

Implementing Telehealth in Regional and Rural Everyday Community Palliative Care Practice

Evaluation template

Version 2, 01/11/2019



Development of the Telehealth Training Resource Pack:

Diane Nimmo, Research Coordinator Ballarat Hospice Care Inc.

Project Consultant:

A/Prof Susan Stacpoole, Senior Research Manager, Ballarat Health Services

Ballarat Hospice Care Inc.

1836 Sturt Street
Alfredton
VIC 3350
Australia
www.ballarathospicecare.org.au



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I. Introduction

The purpose of this evaluation resource is to review the implementation process (engagement) of telehealth at BHCI, to evaluate the sustainability of implementation measures and to facilitate its translation to other services.

The evaluation of implementation measures is based on data collected through the following measures and tools:

- Review of Telehealth entries in PalCare
- Staff survey for satisfaction with telehealth
- Patient survey for satisfaction with telehealth

The surveys are to be completed for each video call. Data will be collected on an ongoing basis and all data will be analysed monthly, commencing July 2019. Final evaluation of the implementation measures is planned for July 2020.

In the case of engagement in Telehealth being low, mini focus groups will be conducted (engaged staff and non-engaged staff).

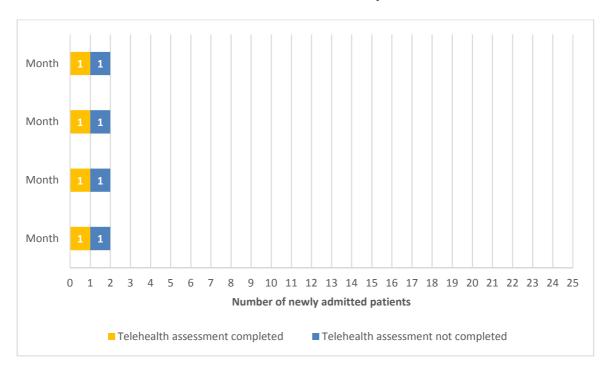


II. Evaluation

A. Staff adoption metrics

1 Telehealth assessments¹

1.1 Overall number of Telehealth assessments per month

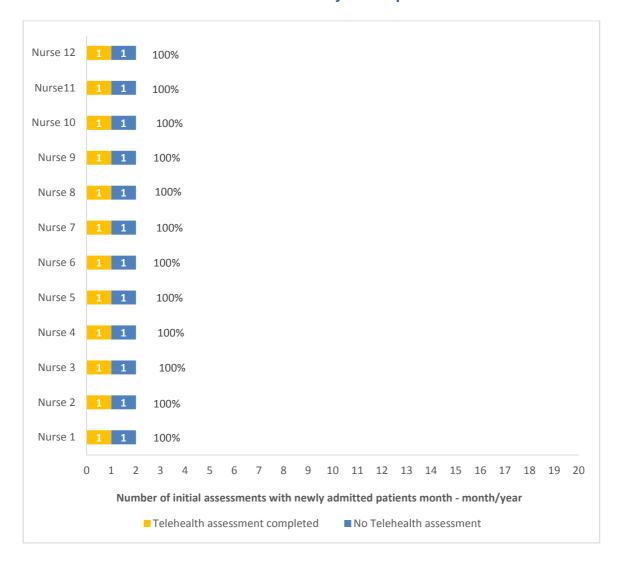


¹ Based on patient CarePlan entries.

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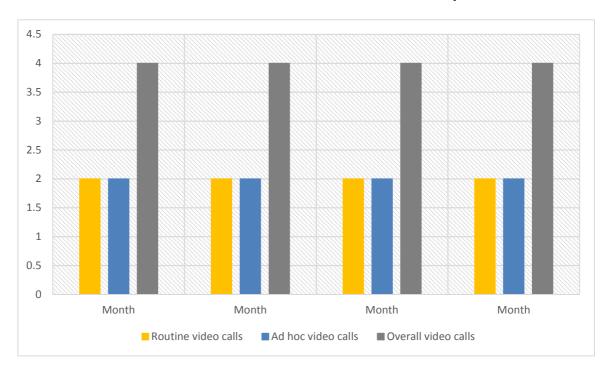
1.2 Number of Telehealth assessments by nurse per month



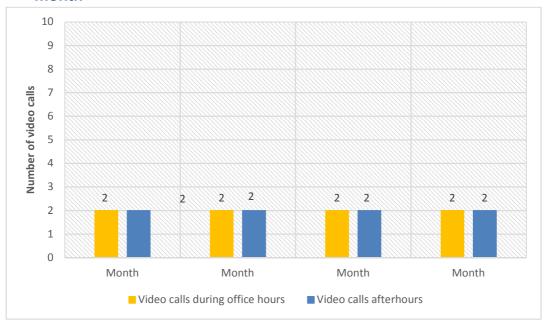


2 Telehealth video call metrics²

2.1 Number of routine visit video calls vs. ad hoc video calls per month



2.2 Number of Telehealth video calls during office hours vs. afterhours per month

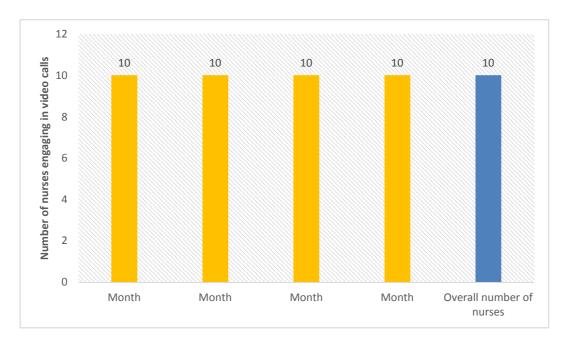


² Based on 'Patient survey for satisfaction with telehealth' and 'Staff survey for satisfaction with telehealth'.

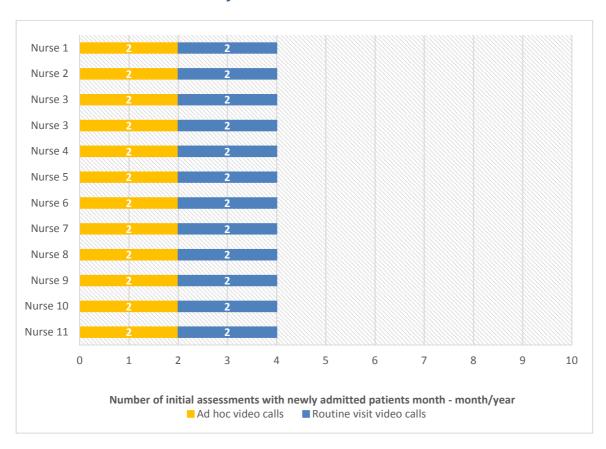
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2.3 Number of nurses engaging in telehealth video calls per month



2.4 Number of video calls by nurses

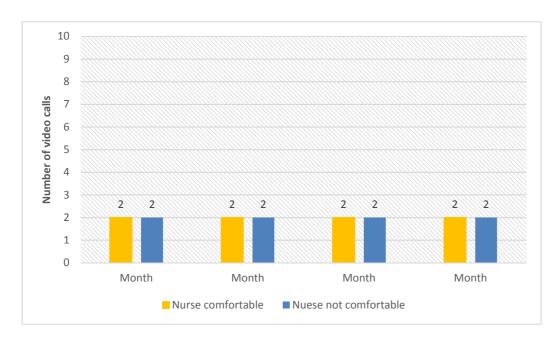




3 Staff experiences with video calls³

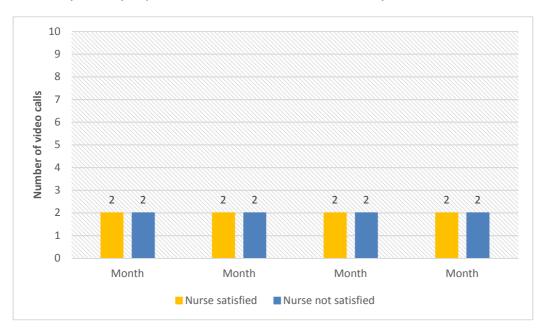
3.1 Staff comfort with technology during video calls per month

Q.2: Did you feel comfortable with the technology during our video call?



3.2 Staff satisfaction with quality of care provided through video calls compared to home visits per month

Q.3a: Do you feel you provided the same standard of care, as you would have at a home visit?





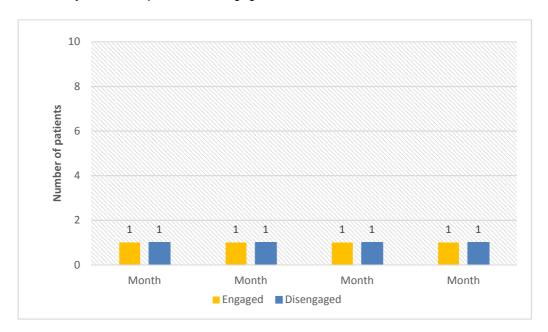
Reasons for dissatisfaction with care provided through video call

Q.3b If no, what was the problem?

- Reason 1
- Reason 2
- Reason 3

3.3 Patient engagement in video call per month

Q.4a Do you feel the patient was engaged in the video call?



Reasons for lack of engagement

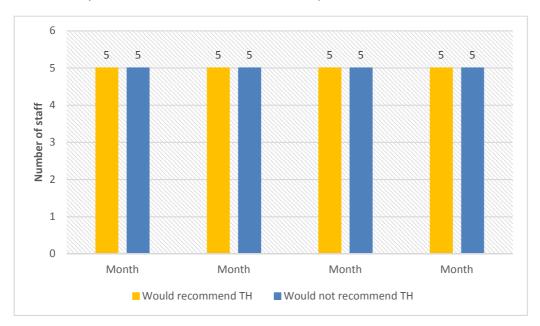
Q.4b If no, why not?

- Reason 1
- Reason 2
- Reason 3



3.4 Staff recommendation of telehealth to patients

Q.5a Would you recommend the video call to other patients?



Reasons for reluctance to recommend telehealth

Q.5b If no, why not?

- Reason 1
- Reason 2
- Reason 3

3.5 Benefits of Telehealth video calls⁴

| Month | Number of substituted routine home visits | Number of avoided afterhours call outs ⁵ | Improvement of service provided | Enabling of service provision |
|-------|-------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

⁴ Based on case studies noted by the nurses on 'Patient survey for satisfaction with telehealth' and 'Staff survey for satisfaction with telehealth'.

⁵ Q.6 Afterhours only: If you had not used the video call would you have gone to the patient's home? Evaluation Resource 'Implementing Telehealth in Regional and Rural Everyday Community Palliative Care Practice' | 11



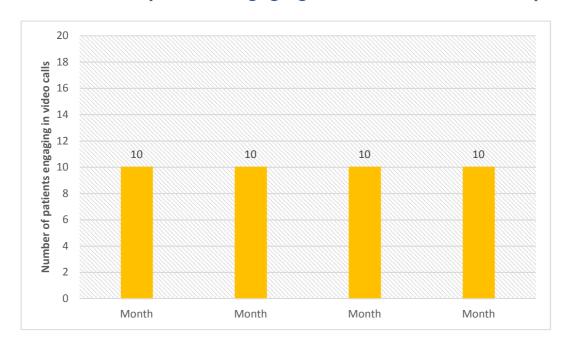
Other benefits:

- Benefit 1
- Benefit 2
- Benefit 3

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B. Patient adoption metrics⁶

4 Number of patients engaging in Telehealth video calls per month



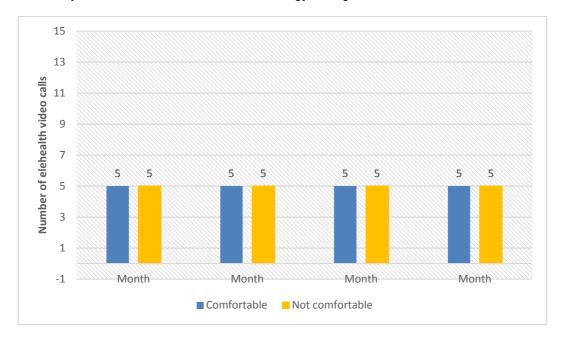
⁶ Based on 'Patient survey for satisfaction with telehealth'.



5 Patient experiences with Telehealth video calls

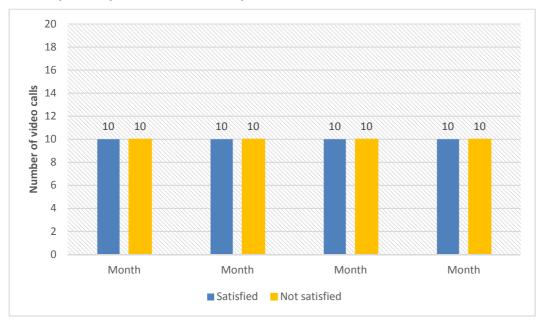
5.1 Patient comfort with technology during Telehealth video call per month

Q.2: Did you feel comfortable with the technology during our video call?



5.2 Patient satisfaction with care received via telehealth video call per month

Q.3: Do you feel you received the care you wanted via the video call?



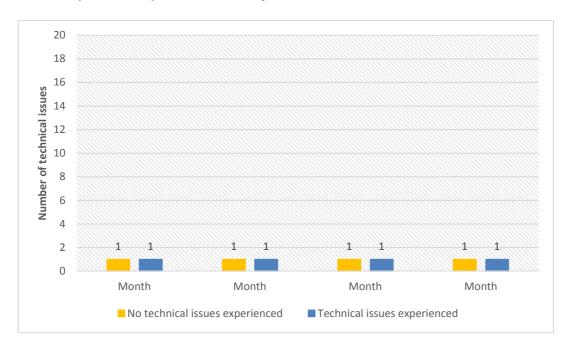


C. Technical issues⁷

6 Technical issues experienced by staff

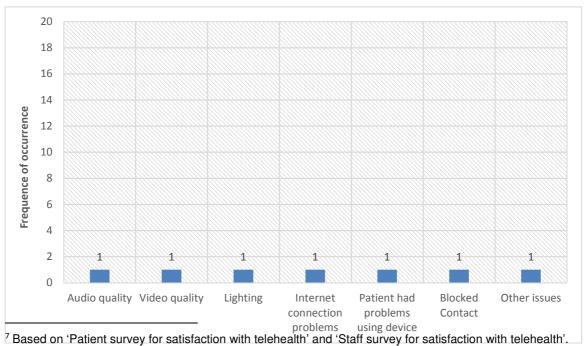
6.1 Number of technical issues experienced by staff per month

Q.1a: Did you have any technical challenges with the video call?



6.2 Type of technical issues experienced by staff

Q.1b If yes, what was the problem?



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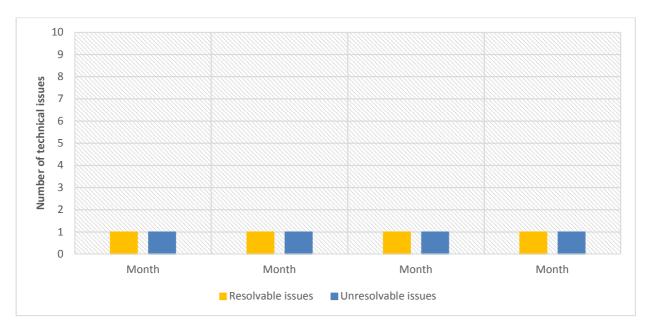


Other issues experienced by staff:

- Issue 1
- Issue 2
- Issue 3

6.3 Resolution of (technical) issues

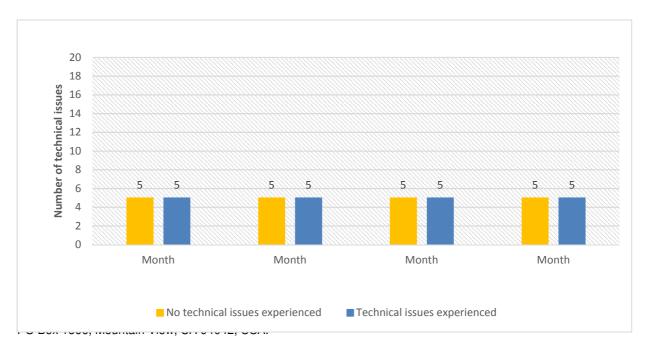
Q.1c: Could the issue be resolved?



7 Technical issues experienced by patients

7.1 Number of technical issues experienced by patients per month

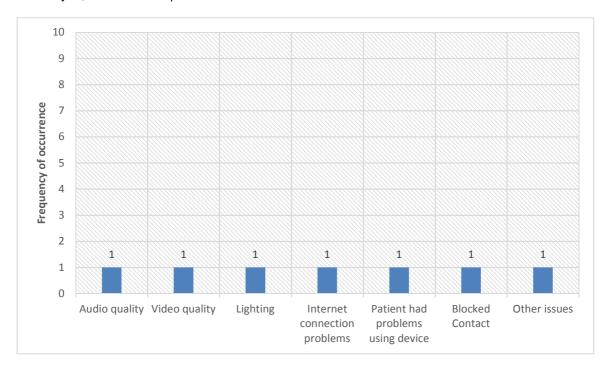
Q.1a: Did you have any technical challenges with the video call?





7.2 Technical issues experienced by patients

Q.1b If yes, what was the problem?



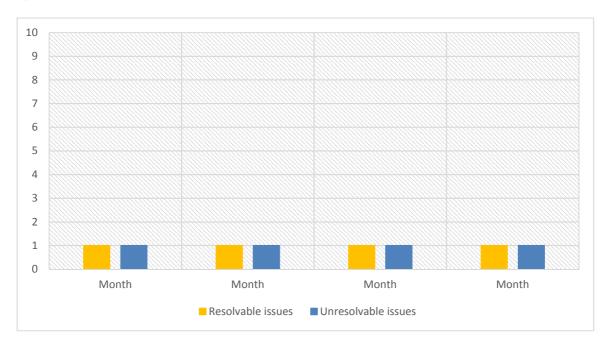
Other issues experienced by patients:

- Issue 1
- Issue 2
- Issue 3



7.3 Resolution of (technical) issues

Q.1c: Could the issue be resolved?





D. Mini focus groups discussions

- Minimum two mini focus groups with 4-5 participants each; allow 30 minutes per mini focus group
 - → **Group 1**: Selected staff members who have most adopted Telehealth assessments and Telehealth video calls (routine visit video calls/ ad hoc video calls) into their everyday nursing practice
 - → **Group 2**: Selected staff members who have least or not at all adopted Telehealth assessments and Telehealth video calls (routine visit video calls/ ad hoc video calls) into their everyday nursing practice
- Mini focus group 1: Telehealth assessments and video calls (routine visit video calls/ ad hoc video calls) somehow adopted into everyday nursing practice
 - Introduction (Brief overview of the development of Telehealth video calls usage since its introduction; purpose of mini focus group is to discuss staff experiences; no right or wrong answers, purpose is to learn from the nurses' experiences and get a deeper insight with regard to the acceptance, appropriateness and benefits of Telehealth video calls within the organization)
 - Q1. How do you feel about completing a Telehealth assessment when doing an initial assessment? With regard to the patient's reactions, what are your experiences when talking to patients about Telehealth during an initial assessment? How do you frame Telehealth when introducing it to patients?
 - Q. 2 What do you think of Telehealth video calls? What is your experience?
 - In ad hoc situations?
 - Of routine video call visits?
 - Q. 3 What would it take for you to schedule a routine visit video call with a patient?/ What stops you from scheduling a routine visit video call with a patient? (Hospice specific question)
 - Q. 4 To you, does the scheduling of routine visit video calls with patients instead of scheduling home visits present a contradiction to Ballarat Hospice Care's value of delivering optimum patient-centred care? (Hospice specific question)

Thank you

• Mini focus group 2: Telehealth assessments and video calls (routine visit video calls/ ad hoc video calls) hardly or not adopted into everyday nursing practice



Introduction (Brief overview of the development of Telehealth video calls usage since its introduction; purpose of mini focus group is to discuss staff experiences; no right or wrong answers, purpose is to learn from the nurses' experiences and get a deeper insight with regard to the acceptance, appropriateness and benefits of Telehealth video calls within the organization)

- Q.1 What is your experience with Telehealth assessments when you do an initial assessment with a newly referred patient? How do you feel about it?
 - How do the patients react?
 - What stops you from doing a Telehealth assessment?
 - What would it take for you to do a Telehealth assessment?
- Q. 2 What do you think of Telehealth video calls? What is your experience?
 - In ad hoc situations?
 - Of routine video call visits?
- Q. 3 Under which circumstances would you do a video call with a patient instead of a home visit when receiving an afterhours call?
 - Is there anything stopping you from doing this?
- Q. 4 What would it take for you to schedule a routine visit video call with a patient?/ What stops you from scheduling a routine visit video call with a patient? (Hospice specific question)

Thank you