**DS No 1 (wed 21st)**

* Discipline/s Neurology specialist

What

* Ethnicity of clients/patients / practitioner – Same as SI demographic NZ born Europeans Polynesian (less than in Auckland) migrant - East Asia, Indian. Mix most nationalities.
* Years in practice – Graduated FRACP in 1992 completed Neurology 2001 – too long
* Current role – time in current role - since 2003

CHCH consultancy since 2003

**What service do you work for/did you work for during the lockdown?**

Neurology service

*Phone rang – pause*

**The nature of your online consultations/treatment? Could you describe the range of patients and their conditions?**

Whats the range of patients their conditions ? (me)

During covid? - (me good ? yes)

We tended to focus on follow up – phone calls to pts already part of the our stable if you like – So people with multiple sclerosis , muscle diseases, other nerve problems, Parkinsons .

People who we wanted to check on that we would normally have a regular clinical appointment with just to make sure they were stable and doing ok. So that group of pts.

Managed to successfully do quite a lot of pts and because we knew them already needing to examine them was not such a big issue. Lot of it was chat

Pts – I have to say -really appreciated it

Could not believe we had made the effort to call check on them

Most appreciative

From our point of view it was actually a very – obviously when we do a clinic usually do 2 to 3 pts an hour for follow up 20 min slots – that’s lot time for the patient and things but of when we rang if everything was going well it was an efficient way of speaking with the pts . I got through quiet big numbers of my follow ups. I think this was quiet a successful thing so will continued to do that when we can see them by phone – without dragging them into the hospital – No need to get a park

Another cohort of pts were pts who were seen by GPs who they were concerned about and we had not seen before. That group was somewhat harder and we did open up our acute service when we needed to see them

I got through a lot of my follow ups. If all going well efficient

Got through a big number of follow-ups

A success so will continue

What people were suited to a phone call ? (Me)

Those refereed by GP so had not been seen

**Had you had any prior experience of telemedicine?**

I had done a few – I look after some pts who are on the west coast and so I had previously done some follow ups where they lived a bit of a ways away or disabled.

Problem at the point was the pts at the stage had to go to Greymouth hospital as that was the only place there was video link

(Really? me)

Did not have face time - Some areas not internet friendly

Pts had to come to Greymouth , we had to book a room, find someone to actually set up and operate it , which is not always successful and then , so it was not really a terribly efficient service to be hones

What modalities did you use during covid? (Me)

I used the phone and occasionally face time.

Did you not have zoom set up? (Me)

We did but didn’t really offer it to pts , could have I guess

A lot just happy to talk on phone

In terms of zoom, when new pts helpful to see their faces

New pts helpful to see faces but problem for us a neurologists- while history is an import component of the clinical exam, the examination itself is the clincher sometimes - hard to do in peoples homes

We have a Stroke tele health service – you could talk to my colleague Dr Teddy Wu about his frustrations with that - been trying to set up for 2 years - not gone well in a lot of centres

Got a lot of money from the Ministry to set up these fancy machines no one has been able to use

them

Timaru lost their machine

No one in IT could set up – tried many times

Having that said - Queenstown – Dunstan I think has been seamless

Teddy sent me a teams thing the other day with a picture of it working well

Its about the support ? (me)

Can you see? (showing the image on the phone - Yes I can (me)

That’s the emergency room in Queenstown hospital

Can you see that ?

The loop with that is you have to have a Dr examining the pt (GP or ED spec) to do certain things for us - can you get him to hold his hands out smile, can I see what reflexes are

Queenstown have it set up seamlessly

All about technology

We work stroke call from home

From home have to have VBI working properly, links set up , things like that

For those of us who are not always so good at the stuff a learning curve takes time

And time is of the essence with these ones

Takes time Teddy savy – does stroke call for Melbourne at weekends

He does it all by tele link

Comes down to making the tech easy and choosing appropriate pts for whom do it

So say West Coast, Timaru moaning as we are insisting pts come to us as we are short staffed -rather than us go down

Or we drive 2hours down and then 2 hours home - which is a lot of time

So making then come here – push back from that

Tmaru can not get IT sorted if you do a clinic on telehealth health have to have a Dr examining the pt and so 2 doctors are taken out for the day

Could be Nurse practitioner? (me)

If you had the right person its possible

These examinations are not easy

A neurology nurse practitioner could do it

(? Neuro Physio me)

Or physio

Do you choose Physio or the junior Dr?

Pay about the same junior Dr probably paid less

I am a big believer should be doing job trained to

f took a physio out of rehab that would be a waste

Any time you where you were not the lead practitioner ? (me)

No – we haven’t done any audit stuff or sat along side anyone

One of the things our registrars are missing at the moment is overseas experience \so you may say look regs could sit on a tele link watching someone London or Melb doing a clinic of pts with a rare disorder that I think that sort of thing could work very well actually. Some of our clinical teaching – I have students every day when I do a clinic. Yes, I get then to do hands on but they could just watch

If you and a registrar watching in UK could have something to talk about afterwards I guess – (ME)

Yes

Some clinics work like that

I got invited to be part of a pregnancy talk in my old hosp in London – they were having webinar

At some stage those clinical meetings may go into webinars

Where you given choice about the teachnology? (me)

Within limits

Teddy be better to talk to

Essentially no

There were limits around privacy ‘In Practice I use face time - ? hospital would not be happy about that

Like sending things by email, not supposed to but everyone does it

With the stroke service got a box, cards to use

I terms telehealth set up I believe we did get some input about what computers we had

All of us have - and I still have the box at home – all these special cards – never opened never used

Where telehealth works its between DHB

We had completely different systems

Teddy will tell you

We had to use VBI

Queenstown has a totally different the system

If on stroke call and I had to use a different system for …

That a real issue

Everyone has their biases about what is best and what we do have is not always fit for purpose

**Tips**

Anything that work particular well?

Not particularly

I think having the chance to have others included in it

Many asked if family members could be there

That was good

I never minded that - and that was a positive

No nothing else which one would …..

What works depends a lot on what you are doing with the pt if it’s a follow up phone call and , know pt well I can just talk on phone

If it’s a pt I have not met before , there are things issues then a different way – right

Need to choose one the pt , age ability to use technology for example

Lots places on West Coast no internet or they do not have a cell phone

So have to choose media for the situation

Any micro skills you needed – do you do the same things ? Do you have a standard interview protocol did it change (me)

On whole the whole shorter\ , more efficient in some ways because you do spend a lot of chat time I don’t chat a lot say hi and things like that

Used a similar way of going through things as I would do normally

No examination shortened it

Did you have any form of Pt briefing ? (me)

A complete waste of time if you keep ring people and can ring can not contact them

For example

I had a pt and said I would call at a certain time – held up, taken time off work they mad - like when the man comes for the fridge

Booking clerks gave people a time we tried to stick to that

Made sure we had the right contact number that sort of thing

One day I did sort of cold calls

Had a bunch of pts that needed to be called

Out of 10 I got 2

During covid they were not at home! (me)

When had Maori clients (or other ethnicities did it change approach)

I did not speak with a lot of – hum not many Maori or Polynesian pts as not on follow up list

Can be an issue if English not strong - would normally come with family member who can speak English or arrange an interpreter

There are privacy issues around that

Get a feel in clinic for that (implied you don’t on the phone or zoom)

Wherethere is an IP approach was that maintained? Or did you retreat into your silos (Me)

We all tended to retreat - as all socially distanced from each other

We not allowed to see each other in case one of us goes sick

Do things from home or come to my office here

Talk on teams to colleague

Did you do group consults ever do a group consult eg physio and pt

No

Informal feedback pts – liked it anything else

Did not have to find park

Of course any anxious about coming to hospital - understandably

Too scared to come to the hospital

Reasonable looking at - infection rates

Some said will be nice to see you face to face next year

Miss the social banter

When seeing pts - you pick up a lot of queues - when a pt walks into room I get a feel quickly if they are anxious or do not want to be there

Similarly - If talking to them … how you ask what you ask may be influenced by how pt reacting

Unless a tele link – but can be more difficult I think

Any critical instances? (me)

No – that general feeling – being really happy positive about receiving a call

Not having to come in to hospital

There was on . This comes back to being able to feel for a pt

One pt became distraught crying as told a lot of different things by diff people

Ended up having to put her into a face to face clinic

Sometimes its hard to anticipate that is going to happen

Having to deal on a telephone can be challenging I think

Often I see a pt then hand over to continue the conversation with one of my nurses so pts did not get the wrap around experience

Nurse see at a different time instead of sitting in with me or following up

(? That relates to the IP -Pt having a team around)

Yes

And things like – Yesetrday a pt had driven from Hast Teddy saw him, needed some investigations which would normally a 6 week waiting list but because he was here, had driven we did them at the same time

Bonuses for pts when they come in

Enablers for tele health (me)

Pt benefits

Barriers (Me)

We have taked about Tech, Not being able to read the pt – any others? (Me)

Technology and frustrations with not being able to use it synchronously

If technology not working very frustrating

If do it 24/7 its frustrating

A big push in hospital from MoH there are people there (not saying you are one of them) seem to think telehealth is the be all and end all - like a cult

Many have not spent a lot of time doing clinics

Most of us accept that there are situations when it can be helpful;

But have to put money into it, support it

Recognise situation when it doesn’t work , not make everyone do it

Some of the people think it will sort out rural problems allow us to do 100’s of more pts

Its just not true

The other things you may need multiple technologies

For eg teams works really well for us , for communications between members of our department ‘\

We did interactive radiology meetings

Our Weekly neuro radiology meetings each did from offices on teams Radiologist put viewer up for us

Fantastic

Not continued as we now all trope downstairs

We like to see each other

But it was very good

One of our nurses who looks after pts with motor neuron disease and Paed teams use teams to keep in touch with pts

Others have other systems that work

Not about enforcing set systems

Giving options using ones that work for them

Where you aware of any Guidelines ?

Some around ages ago

How telehealth was great best thing since sliced bed – about 6 months ago

At beginning of lockdown was there any training available? (me)

No – I think every department setup own systems

(6 months ago no one had trained you although they said it was coming ? )

We set up teams ourselves

Another frustration we dictate end of a pt, but do not have the tech at home

So here iss an example

Winscribe was set on phones -fantastic – for Cant worked well

When I went to Timaru I rang and said my typist are in Timaru

So I need to use your Winscribe

Oh No - cannot be done

Winscribe is DHB dependant

All our specialists go to Timaru and West Coast

All the different WINSCRIBE systems to be loaded on an iphone but you cannot load two systems - only do one system   
Someonee in WINSCRIBE IT in Canter bury has to ID Timaru letters and physically send files to Timaru to transcribe

**Did you indentify any learning needs for the future ?**

Keeping update with technology’

We do not use it all the time

So for example not used Winscribe in my phone since Covid – forgotten now

Need ongoing education and utilisation of technologies

We are overwhelmed by changing tech at present

Learning Cortex and diff things

All separate password, all separate systems

Medical charts to not speak to other things

Cortex running off diff computers so running two computers

For docs who are busy

Frustrating

What helps is when you watch someone and they do something – “how do you do that” I did not know you can do that - Oh you just do that - put two screens - all that helps

So need tech tips ? (me )

Yes

If someone new –registrar do you have any tips ( outside tech ones)

You read thru the tips we were sent – Things like no “ jamies” , do hair , put a top on etc professional tips

In terms of actual consult - have to be a bit structured in how you do that - not that different from doing a usual interview I have to say

Younger doctors are tech savy use zoom and other technologies all the time, they talk to their families all the time on this , communicate all the time . These kids doing their school work on this stuff.

Has it changed your practice?

Should have

Radiology good but we all really like being together

Gone back to old fashioned stuff

Want to be together

I think we could incorporate more than we are doing at the moment - but we haven’t

Anything else

No I do not think so

**Thank you so much for participating ☺!**