Abstract
Title: Video consultation for patients with hard-to-heal ulcers.
Background: Video communication is widely used within different medical specialties today, though thorough documentation and evaluation is insufficient. However, there is a lack of use of this technology for ulcer care, even though its focus on the visual is considered ideal for wound management. Video communication could be a useful tool, especially in primary care to reach out to patients not able to come to clinical visits, to establish ulcer diagnose, assess pain and to initiate appropriate treatment strategy which could be carried out by the assigned nurse under supervision.
Aim: The aim of this study is to investigate differences between video consultation and inperson assessment for patients with hard-to-heal ulcers, in terms of healing time, waiting time, pain intensity, pain treatment, health-related quality of life (Eq-5d) and user experience.
Method: This is a register-based quasi-experimental study based on data from the Swedish RUT. A total of 100 patients with hard-to-heal ulcers diagnosed via video consultation at Blekinge Wound Healing Centre were compared with 1888 patients diagnosed inperson, between October 2014 and September 2016. Differences in outcomes were statistical analyzed using SPSS.
Results: Median healing time was 59 days in the study group and 82 days in the control group (P<0.001). Median waiting time was 25 days in the study group and 32 days for patients diagnosed through inperson assessment (P=0.017). There was no difference in ability to assess pain by VAS in the group diagnosed by video (90%) compared with the group diagnosed by inperson consultation (86%). A significantly higher amount of prescribed analgesics was found for patients diagnosed by video (84%) compared with inperson assessment (68%). Predictors for high intensity pain were female gender and ulcers due to inflammatory vessel disease. On the other hand predictors for receiving analgesics were older age, longer healing time and being diagnosed by video consultation.
Conclusion: Using video consultation as a complement to inperson assessment has the potential to improve ulcer diagnosis and healing. To identify, assess and treat ulcer pain is equally possible via video as it is by in person consultation.