

How to Use Video Consultations: Secondary Care Services

1

Set Up
Prepare yourself

Ensure you have had appropriate training.

Read through the VC Resources
<https://teccymru.wales/resources>

Set Up
Prepare patient

Send URL link & information sheet to patient

2

Connect
Make video link

Check video & audio

Can you hear/see me?

Confirm patients identity

- ✓ Name
- ✓ Date of birth
- ✓ Address

Check where patient is

Where are you right now?

Take patients telephone number

Check patients privacy

3

Get Started
Initial assessment of patient

Check in on patient

How are you today?

Confirm what the patients appointment is for today?

Assessment Advice

Prescription

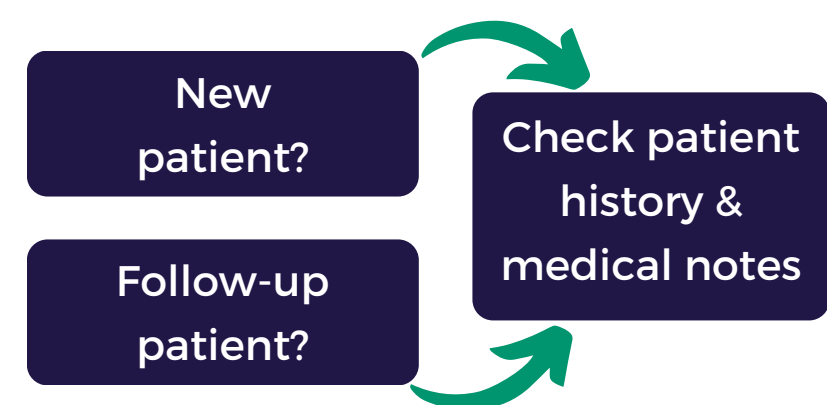
Review Other

Check the patient is ready to start VC

Are you happy to proceed with the VC?

4

History
Patient history and risk factors



Always be Mindful & Observe

- ✓ Are there any risks?
- ✓ Safeguarding issues?
- ✓ Consent & Capacity?
- ✓ Confidentiality?

5

Video Consultation (VC)
Conduct VC in the best possible way you can

Patients may be able to take their own measurements if they have instruments at home

Temperature Blood Pressure

Pulse

Weight & Height Other

Over VC, look out for signs relevant to speciality & condition

Over VC, look out for functions relevant to speciality & condition

ALWAYS REMEMBER:

MAKE your own clinical judgements and **ACT** in your own professional codes as you would do in-person.

6

Decision & Action
Provide clinical advice/support, advise next steps & documents outcomes

Document patient notes in usual way

Clinical Outcomes Referrals/follow-up appointment Actions Taken

And remember, to document patient preference on future VC use

VC is just a different **MEDIUM** - everything else remains the same.

Define your own clinical criteria based on VC workflow.

Appropriateness & Suitability

VC may be suitable for:

- Chronic disease reviews
- Medication-related consultations
- Counselling & similar services
- Dietetic advice, speech therapy & some physiotherapy
- 'Duty Doctor' or 'Duty Nurse' triage

Any condition in which the 'trade off between attending in-person & staying at home' favours the latter.

For example, frail, older, multi-morbidity or terminally ill patients

VC should not be generally used for:

- Potentially serious, high-risk conditions
- When a physical examination cannot be deferred
- Co-morbidities affecting patients ability to use technology e.g. confusion or serious anxieties
- Deaf or hard of hearing unless can lip-read or use chat function

Red Flags
Does the patient...

- Present with any high-risk concerns that may be worsened by VC?
- Have any safeguarding issues that may be worsened by VC?
- Lack capability to provide participation consent?
- NEED** to be physically assessed?

VC Workflow

Develop:

- VC clinical triage
- VC codes & templates
- VC contingency plans
- In-person arrangements (e.g. prescriptions)

Identify:

- How VCs will be booked
- How VCs will be documented
- How patient links will be sent