Pandemic Driven Transition to Multidisciplinary Telehealth Appointments


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Key Findings: In response to the COVID 19 pandemic, QI endeavors were utilized to initiate new appointment types. 605 patients were seen via telehealth or non-face-to-face encounters between March 2020 and February 2021.

Background

• To continue quality care during the COVID-19 pandemic, a pediatric cystic fibrosis (CF) center in the intermountain west identified a need for additional appointment types, including non face-to-face (NF2F) encounters and video visits via telehealth.

Methods

• Quality improvement processes were utilized, including PDSA cycles
• Visits were initially MA, RN, and provider (MD/NP) then expanded to the entire multidisciplinary team
• Several video HIPPA compliant platforms were utilized
• Real time communication during the patient visit was done via a virtual chat amongst team members
• Pre-visit planning emails were sent prior to appointments to encourage agenda setting and co-production
• New tools were provided for home monitoring: scales (infant/standing) and home spirometry

Results

• Between March 2020 and February 2021, 605 patients were seen via telehealth or non face-to-face (NF2F) encounters
• Written documents and video created to aid in patient family education:
  • Sputum collection
  • Height, length and weight measuring
  • Home spirometry
• All team members trained on telehealth video platforms
• Virtual clinic dashboard created

Conclusions

• CF guidelines for patient care were maintained despite challenges of the COVID-19 pandemic
• A new telehealth platform will be used in the future
• Quality improvement processes can continue to enhance telehealth appointments for patients