

## **Satisfactory Implementation of Paediatric Virtual Clinics and the Perspectives of Parents**

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### **Abstract**

#### ***Aim***

To assess whether virtual clinics result in a reduction in unnecessary clinic appointments, whilst maintaining a high parental satisfaction rate.

#### ***Methods***

Parents of children waiting greater than 36 months were called about the continued need for their appointment. Clinic outcome data was quantified and a phone survey of a random sample of participating parents was undertaken to assess their virtual clinic experience.

#### ***Results***

66% (154 children) no longer required appointments. 20 parents participated in the phone survey. 90% (18) agreed/strongly agreed that they had enough time to speak to the Consultant/CNS. 80% (16) reported they were satisfied with the telephone consultation. 35% (7) highlighted their frustration at not being contacted sooner. Positive remarks included the personal nature of the phone consultations, and reassurance that their children hadn't been removed from the waiting list. The main disadvantage voiced was the lack of warning for the phone call.

#### ***Conclusion***

Virtual clinics lead to a reduction in required face-to-face appointments, whilst maintain parental satisfaction. However, it is important to note, our study referenced patients waiting greater than 36 months. Introducing this new type of effective consultation is more important than ever given the need to reduce social interactions during this COVID-19 Pandemic.

## **Introduction**

Even before the onset of the COVID-19 Pandemic, waiting lists to see a hospital consultant were at crisis levels. National Treatment Purchase Fund figures from May 2020 revealed there were 12,300 children on General Paediatric outpatient waiting lists, of which 1,141 were waiting greater than one year<sup>(1)</sup>.

Virtual clinics are a planned contact by the healthcare professional responsible for care with a patient for the purposes of clinical consultation, advice and treatment planning<sup>(2)</sup>. Much of the available literature in paediatrics pertains to diabetes management, particularly in young adults<sup>(3, 4)</sup>. A recent randomised control trial comparing virtual clinics with face-to-face consultations for follow-up of patients with inflammatory bowel disease showed non-inferiority and cost-effectiveness<sup>(5)</sup>.

Virtual clinics in the form of telephone consultations were commenced at CHI Temple Street in 2019 to evaluate patients waiting longer than 36 months. The aims of this study were to assess whether they resulted in a significant reduction in face to face appointments whilst achieving parental satisfaction with the service.

## **Methods**

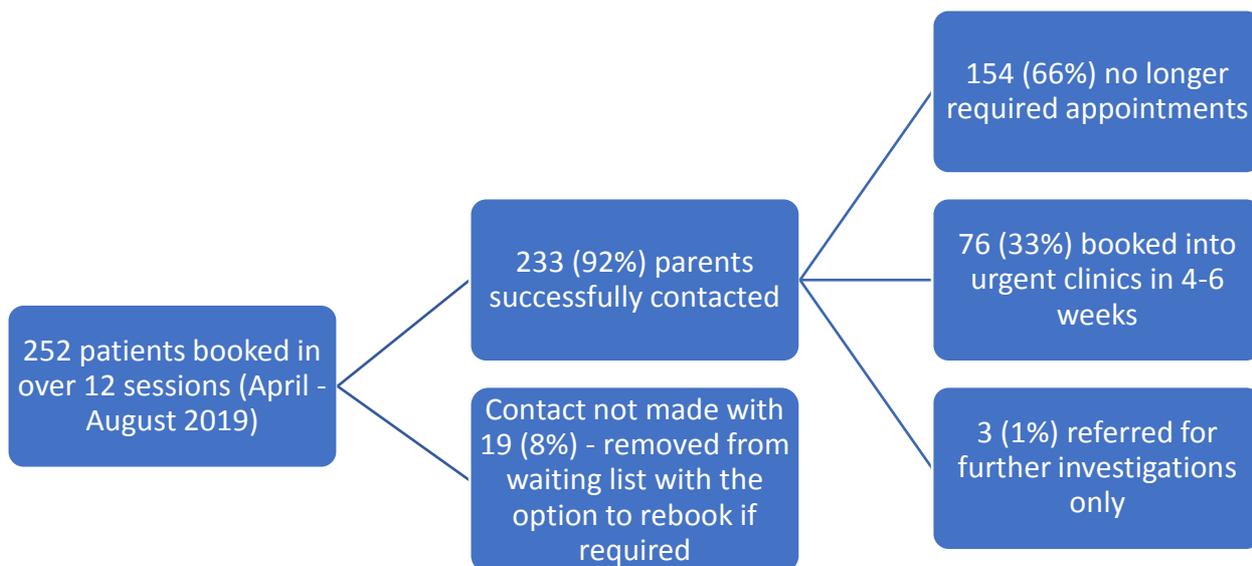
A standardised proforma was devised to enable accurate documentation and ensure efficacy. The Consultant or Clinical Nurse Specialist (CNS) explained what the child had been referred for and asked if this was still an issue. If not, then with the parents' consent the child was removed from the waiting list. If the issue was ongoing, a brief history was taken, and a joint decision was made regarding the need for a face-to-face appointment.

A random sample of parents were recontacted at a later stage in a systematic manner until a target of 20 was met. They were encouraged to speak honestly about their experience, with this being documented in an excel proforma.

## **Results**

### *Clinic Outcomes*

252 patients were booked in over 12 sessions between April and August 2019, the outcomes of which are displayed in figure 1. 232 parents were successfully contacted, of which 154 no longer required appointments. 76 patients were booked into urgent clinics, and three were referred for further investigations only. 19 (8%) parents were unable to be contacted despite repeated attempts. The parents and GPs of these children were sent a letter informing them of their removal from the waiting list and the option of being relisted if required. No later communication was received from these patients.



**Figure 1:** Clinic Outcome Data: Agreed management plan following virtual clinic consultation.

### Phone Survey

20 parents participated in the follow up telephone survey.

### Quantitative Results

55% (11) of parents confirmed they had received a text message prior to the phone consultation; the remainder didn't or couldn't recall. 60% (12) felt inadequately prepared for the phone consultation. 90% (18) felt they had enough time to speak to the Consultant or CNS. 70% (14) felt that their concerns were addressed, while 80% (16) reported satisfaction with the virtual clinic service.

### Qualitative Results

Parents praised the personal nature of the virtual clinics, and that their referrals were followed up on even if the issue had resolved. They also highlighted the benefit of not having to take time off work to attend or endure lengthy periods in the waiting room.

Criticism was directed towards the length of time waiting to be seen with a subset having transitioned to adult services, and others whose problems had resolved whilst waiting. The only criticism of the telephone clinic itself was that a subset of parents reported feeling unprepared and unsure of what to expect from a phone consultation.

## **Discussion**

Virtual clinics, involving Consultants and a paediatric CNS were successfully introduced for new paediatric patients waiting greater than 36 months. They led to a significant reduction in face to face appointments with resultant shortening of waiting list for those who still needed to be seen. They were associated with a high level of parental satisfaction with the service.

However, there is room for improvement to help parents feel more prepared. This could be done by providing information on the purpose and structure of the consultation in advance and offering parents a choice of dates and times in which they will be contacted. While long waiting times are undesirable and unacceptable, especially so in paediatric populations, this service may be an option as we try to ensure that children are seen in a timelier manner. It is important noting that this service was utilized for those waiting longer than 36 months. Therefore, it is difficult to extrapolate results for those waiting a shorter period of time. Further studies would be useful in assessing virtual clinic use in these cohorts as a mean of further reducing unnecessary clinic attendances.

This report highlights areas for improvement that may help shape virtual clinic service, for example the role of the CNS working alongside the consultant as a potential model for telephone consultation.

Moreover, with current government guidelines requesting the population to minimize their social interactions, virtual clinics are a way of continuing to meet the needs of our patients whilst maintaining their safety during this COVID-19 Pandemic.

### **Declaration of Conflicts of Interest:**

The authors have no conflicts of interest to report.

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