

## The Bespoke 'Hybrid Virtual Fracture Clinic' during the COVID-19 Pandemic: A Paradigm Shift?

**Authors :** Anirudh Sharma

**Abstract :** Introduction: The Covid-19 pandemic necessitated a change in the manner outpatient fracture clinics are conducted due to the need to reduce footfall in hospital. While studies regarding virtual fracture clinics have shown these to be useful and effective, they focus exclusively on remote consultations. However, our service was bespoke to the patient - either a face-to-face or telephone consultation depending on patient need - a 'hybrid virtual clinic (HVC).' We report patient satisfaction and outcomes with this novel service. Methods: Patients booked onto our fracture clinics during the first 2 weeks of national lockdown were retrospectively contacted to assess the mode of consultations (virtual, face-to-face, or hybrid), patient experience, and outcome. Patient experience was assessed using the net promoter (NPS), customer effort (CES) and customer satisfaction scores (CSS), and their likelihood of using the HVC in the absence of a pandemic. Patient outcomes were assessed using the components of the EQ5D score. Results: Of 269 possible patients, 140 patients responded to the questionnaire. Of these, 66.4% had 'hybrid' consultations, 27.1% had only virtual consultations, and 6.4% had only face-to-face consultations. The mean overall NPS, CES, and CSS (on a scale of 1-10) were 7.27, 7.25, and 7.37, respectively. The mean likelihood of patients using the HVC in the absence of a pandemic was 6.5/10. Patients who had 'hybrid' consultations showed better effort scores and greater overall satisfaction than those with virtual consultations only and also reported superior EQ5D outcomes (mean 79.27 vs. 72.7). Patients who did not require surgery reported increased satisfaction (mean 7.51 vs. 7.08) and were more likely to use the HVC in the absence of a pandemic. Conclusion: Our study indicates that a bespoke HVC has good overall patient satisfaction and outcomes and is a better format of fracture clinic service than virtual consultations alone. It may be the preferred mode for fracture clinics in similar situations in the future. Further analysis needs to be conducted in order to explore the impact on resources and clinician experience of HVC in order to appreciate this new paradigm shift.

**Keywords :** hybrid virtual clinic, coronavirus, COVID-19, fracture clinic, remote consultation

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