Telehealth enhances self care and independence in people with long term conditions

The increasing ageing population means nurses need to find innovative ways to manage long term conditions. A pilot site found telehealth has many benefits.
Clinicians
In Cornwall, we decided that patients who were known to the community matron and specialist nursing services would be monitored by them.

It quickly became clear that many patients who had been identified as suitable for the trial were not known to these services, so we put in place a small team of telehealth nurses and patient support assistants to monitor them. This team also provides cover for the community matrons and specialist nurses in their absence.

Training is offered on a one to one basis for all clinicians, with extra training and telephone support available as they become more familiar with the system.

Initially, clinicians had concerns about using telehealth such as: the time involved in monitoring patients; possible problems using the technology; patients' ability to manage the equipment; and whether it would lead to increased patient contact and workload.

However, our experience has been extremely positive. Community matrons and specialist nurses have found that they can monitor patients from any NHS setting so can be flexible with this. They appreciate the backup from the telehealth nurses who cover their absence and support them as needed.

We involved clinicians in testing the equipment and chose a user friendly system. We produce regular newsletters and bulletins to keep them informed and ensure that any individual concerns are addressed in a timely way.

Concerns about workload and patient issues have not proved to be founded to date. Community matrons have reported that using telehealth has increased capacity, in that they can monitor appropriate patients remotely so free up capacity to visit those who are more acutely unwell. This is extremely valuable given Cornwall’s rural nature.

Clinicians also report that they value the ability to use biometric readings to monitor trends and to spot early signs of deterioration in patients’ conditions. This has provided a new way to manage exacerbations which may previously have led to hospital admissions.

Most importantly, clinicians have highlighted how using telehealth enhances selfcare and patient independence. One said:

“I get to know patterns with patients’ biometrics which often signify an exacerbation. It backs up phone triage with objective information.”

CASE STUDY: “I AM NOW ABLE TO VISIT FAMILY”

Eddie Beardsmore (his real name, used with his permission) has COPD, which had placed severe restrictions on his life.

“At one point, I was unable to venture out of the house for 112 days – I counted them!” he recalled. His condition had made him feel both anxious and lacking in confidence.

In 2008, he was admitted to hospital several times and visited his GP regularly. This culminated in a lengthy stay in hospital at the start of 2009.

In February 2009, Mr Beardsmore agreed to take part in the trial. He had equipment installed at home to monitor oxygen levels and blood pressure, which were then monitored each day by his community matron. The monitoring device also asked a series of questions about his health and symptoms, and the answers were fed back to the community matron.

In a matter of weeks, he started to notice a difference.

“That on this programme has allowed me to control my condition, rather than it controlling me,” he said. “By looking at my oxygen levels, I can see when I am likely to have a potentially bad or good day. I know when I should be using my oxygen or when I need to start taking medication.”

It has given me confidence knowing that I can go outside. I am able to visit family and this has a really positive impact on my life. It is the best I have felt in the last two years.”

Mr Beardsmore has received tremendous support from his community matron and GP practice in Looe in Cornwall. Since being on the programme, he has not had to visit his GP or go into hospital and has gone from seeing his matron every week to seeing her once a month.

Patient experience
So far, we have focused on understanding patients’ experiences of using telehealth and its impact on quality of life. We have encouraged regular feedback in all contacts with patients, produced a regular newsletter and set up user groups to provide an ongoing forum for support and information.

The majority of feedback, collected mainly through telephone conversations, has focused on patients’ experience of using the equipment, the monitoring process and what it has meant to patients themselves.

We are planning to use Experience Based Design (NHS Institute for Innovation and Improvement, 2010) methodology to obtain more patient stories.

The main themes from patient feedback were:

● Being able to manage their condition better as they can see their own readings and relate it to how they are feeling;
● Promoting independence and peace of mind as their health is being monitored;
● Feeling empowered to manage their condition;
● A belief that telehealth has contributed to earlier diagnosis, treatment and improved management;
● A feeling for some that it is stopping them from going into hospital.

The case study above demonstrates the positive impact of telehealth.

NEXT STEPS
The programme is extremely important to Cornwall and the Isles of Scilly due to its geography and demographics. As a result of our success in recruiting people to the trial, after further discussion with the DH, we were able to extend the programme’s scope and work is under way to accept further participants.

The telehealth service has become part of mainstream community health services and is available to people who were not taking part in the trial and those with other long term conditions. In addition to people with diabetes, COPD and heart failure, there will be a focus on those at risk of falls and stroke, as well as those admitted repeatedly with urininary tract infections.

CONCLUSION
Telehealth is key to our plans to maximise the productivity of community services and improve the experience and independence of people with long term conditions. It forms a key part of our Transforming Community Services programme and self care strategy.

We believe this is just the start of how we can use this technology to improve patient care. While we cannot pre-empt the trial results, we are extremely positive about the benefits of telehealth for both patients and healthcare professionals.

REFERENCES