Launch of the US Army Burn Virtual Health Clinic

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9:00 – 9:15 am

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Objective:

Upon completion of the lecture, attendees should be better prepared to:

- Measure outcomes with Virtual Health consults
- Demonstrate the ability for the end-user to follow burn care instructions from a variety of distances
- Discuss unique challenges facing outpatient burn clinics while using virtual health platforms

Abstract:

Introduction: The Army Burn Center Clinic covers a catchment area of approximately 89, 533 square miles in southern Texas to support civilian burn care. For the month of January 2018 alone there were 42 missed appointments, estimated to cost the facility upwards of $31,000. Common reasons for civilian patients to miss scheduled follow-up appointments include: distance to the burn clinic, cost or availability of transportation, and appropriate documentation required to enter the secured facility. To bridge the gap in care the Burn Virtual Health Clinic (BVHC) was launched; the BVHC uses a video communication technology to conduct virtual encounters from a patient's home.

Methods: The BVHC uses a secure video communication technology on hand-held smart devices to support follow-up virtual encounters from a location convenient to the patient. A process was established and information was gathered over the first two encounters that identified limitations with using virtual health. Data included patient and provider satisfaction, appointment duration, and assessment of provider ability to virtually assess burn wounds. Images and encounter notes were captured to place into the patient chart.

Results: The process begins with the initial outpatient clinic visit where the patient and family are provided information about the process and written informed consent is obtained. Prior to the appointment an email is sent with a link to the VH meeting encounter. If a patient is new to the clinic, explanation and consent is conducted telephonically and documented in the medical record as a t-con for workload accountability. The patient and nurse enter the encounter to collect relevant medical information which is reviewed by the provider prior to engaging with the patient. All notes and details are stored in the medical record. The duration for the initial (n=2) BVHC appointments were 33 and 16 minutes. The patients reported that having a BVHC encounter reduced their travel time by approximately 3 hours, and reported a minimal interruption of their day. Satisfaction was expressed by the patients and the clinic team using this process. The current challenge is poor video quality for wound assessment, so additional still photos must be sent to the provider for evaluation and documentation.

Conclusion: BVHC appointments are an important way to reach patients who otherwise cannot travel long distances to obtain follow-up burn care. Performing burn wound assessment and care in a virtual setting without the aid of a medically trained staff co-located with the patient is a novel undertaking. More time is needed to refine the technology and to identify additional areas in which improvements will be possible. As this program evolves, we hope to provide safe effective full service outpatient care for minor burns in a completely virtual setting. This technology may ultimately improve care for both civilians and soldiers located in austere environments around the world.

Applicability of Research to Practice: Using technology to assist patients who are otherwise unable to reach a medical facility do to distance, socioeconomic or documentation status will facilitate optimal patient care.

References and Resources

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Watanabe, G. G. (2014). U.S. Patent No. 8,788,282. Washington, DC: U.S. Patent and Trademark Office.

Weissman, S. M., Zellmer, K., Gill, N., & Wham, D. (2018). Implementing a virtual health telemedicine program in a community setting. Journal of genetic counseling, 27(2), 323-325.

Disclosure:

Andrew A. Taylor – No Relevant Financial Relationships to Disclose
Sabas Salgado – No Relevant Financial Relationships to Disclose