



Letter to the Editor

Telemedicine Video Multidisciplinary Conference and Ward Round for Geriatric Care during the COVID-19 Pandemic in Taiwan

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To the Editor,

The coronavirus disease 2019 (COVID-19) pandemic in Taiwan since May 2021 contributed to the rapid increase of infections and deaths.¹ Until August 17, 2021, a total of 15,862 confirmed cases and 821 deaths, with a mortality rate from 0.99% before the pandemic to 5.2% after the pandemic was recorded.¹ According to the level 3 warning announced, meetings in hospitals were cancelled, delayed, or changed to video conference.¹ Telemedicine is a good solution to fit the care gap during the COVID-9 pandemic,^{2,3} however, its use in the multidisciplinary team (MDT) meeting and ward round was not reported.

MDT meeting is a feature in geriatric care due to the complex and numerous comorbidities in older patients.⁴ The COVID-19 pandemic limits the MDT and may impact ordinary care. Therefore, our meeting was transformed into telemedicine. Before the conference, a conference link in the communication software is announced (Figure 1). The time frame of whole conference and ward round is 11:00 am to 12:00am. Then, members of the MDT login in the conference via an online registration form. The video MDT conference is held by an attending physician using a computer with hospital information system (HIS) (Supplementary Figure 1), and members can attend the conference by computer, notebook, tablet, or cellphone (Supplementary Figure 2). In the discussion, members of MDT can reach the patient's electronic medical record by a computer with HIS or request the host to control HIS if they use a device without HIS. Members of MDT can discuss every issue via this system. For example, physician can discuss the medication use with clinical pharmacist and nutrition supply with dietician. After the discussion, the attending physician, resident, and case manager bring a portable tablet to the patient's bedside (Supplementary Figure 3 and Supplementary Figure 4). Other members who were not at the scene could communicate with the patient, care giver, and MDT members via the portable tablet. There is no contraindication and the average time spent in a patient depends on the physician and individual patient's condi-

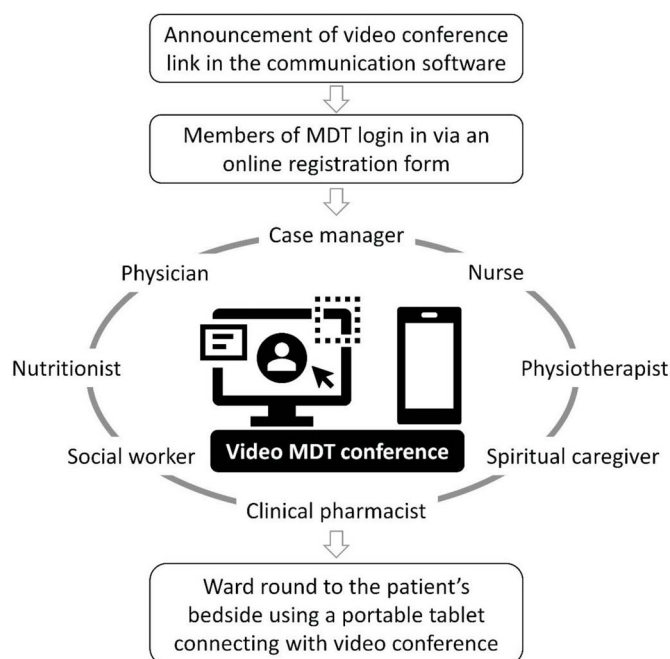


Figure 1. Flowchart of telemedicine video MDT conference. MDT, multidisciplinary team.

tion. For example, it needs 50 minutes for the telemedicine ward round if the attending physician has 10 patients in total and an average of 5 minutes for each patient. There were about 10 patients weekly. In total, there were about 100 patients using this system between June 3, 2021 and August 5, 2021.

Telemedicine video MDT conference and ward round is a promising way to keep continuous care in older patients during the COVID-19 pandemic.

Conflicts of interest

Authors declare no conflicts of interest.

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Supplementary materials

Supplementary materials for this article can be found at <http://www.sgecm.org.tw/ijge/journal/view.asp?id=21>.

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