Videotelephony: An Innovative Mode of Palliative Care Service Delivery in Regional and Remote Areas

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Background

The Queensland Children’s Cancer Centre (QCCC) at the Royal Children’s Hospital Brisbane (RCHB) is one of the largest tertiary centres in Oceania, receiving referrals from Queensland, Northern New South Wales, Northern Territory, Papua New Guinea and the Pacific Rim.

Queensland (QLD) is Australia’s second largest state geographically with a population approaching four million. Around 2.5 million people live in the South East corner, one million live in towns along the coast and the remainder dispersed across the state in smaller rural towns [1].

In the late 1990s our group undertook a series of studies which highlighted very limited paediatric palliative care resources across QLD.

Service Review 1999

- Health professional survey
- Bored patients interviews
- Pilot survey
- Comparison

1. Telemed staff
2. Telemed patient
3. Telemed variances
4. Telemed resource
5. Telemed education
6. Telemed research

Results

Response to telephone connection with the “$800 number”

- Emotional support, symptom management and comfort for patients, families and health professionals
- Average duration of calls: 10.39 minutes
- Average number of calls per patient: 18
- Total number of calls: 1954

Response to videolephone

- Anticipatory preparation, support and reassurance
- Symptom management and comfort
- Education for health professionals
- Support for families

Results and service development

The need for education and training of health professionals and access to a 24 hour “resource person” were considered vital by health professionals and families across the state. The phone is manned by Clinical Liaison Nurses who are known to the families and have broader application across all care parameters and geographical locations.

Convenience of videotelephony in the home

Mobile set-up for in hospital/clinic use for home video telephone connection

Case Study

14-year-old girl with metastatic Wilms tumour from North Queensland

- Initial treatment at SIOP WT Study Stage II
- Relapse with metastatic disease, off-XRT, transferred back for multi-modal treatment in Brisbane.
- Initial response to treatment, but progressive disease after XRT
- Family elected not to pursue further treatment and return home
- Videotelemedicine as a mode of service delivery to support this vulnerable group is developing within Queensland and presents a viable method of reaching both health professionals and families who require support. Most patients wish to be cared for in their home environs which can be burdensome for families and local health care providers. The QCCC, at the RCHB has developed multiple strategies to provide services to families, including: an on-call service for healthcare professionals and families, published guidelines, teleconferencing and recently in-home videotelephony. These strategies are acceptable to families and health professionals and have broader application across all care parameters and geographical locations.

Conclusions

The use of videotelemedicine as a mode of service delivery to support this vulnerable group is developing within Queensland and presents a viable method of reaching both health professionals and families who require support. Most patients wish to be cared for in their home environs which can be burdensome for families and local health providers. The QCCC, at the RCHB has developed multiple strategies to provide services to families, including: an on-call service for healthcare professionals and families, published guidelines, teleconferencing and recently in-home videotelephony. These strategies are acceptable to families and health professionals and have broader application across all care parameters and geographical locations.

Acknowledgements

The families we care for and the opportunities provided to assist in learning how to meet needs. The Sporting Chance Cancer Foundation for their generous support of the home video program. The QCCC, QPHON, QHealth and University of Queensland CON.

References


Results

Eleven families participated in a feasibility and acceptability study of in-home videoconferencing (VC) in 2008. Links were made between the RCHB oncology team and families, coordinated by the COH. VC summary:

- 25 calls made with 11 families
- 11/25 calls included the Paediatric Oncologist
- 12/25 resulted in a change to symptom management
- Consensus that home based video conferencing was an acceptable method for delivering support and management [2]
- Updated hardware and software, and videotelephony now integrated into care with a secure network

Developments

In 2009 the oncology palliative care service extended to form the Paediatric Palliative Care Service (PPCS) to also meet the needs of children with non-oncological life-limiting conditions. The PPCS provides both inpatient and outpatient care across South East Queensland’s tertiary paediatric hospitals. The COH has been working collaboratively with the PPCS to provide services to families irrespective of geography throughout all of Queensland.

With expansion of the PPCS there have been:

- 95 tele-paediaitric palliative care links
- 35 different families
- From 1800 km to 1km from RCHB


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