PATIENT PERSPECTIVES REGARDING ONLINE CONSULTATIONS DURING THE COVID-19 PANDEMIC

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Background Introduction: COVID-19 and the associated lockdown has prevented patients from accessing healthcare professionals through the traditional face-to-face clinic visits. Modes of consultation have therefore adapted to overcome this barrier; virtual or online consultations have become a popular alternative for people with access to technology. The literature on patient perspectives about this mechanism is still evolving.

Objectives Aim: To explore patient perceptions regarding virtual consultations

Methods A voluntary online survey instrument using a mix of quantitative and qualitative questions was administered to patients across 3 major cities using a social media platform, WhatsApp. The aim was to explore the characteristics of users, perceived advantages and disadvantages of online consultations and patient satisfaction.

Results There were 461 respondents (M 51.4%; F 48.6%) that had consulted doctors online. 91% of them lived in 8 major metro cities. Interestingly, over 80% respondents had never sought online consultation before the COVID-19 pandemic. 52% patients accessed multiple (2–3) consultations in the 10 months since the start of the lock-down in March 2020. While 62% consulted their regular doctor, 19% accepted recommendations from friends and family and 10% used online platforms. 45% of consultations were via video-calls, 28% through WhatsApp and 20% via telephone calls. Prescriptions were provided via WhatsApp in 41% cases, online portals in 32%, email in 13% and a photograph of handwritten prescription in 13% cases. The vast majority (90%) felt that the time provided by the doctor was adequate. 55% of patients paid via G pay while 28% were prepaid through online portals. There were no audio or video connectivity issues in 90% cases. 13% patients had to go for a face-to-face consultation within 7 days of the online consultation as the clinical problem had not been resolved adequately. Patients felt that the main advantages of online consultations included a lower risk of infection (77%), reduced waiting time (57%) and travel time (58%). The main disadvantages cited included a lack of physical examination (73%), a perception that this was not as satisfying as a face-to-face consultation (36%), inability to adequately communicate their problem (24%) and an inability to show past reports (13%). 78% patients rated their online consultations as either a 4/5 or 5/5 satisfaction level. Given the choice after the pandemic, almost two-thirds (64%) felt they would still prefer face-face consultations.

Conclusions For the vast majority of patients (80%), this pandemic provided the first ever opportunity to choose a virtual platform to seek clinical care. The high level of satisfaction for online consultations suggests that this mechanism of patient-provider clinical service provision might well be an increasingly popular intervention after restrictions are lifted. As digital penetration improves, weaknesses identified in the current system of online consultations (e.g., inability to conduct physical examinations and inadequate communication) could be mitigated through evolving technologies like digital stethoscopes and better communication tools. It brings into focus the need for regulations to keep pace with this rapidly evolving trend to ensure that the virtual patient-provider interaction remains a safe, secure and confidential way to access clinical services.
Results Over the 10-year period, there were 339 (5.6%) deaths out of 6101 admissions to the PICU. 67 (19.8%) out of a total of 339 deaths were associated with RVIs. Patients with RVI-associated mortality had a median age of 3 years (Q1 - Q3, 0 - 8). The majority were male (n=38, 56.7%). 23 (34.3%) of the patients were born preterm and 42 (62.7%) had co-morbid conditions. Influenza (22.7%), adenovirus (17.3%), respiratory syncytial virus (RSV) (16%) and rhinovirus (16%) were the most common viruses isolated. Eight patients (11.9%) had RVI coinfection. The most common documented cause of death in this cohort of RVI-associated mortalities was viral and/or secondary bacterial infections (76.1%) followed by cardiovascular causes (7.5%). The median hospital length of stay prior to death was 8 days (Q1 - Q3, 3 - 15).

Conclusions The burden of RVI-associated mortality is high among critically ill children. These data on the burden and age-specific distribution of RVI-associated mortality in children are critical in informing infection prevention practices among high-risk groups and immunization public health policies for RVIs. Efforts to improve influenza vaccination coverage especially in children with comorbidities or history of prematurity could have a significant impact in reducing this burden.

414 RISK FACTOR AND OUTCOME OF ACUTE KIDNEY INJURY AMONG CRITICALLY ILL CHILDREN

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Background Acute kidney injury (AKI) is an independent predictor of morbidity and mortality among critically ill children. However, epidemiological data in Asian paediatric populations remain scarce.

Objectives We presented the result of the interim analysis of an ongoing prospective cohort study on the epidemiology of AKI and electrolytes disturbances and their potential relationships with nephrotoxic medications (E-AKI-Drug) in a newly established paediatric intensive care unit (PICU).

Methods We enrolled all children aged 1 month to 18 years old admitted to the PICU of our hospital after June 2020. Those with pre-existing chronic kidney disease, impaired renal function for ≥3 months, immediate post-renal transplant and short stay in PICU <1 day with no blood taking would be excluded. Children without a urinary catheter would be excluded from urine calculation. AKI would be defined using the KDIGO criteria. The medication records from 14 days prior to PICU admission to PICU discharge would be retrieved and reviewed by an independent pharmacist. The results of the initial 4 months of data collected would be presented.