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Conference Abstract

Model of mainstreaming telehealth in a rural community

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Abstract

Introduction: Gloucestershire is a rural county with a population of 620,000, centred around the two urban populations of Gloucester and Cheltenham. In 2008 a telehealth project was introduced for the long-term conditions of Heart Failure (HF) and Chronic Obstructive Pulmonary Disease (COPD). Initially a project, in 2011 telehealth became a mainstreamed service in Gloucestershire Care Services (GCS).

The project started with 72 monitors (60 for HF and 12 for COPD); having shown successful results the number of monitors was increased to 197 in 2011.

From the outset the model developed for the project was intended to be nurse led with the support from a dedicated non-clinical project manager and project administrator. Each member of the team has their own defined role allowing the team to function successfully. The equipment is installed by nurses and nurses monitor their own patient caseload. The administrator sets up the equipment ready for installation and ensures that it is electrically tested before going into patients' homes.

In-house training is given on an annual basis by the Lead Telehealth Nurse, again supported by the administration team and competencies are checked at this time.

Aims and Objectives:

The aims and objectives of the telehealth programme are to maximise benefits for both patients and GCS through:

• developing /evolving a service model

• having the right staff with the right competencies

• criteria for the selection of patients

• selecting technology which is easy to use and reliable

• educating patients in the use of technology and the importance of taking daily readings

• reassuring patients by actively monitoring their results

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Results: The administration team have developed monitoring tools which can demonstrate that through the use of monitors with a range of patients, varying in morbidities and age, that hospital admissions have reduced and this has had a knock-on effect on other expenditure such as out-patient appointment costs, visits by specialist nurses and visits to GPs, although these are difficult to quantify.

Through Patient Satisfaction Surveys and Quality of Life questionnaires we demonstrate patients' acceptance of telehealth. However, there were issues raised when first using telehealth which needed to be addressed. These included informed consent from patients unable to understand/give consent for themselves, roles and responsibilities of each team member, contracts with all suppliers/manufacturers and funding.

It is apparent from the responses to questionnaires and from nurse feed-back that patients learn more about self-management of their condition.

Conclusion: Through this methodology GCS has demonstrated that having a team with a "can do" attitude who embrace technology and its place in health care, telehealth, with the right model of support can be successful; demonstrating benefits to the patients and improved efficiency for the NHS provider.

Having started as a small project this programme has become an embedded part of the service for both HF and COPD and still continues to adapt to changes in technology and the needs of the patients and requirements of the Health Service. The service is driven forward by the enthusiasm and belief in telehealth of all those involved.

Keywords:

rural, project, mainstreamed,methodology

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