Improving Efficacy and Sustainability of Virtual Cardiology Clinics.

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The COVID-19 outbreak has placed Health Services under significant strain. Social distancing measures were introduced in the Republic of Ireland in March 2020 and virtual consultations (via telephone or video call) were identified as a potential alternative to face-to-face visits at this time.

OBJECTIVES

Strategies to keep clinics going had to be developed while ensuring safety of patients and hospital staff and ensuring that quality of care is maintained

Physical Visit Issues:

Looking back allowed identification of 'wasteful' processes in the clinic that did not add v.4(pi)-5-9.6(i39.r.2(at)-) -0 (dD5.9(ni)-50')-5.9(w)C Tw 8.04 -0 0 8.04 34.7209 323.8432 I.5(ur)0.6(i)-e.7209 34.3(w)16nB0deo The evarattalob(s)-11.4(ur)0.6(v)3.4end tim() 30.2 out sin the ysii mi(at)-9.6(i)-5.9(on)-14.5(r)0.7(o(m)-21.8()]TJ T* [(w)16.5(as)-1154(439)-14.6(m)-21.7(i)-5.9(out)-959(es)-11.416nB0de ()06[(R)1.6angeoftrm mi.f atmi.f on v oraroduced staff ODRar).:

MATERIALS AND METHODS

We started the clinic transition to virtual visits in March 2020 and reflect on 100 consecutive patients' experience in virtual visits. Clinic metrics were tracked. Electronic survey responses were collected from patients attending virtual visits. Input from our cardiology team (Clerical, OPsl

