

## Improving Patient and Clinician Experience of Oral Surgery Telephone Clinics

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**Abstract :** During the Covid 19 pandemic routine outpatient appointments were not possible face to face. That resulted in many branches of healthcare starting virtual clinics. These clinics have continued following the return to face to face patient appointments. With these new types of clinic it is important to ensure that a high standard of patient care is maintained. In order to improve patient and clinician experience of the telephone clinics a quality improvement project was carried out to ensure the patient and clinician experience of these clinics was enhanced whilst remaining a safe, effective and an efficient use of resources. The project began by developing a process map for the consultation process and agreed on the design of a driver diagram and tests of change. In plan do study act (PDSA) cycle1 a single consultant completed an online survey after every patient encounter over a 5 week period. Baseline patient responses were collected using a follow-up telephone survey for each patient. Piloting led to several iterations of both survey designs. Salient results of PDSA1 included; patients not receiving appointment letters, patients feeling more anxious about a virtual appointment and many would prefer a face to face appointment. The initial clinician data showed a positive response with a provisional diagnosis being reached in 96.4% of encounters. PDSA cycle 2 included provision of a patient information sheet and information leaflets relevant to the patients' conditions were developed and sent following new patient telephone clinics with follow-up survey analysis as before to monitor for signals of change. We also introduced the ability for patients to send an images of their lesion prior to the consultation. Following the changes implemented we noted an improvement in patient satisfaction and, in fact, many patients preferring virtual clinics as it lead to less disruption of their working lives. The extra reading material both before and after the appointments eased patients' anxiety around virtual clinics and helped them to prepare for their appointment. Following the patient feedback virtual clinics are now used for review patients as well, with all four consultants within the department continuing to utilise virtual clinics. During this presentation the progression of these clinics and the reasons that these clinics are still operating following the return to face to face appointments will be explored. The lessons that have been gained using a QI approach have helped to deliver an optimal service that is valid and reliable as well as being safe, effective and efficient for the patient along with helping reduce the pressures from ever increasing waiting lists. In summary our work in improving the quality of virtual clinics has resulted in improved patient satisfaction along with reduced pressures on the facilities of the health trust.

**Keywords :** clinic, satisfaction, telephone, virtual

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