

Partners in Care co-design case study

Improving use of clinical phone appointments for oncology patients

Canterbury District Health Board (DHB)

Context

The opportunity costs of clinic attendance for patients receiving cancer treatment are very high and include time out of work and transport. Alongside this, the demand for clinic capacity to see such patients is outstripping current supply. Telephone appointments have developed as an *ad hoc* way of increasing capacity while reducing inconvenience to patients having to attend clinic in person.

Aim

Our aim is to understand the experience, benefits and risks of planned clinical phone appointments for oncology patients. Using patient and oncology staff feedback in a co-design process, the project seeks to understand current experience, identify any improvement ideas, and co-design and test solutions.

Start up

The project team is made up of key staff from Canterbury DHB Oncology Services, Southern Cancer Network (SCN) and consumer representatives (see page 10).

We received approval, advice and oversight from the Canterbury DHB oncology service Quality Improvement Research Governance Group. The national Health and Disabilities Ethics Committee confirmed the project is 'out of scope', as it was considered a low-risk improvement project and did not require ethics approval. The Canterbury DHB Research Office gave locality approval to proceed.

Engage

Our project team met regularly throughout the project.

We utilised the SCN equity assessment tool to help identify/consider inequity in the project. Input on completing this was sought from the CANTERBURY DHB Māori Health Team, and issues identified informed the progress of the project.

Canterbury DHB Māori Health Services gave advice about the best way to approach Māori patients, check suitability of questions, and understand feedback given.

The project team developed the following 'elevator pitch':

We are keen to understand more about the experiences of patients and clinicians who use telephone appointments rather than coming into the hospital for an in-person appointment.

We are seeking feedback from patients and clinical and administrative staff to explore what is working and not working around the use of phone appointments at the moment. We will use this feedback and any ideas that you have to identify and implement any improvements that

can be made. We want to make sure that any appointments work in the best way possible and are safe and beneficial to all.

Capture

The Canterbury DHB MOSAIQ (Oncology Patient Administration System) support team supplied data on planned phone appointments for the six-month period 1 May to 31 October 2019. The dataset provided information on type of appointment (Medical Oncology, Radiation Oncology or Nursing), age, ethnicity, location, and cancer type for each appointment.

We collected feedback on the experience of both patients and clinicians, with responses matched to give a view from both perspectives on the acceptability of the appointment. (Figure 12).

During a randomly chosen sample week, clinicians completed a questionnaire about their experience of each telephone consultation (Figure 1). Clinicians asked patients during a phone appointment if they would give permission for a separate call to ask about what they thought of telephone appointments. The consumer member of the project team led the work to develop a set of eight broad interview questions with several prompts to guide discussion with patients (Figure 2). SCN staff completed 32 patient interviews.

Figure 1. Health care provider questionnaire

1. Did the patient consent to be contacted? Yes / No
2. Use the same phone number you called them on? Yes / No If no, alternative number: _____
3. On the call were you able to hear the patient/any support people clearly?
← Very difficult to hear Some difficulty Acceptable clarity Very clear →
4. Do you believe you got an accurate understanding of the patient's current state and any concerns they have?
← Poor understanding Some understanding Good understanding Very accurate understanding →
5. Was phone an acceptable/suitable method from a clinical point of view for this appointment?
← Not acceptable Adequate Entirely acceptable →
If not acceptable, why not: _____
6. Any other comments:

Figure 2: Patient questionnaire

1. Can you describe how your last phone appointment went? (prompts about timeliness, able to hear)
2. How did your phone appointment come about? Did you ask for it or did your doctor/nurse suggest it?
3. Did you do anything to prepare for the phone appointment?
4. Did you have anyone with you for support during your phone appointment?
5. Were you comfortable with the outcome of the appointment? Did you get what you wanted out of it? (prompts about able to ask questions)
6. From your experience of phone appointments, is there anything you see that could be improved?
7. Would you use phone appointments again?
8. And finally, to make sure we speak to a wide range of people, would you mind telling me your age and ethnicity?

Understand

The data gathered through the project is collated below:

- Patient responses and collated information into themes (**Table 1**)
- Collation of the clinician feedback on their experience of appointments (Figure 3)
- Demographics of patients using planned phone appointments during sample week (Figure 4)
- Demographics of patients using planned phone appointments (Figure 5)

There was a high level of support for the use of telephone appointments from patients. Most concerns were around unexpectedly receiving bad news, difficulties in understanding and the timing of the call.

Table 1: Feedback from patient interviews

Feedback has been grouped into general themes, with comments and sub-themes drawn from conversations with patients listed in the Evidence column. The text in *italics* are samples of the words used or comments made by patients. Numbers in brackets and the Mentions column give an approximate indication of the number of times a theme was mentioned by a patient (sample size 32).

Initiation of phone appointment

- **Patient requested (3):**
 - There are so many appointments, and having to get time off work for each one is hard.
- **Department initiated:**
 - **Expected (18):** It was noticeable I didn't want to come into hospital, so they offered phone appointments and I appreciated it.
 - **Unexpected (4):** I was surprised, it seems strange to start with.

Positives			Negatives		
General Theme	Evidence	Mentions	General Theme	Evidence	Mentions
Managed well/ gave clarity	<ul style="list-style-type: none"> • <i>Reassuring</i> • <i>Good understanding</i> • <i>Able to ask questions</i> • <i>Had enough time/didn't feel rushed</i> • <i>Didn't really need appointment</i> • <i>Confidence in doctor</i> • <i>Good as gold</i> • <i>Straightforward</i> • <i>Doctor asked questions, I answered them</i> • <i>Was a bit strange the first time</i> • <i>Was spot on</i> • <i>Appointment went swimmingly</i> 	19	Not managed well	Patient received unexpected bad news (3): <ul style="list-style-type: none"> ○ <i>Did not expect doctor to give bad news</i> ○ <i>Shocked</i> ○ <i>Need to be clear about what the point of the appointment is</i> Patient felt dismissed (1): <ul style="list-style-type: none"> ○ <i>Felt brushed aside, questions not addressed</i> Patient did not seem to understand who from hospital had called him for the appointment (1)	5
Option of appt in person if required	<ul style="list-style-type: none"> • <i>Phone appt is fine if I'm stable, but I want to know I can ask for in-person appointment if I needed it</i> • <i>I want to know I have the choice</i> • <i>Would want in-person appointment for more substantive discussions</i> • <i>Some things are more difficult on the phone</i> 	• 16	Different doctor	<ul style="list-style-type: none"> • <i>Disconcerting</i> • <i>A bit weird</i> • <i>Impersonal</i> • <i>Jarring</i> • <i>Talking to the 'understudy'/'offsider' is not ideal; aware they are qualified but would prefer speaking to their doctor</i> • <i>Talking to someone you know is better</i> 	8

Good relationship with doctor	<ul style="list-style-type: none"> • <i>Need a good rapport for phone appointment to work</i> • <i>Easier to ask embarrassing questions over the phone</i> • <i>Trust the doctor – they already know me</i> • <i>Main thing is having met the doctor before, would not like it otherwise</i> 	12	Difficult to understand	<p>Hard to understand the doctor's accent (5):</p> <ul style="list-style-type: none"> ○ <i>don't feel the doctor come away with a good understanding</i> <p>Hard to hear the doctor</p> <ul style="list-style-type: none"> ○ <i>call was not very clear (1)</i> 	6
Less time/ more convenient	<ul style="list-style-type: none"> • <i>Less disruption</i> • <i>Can get on with life</i> • <i>Able to carry on with the day</i> • <i>Don't have to get time off work</i> • <i>Don't like coming into the hospital</i> • <i>Frees up a lot of time</i> • <i>Suits me, suits the system</i> 	22	Timeliness	<p>Call was earlier than expected (6)</p> <ul style="list-style-type: none"> ○ <i>A bit of a surprise</i> ○ <i>Maybe give a clearer indication of possible time</i> <p>Call was significantly late (7)</p> <p>Patient forgot the time (1)</p> <p>On/close to scheduled time (9)</p>	
No driving required	<ul style="list-style-type: none"> • <i>Don't have to think about parking</i> • <i>Driving in wastes so much time</i> • <i>Fuel and parking costs</i> 	13			
No/little preparation	<ul style="list-style-type: none"> • <i>Had to think about the questions they want to ask</i> • <i>Good to have pen/paper at ready</i> 	5			

Whānau support	<ul style="list-style-type: none"> • The majority said they did not feel they needed a support person (16). • A small number mentioned that they would have had their spouse with them if it was an in-person appointment (4). • Two said they would have benefited from having a support person with them. • Three mentioned putting the phone on speaker so support people could hear.
Suggestions/ other	<ul style="list-style-type: none"> • Concern about scams – scammers could phone pretending to be a doctor, trying to obtain personal details. • Call on a cell phone so patients can use the speaker phone (some landlines don't have this option). • Appointment reminders (texts). • Use of Facetime for appts? • Option of emailing doctor if patient has any questions?

Figure 3: Health care provider feedback on appointments

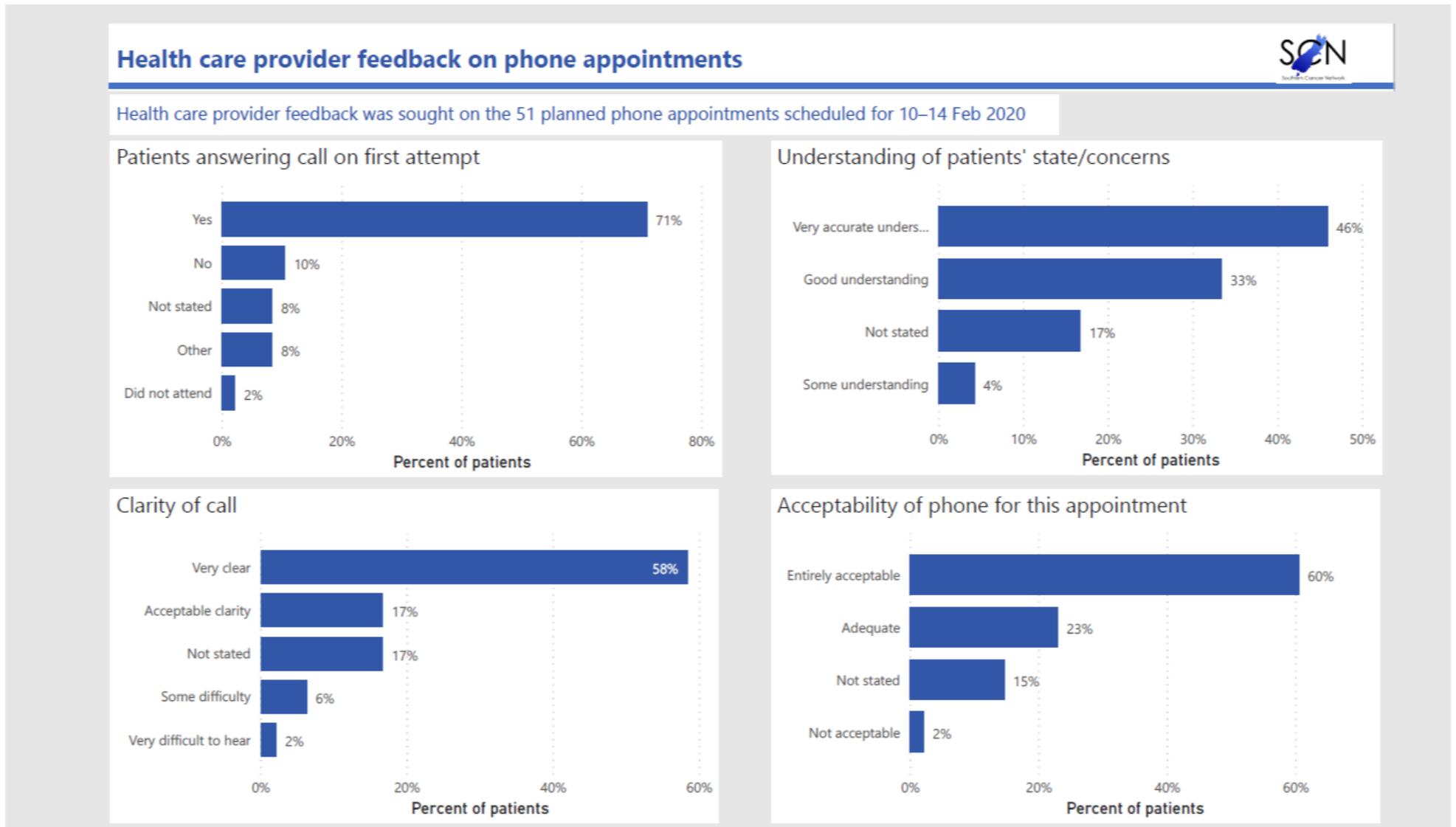


Figure 4: Demographics of patients using planned phone appointments during sample week

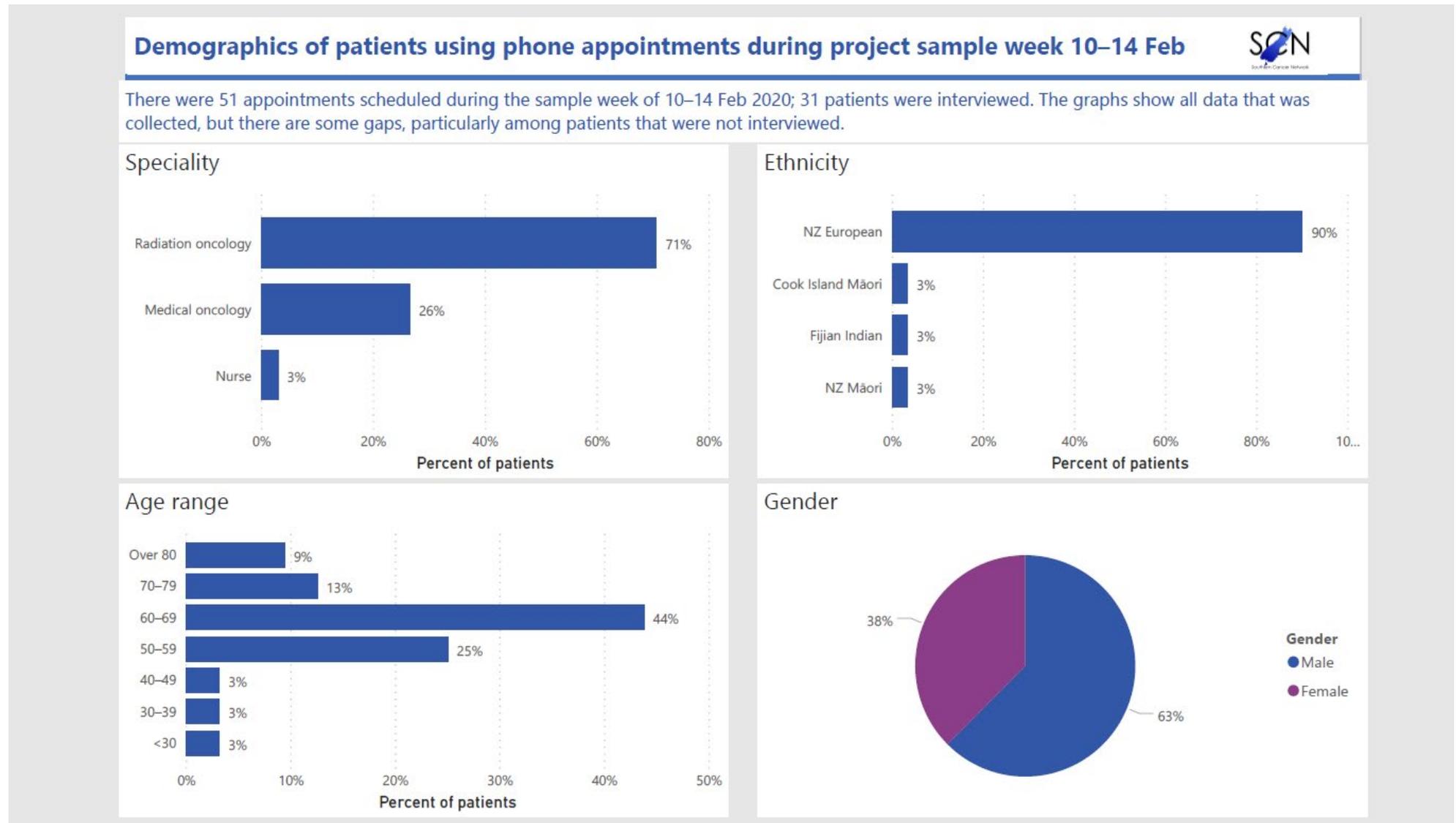
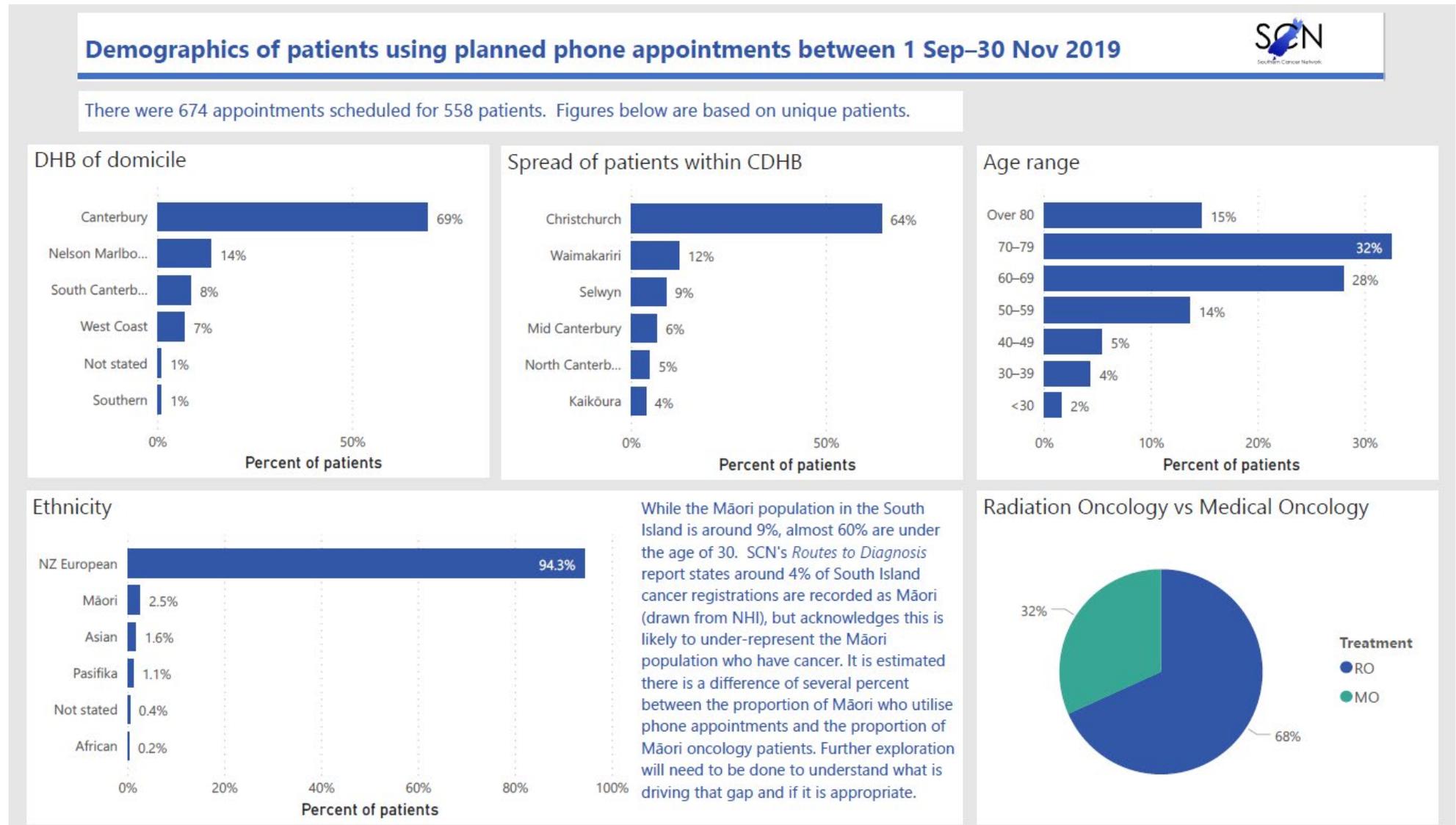


Figure 5: Demographics of patients using planned phone appointments



Improve

The feedback we received was very positive: even those who reported some difficulties responded that it was still more convenient for them to have an appointment over the phone than to attend a hospital clinic. However, there were some issues raised with aspects of the way appointments are scheduled or conducted.

The experiences of patients and clinicians helped us to understand that several areas of concern could be addressed by patients having more information about telephone appointments. The project team agreed that one way to address this is to provide information with appointment letters. We developed an information sheet to be sent out with the appointment letter (Figure 6). It was reviewed by the South Island Cancer Consumer Group, who provided feedback regarding the text and layout. We are planning to send out the information sheets routinely as soon as possible, and are currently working through administration processes to get this implemented. We will then survey several patients who have not previously used phone appointments to get their feedback.

Figure 6: Telephone appointment information sheet

This is a telephone appointment

You do not need to come into the hospital for this appointment – an oncologist will phone you.

They will call you on your home number/cell phone (please circle). If you would like to be called on a different number, please call Oncology Reception.

Your telephone appointment will be very similar to if you were to come into hospital. Just like when you come for an appointment at hospital, there are some things you might want to think about or be aware of before your telephone appointment:

- Think about any questions you might have, maybe write them down. Have a pen and paper handy in case you want to take notes.
- Do you want someone with you for the appointment? If so, you may want to be able to put your phone on speakerphone. Check and see if your phone can do this. If there is a specific number you would like to be called on so that you can use speaker phone, please let us know.
- It will be one of the oncology team calling you – we try to make sure it is your usual doctor, but it is not always possible. If it is someone you haven't met before, the doctor will still have all your notes and be familiar with your treatment and situation. You can still ask them any questions you have.
- Similar to when you come into the hospital for an appointment, we try to be as close to your appointment time as possible. However, sometimes the telephone call will be a few minutes early or late.

Alongside this, the team intended to develop guidelines for clinical staff around offering telephone appointments and conducting telephone appointments. This included aspects such as consideration of which patients may benefit from telephone appointments, discussing introducing the use of phone appointments, being clear on what the scope of the appointment will be and getting patient's agreement, and consideration of timing of phone appointments within a clinic schedule. Development of these guidelines will require further consultation and testing with the clinical team.

Measure

Our testing phase was underway when COVID-19 escalated. While the testing phase was not as extensive as we would have liked, we were working to expedite the implementation of the information sheets that are sent out with patient appointment letters. We are currently working through administration teams to have the information sheets sent out routinely to patients with their appointment letter.

As face-to-face appointments have been replaced with phone appointments, the intention to develop guidelines has been overtaken somewhat, and the clinical part of our team do not have the capacity to expedite developing the guidelines. The findings have been distributed to the clinical team and will hopefully give clinical staff some insight into patients' perceptions and expectations around telephone appointments that can inform their interactions. Our findings and information sheet were shared with other South Island DHBs to help with the rapidly evolving shift to telephone or video appointments. Southern DHB is using the findings to inform its communication to patients about the transition to telephone appointments.

When capacity allows, we will review the state of telephone appointments, including extracting updated data from MOSAIQ to understand the volume and demographics of telephone appointments, and explore what further investigations/improvements (guided by patient and clinician feedback) could be made to support the 'new normal' use of telephone/virtual appointments. While our plans have been disrupted, the project has resulted in a positive outcome that will be implemented shortly. It has also given some assurance that the necessary but unplanned widespread switch to telephone appointments through the COVID-19 response is broadly acceptable and works well for almost all patients and clinicians.

Working as a co-design team

Working as a co-design team has been a very valuable experience. The involvement of clinicians, nurses, administration and consumers provided a well-rounded approach to look into how phone appointments were working for patients and clinicians. We were pleased with stakeholders' willingness throughout the process to engage with us and provide advice. In particular, we are grateful to the patients who provided valuable feedback.

The project team (Canterbury DHB Oncology Phone Appointments Project)

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