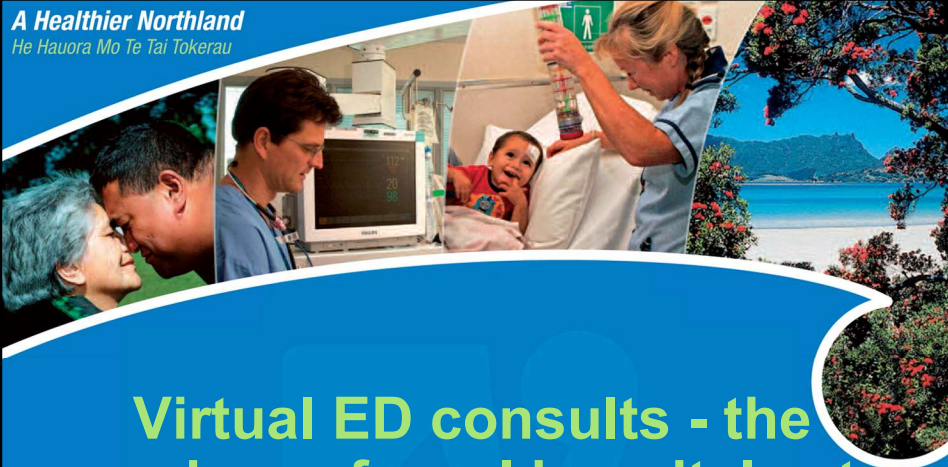



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## Virtual ED consults - the saviour of rural hospitals at night?

Narelle Stayte (ACNM Accident and Medical, Kaitaia Hospital)  
Dr Martyn Harvey (Clinical Director, Emergency Consult)

**NORTHLAND DISTRICT HEALTH BOARD**  
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## Kaitaia Hospital



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## Demographics

Northland DHB catchment approx. 190,000

~24,000 in Kaitaia Hospital catchment

>75% deprivation score of 8 or higher

>13000 A+M presentations last 12 months



Deprivation

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## The Issue

Extreme difficulty in recruitment and retention in primary care led to General Practice withdrawing from cover 2200 - 0800 hrs July 2019

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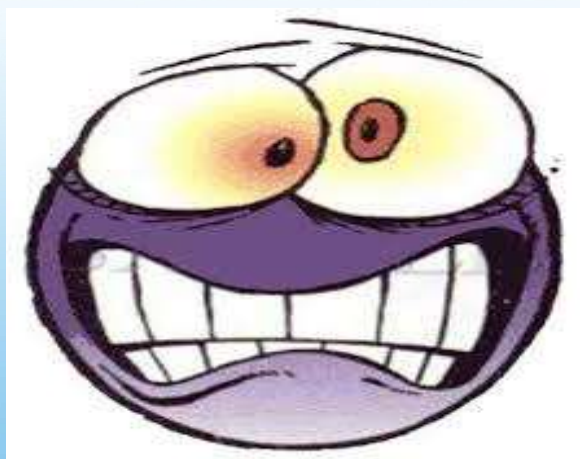


## The Issue

- Hospital medical cover provided by an on call SMO 0800 to 0800
- Average 1-2 patients per night, additional primary care patients doubled the workload making roster unsustainable
- One RN in A+M on from 2200hrs - 0700hrs with no Doctor on site

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## Options??

- Status quo
- Change shift patterns
- Something outside of the square

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The screenshot shows the top section of the Emergency Consult website. At the top, a red banner contains the text: "If you require an ambulance, call 111 immediately." Below this is a navigation bar with links: "How We Help", "Why Us?", "FAQs", "Contact Us", and a "Log In" button. A prominent red "Register Now" button is also visible. The main banner area has a dark blue background with a large circular image of a hand holding a smartphone displaying a doctor's video consultation. Text on the banner reads: "Talk to an Online Doctor Now" and "No matter where you are or what time it is, access immediate medical guidance 24/7 from experienced NZ-trained doctors through a video consultation." A "How does it work?" button is located below the text. A white ECG line graphic runs across the bottom of the banner.

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 **Emergency Consult**  
Your Specialist on call

## Who are we?



“We wanted to bring expertise and care to our patients rather than them having to come to us.”  
- Dr Martyn Harvey

“Our service is based on respect and caring for others – that’s why we’re in medicine after all – but we’re also not afraid to do things differently.”  
- Ms Jenni Falconer

“Being patient-focused has led us to rethink emergency medicine. Now you can access a senior ED doc whenever you need us.”  
- Dr Giles Chanwai

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Your Specialist on call

## Who are we?

- Virtual Health Company
- Est 2019
- Urgent Care Focus
- Exclusively Emergency Physicians (FACEM)
- Fee for Service
- Encourage enrolment with regular bricks and mortar GP



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Your Specialist on call

<b>During Isolation</b> <small>Home / How We Help / During Isolation</small> 	<b>At Home</b> <small>Home / How We Help / At Home</small> 	<h2>What we do</h2> <ul style="list-style-type: none"> <li>General Public</li> <li>In Pharmacy Consulting</li> <li>Decision Support Nursing Clinics</li> <li>Residential Care Support</li> </ul>
<b>At Work</b> <small>Home / How We Help / At Work</small> 	<b>On the Move</b> <small>Home / How We Help / On the Move</small> 	

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## Why Kaitia Hospital?



- Iwi Connection
- Mutual interest in Urgent/After Hours Care
- EC - Opportunity to expand into rural hospital arena
- KH - Opportunity for promotion workforce longevity

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## Kaitia Hospital Accident and Medical Unit Nightshift Trial


<ul style="list-style-type: none"> <li>• 1 month</li> <li>• T4/5 only</li> <li>• See/treat/DC</li> <li>• See/treat/observe/DC</li> </ul>	<ul style="list-style-type: none"> <li>• 1 month</li> <li>• Progression to T3</li> <li>• See/treat/DC</li> <li>• See/treat/observe/DC</li> <li>• See/observe/admit</li> </ul>	<ul style="list-style-type: none"> <li>• 1 month</li> <li>• Discussion T1/2 - 2nd pair of eyes on patient/decision support during resuscitation. Nurse support prior to Dr arrival</li> </ul>
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**Throughout**  
 Weekly review – clinical + operational  
 Multi-source feedback  
 Formal review at 1,2,3 months

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## Virtual Consulting

<ul style="list-style-type: none"> <li>• Advantages</li> <li>• Real time</li> <li>• Parallel processing</li> <li>• Immediate plan</li> <li>• Decision support</li> <li>• Off-loads regular Drs workload</li> </ul>	<ul style="list-style-type: none"> <li>• Disadvantages</li> <li>• Patient selection</li> <li>• Reliant on site staff               <ul style="list-style-type: none"> <li>– Exam</li> <li>– Procedures</li> <li>– Admission</li> </ul> </li> </ul>
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## Some things need to be hands on



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## Results

- 8 weeks data collected
- 224 presentations 2200-0800
- 40% of those seen by EC
- 73% of pts seen by EC were seen, treated, and discharged

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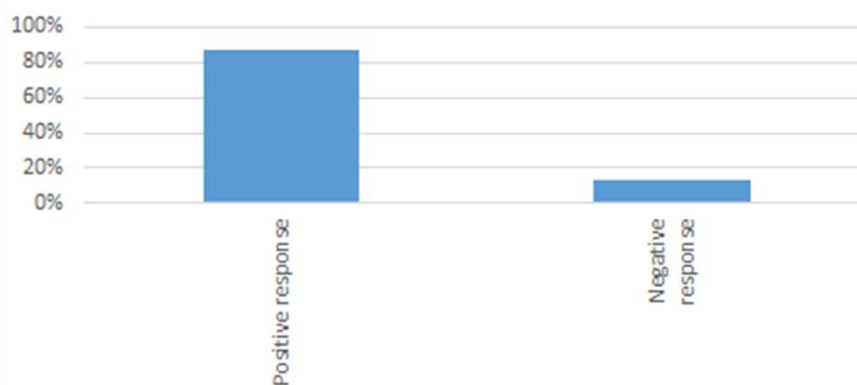
## Results

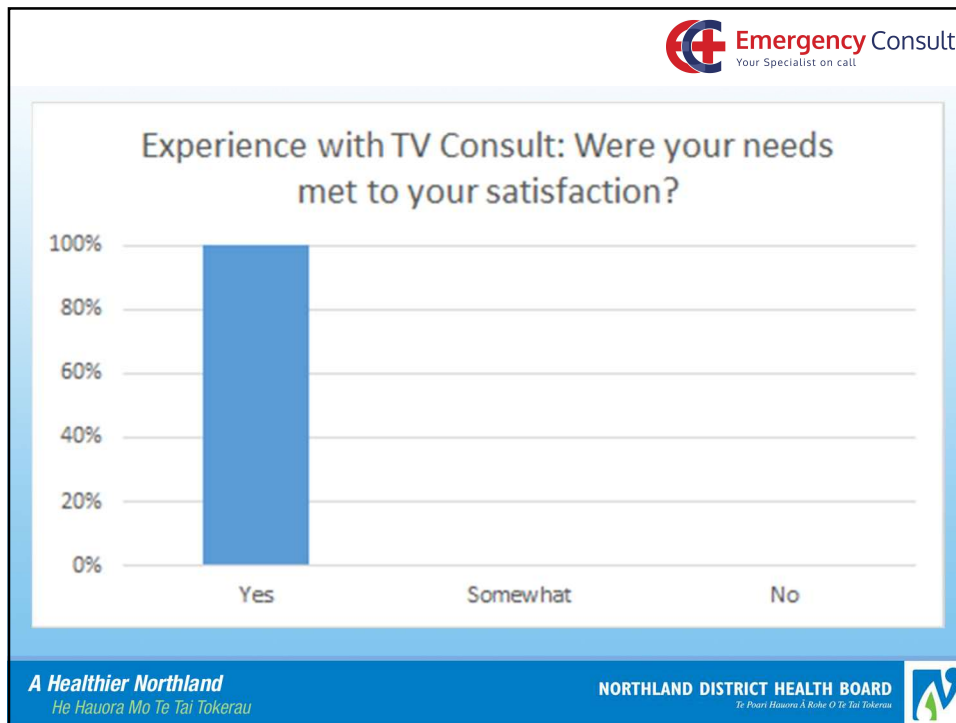
Robust weekly M+M - no cases identified that would have a different outcome if seen in person at the time of presentation.



## Patient Feedback

How did you feel about speaking to a consultant via the TV?





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Your Specialist on call

*"The treatment was very good and quick.  
I loved that I didn't have to wait around.  
The doctor picked up on what was wrong  
with me super fast"*

*"This is a great idea. It was fast and  
very helpful"*

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*"They looked after me so well and made me feel so relaxed. I can't thank you enough"*

*"I have been living away for the past 5 years and come back here to be treated like family. That's made me feel I am so loved and looked after"*



## Nurse Feedback

*"A great resource and easy to use with experienced consultants that are easy to talk to"*

*"EC has helped improve my assessment and clinical skills"*

*"Being in A+M overnight on my own has always been somewhat uncomfortable - now I'm never alone"*



## SMO Feedback

*"It's made a big difference to the on calls"*

*"I worked a Friday night recently and didn't get woken up. I can't even remember the last time that happened!"*



## Questions?

