



Virtual clinics progress and outcome during the Covid-19 pandemic

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Abstract

Aim To assess progress and outcome of the Virtual clinics during the Covid-19 Pandemic.

Methods We used Excel sheet to collect and analyse data including number of call attempts for answer, duration of the calls, success in talking to the carers and the outcome of consultation.

Results One-hundred-sixty-seven calls were made for 117 patients. Average of 1.3 calls per patient. 94/115 (81.7%) calls were eventually answered. 65% (71) parents answered the call from a single attempt (71/110). 18% (21/110) of parents answered the call on the second attempt. The average call duration was 9 min (range 21–5 min). We discharged 11% (11/103) of patients, while 33% (34/103) patients required a face-to-face physical review. A follow-up appointment was scheduled for 54% patients (58/103).

Discussion/Conclusion With careful patients' selection, virtual outpatient clinics represent a feasible means of delivering outpatient care from a clinician perspective.

Keywords Phone clinics · Telemedicine · Virtual clinics

Introduction

Following the emergence of the COVID-19 pandemic in Ireland, many outpatient services transitioned rapidly to a virtual or distance model of consult delivery. We examined the efficiency of these clinics in a second-level paediatric center.

Methods

A subset of virtual clinics encounters in our center ($n = 117$) was examined. Duration of each consult, number of attempts to reach parents and outcomes (discharge, in person clinical review, follow-up appointment) were recorded.

Results

Average consult duration was 9 min (range 5–21 min) the majority of patients could be contacted by phone (80%, $n = 94$). 18% (21 of 117 call attempts) were not successful.

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That means one in 5 calls were not answered at all, which is definitely worrying. Where outcome was recorded, the most common result (54%) was a further outpatient appointment (58/103 consults), followed by (33%) need for face-to-face review in the day ward or the clinic (34/103 consults) and discharge (11%) to the GP from the virtual clinic (11/103 consults). One in three patients required physical hospital visit following a virtual clinic consult. The same finding was reported in a study in the UK [1]. This is definitely higher than expected and has resulted in increasing load on clinical service. This is the cost of providing safe care to patients and their carers to help them avoid unnecessary hospital visits where possible. The question whether this cost outweighs the benefits is an important one to answer. A substantial minority of consults required more than a single attempt for the consult to be instigated (35%, $n = 21$ of recorded attempts), 65 out of 117 recorded calls (56%) were answered the first attempt (Fig. 1), whereas 21/110 (18%) of calls were attended at the second attempt. The average attempt to be made overall is 1.4 times per patient. This is definitely taking more time and more resources. Bear in mind that these parents received a letter to the clinic specifying the date and time of the call. The benefits of safety, saving days off school and work and reducing carbon emission are clear advantages for the virtual clinics. The cost as shown is almost doubling the clinical work.

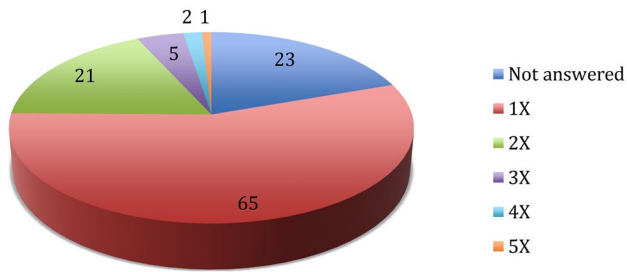


Fig. 1 Shows number of calls attempted. (2/3) of respondents answered the first attempt

Conclusion

Virtual outpatient clinics represent a feasible means of delivering outpatient care from a clinician perspective. Despite

their benefits, they don't come without a significant burden to the hospitals. Careful selection of patients will improve the experience.

Declarations

Conflict of Interest The authors declare that they have no conflict of interest.

References

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