Implementation of a pilot telehealth program in community palliative care: the perspectives of palliative care clinicians

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Main Study Aim:

To evaluate the acceptability and feasibility of a pilot telehealth program for patients, carers and clinicians

Key elements of the Pilot Telehealth Palliative Care Model (PTPCM)

Aims: Sub-study

- To explore key stakeholders' perspectives and experiences of the utilisation of a telehealth model and integration into service delivery
  - clinicians' perspectives and direct experiences of telehealth
  - perspectives of the benefits and challenges for patients, families and clinicians of using telehealth applications
  - enablers and barriers for utilisation of telehealth in a palliative care setting
    - how telehealth applications can be integrated into current service provision and be used and improved upon in the future

Background

- Telehealth an emerging resource
- Uptake not widespread (Greenhalgh et al. 2014)
- Evidence for its potential use in palliative care (Oliver, Demiris, Wittenberg-Lyles et al. 2012; Kidd, Cayless, Johnson et al. 2010)
- Literature on individual, organisational, cultural and ethico-legal implications (Greenhalgh et al. 2014, Nicolini,2005).

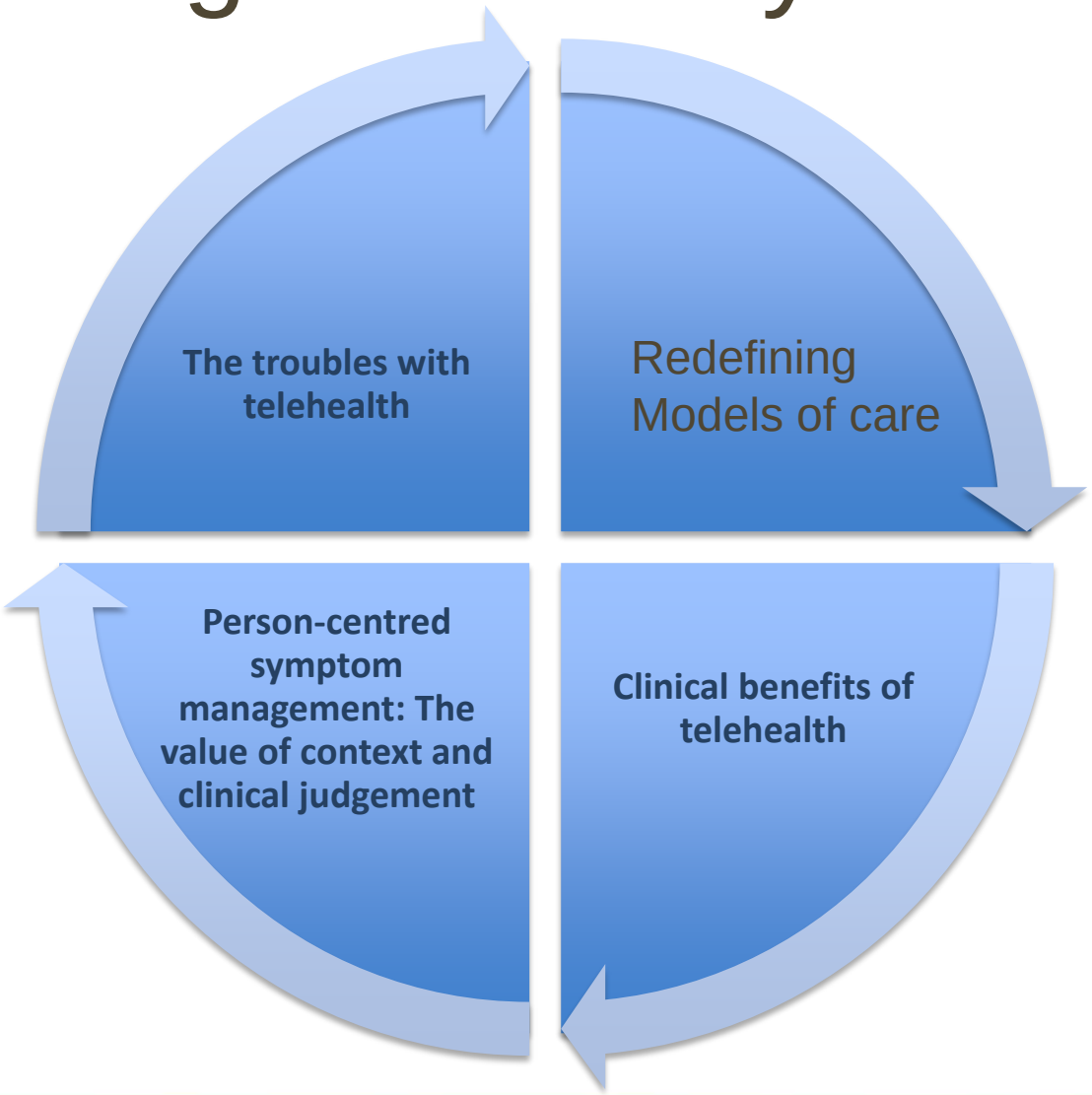
Methods: Sub-study

- Theoretical framework
  - ‘realistic evaluation’
    - under what circumstances telehealth works in practice, for whom it works and how? (Pawson & Tilley, 2004; Rycroft-Malone, Fontenla, Bick, & Seers, 2010)
  - Pragmatic grounded theory (Barbour, 2011)

Methods: Sub-study

- Setting/participants
  - Focus groups
    - Clinicians involved in PTPCM n=6
    - Clinicians *not* involved in PTPCM n=4
  - Semi-structured interviews
    - Key senior staff members n=2

Findings: Four key themes



Redefining models of care: Interrupting ‘business as usual’

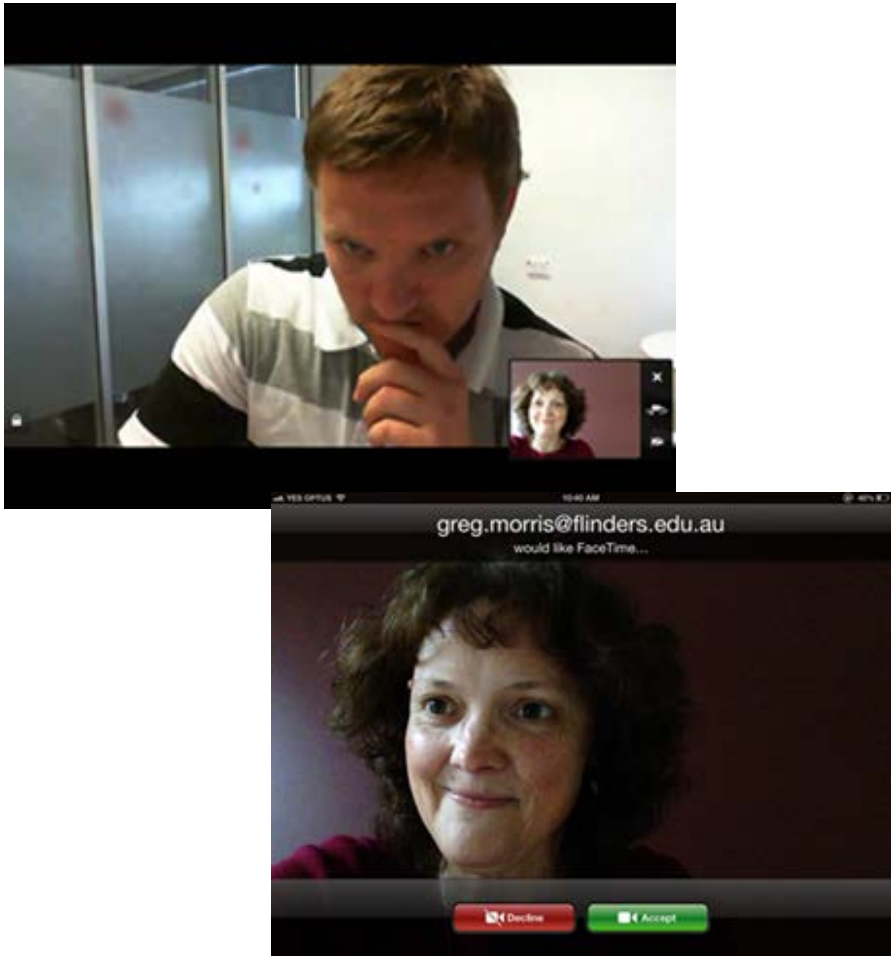
“The thing that I realised it would do is actually force us to examine what we are doing a lot harder because as we wrote our protocol or process documents around what sort of care we would deliver, it forced us to reflect on our current practice.”
(Participant interview)

Redefining models of care: The selling script

"Our attitude and our scripting is critical to uptake. So I think we have to be sold in order to sell it to others". *(Participant FG2)*

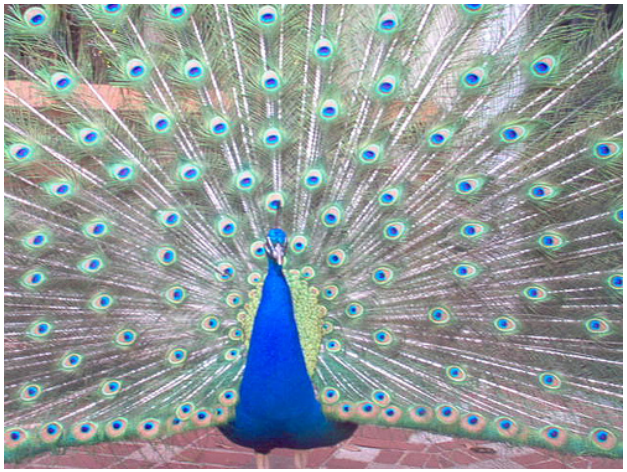
The clinical benefits of telehealth

"And we also pick it up on them when they say; on the phone they say: 'Oh I (patient) am doing pretty well', 'Well you (patient) actually look blue; you don't look well. What is the vomit bucket sitting on the bed next to you for?' Whereas you wouldn't know that over a phone call." (Participant, FG1)



The clinical benefits of telehealth: Real time data

Facilitator: So are you saying that this (telehealth model) could potentially make (PCOC data) more clinically relevant?



Participant 3: Relevant-Because it is in real time. You know, people are filling those things in.

Participant 1: People are filling out their scores (SAS)

Person–centred symptom management

“It has to been in context and the context is knowing the patients. So one (patient) of mine this morning we were discussing was a 91 year-old chappie with PTSD (post traumatic stress disorder). He is on the project because he has had an iPad before. He has got PTSD and I know him well. And I know when he is rattled. So when everything is a disaster he will score high (on the SAS).” (Participant FG1)

The ‘troubles’ with telehealth

Participant 2: Well you like to present a professional service and you know, in good faith, as we said before, we asked people to be involved and in great faith they have said yes and then you are presenting them with a flawed product. You do feel a bit disappointed and embarrassed about it.(Participant, FG1)

Summary

- ‘Disruptive innovation’
- Seen to complement rather than an alternative
- Clinicians play key role
- PTPCM an important contribution
- Hidden consequences
- More effective than telephone, but not face-to-face

Limitations

- Single metropolitan palliative care service
- Small number of focus groups with only palliative care nurses
  - Other disciplines may have different perspectives
- Community nurses and GPs were excluded

Conclusion

- Implementation of PTPCM in a specialist palliative community setting needs to:
  - Include involvement of clinical staff in design of service provision at the outset
  - Be supported by reliable IT infrastructures
  - Support and education of staff is needed to be effective

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THANK YOU!