Telehealth Services for Residential Aged Care Facilities: a feasibility study

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Background

- Conducted in 2011-2012
- Funded by UQ Innovation and Industry partnership Grant
- Purpose was to understand potential of telehealth in nursing homes

Residential aged care

- Approx: 170,000 people live in RACF (AIHW-2011)
- Over 3000 government funded RACF
- Large number of private providers
- Many in rural areas
- Traditional method of medical care:
  - Transfer residents
  - Doctors’ visits

Industry partner

- Masonic Care QLD (MCQ) Sandgate site
- 253 approved beds (low care)
- 192 approved beds (high care)

Key steps

- Systematic review of literature

- Needs analysis
Proof of concept

Aim:
• to evaluate the feasibility & acceptability of telehealth consultations by clinicians and residents in RACF setting
  - Feasibility/acceptability of telehealth (residents/clinicians)
  - Develop telehealth care model for specialities

Clinical services

- Telehealth nurse
  - Responsible for scheduling
  - Provided required clinical information to specialist
  - Prepare resident for consult
- Geriatrician
- Psycho-geriatrician
- Dermatologist
- Wound care nurse
- Physiotherapists
- Speech pathologist
- Dietician
  - Free service
  - Up to 10 reviews by telehealth
  - Reviewed medical charts
  - Made recommendations to RACF nurse or GP

Technology and infrastructure

Developing model of care

- Each clinician to draft model care for telehealth consultations
  - Identification of relevant residents/patients
  - Referral process
  - Pre-consultation assessment
  - Method of telehealth (VC or S&F)
  - Equipment/assessment tools
  - Management and follow up
  After two telehealth consults, refine the model (if needed)

Results

Number of residents - 51
Number of consults - 56
Mean age 82
Length of stay at RACF: 2-3y

Satisfaction and acceptability

Number of residents surveyed: 25 (45%)
Number of clinicians surveyed: 7

- high satisfaction
  - Easier assess
  - Consultations were adequate/satisfactory
  - Avoided travel
  - Cost savings
  - Convenience
  - Ability to communicate
  - Easy to use
Developing telehealth care model: Geriatrics

- Review of new admissions
- Comprehensive geriatric assessment (InterRAI LTCF)
- InterRAI Training requirements
- Geriatrician accesses assessment prior to consultation
- Referral/notes from GP
- Drug list/drug charts/current care plan
- Telehealth consultation: resident/telehealth nurse/family member

Telehealth care model: Physiotherapy

- Documents from current physio team
- Equipment: mobility aids for testing, wheeler, easy walker, walking belt, walking stick, hopper
- Primary assessment: mobility assessment
- Training for nurse to position resident for assessments
- Training (if required) for clinician to use camera
- No GP referral
- Dietary modification if required
- Advise family/staff if needed

Telehealth care model: Dietetics

- Particularly for residents with under/malnutrition status
- Regular monitoring of dietary records (history, body weight, hydration status)
- Nurse to complete ‘Patient-Generated Subjective Global Assessment’
- Telehealth to assess patients muscle/fat stores, hydration status
- Training for using camera
- Recommendations to food services staff
- Care plans to be developed

Discussion and conclusions

- Very little evidence about how telehealth works in RACF
- More evidence about satisfaction
- Key component was to develop care models
- Study suggests that telehealth requires some specific information, specific arrangements and skills
- Further research is needed

By-products (Direct outcomes?)

- RCT – Telehealth for Nursing homes (NHMRC)
- RES-e-Care
- Nursing home stream in Centre of Research Excellence in Telehealth (CRE)