



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **Procedure for the Management of Virtual Outpatient Clinics**

Scheduled Care Transformation Programme

April 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
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0.1	17 <sup>th</sup> April 2020		Trish King, Acute Operations Ita Hegarty, Acute Strategy
0.2	20 <sup>th</sup> June 2020	No revisions or updates	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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## 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 A virtual consultation can be delivered via telephone and/or video ensuring the use of approved, secure technology (HSE preferred platforms will become the standard solution moving forward)

2.2 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.

2.3 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 in lieu of a face-to-face contact**. A face-to-face contact would have been necessary if the telephone/video call had not taken place.
- The contact is **delivered by the consultant or an authorised member of the consultant's team**.

2.4 The call/contact is prearranged and agreed utilising normal rules of 'reasonableness' via SMS, email letter, phone call etc.

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### **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**

- 4.1** Clinics should be set up on patient administration systems as per normal clinic establishment.
- 4.2** Virtual clinics should be setup on the hospital patient administration system in a similar manner to face-to-face clinics with the inclusion of a flag/code to differentiate from face-to-face clinics. This is required for management and reporting purposes.
- 4.3** The clinical priority (e.g. urgent, routine) of the consultation must be recorded.
- 4.4** The methodology used to contact the patient must be noted (telephone, Skype, video) where possible this should be recorded on the PAS or alternatively in the patients record
- 4.5** 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.
- 4.6** The clinic should be run as per normal clinic management with clinicians having access to the patient referral, healthcare record and relevant results.
- 4.7** The healthcare professional delivering the substantive component of the interaction is to be recorded (Consultant, NCHD, ANP, CNS, HSCP).
- 4.8** 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:

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- 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)

**4.9** Normal clinic follow-up should occur, e.g., letter to GP, discharge form, booking forms, patient recall.

**4.10** The clinic must be reconciled as per other outpatient clinics, utilising the clinic outcome form, within 24 hours of the event.

**4.11** 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

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