Info \_ interviewer Maggie

Information sheet explained

Consent

Any questions ?

Discipline

**Maggie says I know ? ( I think its neonatal community nurse)**

**Years in practice?**

Nursing or entire time ?

Graduate 1992

In neonates over 20 years

**Doing community for how long ?**

**How long have you been practicing the neonate part of the job ?**

Full time not quite 2 years before that 1 day a week for 3 years

**Ethnicity of our families?**

The ones I have done conferencing with? (**Yes**) - have all been NZ European

**Range pts and their conditions?**

That I teleconferenced with?

**Humm**

So a couple where premature,

One was extremely premature the other one had issues with establishing feeding

**I suspect the majority of what you see in the community from here are the premature**

Yes but also some complex medical ones

We see ones that are tube feeding – some oxygen, chromosomal abnormalities

**Describe on line consultations? Explain what you were doing before during covid and after – what methods you used?**

Before Covid – we were not doing any teleconferencing had talked about trying getting up and running but had not done any

With Covid -we were not able to have the patient contact so we established it as a way of keeping in touch with families

Majority of contacts with families still phone calls texts - Majority were phone calls and texts but for some families it worked to do teleconferencing

**Maggie (prompt)**

Yes along with face to face

Covid highlighted how much you missed that face to face

That is where telemed is useful

You forget how much info you get from the body language

**Was there a particular platform you used?**

We used zoom – tricky to set up as doing it from home and I did not have the remote access, so having to use my own computer but had try to establish it with the work based log in.

**Sounds difficult – Maggie doing it thru a 3rd person!**

Yes I set up zoom for myself but then I had to set it up for CDHB contacts, it was a bit complicated!

So I suspect I did not always manage to maintain the pathways that nothing happened that I was aware of that has been an issue

**Telephoning and texting you always used – was there a change?**

Yes probably more phone calls and texts because there was a as a higher level of anxiety about everything

And …we had to change the way we did everything

As not going to the house we were delivering scales to the house to families and asking them to weigh the babies, then take scales away to clean them. Not having a conversation outside the house for safety reasons. Then families would contact me after, with the weights. Changed completely the way we were doing things.

I found communication by phone and text challenging for establishing routines of feeding at home what they were doing, feeding routines. I hoped teleconferencing would complement that

What I found was not as many as I had hoped who were willing to do the teleconferencing. So it was encouraging families to use that.

**What do you think? What were barriers to families?**

Some technological l as they did not have computers they just had a phone. Or felt they did not have enough access to Wi-Fi.

Surprised me, but also a reluctance to have their face on camera. I did not thing that would be an issue in this day and age, familiar with social media with selfies and posting etc.

**Any experience of telemed before covid?**

In a group not running it myself

**How comfortable with the platform itself aside from the complication of remote acesss**

Once I worked out how it worked it as quiet easy to use

**Where were Pts located when you were talking to them?**

A couple families in CHCH itself - one families that I found it really useful for were rural – they were at home

**Did you choose zoom?**

Chose zoom as recommended by hospital

**Di you teleconference with other health professionals at the same time?**

Yes that is how I maintained contact with the team at the hospital.

As I was based at home over Covid that was how I maintained contact with the team

**So consultation without pts at the same time?**

Yes used teams then zoom

Teams for team meetings a couple of occasions - met up with for example SL T before videoconference

**Maggie Professionals meeting and then a multiprofessional consult with the family?**

Yes

One case that was tricky as did not have ability to link in for teleconference

But wanted the input on feeding. So the only way I could come up with, was them videoing her feeding, but then had to find a platform they could drop video into.

So I had to create a new face book page, they were the only one with access to that and they dropped video on to that so I could see that

**You thought of that?**

Yes. I knew they were familiar with face book

Did not want to put it on mine – social circumstances and all that

Created a new name and friended them

**Any other tips that worked well in zoom or teams?**

I tried to send people times because when you do that it gives them a link straight into you.

Sometimes easier to send a link right at that moment though.

An appointment too far in advance did not work

I texted then. How about we do a face to face. Then organised a time - whether they wanted by me to watch baby feeding or not and then sent a link for that time

**Any times telemed was not effective**

Unfortunately some of our families at lower social economic end of things don’t have the equipment to make it work.

There were some who have a bit of anxiety do not feel comfortable with it

Really difficult to come up with a hard and fast rule as everyone so different

One of the issues was because .. Has not an established mode of consultation its… not one people automatically thought of using

So in that first instance trying to establish something that hadn’t been normal

**Maori clients?**

There were not many Maori who chose to link in by teleconference

Still think it’s a very valuable tool for those we have more trouble reaching because of where they reside it’s definitely a form I would like to

Until it becomes more common practice will still struggle

**Talked about IP approach with SLTs**

Has it made IP care easier or more challenging?

For the one case we used it for with regards to feedding issues easier Mother, SLT and me all seeing same thing and come up with a plan.

More difficulty for Mum If it had not been that because of Covid there was an older child home Mother had an older child who was capable and able to hold the phone , so could say move slightly to left could give her instructions. If she had not been there would have been very difficult

Did anyone feedback to you about technology

That part family found it very useful because she was feeling isolated given the feeding difficulties

Another - it allowed us to put faces to the names. Once she established a link and knew who she was talking to she was happy talking on the phone

There was not a lot of feedback but the ones who used it, it worked for.

**Any other positives or barriers?**

Uhmmm - no I think biggest issue was because it had not already been set up then equipment was the biggest barrier.

Remote access would have been useful for me

**Were you aware of any guidelines ?**

No (laugh)

**Did you have a structure with your sessions?**

No - I tried to run it the way I do home visits

Pretty much went in saying hi this is who I am

This is what we will do. How are you? How is the feeding

**Any training in telemedicine**

No - but I am a fast learner

Goggle useful u-tube

**Any learning needs you have identified that would be useful?**

I think it would be really beneficial for an education session around how to use zoom and Microsoft teams

We all went in having to teach ourselves

Easier to have someone teaching you. Do not pick up everything doing it yourself

Not sure did it 100% correctly. Just excited to get someone on the other end

**Has the experience changed your practice?**

If I have a family out of town instead of saying we cannot support you not in your area I would feel happy to offer teleconference sessions

**Any other things?**

No I do not think so

It was really good to be forced into getting it up and running. It was something we had been talking about it. Because I was based at home I really had to

But I am sure there are better ways of introducing the concept to our families

If going to carry on should be developing something to give to families to say this is what we can do given you are out of the area