

Elective Care | Trust buys back time for specialist consultants

“With the telemedicine device, I can be doing a ward round on one site in the morning and have a clinic booked immediately afterwards in the afternoon at another.”

Elective care consultants across the NHS frequently need to split their time across multiple sites to care for patients resulting in valuable time lost due to travel.

Telemedicine devices overcome location issues by using world-class image and sound technology so consultants can see, hear, and speak with patients as if they were at their bedside – even if they are miles away at a different hospital.

Dr Steve Jackson, a Consultant Physician and Chief Medical Information Officer at University Hospitals Leicester, often finds himself travelling between two sites, so he was keen to try the technology.



If a self-isolating clinician is well enough to work, they can still participate in ward rounds and patient consultations from home via a secure login to the telemedicine device.

Getting started with the new technology

The device was used for the first time when a colleague was self-isolating, and Dr Jackson could not get to the other hospital in time to cover his colleague's ward round. Using the telemedicine device, he conducted the ward round from the hospital he was based, and this gave him an extra 45 minutes of patient-facing time. He led the ward round from his office and commented, *“Everyone loved it. I was amazed at how easy it was to use. I had one screen with the patient visible, then I had all of the electronic patient records and the GP record open on my other screen, so I was able to answer questions that patients asked without having to leave the bay and go back to the computer or back to the notes, so I was able to do it all efficiently with the junior doctors examining the patients as necessary.”*

Device functionality

The telemedicine device uses two ultra-high-definition cameras, which enable a consultant to see scans, take a temperature or read hand-written bedside notes. Powerful batteries allow it to run off-power for four hours. It is height-adjustable with a pan-tilt and zoom head, allowing a consultant to study monitors. The remote consultant can grab scan images, send them down to the device by the bedside, and annotate it in real-time for the medical team with the patient. Boom cameras with a 36x zoom can look down on a patient in close detail. Consultants can also listen to a stethoscope to hear a heartbeat in real-time.

Patient and clinician experience

Dr Jackson has been pleased by the patients' reactions to the technology. He comments, *"Patients are not fazed at all by the fact I'm on the screen. They are very positive about it when they give feedback, and the junior team love it."*

He admitted that he first thought using a telemedicine device to treat patients remotely would feel *"really strange,"* but he was pleased to find out that *"It's not strange at all, it really feels like you're there. I am also able to review patients who are admitted to my ward between my formal ward rounds, and this means that they may be discharged earlier."*

The telemedicine device relies on someone to take the device to the patient. The team with the patient can see a small image in the bottom right- or left-hand corner of the screen, so they can see what the consultant is seeing from wherever the consultant is located. This means that if there's a part of the patient's body, the consultant needs to see the team can assist.

Dr Jackson gives an example of this. *"As a diabetic foot doctor, I would normally have to get on my knees and look underneath the patient's foot. With the telemedicine device, the team can lift the foot up for me, and they can see where to place the foot so I can view it myself without too much effort on my part!"*



Increased access to specialists from other sites

Specialists at Leicester try to go to other departments to save a transfer of a patient from one site to another. However, this isn't always practical – until now. Dr Jackson cites a recent example, *"We had patients who had waited for hours to be transferred from our emergency department to the other hospital where the cardiologists are located. I freed up some of my time to wheel this cardiologist into the emergency department on the telemedicine device. As a result, patients were discharged from ED, instead of having to wait for a bed at the other hospital, and the follow-up was organised in a very timely fashion by this consultant on the screen."*

The word is spreading across the University Hospital Leicester with other specialties contacting Dr Jackson, *"We've got neurology who are interested in using telemedicine devices, and the consultant neurologist that I was working with has said the examination gives very little in addition to what the history gives, so having a specialist on the camera, on the screen talking in a very specialist fashion to the patient can achieve a working diagnosis effectively. And if the examination is required, one of the other clinicians in the room can do it with the supervision of the specialist, a plan can be made in conjunction with the patient, and so that there's confidence all round."*

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