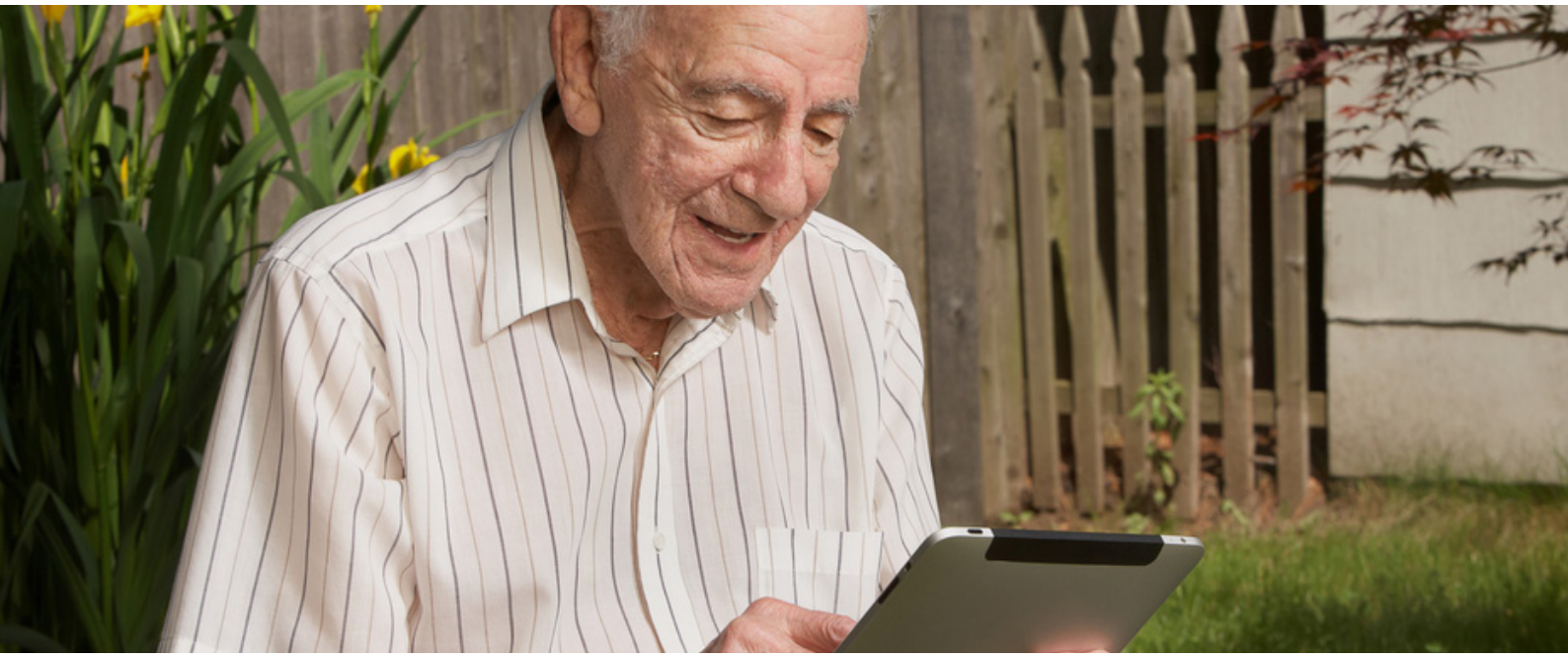
Oct 2018

METRO SOUTH TELEHEALTH

YOUR QUARTERLY METRO SOUTH TELEHEALTH DIGEST



REMOTE PATIENT HOME MONITORING

by Melissa McClusker

Acute Care@Home is conducting a six-month trial of remote patient monitoring (RPM) for Hospital in the Home (HITH) patients. Bluetooth technology is used to send a patient's vital signs from the monitoring equipment to an app on the patient's device (phone or tablet), and to the clinician via a Queensland Health laptop or computer. The clinician has the ability to initiate a videoconference to further assess the patient's condition, and the patient can complete a health survey via the app to support clinical decision making.

Standard 9 of the National Safety and Quality Standards in Healthcare state that "measurement of physiological observations plays a significant role in detecting clinical deterioration". Once-daily clinical observations have been identified as a potential contributing factor to increased average length of stay for HITH and limited referrals to the HITH service. This technology will enable clinicians to identify early signs of deterioration to enable proactive intervention and to identify when a patient has stabilised to support earlier discharge.

Providing patients and clinicians with access to RPM technology that combines telemonitoring, telecare and remote consultation is expected to provide HITH clinical teams with a more complete picture of a patient's health status. Through close to real-time data collection and automated triage of risk, tailored alerts are created for individual patients.

The RPM platform has the potential to enable HITH clinical teams to remotely collect and efficiently analyse vital sign data for clinical decisionmaking with comparable frequency to patients who are admitted to a hospital facility. The videoconferencing capability is expected to improve clinical decision-making of HITH clinicians by allowing them to make visual contact with patients and provide assessment, advice and reassurance at any time during a HITH admission, with flow-on effects in terms of patient experience. The trial hopes to result in the ability to treat higher acuity patients, improve monitoring of patients' vital signs, support clinical decision making, decrease patients' length of stay, decrease unnecessary Emergency Department presentations, and increase patient and staff satisfaction. The trial will be conducted at Redland and QEII hospitals, and is expected to commence by early August.

For more information please contact Vickie De Jong, Project Officer, PH 3156 9704 or Melissa McCusker, ADON, Acute Care@Home and CHIP PH 3156 9591.

RESEARCH PROFILE

TELEMENTORING FOR PERSISTENT PAIN IN CORRECTIONAL FACILITIES

by: Maike Neuhaus and Helen Stewart

Persistent or chronic non-cancer pain is pain that lasts for more than the expected healing time of approximately 12 weeks. In Australia, an estimated 20% of people suffer from persistent pain. Almost a third of these are unable to identify a cause. In those who can identify a cause, injury is the most common precipitating factor. Other causes include osteoarthritis, musculoskeletal conditions, headache, persistent post-surgical pain, and non-specific lower back pain. Management of persistent pain therefore warrants consideration of the individual's sociological, psychological and functional wellbeing. This is achieved through involvement of a multi-disciplinary pain management team, comprising several medical specialties and allied health.

Among the prison population, persistent pain is a significant issue that impacts on prisoners' physical, social and psychological well-being. Risk factors include an over-representation of mental illness, psychological distress prior to incarceration and chronic disease. While the prevalence of persistent pain among prisoners has not been determined, reports suggest that 20% of them require continuous daily analgesia.

Managing persistent pain in a prison environment is complex. Many prisoners have a history of poly substance abuse, prescription opioid misuse, prescription opioid use disorder, or a history of heroin use. Prescribers in prisons thus often fear prescription drug misuse and diversion. Management is primarily pharmacological, with no access to medical specialists or allied health professionals. It thus relies on the knowledge and skills of the prison primary care team, who are challenged by the multi-faceted aspects of persistent pain treatment.

In order to address this challenge, a new telehealth-supported 'telementoring' model of care is currently being piloted at the Princess Alexandra Hospital (PAH). In this service, a multidisciplinary pain management team based at the PAH provides persistent pain treatment advice, prescribes medications and reviews progress to prison health service staff located at selected Queensland correctional facilities using videoconferencing. These telementoring sessions are expected to improve the skills and knowledge of the health professionals based at the correctional facilities.

In an evaluation research study, The University of Queensland's Centre for Online Health will compare this new model of care with the conventional service provided. Specifically, this research aims to answer three research questions.

1) What are the characteristics of this telementoring model of care for prisoners with persistent pain in Queensland correctional facilities?
2) What are clinical staff's perceptions of the service?
3) How does the service activity compare to conventional pain service?

Evaluation of this new service will provide insight into its potential to improve persistent pain treatment in the prison population and how it can be implemented in other facilities. This will improve access to care for prisoners and may reduce the impact of persistent pain on staff workloads.

Team Member Profile

Joretha Hamman
Telehealth Centre Administrator

After graduating from the University of Stellenbosch, South Africa, she began her career in Geographic Information Systems; working first for the Department of Local Development, and later for the Ellisras Town Council.

Joretha has worked widely in various administrative positions, most recently as Technical Secretary at Wood & Grieves Engineers. She's also used her administrative skills in multiple volunteering positions, the last as Secretary of the Museum and Archive Committee at Ipswich Grammar School. She joined the team in 2018.

"The Princess Alexandra Hospital Telehealth Centre
Our history, our work and future directions"

Presenter:
Sean Halloran
Telehealth Services Manager
PA Telehealth Centre

Friday 2 Nov 11.00-12.00
TRI Room 2007, PAH campus
Light lunch afterwards

Centre of Research Excellence in Telehealth

To join by VC: see https://cretelehealth.centre.uq.edu.au/event/session/711

To receive the CRE in Telehealth forums' notifications:
email: info.cretelehealth@uq.edu.au

NEWS

METRO SOUTH SUCCESSFUL IN TELEHEALTH SEED FUNDING GRANTS ROUND FOR 2018/19

by Karen Lucas

Congratulations to the three teams within Metro South who were successful in the recent Telehealth Seed Funding Grants for 2018-2019. The quality of all the applications this year was excellent. The competition was tough – only 10 applications were successful out of the 80 submitted. And Metro South received three of the successful grants. These were:

1. Developing and enhancing telehealth across Statewide Brain and Spinal Cord Injury services. Jessica Dawber and Prof Tim Geraghty, PAH.
2. Metro South Physiotherapy led Complementary Care Model via Telehealth for Knee Osteoarthritis patients. Dr John North, Cherie Hearn, and Karen Lucas, PAH.
3. Tele-Orthopaedics Outpatient Service – Physiotherapy Musculoskeletal Management Clinic and Conservative Management Services. Vicki Parravicini, Michael Harris, and Gail Gordon, Redland Hospital.

Updates on the progress of these three new services will feature in future Metro South newsletters.

TECHNOLOGY PROFILE

NEW CISCO WEBEX ROOM KITS ARE NOW AVAILABLE

by Anesce Stapelberg

The new Cisco Webex Room Kits are now available for purchase in three different packages giving flexibility for a tailored solution in your clinical setting.

The Room Kit and Room Kit Plus include a fixed 5K Ultra HD camera in a bar with auto zoom and tracking and is suitable for small to large rooms.

The Room Kit Plus P60 includes a camera with pan and optical zoom capabilities offering powerful imaging where clinical decision making hinges on clear quality images. Depending on the setting these systems can be purchased with one or dual screens, on a trolley or wall mounted and includes a touch panel, external speakers, 4K content sharing, noise reduction, pan and zoom camera or 5K Ultra HD camera, microphone and LCD screen. The new systems are intelligent with automatic framing, speaker and microphone tracking, as well as automatic noise reduction. With the added bonus of 4K content sharing you can be assured of great quality.

Costs starts at $13,500 plus incidentals, freight and/or installation as well as a monthly levy. Local facilities (BEMS) have to install wall brackets prior to Telehealth installing the video conferencing equipment. For more information please contact your HHS Telehealth Coordinator or Statewide Teleahealth.

Contact: 3176 8181 mshhs.telehealth@health.qld.gov.au PA Hospital - Main building Ground Floor near library

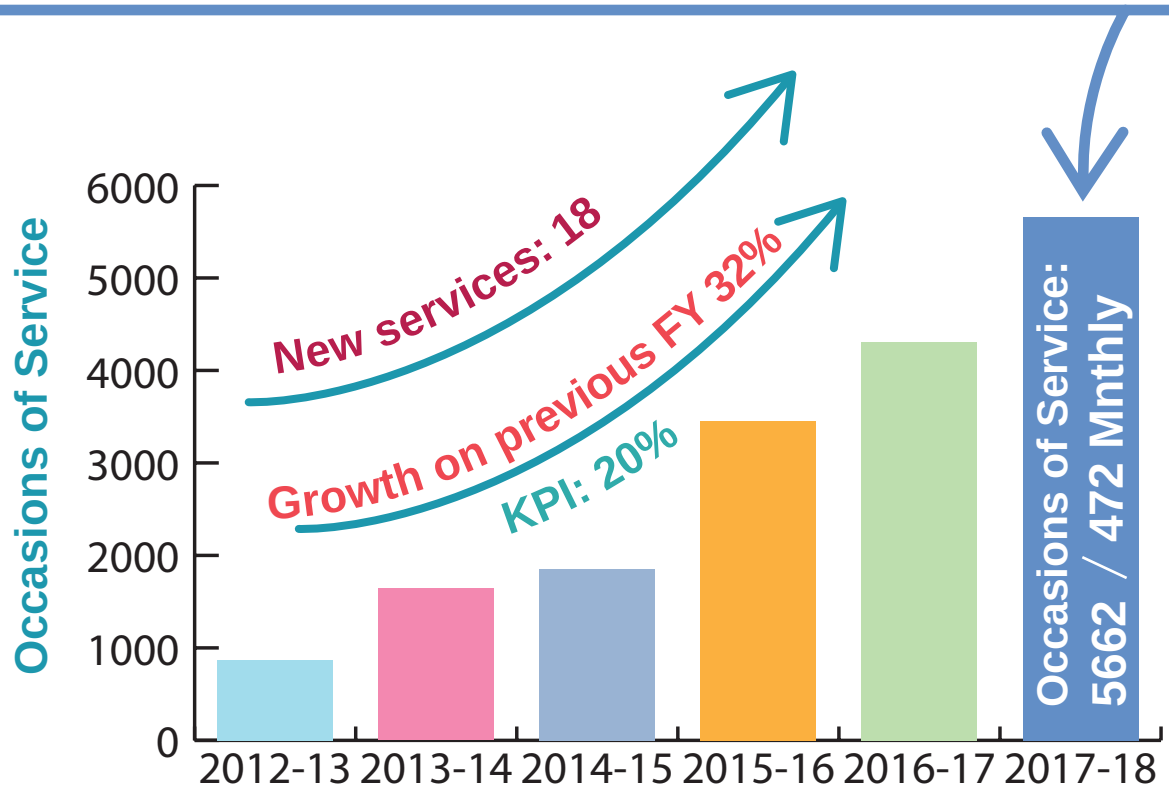
www.pahtelehealth.com https://qheps.health.qld.gov.au/metrosouth/telehealth

Metro South Telehealth

by numbers 2017-18 FY

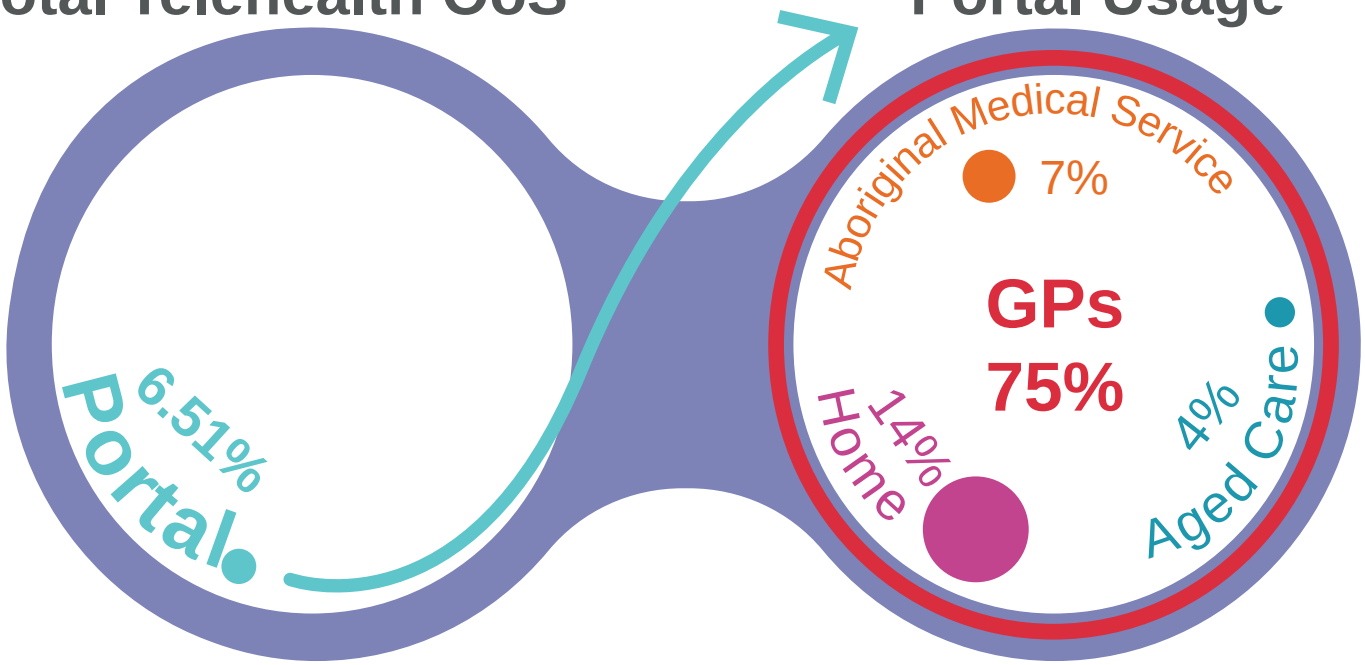
Telehealth Occassions of Service

4300	714	406	127	114	1
Non-admitted	Admitted	Store & forward	Emergency	Mental Health	RSQ/TEMSU



PA Hospital

Total Telehealth OoS



Portal Usage