfall in the Consultant-led Antenatal Clinic by seeing suitable patients remotely with a target of 15%.
- 2) To reduce patient waiting times for face-to-face consultations to an average of 30 minutes from the appointment time.

### DESIGN

Four Plan-Do-Study-Act (PDSA) cycles were created to assess and scale the interventions, which were introduced in March 2020.

#### 1. Clinic template change

Increasing appointment time from 20 to 25 minutes with built-in administration time at the start and end of clinics.

#### 2. Consultant pre-vetting of clinics

Pre-reading the electronic patient record one week prior to each clinic and informing the woman to stay at home to await a virtual consultation or to attend in-person. NICE guidance was followed to ensure patient safety.

#### 3. Telephone consultations

#### 4. Video consultations

Consultations were conducted using 'AccuRx' software, with a written framework and video demonstration made available to clinicians prior to launch.

### MEASUREMENT

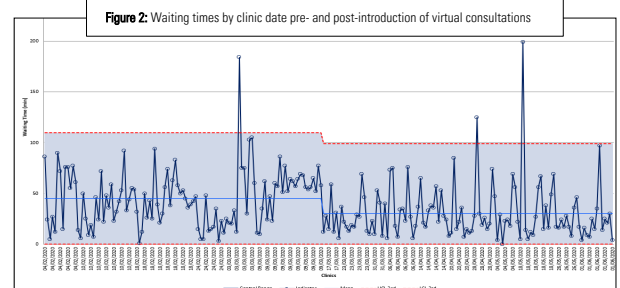
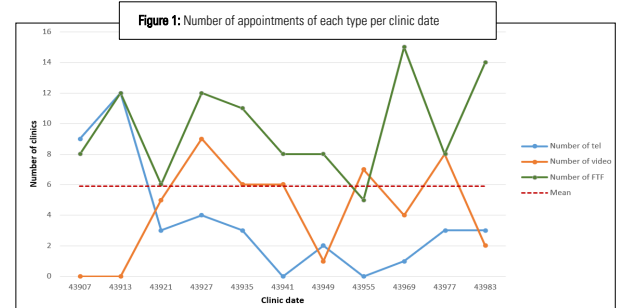
In-hospital waiting time for women attending face-to-face appointments was measured by recording the time from the scheduled appointment to initiation of the electronic patient record. The number of consultations performed virtually was also documented. Qualitative feedback was obtained from service users via electronic surveys, 'listening events' and from staff through departmental meetings.

### REFERENCES

1. National Health Service. Pregnancy and coronavirus. *NHS*. 2020. Available from: <https://www.nhs.uk/conditions/coronavirus-covid-19/sample-at-high-risk-from-coronavirus/pregnancy-and-coronavirus/>
2. Gilbert AW, Billany JCT, Adam R, Martin L, Tobin R, Bagdai S, Galvin N, Farr I, Allain A, Davies L, Bateson J. Rapid Implementation of Virtual Clinics Due to COVID-19: Report and Early Evaluation of a Quality Improvement Initiative. *BMJ Open Qual*. 2020

### RESULTS

Implementation of these changes resulted in a reduction of face-to-face waiting times in the Consultant-led antenatal clinic by one third, from a mean of 45 to 30 minutes. The target of 15% remote consultations was met.



### Positive Feedback

- ✓ No need to arrange childcare for appointments
- ✓ Partners able to attend appointments
- ✓ Waiting time spent in the comfort of home and not wasted
- ✓ High-quality video consultations achievable with good interpersonal connection
- ✓ Multidisciplinary consultations easily facilitated with attendance of remote clinician
- ✓ Ability to bring women back to clinic for a "quick chat" or discussion of blood results

### Negative Feedback

- ✗ Poor internet connectivity resulting in frozen screens or difficulty hearing - particularly difficult for one deaf woman who relied on lip-reading
- ✗ Loss of non-verbal communication in virtual consultations
- ✗ Having to wait to be contacted rather than a specific time being adhered to
- ✗ Not enough administrative time and no robust system for pre-clinic vetting to take place

### CONCLUSIONS

Remote consultations were successfully introduced into our Consultant-led antenatal clinic, reducing unnecessary contact with a clinically-vulnerable patient population, reducing crowding in clinic waiting areas and enabling social distancing, whilst also improving the longstanding issue of long clinic waiting times. Such appointments have had significant benefits for service users. The main limitation is the lack of a robust and accurate automatic process for communicating appointment type to women. The current manual vetting system relies on individual consultant time. Further work is required to ensure sustainability and improvement of this process for the future. However, we have demonstrated significant benefits to utilizing telemedicine platforms in the antenatal clinic setting.