Conference Abstract

Barriers and facilitators to mainstreaming telehealth in the community – exploring staff views and roles at the implementation and delivery phase

Jo Nicholson
Lizzie Coates
Gail Mountain
Mark Hawley

Correspondence to: Jo Nicholson, United Kingdom, E-mail: j.t.nicholson@sheffield.ac.uk

Abstract

Background: The future large-scale deployment of Assisted Living Technologies crucially depends on establishing patient benefit at scale. This entails overcoming barriers to uptake, and devising viable service and business models. This current project, MALT: Overcoming Barriers to Mainstreaming Assisted Living Technologies, funded by the Technology Strategy Board through the Assisted Living Innovation Platform, aims to explore these issues with a focus on the delivery of telehealth for people with chronic obstructive pulmonary disease and chronic heart failure.

Aim: To explore the barriers and facilitators to telehealth across four sites currently delivering community based services in the Yorkshire and Humber region. In particular, this paper focuses on the perceptions and roles of frontline staff at the implementation and delivery phases of telehealth, which are identified as both potential barriers and facilitators to mainstreaming telehealth successfully.

Methods: This first phase of the study involved qualitative interviews with samples of frontline nursing staff; managers, commissioners and other key stakeholders; and patients and carers from each site. Drawing on the existing literature, the data were analysed thematically to identify the barriers and facilitators to successful telehealth implementation and delivery.

Results: Staff views of telehealth as a new tool for practice range from resistance and scepticism, to acceptance and enthusiasm, and there are varying opinions about the overall rationale for using telehealth in the community and the patient groups most likely to benefit. Where initial perceptions about telehealth are negative and the availability of training, support and encouragement limited, acceptance of telehealth among frontline staff can be low. Staff engagement at the implementation phase is also influenced by other factors such as workload and working practices; rapid organisational change; and existing information systems and technology. ‘Local champions’ who promote, encourage and support staff, and share their positive experiences of using telehealth can help to counteract these barriers and persuade staff to introduce telehealth for their patients. Other facilitators were also found to be important, including clear and robust systems for installation, technical support and patient monitoring; and user-friendly and appropriate equipment.

Conclusions: Effective service implementation hinges on the acceptance of frontline staff who assume responsibility for promoting the use of telehealth; selecting and referring patients for telehealth; installing and maintaining telehealth equipment; monitoring patients and managing alerts; supporting users of telehealth and meeting their health and related needs; and case managing patients. For some staff telehealth is only one aspect of their wider role, and where perceptions are initially negative, sharing positive stories about using telehealth can encourage staff to challenge these views and learn more about the potential benefits of using telehealth, both for their patients and themselves. However, sharing best practice can be difficult at the implementation phase due to the range of services and staff groups involved in delivering telehealth, and because success stories are not always immediately available.

Keywords:
- telehealth, nursing, barriers, health champions