

Remote Fracture Clinics during COVID-19: Lessons for a Sustainable Practice

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Background

In 2007-2008, 54.4 million patients were seen in outpatient clinics in England. This has nearly doubled to 93.5 million, in 2017-2018 (1). With the ever growing list of outpatient appointments, it is important to look for solutions to further improve the current practices.

With the start of the coronavirus pandemic in March 2020, the majority of routine face to face outpatient clinics were either postponed or changed to telephone clinics.

This project aimed to compare the experience of the patients in face to face and telephone clinics. Furthermore, it aimed to investigate the impact of this difference in approach, the cost saved by the patients, as well as its effect on the environment.

Method

Data collection period:
12th of March 2020 to 9th of May 2020 inclusive

Site:
Musgrove Park Hospital (DGH)

Included patients:
284 patients in the fracture clinic were contacted to fill in a survey. 146 responses were recorded.

Exclusion criteria:

- patient passed away
- could not be contacted on landline or mobile on 3 separate occasions

Assumptions:

- average car petrol consumption of 50 miles per gallon
- petrol price of £1.0 per litre
- average carbon dioxide emission of 140 grams per Km

Calculations:
The distance from the hospital was measured using postcodes and the Google maps service.

Results

Average ratings out of 10 (Face to Face vs Telephone clinics, see Figure 1)

- Convenience of consultation 9.0 vs 9.3
- Ease of communication 9.4 vs 9.4
- Safety of consultation 9.1 vs 9.4
- Overall satisfaction 8.9 vs 9.3

Charges avoided:
£3.50 per appointment (excluding other possible costs such as child care, or time off work)

Environmental impact:
5,600 grams of carbon dioxide emission saved per appointment

Future preference: (see Figure 2)

- 66% of face to face clinic patients wanted future telephone clinics
- 57% of phone clinic patients wanted future telephone clinics
- 61% of all patients wanted future telephone clinics

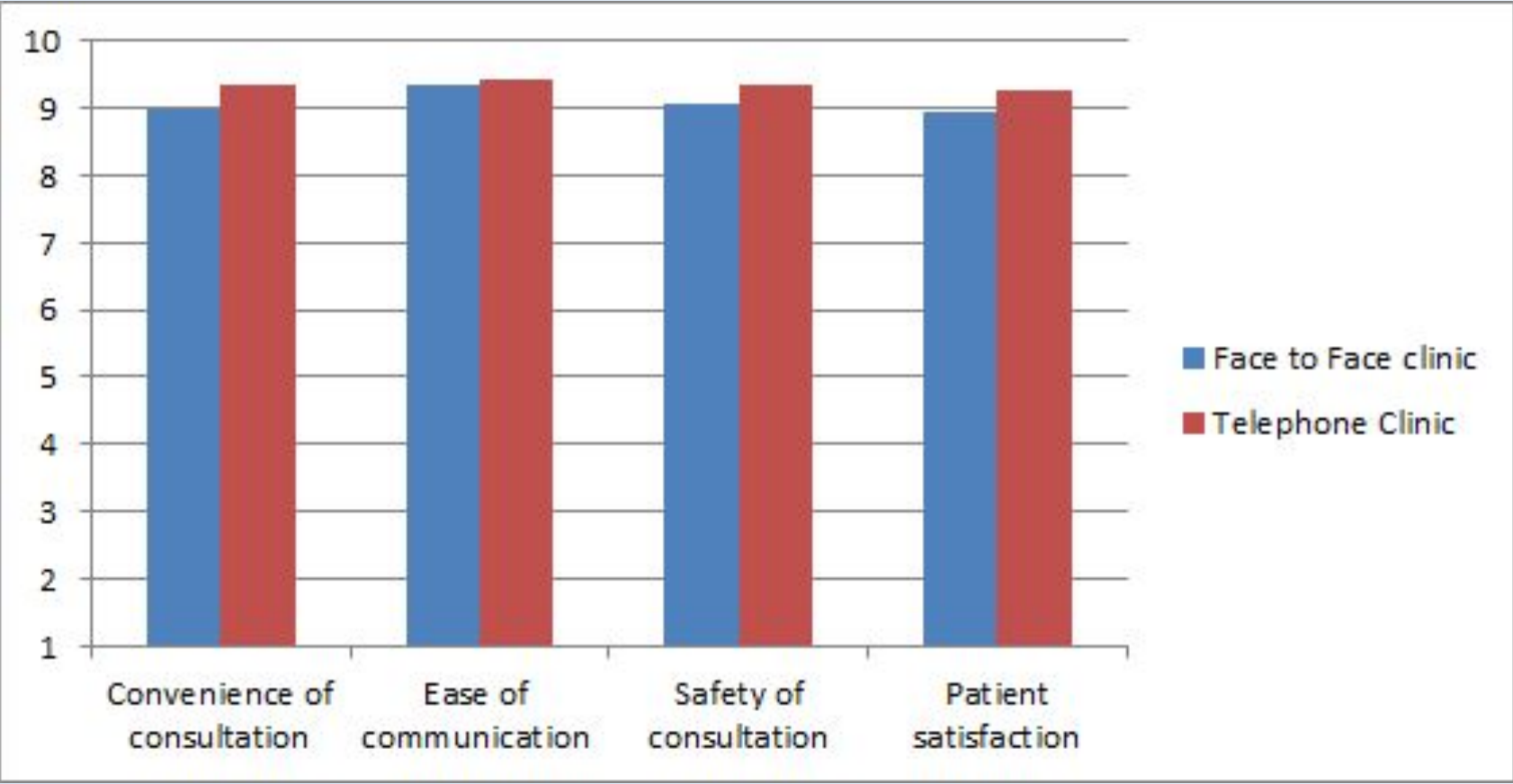


Figure 1: Four aspects of patient's experience in face to face and telephone clinics

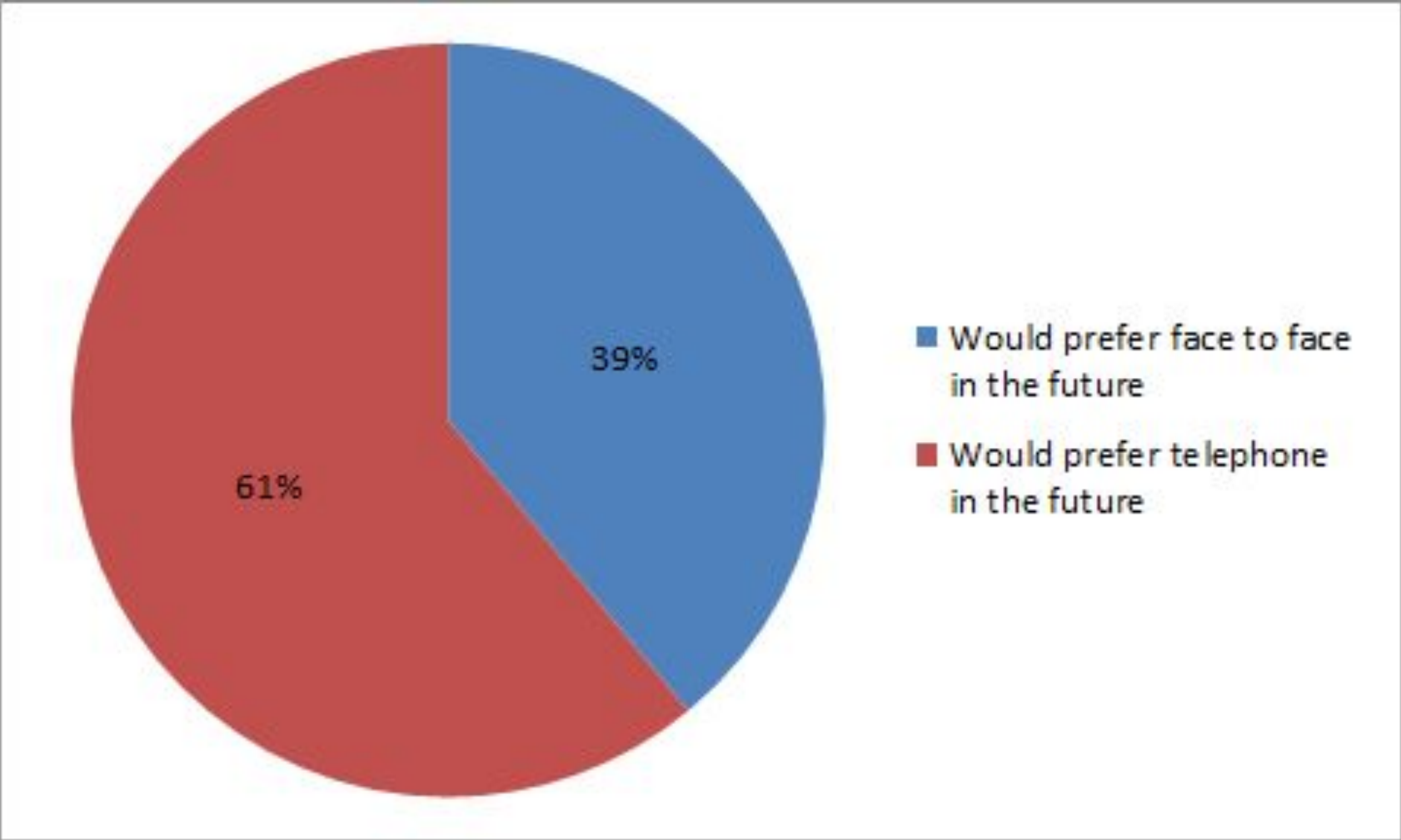


Figure 2: Preference for the future appointments

Conclusions

Telephone clinics achieved a better average overall satisfaction compared to the in person clinics. High patient satisfaction, reduced environmental impact and reduced costs for the patients poses the virtual clinics as a more sustainable option for the future of the routine follow up clinics.

Further advancements such as video calling have the potential to improve the quality of these consultations, whilst maintaining their cost and environmental advantages. Further cyber-security infrastructure will be needed to achieve this safely.

Future studies could be carried out to compare the effectiveness of these clinics as well as the proportion of patients who need to be reviewed in face to face clinics after having a telephone clinic.

References

