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Tele-handover: Lessons and improvements from a simple change to virtual meeting

COVID-19 has brought unprecedented disruption to medicine, urology and training. Many hospitals have had to provide care for elective patients and emergency admissions on geographically separate, so-called 'hot' and 'cold', sites according to local pandemic infection control protocols [1]. Urology departments have had to effect considerable changes to long-established patterns of work, including patient flow, pathways for acute admissions, on-call rotas, and physical distribution of their clinicians.

So-called 'tele-health' solutions have been central in response to these challenges. Tele-health technologies have boomed as hospital teams have adapted to working within restrictions on travel and limits on the number of individuals allowed in a room. The benefits of tele-consultations, tele-clinics [2], tele-conferences [3], tele-MDTs and even tele-surgery [4] have been enormous in the last year, and many of these applications seem thoroughly established in hospitals, research and education now.

At our unit, since the first UK lockdown we have instituted a daily structured 'tele-handover' morning meeting. Initially this was a response to the changes in patient flow and social distancing measures in our hospital. Since, however, we have realised that moving the handover to 'tele-', has made it more accessible and has improved multiple aspects of patient management and communication amongst staff. This brief report on our tele-handover morning meeting aims to highlight the positive impact of this simple change in relation to patient care, inpatient efficiency, working patterns and teaching for urology trainees at our department.

Tele-handover for Smart Working

Smart working is a model of work that uses new or existing technologies to improve performance; it is linked to concepts flexibility and teleworking [5]. Every morning from 07:30 to 08:00 (later starts on the weekend) our meeting is performed online via Microsoft Teams. Every day, the meeting is attended by a broad representation of the urology MDT, starting with the on-call team but including trainees, specialist nurses, sub-specialty representatives, and a dedicated uro-radiology consultant. The online forum means all members can participate in discussion and screensharing allows important patient scan images to be seen by all attendants on their laptop, work PC or mobile phone. The meeting finishes promptly at 08:00 after an MDT-like discussion for each new patient. Clear, timely, documented treatment decisions are made for each new admission and inpatients where appropriate, meaning the on-call team are able to action the appropriate management plan earlier in the day compared to typical practice before the introduction tele-handover morning meeting (Fig. 1).

In December 2020, 108 individuals were discussed at the during tele-handover, 67 of which had new cross-sectional imaging reviewed. Ten interventional radiology procedures were arranged and performed on the same day as tele-handover review and 23 scans requests were vetted without requiring further discussion. Additionally, dedicated consultant uro-radiologist review led to the detection of pathology not identified during initial scan review, such as a renal cell carcinoma kidney, a calyceal rupture and an early oesophageal malignancy.

Prior to the establishment of the morning tele-handover meeting, many of these requests, reviews, and decisions may have been disjointed and delayed as separate expert-teams were consulted consecutively during busier times later in the day. Now, with the tele-handover morning meeting we have an early regular session for discussing any urology inpatient or consult with the appropriate sub-specialist team, and we have enshrined expert radiological input. Attendance can be flexibly slotted in around other busy morning work commitments, and meetings can be attended just as well by those working from home or on the way to work. Moreover, in the context of aiming for a carbon neutral NHS by 2040, changes such as these, that reduce travel and energy required to service buildings, also merit commendation [6].

Tele-handover for Smart Learning

In addition to improvements in patient care and departmental service provision, the tele-handover meeting has been a positive for trainees during a challenging period. The tele-handover meeting provides a variety of routine and complex presentations encompassing all areas of urology. The meeting is run by trainees, and thus provides a regular, iterative platform for presenting. The attendance of multiple consultants online each morning allows discussion and rehearsal of management plans with sub-specialist experts in ways that were previously not routine.

Additionally, real-time radiological input with screensharing turns each meeting into a stimulating, informative, state-of-the-art radiology tutorial. The meeting provides an equivalent to an 'on-call MDT' where trainees can practice

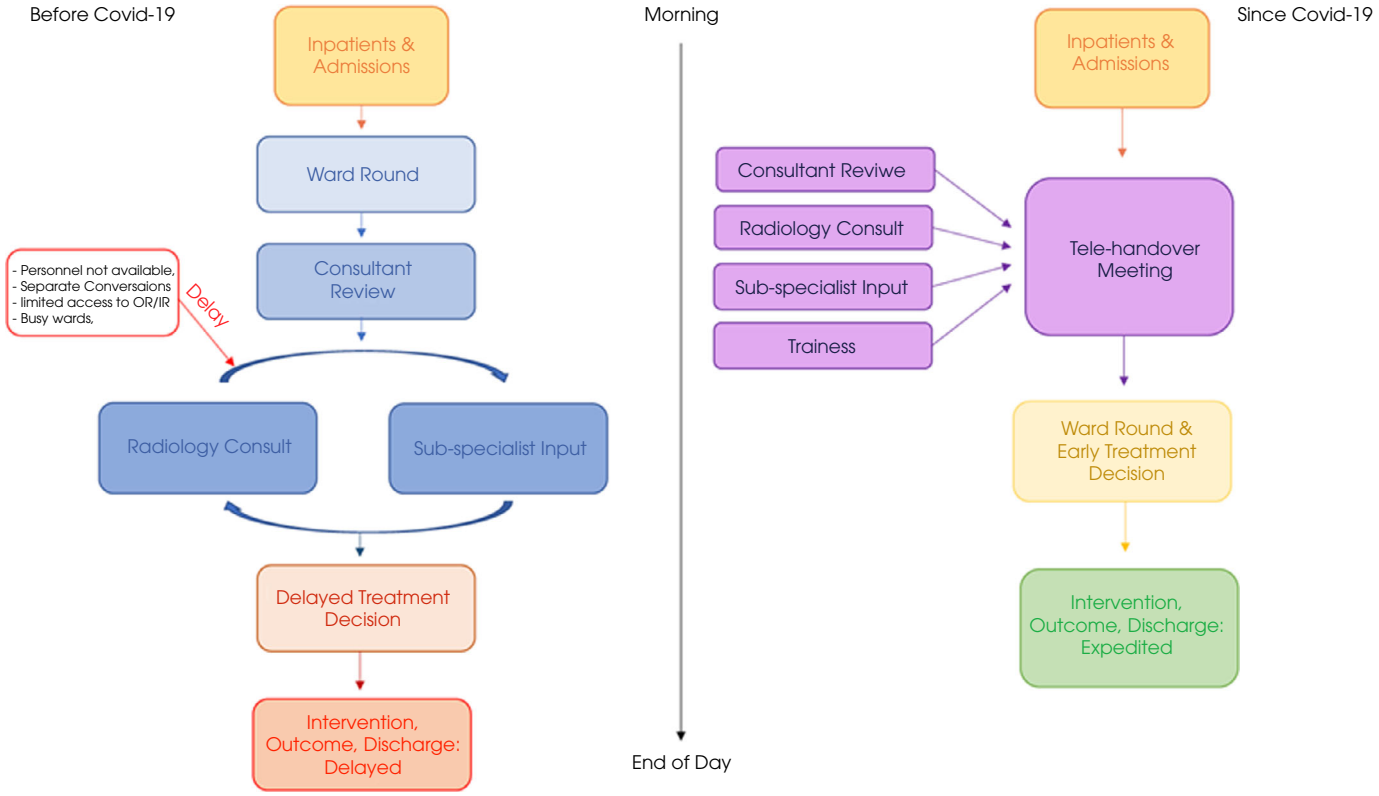

Fig. 1 Flow Diagram showing daily on-call working patterns before and after introduction of the Tele-handover Morning Meeting

presenting online, something which is an important environment to become familiar with for exams, interviews, conferences [7]. Structured educational opportunities have been incorporated now as well, with one trainee each week identifying a 'case of the week' for presentation and discussion on Friday.

Naturally, there are disadvantages to tele-handovers, like all virtual meetings. Lack of informal team contact and a corresponding reduction in coffee consumption (for many) is regrettable and may diminish valuable emotions such as professional camaraderie. However, inevitably we ought to search for the lessons learnt and positive changes implemented during this period. Though it was originally necessitated by the separation of services and personnel to different sites during the first COVID-19 wave, the introduction of 'tele-' into our daily handover process has improved the expertise and the timeliness with which patients receive care. Given additional benefits for trainee learning and flexible working, the tele-handover morning meeting has become an indispensable start to every urological day.

Disclosure of Interests

The authors have no relevant interests to disclose.

Eoin Dinneen[1], Rachel Hubbard[2], Tom Reid[1], Eric Edison[1], Elizabeth Osinibi[1], Veeru Kasivisvanathan[1], Hilary Baker[1], Conrad von Stempel[2], Pippa Sangster[1], Clare Allen[2], Daniel Heffernan-Ho[2], Sian Allen[1], Dan Wood[1], David Ralph[1] and Daron Smith[1]

[1]Department of Urology, Westmoreland Street Hospital, and [2]Department of Radiology, University College London Hospitals, London, UK

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Correspondence: Eoin Dinneen, Department of Urology, University College Hospital London, Westmoreland Street Hospital, 16–18 Westmoreland Street, London W1G 8PH, UK.

e-mail: Eoin.dinneen@nhs.net