Implementation of video consultation for new hospital patient groups - a response to the COVID-19 crisis

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Notice:
Substantial under reporting!

Impact of COVID 19 on hospital outpatient activity (week 1-16 April 18th)

Outpatient visits

Video consultation

Week
COVID-19: Increased use of video consultation

- Outpatient visits for patients with sclerosis – Dept of Neurology
- Palliative care - Dept. of Oncology
- Outpatient visits for women with endometriosis - Dept. of Gynecology
- Outpatient visits for patients with asthma – Dept of Lung disease
- Outpatient visit for patients with workplace injuries - Occupational And Environmental Medicines
- Outpatient visits for patients with severe pain – The Pain Center
- Outpatient visits for patients after plastic surgery - Dept. of plastic surgery
- Outpatient visits for children with COVID 19 infection - Childrens hospital
- Outpatient visits for patients with stoma - Surgical Dept.
Case 1. Video consultation in the Neurology Department

Source: Sonderborgnyt.dk
## Case 1. Video consultation in the Neurology Department

| Patients                                      | Mostly patients with **sclerosis** having their regular visits.  
|                                               | Some patients have cognitive impairment - Doctors assess patients ability to use video. |
| Technology                                    | The patient app: "My Hospital" |
| Invitation                                   | Patient are invited to video consultation by letter.  
|                                               | If patients reject video, that are offered telephone or physical meeting. |
| Patient perception                           | Most patients find it easy to do.  
|                                               | Advantages for patients: Do not need to find a babysitter. No parking problems. |
| Staff perception                             | Implementation of technology is working well  
|                                               | Some neurological examination is possible: Eye movement, arm weakness, facial strength. |
| Activity                                     | 60 video consultations made in 6 weeks.  
|                                               | Video consultation are expected to continue after the pandemic. |
Case 2. Video consultation in the Gynecology Department
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| Patients | Women with endometriosis for regular consultations in outpatient clinic.  
|          | The consultation is focused on health problems related to endometriosis and pain. |
| Technology | The patient app: ”My Hospital” |
| Invitation | Patient are invited to video on the basis of PRO data. |
| Patient perception | Most patients would like to have a video consultation.  
|          | Advantages: For patients in pain – video leave energy for every day life +time saving.  
|          | Some patients feel their symptoms are more well received. |
| Staff perception | Nurses and doctors are positive towards video.  
|          | Implementation: Kick-off day with test of video on 24 patients + Sundhedsekspressen. |
| Activity | Virtual consultation is increasing by 200% in general in the department.  
|          | For women with endometriosis: The goal is 20% of consultations by video. |
Case 3. Video consultation in Palliative care
## Case 3. Video consultation in Palliative care

| Patients                  | • Patients with cancer in palliative care at home.  
|                          | • The GP or a hospital doctors refer to the palliative team.  
|                          | • Typical severe pain or patients with small children.  
| Technology               | • The patient app: ”My Hospital”  
| Invitation               | • First visit is in the hospital.  
|                          | • If the family has a computer or smartphone, video is offered.  
| Patient perception       | • Some patients prefer video because of corona virus.  
| Staff perception         | • Resistance among the doctors and nurses before the pandemic.  
|                          | • Positive experiences are crucial for the staff perception.  
|                          | • Video may increase patient autonomy compared to telephone - you can see the patient.  
| Activity                 | • From 3 video consultations to 14 per weeks.  
|                          | • Different views: Some will continue to use video, others will return to physical visits.  

Research needed!

• **Patient perception of video**
  – Is picture and sound quality ok?
  - Percentage of successful consultations
  - Method: Questionnaire to all patients using video

• **Patient safety**
  – Studies of hospital register data (RWD)

• **Ethics**
  - Who refuse to use video?
  - Does use of video vary with income and education?

• **Organizational aspects**
  – Is lack of education and support for nurses and doctors the reason for failure?
Conclusion

Video consultation:

1. Can ensure access to care for new patient groups during the pandemic

2. But we still need to do research to ensure safety and quality of care

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