

A STUDY ON PATIENT FEEDBACK ABOUT TELEMEDICINE USING WHATS APP IN A PRIVATE HOSPITAL DURING COVID 19 PANDEMIC

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ABSTRACT:

The aim of this study was to assess the patient feedback of Telemedicine using Whats App during COVID 19 pandemic. The study which is about Telemedicine using Whats App and its feedback, was conducted in a reputed multi-speciality hospital in Kerala during COVID-19. Telemedicine can be defined as providing healthcare service through electronic and telecommunication medium. Initially telecommunication media was used to provide telemedicine service, ie, providing healthcare advices through telephone. Later when the society became familiar with digital platforms, video conferencing methods were used for advanced telemedicine services. Now electronic communication systems developed and thus these telemedicine services were also made at the finger tip of the people through video calls and conferencing.

KEYWORDS: Telemedicine, COVID -19, Consultation, Pandemic, Hospital, Kerala

INTRODUCTION:

Telemedicine is a part of telehealth, which is a broader term and includes remote non-clinical services like health educational services, training, meetings etc in addition to clinical services. Earlier these telemedicine services were used to access the remote villages where healthcare facilities are still a dream. Most of the healthcare providers made satellite centres in these neglected area as a

part of their business or because of their social responsibility. They had their consultants to stay at their own centre and access the patients from remote places. This was helpful during many pandemic conditions too, where a healthcare worker cannot make physical availability.

Later when technology developed and business had no boundaries, health tourism developed. As a part of health tourism, it is important to consult and see the patient before they reach physically to analyse, diagnose and plan the treatment. Telemedicine services played a very important role in this aspect too.

But in India, where a doctor is treated as God's hand, a patient wants the doctor to touch them to get healed. The basic Indian concept is that a healing touch from the doctor can heal the patient. So telemedicine doesn't make much of an impact in Indian healthcare system, other than in the medical tourism sector. Even now many of the healthcare providers are operating satellite centres to access remote villages, as it eases the healthcare worker to get directed by concerned specialists.

Now COVID -19 has given new concepts to the society. Governments ordered lockdown inhibiting people from going out even for medical services which are not emergency in nature. Most of the vulnerable people found it difficult to manage by them. They needed advices from the medical faculties. There aroused the need of a medical service which can be accessed from home or wherever we are. At that point of time healthcare providers

started to think about broadening their telemedicine services. Government of India also discussed with experts and made guidelines to practice telemedicine. State governments made their own guidelines based on the central guidelines to cover medical services during this pandemic and associated lockdown.

All these guidelines are with a vision to provide immediate medical consultation to the patient who needs medical attention or medical advice. The major intention for promoting telemedicine was to prevent people from moving out of their houses in order to reduce the spread of this pandemic. With the direction of the Government and also as a part of social responsibility most of the hospitals developed their own system for telemedicine. Few of them arranged video consultations based on zoom software, skype software or custom made softwares and the others used texting facilities or telephonic consultations only.

All these were an immediate remedy for the situation. But for a common man, who tries to access these facilities, there were many formalities and needed little bit of technical effort too. Either they need to install software which they are not familiar with or need to take an appointment for which they will receive a meeting user id, password and so on.

METHODS AND MATERIALS:

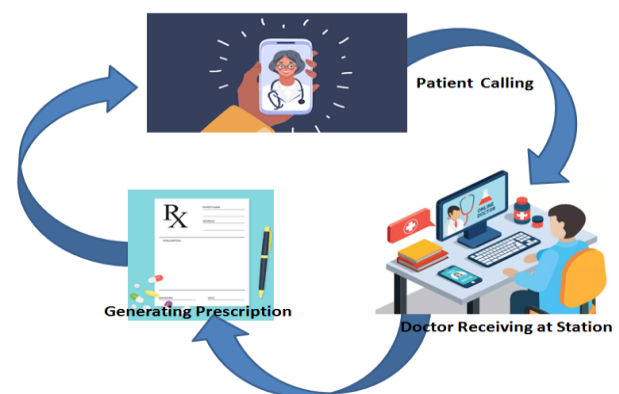
People used telemedicine services implemented in M.A.J. Hospital by using Whats App are considered for the study. Random sampling is used and data collected through personal interviews. 200 samples were taken from 890 users during Lockdown period in April 2020. The leading books and journal relating to management and medical aspects of burnout are considered.

INTEGRATING SOCIAL MEDIA IN TELEMEDICINE SERVICES:

Integration of the existing social media applications for provision of health care facility is being utilised in this method. The service provided in our hospital (MAJ Hospital, Edapally, Ernakulam, Kerala, 682024) used Whats App as the platform for providing telemedicine services. The reasons behind choosing Whats App application are;

- People of all class and age are well versed with this application.
- Easily accessible.
- It is free of cost.
- No need of any prior appointment or id or password. A single number can be used for providing this service.
- User and provider need not spend any charge for using this application directly.
- It is end to end encrypted application.
- Video, audio calling facilities and texting facility with attaching reports and images are available.
- Low data usage and less network error issues.

THE SET UP REQUIREMENTS:



We had set up a tele-conference room with the following instrument;

1. A monitor to see all incoming calls (used television)
2. A modem which can convert our TV to android supported TV

3. A computer with Hospital software installed, for the purpose of fetching the existing patients, and to use as Electronic Medical Record.
4. A smart phone with Whats App installed.
5. Internet connectivity.

INTEGRATION OF FACILITIES:

The facilities which we used were as simple as mirror casting of the android phone to the TV, to see the calls on a big screen which facilitated the doctor to relax and consult with the patient. He is free to sit as he is in his consultation room and gets the feeling that the patient is in front of him. The audio support for proper listening and hands free speakers helps him freely converse with his patients.

MODE OF OPERATION:

All the patients were given a Whats App number of the hospital to call directly through whats app. The call which reaches the mobile phone, automatically shares the screen in the TV too. So the doctor can see and hear the patient, and ask questions for reaching a proper diagnosis.

If the patient is a previous visitor of the hospital holding an OP number, the files can be fetched from the medical records and patient history can be reviewed. If it is a new patient, he has to only enter basic details of the patient and start afresh. Once the doctor has collected the basic information, he can evaluate the patient and if needed he is allowed for a call conferencing facility through whats app with the concerned specialists. In the mean time patient can send relevant documents, such as lab report, past medical history through Whats App image sending option, so that the doctor can review those records too. Once the consultation is over, the doctor enters all the necessary data into the electronic medical

record for future reference. He prescribes medicines through the same electronic media.

When the consultation is over, the doctor can share the prescription details in PDF format which is mandatory as per Travancore Medical Council to the patient's Whats App number. So the patient gets the prescription for getting the medicine and also for future reference.

REVIEW AND FOLLOW UP:

Review if required can be taken by fixing an appointment by the front office desk which is done by the coordinator who gives appointment for the next consultation. Patients were very happy for the timely support. Initially the service was only during the daytime, but when the demand increased, the service was extended for 24 hours, so that patient can reach a medical expert immediately whenever they had a medical concern.

COST FOR THE PATIENT:

As our hospital is a charitable organisation, this service was provided at free of cost for the patients since it was the need of the hour for the public to access medical attention without stepping out from home and violating the lock down rules.

MODE OF REACHING PUBLIC:

The hospital chose three modes to publicise the telemedicine facilities it provided;

1. Social media
2. Hospital reception
3. Print media

Social media provided a free platform to reach out the concept to the public. Hospital used its facebook account, linkedin account and youtube channel to reach out to the public. We also made videos, posters and texts to communicate the contact number. It served the purpose to a great extent. A positive response

was received from the public who availed the services offered by the hospital to its maximum.

The second mode we have used here is passing the information through the Hospital Reception. As and when people used to call and enquire regarding various specialities, timings and service availability, they were also intimated about the tele medicine facility available at hospital. People who got the number from the reception also turned back as video consultation calls in whenever they required.

The third media we opted for is print media. It was expensive as the advertisement insertion costs. So this was done just to popularise the concept. A write up was given about the service, so that people got aware about the facility around the city.

MANPOWER PLANNING:

The human resource management was done by analysing the schedules and call patterns. A doctor was posted to receive the video calls from patients. This doctor assisted by a nurse could handle the patient screening and management. People began calling through the video calling facilities and doctor could answer immediately. There were cases which required expert opinions, at which point the doctor at the screening point connected the speciality doctor through call conferencing facility and it worked as a cross consultation theory. They would discuss the case with the patient and conclude to a diagnosis or an opinion. If they still felt the need of more clarifications, the doctor would direct the patient to go to the nearest hospital for physical examination. To manage all of these, senior consultant doctors were allotted timings for cross consultations. They were given immense support to attend the calls in time.

BENEFIT FOR THE PATIENTS:

As all management theory stays in one principle saying customer is the ultimate aim, the facilities they get is very important.

- A patient needs attention from a medical professional when he is sick or feels sick. This media makes it easy, as the patient can choose a comfortable time to have the consultation.
- Patients get advices from the screening doctor, acting as an emergency physician, and also get opinion from the speciality consultant as and when required. He can avail these services, just like when he visits a hospital.
- Patient gets a prescription indicating the details of medicines, diagnostic tests if required, advices etc.
- Patient feels as if he is in the hospital.

OTHER BENEFITS:

There are a lot more benefits in this facility, as it restricts people's transportation. In a normal case, a patient will be brought by a bystander. So the hospital foot fall will be two at a time. This will make a crowded situation. As this pandemic doesn't supports crowded places, lockdown is meant to avoid it. So this facility can help the government to reduce the transportation of people. Government needs private initiatives to provide the best possible services, so it helps the government by reducing foot falls to local government hospitals. The system used for this facility is a commonly used application and free of cost. So a lay man can access the service, rather downloading or accessing through internet, or website. As all data is recorded in electronic medical record, it can use for future references.

LIMITATIONS OF THE SERVICE:

Just like advantages, this too has some drawbacks. It can be classified into two.

1. For the patients:

- Patients will miss the touch of their doctor. It is assumed that many of the patients in India believe about the healing touch of doctor.
- Emergency services cannot be catered through this facility.
- Once the patient gets the prescription, they may be forced to go out for the medicine or for laboratory investigations, unless they choose the online facility for acquiring medication.
- If the patient requires some procedure, or for further treatment, then they would be required to physically come to the hospital for that.

2. For the doctors:

- It will be hard to believe a patient's words and diagnose always. As people will communicate only when doctor ask a series of question. For that doctor may need physical examination. This necessitates physical examination by the doctor.
- All emergencies cannot be catered through this service, as doctor needs to physically verify.
- Prescriptions may be altered and misutilized.
- As the service is free of cost, people may call unnecessarily, and it may turn to be a time killing task.
- Many a times the patient may not follow up the tests and treatments prescribed.
- People may not have lab reports or other reports when they call for the consultation. It again leads to lack of information regarding their medical history.

GUIDELINES AND SPECIFICATIONS:

Medical council of India has issued guideline in partnership with NITI ayog regarding telemedicine facility in the country

with special regards to COVID 19 pandemic. The Government has done it with an expert committee with all available recourses. They have clearly defined about who can practice, what modalities can be used, proforma of prescription and guidelines for the consultation. It includes with all the nooks and corners of tele medicine. The guideline is in force immediately with the pandemic in March 2020.

It also talks about the rights of a patient and the responsibilities of a care giver. The important factor which always comes into the mind of a healthcare provider is the consent management. It has given detailed note on the consent too. It is given a boarder for the fees and a reminder of duties and responsibilities of care giver. And also it has pointed out the importance of keeping medical record for the future reference. As normally done in hospital consultations, counselling, health education and medication can be given according to the given guidelines. The importance of health education is given emphasis here, and asks the care giver to practice it.

Now a days it is very important to handle the data. The direction clearly says the need of data privacy and security. The guidelines touch the area of documentation, as litigations are common today. It has also given guidelines about caregiver, medical practitioner and specialist. This is concluded with the guideline for choosing the technological platform. Points to be remembered and followed are clearly indicated in the guideline. It has also defined the prescription format and its content, so that the documentation will have adequate information.

Based on the above guidelines, Travancore Cochin Medical Council also issued a guideline for their jurisdiction. As the study has been conducted in Kerala, those guidelines are applicable as well. Directions have been

given about what can be done and what is not to be done. They suggest that for a minor ailment, without prescribing injections we can consult patients and do the follow ups. It is also directed that, telemedicine is not applicable to COVID 19 patients. The guideline thereby concludes with emphasis given to the need of documentation and how to give the prescriptions. It is also mentioned that prescriptions have to be given only in PDF format.

RESULT AND DISCUSSIONS:

The study was conducted to find out the acceptability and impact of the Whats App based tele consultation. The data was collected through personal surveys from the patients, who availed this service. 890 patients availed the service during lockdown period in April 2020 and 200 samples collected randomly.

Table 1 shows the initial phase of the questions, which talks about the familiarity with this concept of telemedicine, application and their experience of using the application

Descriptions	Yes	No
Familiarity with concept of Telemedicine	66%	34%
Past Experience of using Telemedicine	27.5%	72.5%
Familiarity with whats app application	94.5%	5.5%
Facing of difficulty in using	11%	89%
Easy Consultation	94.5%	5.5%

This table shows even that although were aware of the concept of telemedicine, they were hesitant to avail the service before the pandemic. Majority of the patients use Whats App application as a communication medium. So they did not have much trouble in using this application. There is 94.5% positive response when it comes to ease of availing this facility. Thus it can be suggested to continue with the service as people will whole heartedly take this service.

Table 2 shows the availability and easiness of availing add on facilities. It cannot be treated as add on, as mandatory as per the guidelines issued.

Descriptions	Yes	No	Not Required
Speciality consultation service satisfaction	39.5%	11%	49.5%
Prescriptions availability	83.5%	0	16.5%
Prescription downloading difficulty	77%	0%	23%

Majority of the patients who contacted needed only primary care services. Specialist consultation chosen through call conferencing facility is 39.5%. It was the guideline which instructed to send prescription note for every consultation. Majority of the consultation needed it. Some of them did not require it. But the hospital had a policy to send prescriptions to all. 77% of respondents noted that it was easy to download and use the prescriptions and rest of them did not need it. 16.5% of respondents said they did not require the prescription and 23% said they didn't need to download it. That 7.5% difference may be because they consulted the doctor for getting an opinion or a second opinion.

Table 3 talks about the satisfaction level of the respondents after availing the service.

Descriptions	Highly Recommending	Recommending	Not Recommending
User friendly Rating	50.5%	44%	5.5%
Platform Appreciation	49%	45.5%	5.5%
Service Professionalism	46.5%	48%	5.5%

Only 5.5% of the respondents said it is not worth recommending for all the three questions asked. The questions asked to find out the satisfaction level of the service, the platform chosen to provide the service and showcasing of service professionalism.

Majority of the patients highly rated and appreciated the platform used.

CONCLUSION:

Tele medicine was noticed as an emerging field with great public impact during this time of the pandemic. It was noticed that people were accepting of the service and appreciated the effort. If the services can be reintroduced with some more modifications, it will be strongly accepted by the public.

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