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Conference Abstract

Using teleconsultation to enhance the care of patients with acute burns

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Abstract

Introduction: Real-time healthcare consultation via video-link ('teleconsultation') is already an established modality for supporting the acute management of patients with stroke and has been successfully utilised in a range of other areas (e.g. trauma management). This presentation will discuss the experiences of using teleconsultation in a different clinical specialty – the management of acute burns.

The project involves seven hospitals in the North of England. Three of these pilot sites are burns units, whilst the other four are Emergency Departments (EDs) in hospitals without specialist burns facilities. Traditional practice involves the EDs referring and transferring patients to the burns units on the basis of telephone information with no visual support.

Aims and objectives: By allowing specialist burns practitioners to assess visually the extent and severity of injuries whilst patients remain in the referring ED, the project aims to;

- reduce the number of inappropriate transfers to burns services
- expedite appropriate transfers and ensure that burns units are prepared optimally for receiving patients
- improve knowledge and skills in non-specialist EDs, thereby enhancing the management of burns

It is hoped that lessons from the project will support the mainstreaming of teleconsultation as an adjunct to acute care delivery.

Project approach: The technical infrastructure for the project comprises video-enabled teleconsultation 'carts' deployed at each of the participating sites. To facilitate the specialist needs of burns management, the teleconsultation carts were fitted with high-fidelity, close-up cameras.

In addition to procurement and installation, other preparatory steps involved with the project included the development of clinical guidelines that embedded teleconsultation procedures into

existing pathways of burns management. Following installation of teleconsultation technologies, a programme of staff training and awareness-raising was undertaken.

A six-month pilot of burns teleconsultation commenced in November 2012. The project is being evaluated in relation to activity, practitioner feedback and patient satisfaction. Data are also being gathered on the impact that the teleconsultations have on management plans and decisions to transfer for specialist care.

Results: At time of submission, data are only available on the first few weeks' activity. Though small in number (n=9), teleconsultations for which data are available at this stage have provided some useful insights.

Technically, the system appears to provide the level of clinical detail and information necessary to carry out a specialist assessment of burns. On each occasion, clinicians reported having enough confidence in the system to confirm or alter management plans. Notably, there have already two occasions where the ED decision on transferring to a burns unit was changed following teleconsultation.

Patient feedback in the early consultations has also been positive, with no concerns raised regarding privacy, dignity or the quality of the care received.

Conclusions: Feedback on the first few teleconsultations suggests that the system is capable of facilitating clinically effective, remote assessment of burns. In addition, the system appears to be acceptable to both clinicians and patients.

If accepted, the presentation will provide results from the full six-month pilot and discuss larger-scale findings regarding the feasibility, acceptability and effectiveness of teleconsultation in burns care.

Keywords:

teleconsultation, telemedicine, videoconferencing, burns

Presentation available at: <http://www.kingsfund.org.uk/events/third-annual-international-congress-telehealth-and-telecare>