

Prospective Evaluation of Virtual Consultations in Paediatric Surgery and Urology: Lessons from the Pandemic Times

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Question



Is virtual consultation a safe and effective way of providing outpatient paediatric surgical care?

Methods

- Prospective evaluation of video/telephone paediatric surgery/urology outpatient consultations (May-June 2020)
- Each VC episode was assessed and given outcomes as follows:

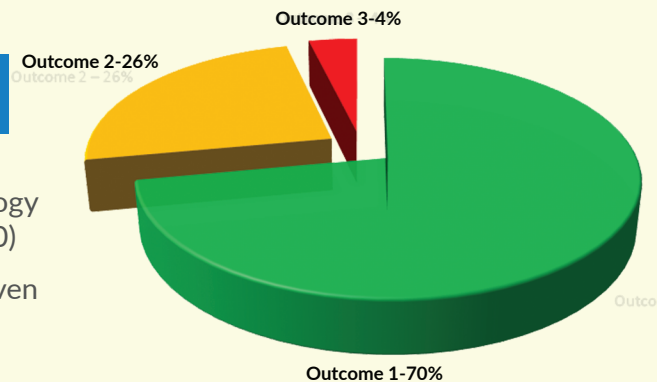
● **Outcome 1** – Definitive diagnosis and plan can be made with VC

● **Outcome 2** – Definitive diagnosis and/or plan cannot be made without physical contact but can be safely deferred

● **Outcome 3** – Definitive diagnosis and/or plan cannot be made without physical contact and patient needs to be seen urgently

● 6 months later -> retrospective evaluation after face-to-face clinic and compared to diagnoses /plans at earlier VC to assess its accuracy

● Survey of the experience of parents



Results

- 19 virtual clinic sessions, 186 patient consultations

General Surgery	55	51%
*Urology	91	49%
New	68	37%
*Follow Up	118	63%
Consultant	119	64%
Middle Grade	67	36%
Telephone	166	89%
Video	20	11%

Summary

- Definitive plans could be made in 70% and in 93% of cases, the definitive plans at VC correlated with the plan made at later face-to-face
- Urology and follow-ups more suitable¹
- >90% satisfaction with VC, 75% felt it is as good as physical visit/would use it again.
- A quarter required later face-to-face to make plan

This study provides evidence that VC is an effective and safe way to structure paediatric surgical outpatient care and it highlights the patient categories in which VC is most suitable

What do parents think ?

Clinician's ability to evaluate your child using VC

Excellent	Good	Poor
84%	8%	8%

Ease of using the technology

84%	16%	
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Compare VC to face-to-face

Better	About same	Worse
8%	67%	25%

Will you use VC again

Yes	No
75%	25%

Overall satisfaction with VC

Satisfied	Indifferent	Un-Satisfied
92%	-	8%