

A Telehealth Clinical Workflow for Academic Radiation Oncology Programs During the COVID19 Pandemic

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INTRODUCTION

- COVID19 has resulted in drastic measures to decrease exposure risks within healthcare systems, with cancer patients at increased risk of infection and death (Liang. Lancet Oncol. 2020).
- Telehealth is the delivery of medical care via interactive audio and/or video telecommunication services.
- Telehealth was previously used sparingly within the department of radiation oncology but has suddenly become the preferred method of contact.
- In order to maintain quality of care, patient satisfaction, resident learning, and reimbursement, a robust telehealth clinical workflow is critical.
- Our department engaged various stakeholder to quickly develop a clinical workflow.

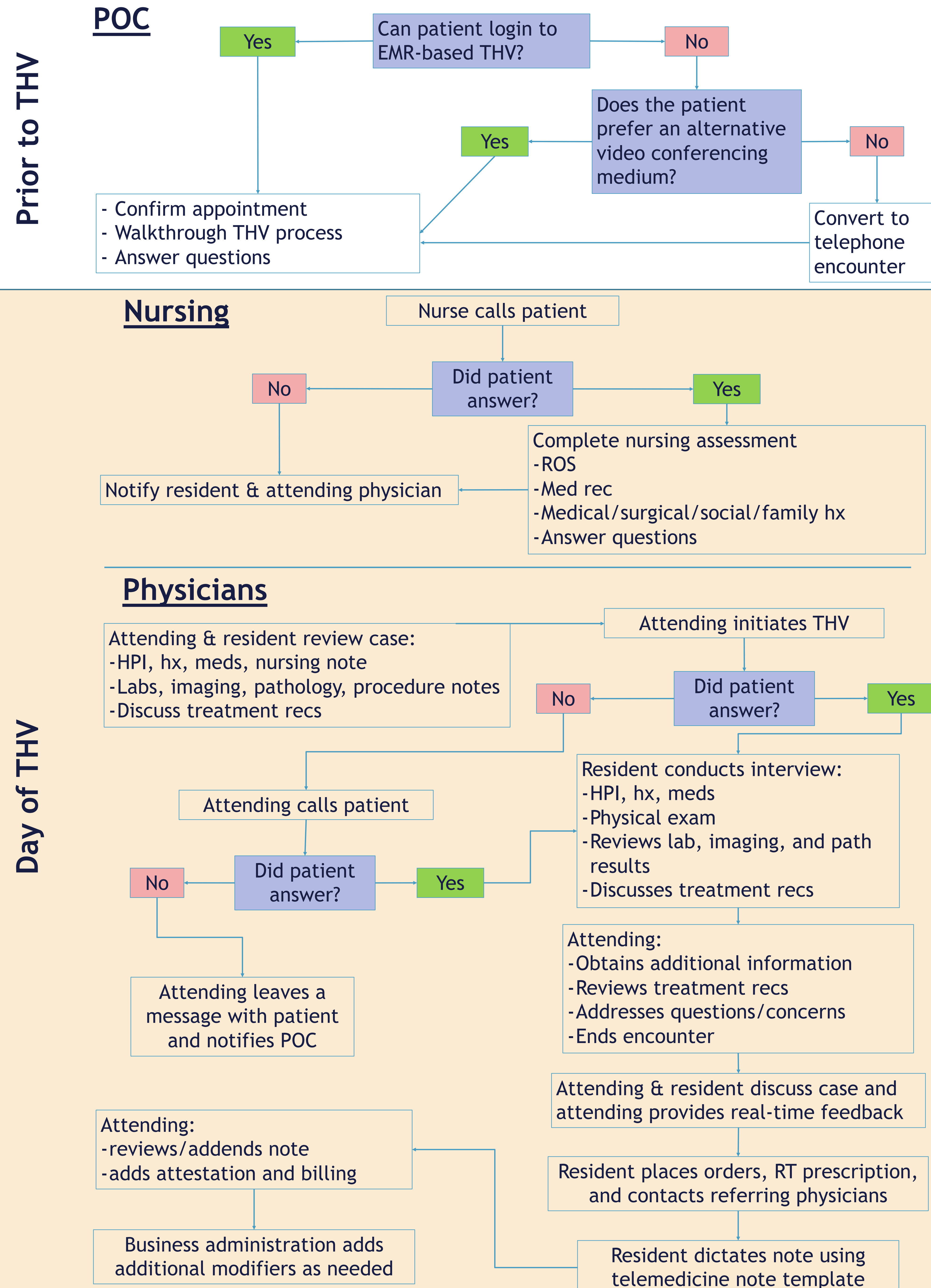
METHODS

- A meeting of all stakeholders including attending physicians, residents, nursing, patient point of contacts, and the business office was conducted
- Barriers experienced and anticipated were identified and a draft workflow consensus was developed
- Section leaders solicited input from members of the department to identify challenges and reassess the workflow.
- Leadership had regular meetings to modify and optimize the clinical telehealth workflow
- A final workflow was developed by the chief resident and informal survey of stakeholder satisfaction was performed.

DISCUSSION

- We successfully developed a comprehensive telehealth clinical workflow for academic radiation oncology departments.
- Improved satisfaction with the workflow has been reported amongst all members of the department.
- Notably, resident clinical engagement and education greatly improved.
- By continuously engaging all stakeholders within the department, a dynamic workflow that adapts to patient and logistical issues is possible.

RESULTS: Workflow Model for Addressing Telehealth Encounters



RESULTS: Roles and Duties in Telehealth Encounters

Physician Office Coordinator (POC):

The POC will call the patient 24 to 48 hours prior to the THV to:

- review details of the encounter, appointment time, participants (nurse, resident, physician, social work, dietitian, etc)
- confirm patient access to smartphone, tablet, or computer with audio/visual capabilities
- determine patient support to assist encounter: family, friends, significant others, caregivers
- review the process for logging onto the telemedicine system.
 - If patient is unable to access, discuss alternative video conferencing technologies
 - If patient is unable to use alternatives, discuss telephone-based encounters

Nursing

The nurse will call the patient 30-60 minutes prior to the THV to:

- perform a general review of systems (ROS),
- review medical/surgical/social/family histories,
- perform a medication reconciliation,
- update pharmacy information.

Physicians

Prior to the THV:

The resident and attending physicians will:

- review the history of present illness (HPI)
- review pertinent imaging, labs, pathology, and procedure notes
- review nursing note information
- discuss the details of the patient's case and devise a treatment plan

At the time of the THV:

Attending initiates the THV using the EMR through a smartphone, tablet, or computer.

1. The resident physician will:

- review the HPI, symptoms, relevant histories, and medications
- review and discuss the results of imaging, labs, pathology, and procedures
- perform a physical exam
- discuss treatment recommendations and informed consent
- address any questions or concerns

2. Upon resident completion, the attending physician will:

- obtain any additional information necessary for appropriate patient care
- Review recommendations and informed consent
- address any questions or concerns.

At the conclusion of the THV:

1. Resident documents the encounter with the THV note format and also includes:

- statement on COVID19 pandemic requiring THV encounter
- statement verifying patient's prior consent to a THV encounter
- patient location (e.g., home, nursing home, hospital, etc.)
- technology used for the THV
- duration of the THV
- participants with titles involved in the THV (e.g., resident, attending, etc)

2. Attending amends and attests

3. Attending provides resident feedback including:

- patient care considerations, appropriate work up and referrals
- resident's interaction with the patient
- teaching points with suggested reading.