

Focus on
patient safety



**MEASURING
& IMPROVING
QUALITY**

Teleconsultation

Increase your vigilance when consulting remotely

1st December 2022

It could happen to you too

Event 1

DELAYED DIAGNOSIS OF ACUTE APPENDICITIS LEADING TO PERITONITIS

A nine-year-old child is seen twice by the general practitioner by teleconsultation. Eleven days after the appearance of the first symptoms, her clinical condition worsens and her mother takes her to the accident and emergency department. Acute appendicitis complicated by peritonitis is diagnosed, requiring laparoscopic surgery.

What happened? *Immediate cause*

The diagnosis of acute appendicitis was delayed.

Why did it happen? *Root causes, barriers absent or deficient*

- The provision of remote care was not appropriate to the patient's clinical situation: the teleconsultations were not followed up by a physical examination, thereby delaying the diagnosis of appendicitis.
- Despite the persistence of the symptoms, at the second teleconsultation, the child was not referred to a physician for a face-to-face consultation, nor to the accident and emergency department.

Event 2

FAILURE TO RECOGNISE A PLANTAR ABSCESS LEADING TO DEATH

An eighty-year-old with advanced arterial disease of the lower limbs is followed up by his doctor by teleconsultation for necrosis of the toe for 15 days. He arrives at the accident and emergency department and a plantar abscess is discovered underneath his foot. Despite amputation with revascularisation carried out the same evening, the patient dies of septic shock.

What happened? *Immediate cause*

The plantar abscess was not noticed during the teleconsultation.

Why did it happen? *Root causes, barriers absent or deficient*

- The patient was isolated during a COVID-19 lockdown.
- The patient was afraid of being infected with coronavirus during a face-to-face consultation because of his numerous comorbidities (diabetes, chronic obstructive pulmonary disease, heart failure).
- Following-up stage 4 atherosclerotic obliterating arteriopathy of the lower limbs associated with necrosis by teleconsultation for 15 days was inappropriate, as clinical examination could not be performed by teleconsultation.

DELAYED DIAGNOSIS OF A URINARY FISTULA LEADING TO DELAYED CHEMOTHERAPY

A 56-year-old female patient undergoes a hysterectomy for adenocarcinoma. One month later, the surgeon sees the patient by teleconsultation. The patient mentions that she is suffering from stress urinary incontinence that is causing only minor inconvenience. Two months later, she is seen in a face-to-face consultation, and again on a subsequent occasion, when she once again mentions her urinary incontinence. Clinical examination reveals a vaginal urinary fistula, requiring re-operation one week later. Her chemotherapy is delayed.

What happened? Immediate cause

The diagnosis of a vaginal urinary fistula was delayed.

Why did it happen? Root causes, barriers absent or deficient

- Due to COVID-19-related measures, the one-month post-operative consultation was performed by teleconsultation.
- The extent of the urine leakage reported by the patient was underestimated during the interview by teleconsultation and the surgeon did not request a physical examination.
- Again in connection with the lockdown, the patient, who lived in a different French department, did not dare to resume contact with the surgeon between the one-month teleconsultation and the two-month face-to-face consultation.
- The patient consulted her general practitioner in person after the teleconsultation, due to the persistence of the urine leakage. The general practitioner prescribed perineal rehabilitation sessions without contacting the surgeon.

Key words: telemedicine, teleconsultation, remote consultation, delayed diagnosis.

So it doesn't happen again

Teleconsultation has been developing since 2010 and has been available nationwide in France since 2018. In 2021, approximately one million teleconsultations were held per month. This solution complements face-to-face consultations and improves patients' access to care (limited travel, shorter waiting times, etc.). The exceptional health situation during the COVID-19 epidemic resulted in massive use of remote patient treatment.

The use of teleconsultations has now become an established practice. However, as with any practice, there are specific risks to patient safety, such as errors and delays in diagnosis. **These risks must be limited** by assessing the pertinence of remote treatment, conducting a **specific patient interview, communicating appropriately, and coordinating** actions with other healthcare professionals..

Best practices

- **Organising teleconsultations:**
 - undergo training on conducting teleconsultations and **using the associated IT equipment;**
 - ensure compliance with the rules for personal health data protection (secure messaging system, approved data host, etc.);
 - conduct the teleconsultation in a quiet, well-lit setting for both doctor and patient alike, which ensures confidentiality, using equipment that provides good video-transmission of sound and images to enable high-quality communication;
 - set aside dedicated time slots for teleconsultation and sufficient time for consultation
 - to resolve any technical problems and facilitate interaction with the patient;
 - provide a fallback solution in case of technical problems.
- **Preparing for teleconsultations:**
 - ensure that patients consent to teleconsultation, inform them of the procedure (patient information guide) and always give them an opportunity to choose a face-to-face consultation;
 - assess whether the patient is eligible for teleconsultation (e.g. clinical situation, available medical data, and the patient's ability to communicate remotely and to access and use IT tools).

If necessary, a health professional can help the patient to complete the remote clinical examination, for example, or a carer can provide assistance with the use of computer equipment.



- **Performing the teleconsultation:**
 - inform patients about the teleconsultation, verify their identity and record their consent;
 - conduct the teleconsultation with the **same rigour as a face-to-face consultation**, by carrying out an appropriate clinical history interview and **ensuring that the patient fully understands the explanations**;
 - if teleconsultation is not appropriate, the patient should be offered a physical examination;
 - propose a **face-to-face consultation (with you or a qualified practitioner) if there is any doubt**, especially if a clinical examination appears to be necessary, if the Internet connection is poor, or if the patient is in an unsuitable location.
- **Closing/ending the teleconsultation:**
 - recommend that the **patient attend a face-to-face consultation in person if the symptoms persist or deteriorate**;
 - **write a report on the teleconsultation and transmit it securely** to the general practitioner, to any other health professionals following up the patient, and to the patient.

Key messages

- **The specificities of teleconsultation must be taken into account by conducting an adapted clinical history interview.**
- **If teleconsultation is not appropriate, the patient should be offered a physical examination.**
- **Coordination with other healthcare professionals is essential.**

Focus on patient safety collection

The “Focus on patient safety” collection aims to draw the attention of and raise awareness among healthcare professionals as to risk management. Each focus covers a specific and recurrent risk based on care-related adverse events, identified and selected from national care-related serious adverse event reporting databases or doctors’ accreditation.

This focus examines the occurrence of adverse events involving improper use of teleconsultation. It relates events with which health professionals have been confronted and which are always associated with a series of dysfunctions. For this specific focus on patient safety, the events are not described in their entirety and the analyses reported have focused on the root causes related to the use of teleconsultation.

Find out more:

Understanding care-related serious adverse events

www.has-sante.fr/jcms/c_2787338

Accreditation of doctors and medical teams

www.has-sante.fr/jcms/c_428381

Focus on patient safety

www.has-sante.fr/jcms/p_3240311

Quality and safety of teleconsultation and tele-expertise procedures – Best Practices –

« La minute RECO » (video) -

Patient information guide, HAS

www.has-sante.fr/jcms/c_2971632

Charter of Best Teleconsultation Practices, French National Health Insurance Fund (CNAM)

www.ameli.fr/sites/default/files/Documents/Charte-bonnes-pratiques-teleconsultation.pdf

Misuse of telemedicine, French National Medical Council (CNOM)

www.conseil-national.medecin.fr/sites/default/files/external-package/rapport/10ax7i9/cnom_mesusage_de_la_telemedecine.pdf

Quick responses in the context of COVID-19 – Teleconsultation and telecare

www.has-sante.fr/jcms/p_3168867/fr/reponses-rapides-dans-le-cadre-du-covid-19-teleconsultation-et-telesoin

Teleconsultation – French Ministry of Health solidarites-sante.gouv.fr/soins-et-maladies/prises-en-charge-specialisees/telesante-pour-l-acces-de-tous-a-des-soins-a-distance/article/la-teleconsultation

Telemedicine: what are the conditions for its long-term use after the COVID pandemic? – Prof. René AMALBERTI

www.prevention-medicale.org/actualites-revues-de-presse-et-evenements/toutes-les-actualites/telemedecine-apres-covid-conditions-perenisation