

# The Reality of the Virtual Clinic

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# THE PROBLEM

- Patients live in country and remote areas not wanting to come to clinics:- travel, expense, family commitments,
- Why can't my GP or hospital do the review and liaise with Flinders Medical Centre??!
- DNA and lost to follow-up



# THE PROBLEM

- Medical staff discharged some patients to the country and told them
  - “Just get an X-ray in two weeks and send it down to us”
- What could possibly go wrong with that system??@\*?\*#!\*?
- Did it happen often?
- Could we do it better?
- Make it better for the patient and the system

# WHERE COULD IT GO WRONG?

- Patient forgets to get the X-ray.
- Patient not sure who to ask if uncertain.
- X-rays get lost in the big/busy hospital.
- Local Doctor not sure what body part to X-ray  
and what views are needed.
- No-one in the hospital remembers to check if the X-rays arrive on time or at all.
- Very adhoc method



# DESIGN A BETTER SYSTEM

- Brainstorm
- Investigate other systems – telemedicine concept
- Patient education sheet
- Information for local health care team/GP
- Include dates that X-rays, wound review and virtual clinic due
- Hospital contact information
- Design a protocol/designate responsibilities
- Get approval

- EDUCATE & INVOLVE STAFF

# HOW IT WORKS



- Patient suitable for virtual clinic
- Patient has GP/health care worker/hospital
- Patient/carer engaged in process
- Correct Phone number/s are recorded
- Orthopaedic registrar and NP agree suitable
- Patient given education and explanation on virtual clinic ie. don't turn up to FMC!!

# HOW IT WORKS



- OPD appointment booked on Tuesday virtual clinic by administrative officer
- Information sheet given to patient if inpatient
- Patient attends local GP/hospital/health care service for radiology request/wound or other investigation
- Patient then attends local Radiology dept. for X-ray and request x-ray to be release to FMC
- Case-notes and clinic list prepared as usual

# HOW IT WORKS

- Orthopaedic Nurse Practitioner contacts patients(phone)
- Discussion and review x-ray and clinical situation as required
- Access- email – wounds or other information





# HOW IT WORKS

- Discuss plan with patient/GP/hospital/NH/allied health
- Email or write letters to appropriate health care workers
- Patient health information/exercises sent or emailed
- Discuss plan/x-ray as needed with senior registrar or consultant as required

# PATIENT CRITERIA

- Initially reviews those operated in FMC
- Outpatients only (travel, frail)
- To new patients from country GP or allied health or nurses
- To nursing home and rehab patients







# WHAT ARE THE BENEFITS

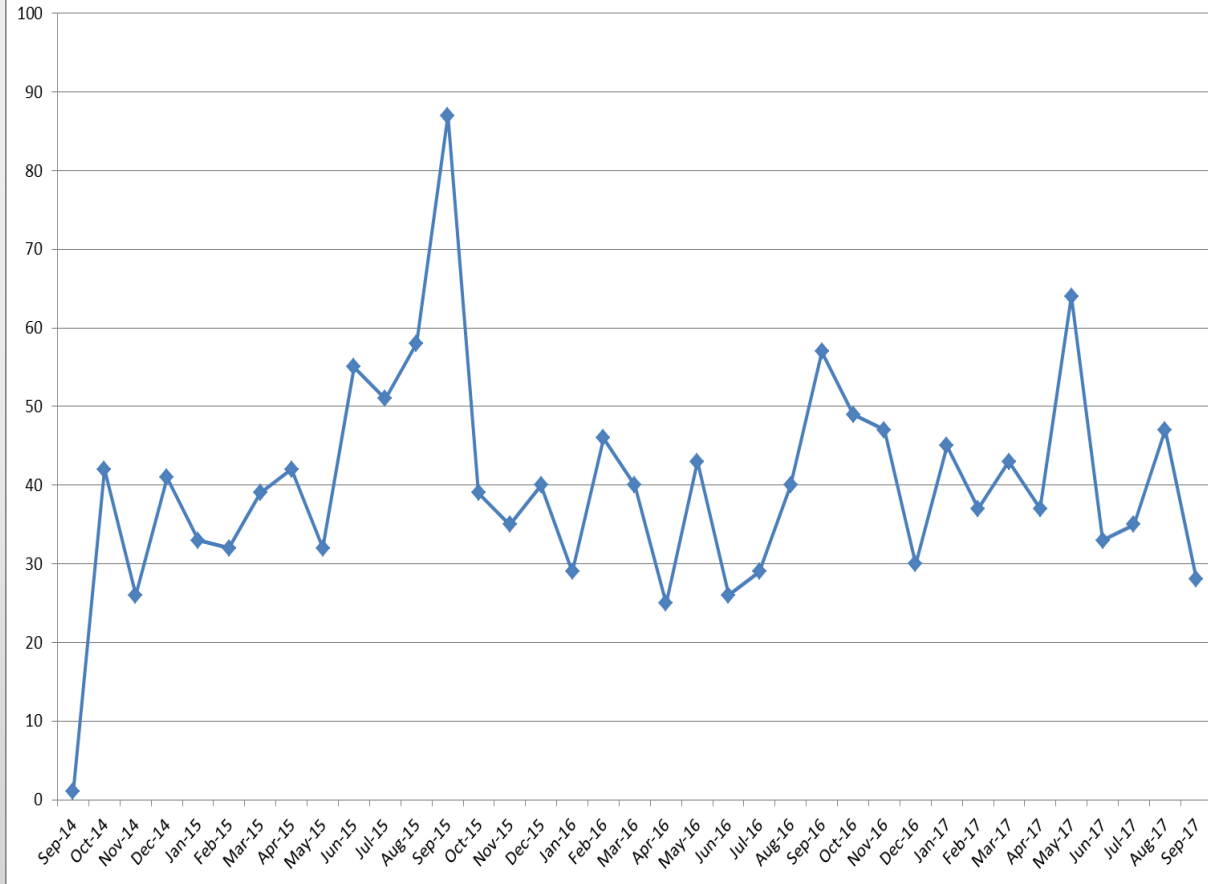
- Systematic process in place that allows for adequate follow up of rural and frail NH patients
- Decreased travel & costs for the patients
- Decreased burden in OPD: Nursing & Medical
- Decreased use of RFDS/ local ambulance service
- Removes need to find inpatient beds for RFDS patients(staying longer as inpatient)
- Cost reduction for PATS/IPTAAS



# DOES IT WORK?

- 10- 20 patients reviewed per week
- New and Review patients
- 1500 in 39 months average 40per month
- Every expanding list possible candidates
- Decrease loss to follow-up
- Decrease in country/rural and frail/dementia patients to Outpatients
- Professional Network developed between local health service/GP and NP
- Direct referral from Allied Health and nursing coordinators in outer metropolitan health care services
- Patients/family very happy

### VIRT (Nurse Clinic) - Orthopaedics FMC



# ISSUES

- Phone numbers
- Clear plans
- Time and effort
- Financial gain







# FUTURE DIRECTION

- Patient satisfaction survey
- Visual review –skype principles , telemedicine
- Financial gain – provider number

