

Abstract category: Clinical Quality Improvement, Patient Safety and Innovations

Abstract title: Increasing teleconsult utilisation for preoperative anaesthesia evaluation in the COVID-19 pandemic era.

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Introduction

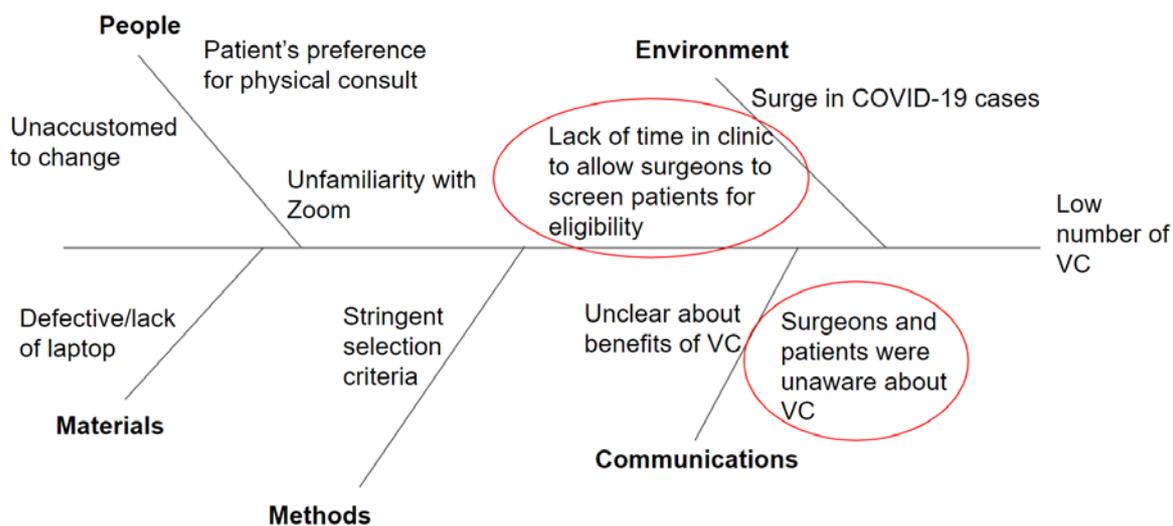
The COVID-19 pandemic has led to safe-distancing measures and the growth of telemedicine. Despite introducing video consultation (VC) for preoperative anaesthesia evaluation in Sengkang General Hospital in December 2020, referral rate from surgeons remained low.

Mission statement: To increase the number of VC by 50% within 12 months (from June 2021) and evaluate patient experience with VC.

Methodology

VC eligibility criteria include low risk surgeries (duration < 4 hours with minimal expected blood loss), age 21 to 65 years, American Society of Anaesthesiologists (ASA) class 1 or 2, body mass index <35, and ability to use Zoom video-conferencing. Patients were also invited to complete an electronic patient satisfaction survey post VC.

Possible barriers to VC uptake



Main reasons for low VC referral rate (circled in red) were identified based on ground engagement and feedback. Two PDSA cycles were conducted to address these issues.

PDSA cycle 1 (June 2021): Surgical champions were initially engaged to promote VC, however referral rate remained low.

PDSA cycle 2 (October 2021): Placement of publicity posters and Patient Service Associates (PSA) enlistment to screen for patient eligibility.

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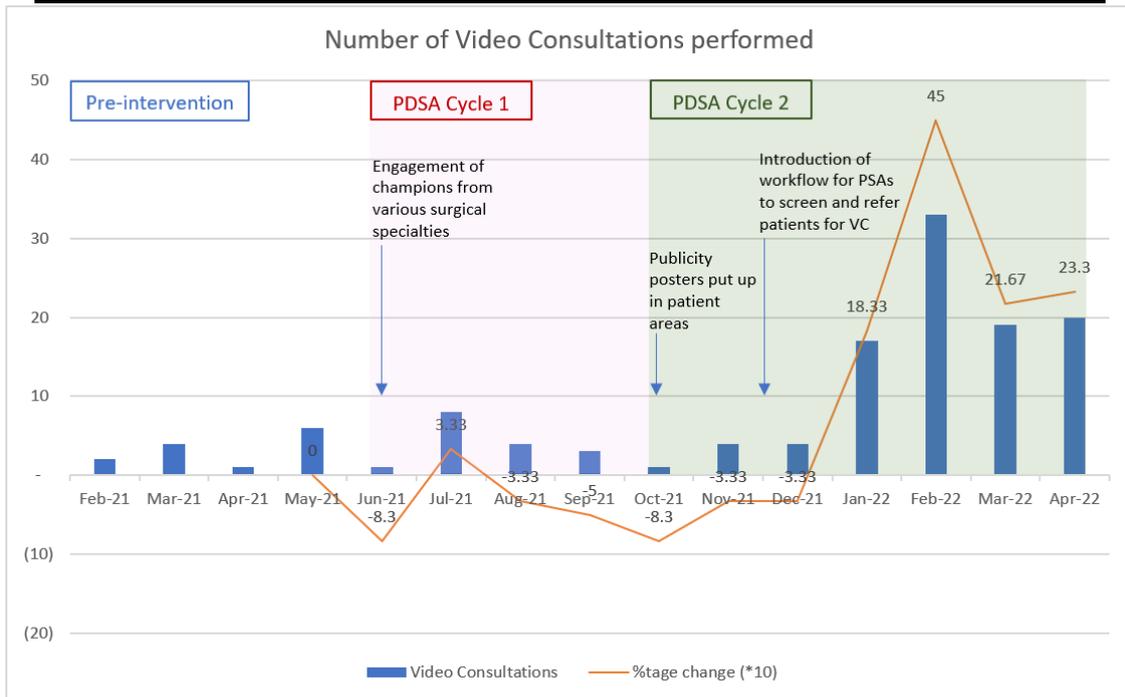
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Results

1. VC Utilisation

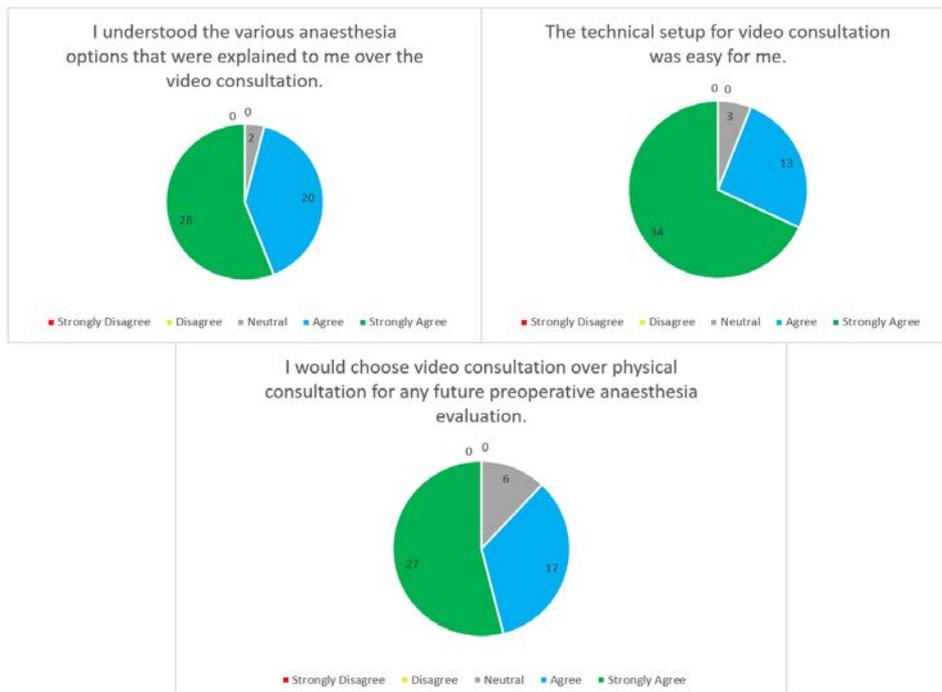
Run chart showing interventions and the number of VC conducted over time



2. Patient Satisfaction

Survey response rate was 71%. VC was an effective mode of communication for 96% of patients. 88% would repeat the experience. There were no surgical cancellations.

Patient satisfaction with VC



Conclusion

VC utilization increased after a modified recruitment workflow. High patient satisfaction was achieved with no surgical cancellations. Future automated workflow can be explored.