



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Procedure for the Management of Virtual Outpatient Clinics

Scheduled Care

Transformation Programme 2020

Procedure for the Management of Virtual Outpatient Clinics			
Policy <input type="checkbox"/>	Procedure <input checked="" type="checkbox"/>	Protocol <input type="checkbox"/>	Guidelines <input type="checkbox"/>
Applicable Locations:	All Acute and Community Services		

PPPG Development Group:	Scheduled Care Transformation Programme PPPG Group
Approved By:	Integrated National Operations Hub (COVID response team) Liam Woods , National Director Acute Operations
Reference Number:	SCTP_20_003
Version Number:	3
Publication Date:	Original publication date 17 th April 2020
Date For Revision:	19 th October 2021
Electronic Location:	https://www.hse.ie/eng/about/who/acute-hospitals-division/outpatient-services-performance-improvement-programme/procedure-for-the-management-of-virtual-outpatient-clinics.pdf

Version	Date Approved	List Section Numbers Changed	Author
0.1	17 th April 2020		Trish King, Acute Operations Ita Hegarty, Acute Strategy
0.2	20 th June 2020	No revisions or updates	Trish King, Acute Operations Ita Hegarty, Acute Strategy
0.3	19 th October 2020	Revisions & updates applied per feedback from key stakeholders.	Trish King, Acute Operations Ita Hegarty, Acute Strategy

Note: Procedure developed in response to changes in work practices associated with the impact of COVID-19. This procedure is subject to change based on emerging evidence

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PPPG: Procedure for the Management of Virtual Outpatient Clinics

Ref. No. SCPT_20_03

Version No. 3

Revision Date: 19th October 2021

Page 2 of 5

1 DEFINITION

1.1 A virtual clinic is a planned contact by a healthcare professional with a patient/client for the purposes of clinical consultation, assessment, monitoring/management of healthcare conditions, provision of advice, and/or treatment planning.

2 GENERAL GUIDANCE

2.1 Providers should ensure that virtual clinics are only used for tasks that are clinically appropriate for delivery through this medium and do not compromise patient care.

2.2 The definitions of a virtual clinic include the following:

- The **cohort of patients to be scheduled to a virtual clinic will be agreed in advance** with the individual specialties and consultants.
- The contact is **auditable** – clinical notes are taken as per normal consultation and retained in the patient's healthcare record
- The **contact is for healthcare delivery purposes** (e.g., advice, counselling, etc.) and not administrative purposes (e.g., making an appointment, obtaining demographic information, etc.).
- The contact is **delivered by a consultant or** healthcare professional (Consultant, NCHD, ANP/AMP, CNS, HSCP).

2.3 The call/contact is pre-arranged and agreed utilising normal rules of 'reasonableness' via SMS, email, letter, phone call etc.

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PPPG: Procedure for the Management of Virtual Outpatient Clinics

Ref. No. SCPT_20_03

Version No. 3

Revision Date: 19th October 2021

Page 3 of 5

3 A VIRTUAL CLINIC IS NOT:

- 3.1 Where time is set aside to review case notes (sometimes referred to as a Multidisciplinary Clinic or MDC) and no contact is made with the patient at that time.
- 3.2 The distribution of information/patient care leaflets.
- 3.3 Where a telephone call is made or an email, text or letter is sent to discharge the patient with no clinical dialogue/advice.
- 3.4 Where a telephone call is made or an email, text or letter is sent to make an appointment to see the patient with no clinical dialogue/advice.
- 3.5 Where discussion or advice occurs between healthcare professionals around care delivered to the patient.

4 OPERATING VIRTUAL CLINICS

Operating virtual clinics should be aligned to the processes and policy currently in place for face outpatient clinics available at:

<https://www.hse.ie/eng/services/list/3/acutehospitals/patientcare/protocol-for-the-management-of-outpatient-services-and-guidance-documents/>

- 4.1 Consideration should be taken in the context of the virtual engagement, patient type and what needs to be communicated to the patient in advance of consultation. This can be supported by the use of a patient information leaflet, a leaflet has been prepared by the HSE and is available at <https://www.hse.ie/eng/services/list/5/cancer/patient/leaflets/virtual%20health%20Oclinic%20%20web.pdf>, however services may choose to develop local information leaflets for specific sites or services.
- 4.2 Virtual OPD clinics should be setup on the hospital patient administration system in a similar manner to face-to-face clinics, with an appointment being scheduled and the patient being informed.
- 4.3 The virtual OPD clinic should have the inclusion of a flag/code to differentiate from face- to-face clinics. This is required for management and reporting purposes.

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PPPG: Procedure for the Management of Virtual Outpatient Clinics

Ref. No. SCPT_20_03

Version No. 3

Revision Date: 19th October 2021

Page 4 of 5

- 4.4 The clinical priority (e.g. urgent, routine) of the consultation must be recorded.
- 4.5 The methodology used to interact with the patient must be noted (telephone, video, face to face) where possible, this should be recorded on the PAS / in the patient's record
- 4.6 Failure to participate can be recorded as a DNA after three attempts have been made to contact the patient at the agreed time. Decision to reappoint the patient must be made by the clinician as per normal procedure.
- 4.7 The clinic should be run as per normal clinic management with clinicians having access to the patient referral, healthcare record and relevant results, diagnostics etc.
- 4.8 Patient/client records and diagnostic should be reviewed prior to the virtual engagement occurring.
- 4.9 The healthcare professional delivering the substantive component of the interaction is to be recorded (Consultant, NCHD, ANP/AMP, CNS, HSCP).
- 4.10 The consultation outcome should be recorded and retained in the patient record for all patients in line with current process and suggested outcomes are as follows:
 - Review consultation
 - Diagnostic work-up and review
 - For scheduled consultation at specific time greater than 1 year as outpatient
 - For minor procedure as outpatient
 - For treatment/intervention as outpatient
 - For scheduled day case admission
 - For scheduled inpatient admission
 - Emergency admission
 - Refer on to another clinician
 - Repeat offer of appointment for clinical reasons post failure to attend (DNA)
 - Discharged
 - Other (specify)
- 4.11 Normal clinic follow-up should occur, e.g., letter to GP, discharge form, booking forms, patient recall.

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PPPG: Procedure for the Management of Virtual Outpatient Clinics

Ref. No. SCPT_20_03

Version No. 3

Revision Date: 19th October 2021

Page 5 of 5

- 4.12 As with face to face clinics, for required diagnostics, including phlebotomy, it is essential to ensure patient follow up has appropriate clinical governance and follow-through within the hospital services , unless alternative pathways are agreed with GP's/other clinicians.
- 4.13 The clinic must be reconciled as per other outpatient clinics, utilising the clinic outcome form, within 24 hours of the event.
- 4.14 Follow up appointments must be scheduled in the same manner as they would be for a face-to-face clinic e.g. based on clinical recommendation

Virtual Outpatient Consultations should be aligned to the SCA **RISK ADVISORY NOTICE**

Providing Telehealth: Virtual Sessions available at

<https://stateclaimsagency.newsweaver.com/icfiles/4/83122/239283/544619/5edf2038e348dfe92c6c617e/risk%20advisory%20notice%20-%20telehealth.pdf>

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PPPG: Procedure for the Management of Virtual Outpatient Clinics

Ref. No. SCPT_20_03

Version No. 3

Revision Date: 19th October 2021

Page 6 of 5