Telemedicine and Bringing Health Care Closer To Home
Highlighting a Community-Based Approach

Telemedicine Services, a part of Rideau Community Health Services

Telemedicine...making healthcare connections.
Faculty/Presenter Disclosure

Faculty:
Andrea Monette RN, Clinical Telemedicine Coordinator
and
Angela Moore RPN, Clinical Telemedicine Coordinator, also offering Complex Client Care Coordination in partnership with the Rideau Tay Health Link

Relationships with commercial interests:
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Other: RCHS Telemedicine Services are funded by the South East LHIN and work in collaboration with the Ontario Telemedicine Network to access virtual health care.

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Learning objectives for session

• Highlight the various uses of Telemedicine technology within community based health services
• Consider collaborative approaches with other health organizations to increase reach of Telemedicine service delivery
• Gain insight from personal stories from clients, HCP’s, Telemedicine Nurses who use Telemedicine regularly for health care access
• Allow for creative thinking in order to take back opportunities to use Telemedicine technology within current or new service delivery within your own organization
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TIME TO THINK...

OUTSIDE OF THE BOX

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Client A-Chronic Complex Client

- 43 y.o. male living with Systemic Lupus, COPD, kidney disease (recurrent kidney stones with sepsis x 3), Anxiety, Depression, Fractured hip Aug 2016 (healed), Fractured Rt wrist (healed) sustained on the day of release from hospital from having renal surgery to remove calcified stents. Smokes approx. 25 cigarettes per day.
- Receives ODSP benefits
- Lives with mom and dad in a rural and fairly isolated area, 100 km from his urban specialists. Parents are his caregivers and are in their 60’s, dad still works full time but has his own health issues. No work=no pay. Mom receives ODSP. Family is having difficulty managing financially-in arrears with Hydro as well as some other household bills.
- No internet access (unable to afford)
Client A continued -

- Client fearful of more falls on return home and has limited his movement inside the home. Sits in lazy boy in front of TV and mom caters to clients needs which further limits his mobilization opportunities. Has 4 wheel walker.
- Client is now so physically deconditioned, he cannot leave his home and return under his own physical power. Requires EMS transfer from home to vehicle and back again.
- Had not seen his family physician in many months d/t travel barrier. Family physician will not visit his clients in their home.
- Sees multiple specialties: Rheumatology, Nephrology, Urology, Orthopedic Surgeon. Has Health Link Care Coordinator as well as a Care Coordinator with community services (former SE CCAC), visit nurse 3 times weekly, physio and social worker have been deployed.
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How can we help make an impact for this client using Telemedicine?

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What have we actually done for Client A?

- Connected with his rheumatologist for follow up appointments via Telemedicine
- Communicated with Nephrology who refused to see client via Telemedicine although did refer client back to a local urologist for removal of his newest ureteral stents to be completed locally.
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• Communicated and collaborated with client’s family physician who was agreeable to see his client using Telemedicine technology. Using the support of a TM Nurse at PCP office while another TM Nurse took a portable internet rocket, laptop with videoconferencing capabilities and digital stethoscope to clients home, the family physician was able to complete a 1 hour appt with client and family via videoconference. All assessments needed could be completed with the assistance of the nurses and no need for EMS transfer x 2 for 1 trip to his family doctor.

• PCP was able to reinforce consistent health messaging along with allied health providers and encouragement to improve his physical strength.

• Improved communication between CCAC, specialists, PCP and HLCC to meet the client’s needs avoiding duplication of services.
Client B-Acute Client

- 81 year old male living at home with wife in small community. 100km (one way) drive to urban health care center. Client no longer drives due to sciatic nerve compression of L leg.
- Daughter full time care giver to both parents.
- Patient developed pulmonary embolism in February and was hospitalized 100km away from home. FU arranged thru family physician post hospital discharge to be seen at Thrombosis clinic at another urban center.
How can we help make an impact for this client using Telemedicine?

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What have we actually done?

- Telemedicine appointment arranged thru referral process to Thrombosis clinic. Telemedicine Nurse worked in collaboration with urban center to provide clinical support for this appointment within his own community. **Outcome-No drive and daughter able to attend appointment with father.**

- **Health Care navigation piece** - Patient and daughter present to Thrombosis appointment. Patient now 10 days post op from back surgery. Has an arranged FU appointment in urban center for suture removal, wound check and FU. **Daughter wonders if appointment could be arranged via Telemedicine?**
TMC contacts urban center Telemedicine team about the possibility of the surgeon agreeing to have FU appointment over Telemedicine? Surgeon agrees and appointment is arranged over Telemedicine the same day as the face to face FU was arranged.

Outcome - Full nursing assessment completed day of appointment. AMD camera utilized so that surgeon had a visual of incision (BTW Patient had no sutures or staples...) Surgeon able to complete post op assessment of Patient with Clinical Nurse supporting at patient end. Total time of appointment 15 min. Daughter and Patient pleased that they did not have the 100km drive into the city during rush hour.
Every Health Centre has capacity issues, whether it be space issues or most often, staffing/resource issues and would love to be able to offer their clients more resources.

How can you possibly add more programs/services without adding a ton more of expensive resources?

Time to brainstorm!

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Questions?

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