Rural Home Care Palliative Videoconsultation Project – Phase 2

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# Projects – Phase 1 and 2

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RPCCT = Rural Palliative Care Consult Team, HC = Home Care, CNS = Clinical Nurse Specialist, ARECCI = A pRoject Ethics Community Consensus Initiative
Project Rationale

• In rural and remote areas, access to support from specialized palliative care (PC) consultants can be limited.
• Rural patients with life-limiting illnesses find it difficult to travel to medical appointments due to poor health, limited finances and/or few transportation options.
• Timely home visits by PC consultants can be impeded by time, distance, weather, and increasing workloads.
• Travelling to an AHS site for a videoconference session is often difficult for frail individuals.
• An in-home web-based videoconferencing (WBVC) option is needed.
Purpose

• To evaluate the use of mobile web-based videoconferencing (WBVC) by rural Home Care (HC) nurses to connect distant PC consultants with clients and families in their homes.
Location

- Three rural HC districts in the Calgary Zone of Alberta Health Services (AHS):
  - Strathmore
  - Chestermere
  - Didsbury
Population

Inclusion Criteria:
1. HC Client admitted to 1 of 3 targeted rural HC districts
2. Client referred to Rural PC Consultation Team for initial or follow up visit
3. English-speaking
4. Family members invited to participate if present during home visit

Exclusion Criteria:
1. Client cognitive or physical impairments that would impede WBVC communication (e.g. delirium, dementia, severe hearing impairment)
Methods

Quality improvement pilot project
• HC nurses initiated WBVCs with a distant Rural PC nurse or physician consultant from clients’ homes over an encrypted, secure internet connection established using iPhone hotspot or Wi-Fi.
• WBVC visits were conducted using AHS laptop computers with webcam, speakerphone, and Microsoft Skype for Business©.
Skype for Business Features

To start or end video
To mute or unmute audio
To share your desktop
To end your call

TIP: Call can also be ended by touching red phone icon on Puck speakerphone

To send an Instant Message
Client Information Sheet

AHS Telehealth Information Sheet

The Technology

What's a video call?

Technology offers a way for patients to see, hear, and talk to a distant health care provider without having to travel. Our video calls are similar to Skype calls or video chatting. The video call takes place in your home over the internet using a computer, web camera, and a speakerphone.

The Reason

Why use video calls to see a specialist?

Seriously ill patients living in rural locations can find it hard to travel to see a palliative care specialist. Time, distance, poor weather, and high workloads can make it hard for specialists to go to patients' homes. Video calls offer a way for patients and specialists to connect without having to travel. Video calls could help patients get support quicker and let specialists see more patients.

The Choice

Do I have to take part?

You do not have to take part in this project. Having a video call is your choice. At any time before or during the visit, you can choose NOT to receive care by video call, and your care will not change in any way. You'll have a standard in-person or phone consult instead of a video call.

The Project

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If you take part in this project, a Home Care Nurse will:

- Bring a laptop computer, a web camera, and a speakerphone to your home.
- Make sure that only people you want to take part in the video call are in the room.
- Arrange the room for the video call by closing blinds and setting up the equipment.
- Review your concerns and questions and work with you to make a plan for the video call before it starts.
- Connect to the Palliative Care Doctor or Nurse Specialist through the computer using software.

Your Video Call

What's it like?

We use the internet to place a video call. You'll see the palliative care doctor or nurse specialist on the computer screen. They'll tell you their name and role. The Home Care Nurse will go over the plan you made for the visit. Everyone will then talk with you about your needs and concerns, answer your questions, and make a plan for your care. At the end of the video call, the Home Care Nurse will “hang up” and follow up on any plans made.

Your Safety

Is the video call private and secure?

Alberta Health Services respects that your personal information is important to you and protects it. The internet connection we use is secure and protected. Your visit is private and no one can join in or see it. Video calls are not recorded so they cannot be seen later. Anything talked about, written, or viewed during your video call is private. Your information will only be shared with and used by health care providers who will be providing you with care.

For questions, concerns, or more information about how your health information is collected, used, or shared, contact the Information & Privacy Office at 1-877-476-9874.

Your Feedback

Surveys

After the visit, everyone who takes part in the video call (patients, family members and health care providers) will be invited to fill out a short survey to tell us how it went. You can do the survey on paper or online. The survey will only take 5 to 10 minutes to complete. Taking part in the survey is your choice—you do not have to do it if you don't want to. Your doctors and nurses will not know which survey is yours. Your care will not be affected by whether or not you do the survey or by the answers you provide. Results from the survey will help us know how well video calls work to see a specialist and will help us improve our work in the future.

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If you have questions about the Rural East Home Care and Palliative Care Video Call Project, contact Katie Woo at 780-809-0866 or Katie.Woo@albertahealthservices.ca.

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Consent Form
Troubleshooting Guide

**I AM HAVING CONNECTION ISSUES:**
- Ensure all other applications have been closed on your computer (e.g., Outlook, Google, PARIS, etc.)
- Ensure that Netmotions has been turned OFF.
- Use a LAN cable to hardwire a connection to the internet (in the home, connect directly to the client’s router). This gives the most reliable internet connection.
- If unable to hardwire a connection, use Wi-Fi to connect. This gives the next most reliable internet connection.
- If using the client’s Wi-Fi and unable to connect: Ensure you have provided with the correct network address and password and try using a different location in the client’s home.
- Only use the aircard for a mobile broadband connection OR iPhone for hotspot connection if unable to connect via LAN cable or Wi-Fi.
- If using the aircard or iPhone hotspot in the client’s home and unable to connect: Try using a different location.
- If still having connection difficulties, click on the internet connect icon in the bottom right corner of your screen. This may look like this [icon] (if you are hardwired into the network) or this [icon] (if you are using Wi-Fi).
  - Click on “Open Network and Sharing Center”
  - If you see a “!” or “X” icon on the connection, click this icon to start the repair wizard and it will automatically repair the connection.

**I AM HAVING AUDIO OR VIDEO (AV) ISSUES:**
- Ensure all other applications have been closed on your computer (e.g., Outlook, Google, PARIS, etc.)
- Ensure that Netmotions has been turned OFF.
- End the video call and then start the call again. Sometimes this improves the AV quality.
- If using an external webcam and it is not working, unplug the camera from USB port and plug into a different one. If this is unsuccessful, shut down and restart the computer.
- Remove audio from WBVC to preserve/improve 2-way video: Mute WBVC audio on Skype for Business on BOTH computers (in client’s home and at a distance), then conduct the audio portion of the visit through a phone call with the distant consultant in the client’s home, use your iPhone (if not being used for hotspot connection) or use the client’s phone on speakerphone so everyone can hear. If distant consultant is calling client’s phone, ensure they have blocked Caller ID.
- If WBVC video quality is still poor, have the distant consultant turn off their video feed. (The distant consultant will still be able to see the participants in the home but they will be unable to see the consultant). When video information is only going one way, it can improve the quality of the call.

For all technical issues, abandon WBVC if unable to resolve issues after 10 minutes of troubleshooting. Use a telephone call to determine alternative consult arrangements (i.e. proceed with phone consult, schedule home visit at alternate time, etc.)

For follow up on all unresolved technical issues, contact:
Rebecca Otworm, Calgary Community Access Program, Clinical Telehealth Facilitator
rebecca.otworm@ahs.ca 403-540-3846
Data Collection

Paper or online (AHS SelectSurvey.net) questionnaires for:

- client/family
- home care nurse
- palliative consultant
- additional caregiver
Questionnaire Items

- Comfortable discussing concerns
- Could communicate effectively
- Addressed needs as well as in person
- Effective way to provide information and support
- Effective use of time
- Would use again

- Strongly Disagree ↔ Strongly Agree
Participants

18 visits

12 clients
• Age 56-80
• 30-80% on Palliative Performance Scale

15 family members

9 health care providers
• 3 HC nurses
• 3 PC physician consultants
• 2 PC nurse consultants
• 1 oncologist
Impact

43 km / 42 min
Average travel distance/time saved by client with in-home WBVC versus telehealth consult at nearest rural facility

49 hours
Average time clients seen earlier by WBVC than in-person

120 km / 1.8 hours
Average travel distance/time saved by PC consultant

2276 km / 36 hours
Total travel distance/time saved by PC consultant
Satisfaction

17/18 visits
Video call quality very good - good

6 Technical issues
All resolved by users

100%
Clients/Families agree health information is safe and private when using video call

17/18 visits
All care providers agree WBVC facilitated better clinical decision-making than reviewing case by phone alone
“Overall the experience was very positive…I enjoy this type of forum as everybody is included and is kept informed as to any changes in the type of treatment. I would highly recommend that this project move forward as it should be main stream in the Health Services and utilized on a daily basis…”

“I likes video call a lot better and not going to the doctor office felt very comfortable.”

“I think it is an efficient way of accessing expertise for a patient.”

“Picture/video froze a few times. Able to move camera to concern areas. Good use of time. Less overall travel.”
• “Able to get next day consult via video where would have had to wait until next week for a consult so very efficient for time and client care.”

• “Worked well as client unable to leave home to see doctors at this time without an ambulance.”

• “The only thing different than a live consult is the physician is unable to do a physical exam.”

• “Was much better for doctor to see client and ask questions directly versus being relayed through nurse to doctor back to client and repeating.”
“…A visual picture of the patient provides much more valuable information than could have been obtained through telephone (descriptive words). A picture is worth a thousand words literally.”

“This was an excellent example of a time saving visit. It would have required two hours of driving to visit with the patient - one hour to the patient's home and back.”

“I seemed to be able to have a very effective conversation with the patient and perform the necessary assessment.”

“Helpful to see this patient as it helped to get a feel for his perspective, body language and issues better than if I had just talked to nurse or patient by phone. I doubt I would have made any different decisions if I had seen him in person.”
Project Conclusions

• Rural Home Care nurses can effectively use WBVC for PC consultation from clients’ homes.
• WBVC is a convenient, acceptable way to provide more timely specialized PC support to clients and families in rural areas when in-person visits are not feasible.
• WBVC technology and training for PC consultation will be expanded to all Calgary Zone rural HC districts and considered for provincial scalability.
Contact: Linda.readpaul@ahs.ca

Questions?

Thank you!