
Acceptability and impact of Cardiac Outpatient teleconsultations during COVID-19 restricted service delivery

Initiative Type

Service Improvement

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Sustained

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Summary

COVID-19 has triggered a change in the delivery of cardiac outpatient services at Townsville University Hospital. It's resulted in the targeted offering of Teleconsultations to appropriately triaged

patients to replace face-to-face consultations. These patients belong to demographic groups who have indicated their preference for this modality. Patients appreciated the convenience of the change in service and the money and time saved by them.

Key dates

Jan 2020

Jul 2021

Implementation sites

Townsville University Hospital

Partnerships

No

Key Contacts

Dr Rebecca Stewart

7092

[Anonymous](#)

GP with Special Interest - Cardiology

Townsville University Hospital

07 44331111

rebecca.stewart@health.qld.gov.au

Aim

1. To recognise the patient identified factors influencing suitability of Telephone consultations in Cardiac Outpatient Clinics.
2. To demonstrate the effect of teleconsultations on cardiac outpatient service delivery, and consideration of this modality as an alternative to address long waitlists and to optimise care delivery.

Benefits

- The implementation of these alternative service delivery modalities reduce waitlists and ensure resource efficiencies.
- Teleconsultations to deliver cardiac outpatient services were received more positively by patients than face-to-face consultations.

Background

Cardiovascular disease results in significant morbidity and mortality in regional, rural and remote areas, contributed to by lack of accessibility to health services. The COVID-19 pandemic necessitated a reduction in-person consulting, facilitating the opportunity to explore the utility of less frequently utilised modalities such as teleconsultations, which have the potential to improve service accessibility.

Solutions Implemented

The acceptability and utility of teleconsultations for cardiac outpatients has resulted in routine use of teleconsultations for appropriately triaged patients despite restrictions on in-person consultations due to COVID-19 being lifted.

Evaluation and Results

Part 1:

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- Retrospective survey of patients who have engaged in a telephone consultation with cardiac clinics between April and June 2020 (n=1721) in lieu of a face-to-face appointment. A 5 percent response rate was achieved with respondent demographics comparable to overall cardiac outpatient clinic demographics.

Part 2:

- Analysis of the routinely collected cardiac outpatient clinic data relating to number of consultations, type of consultations and waitlists between March and July 2020.

Lessons Learnt

- Inability to access patient emails to disseminate requests for research involvement likely significantly impacts participation and response rates.
- Access to and analysis of clinic and waitlist data is complex and nuanced and requires significant resourcing.

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