

Integration of the Virtual Consultant Model in a Hospice setting

BACKGROUND

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The recruitment of senior doctors in palliative medicine remains challenging, particularly in remote and rural areas¹. A sustainable model facilitating expert support and guidance was sourced via telehealth; healthcare professionals communicating clinical information remotely via selected platforms².

BOARD ROUNDS

PALLIATIVE

CARE

CONSULTANT

ACCESS

HOC



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hospice with excellent reputation WLTM professional doctor with GSOH * for LTR, pm me! *Good Sense Of Hospice

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AIMS

The integration of a virtual consultant service into our hospice multidisciplinary team to provide senior medical support remotely, enabling our hospice beds to remain open.



METHODS

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Using quality improvement principles, careful consideration of clinical governance and consultation at senior management level, the model was trialled with twice weekly multidisciplinary meetings using videoconferencing software and out of hours telephone support.

RESULTS

The model took time to embed with understandable apprehension from the team. Challenges were encountered with our technology and room acoustics. We found the new team moved through the normal stages of forming group dynamics³ but perhaps more slowly than would be the case without the virtual aspect.

Having the same Consultants each week for our meetings, and having a good baseline level of experience within the on-site medical team of Specialty Doctors and Advanced Nurse Practitioners were essential to the progress made. The addition of a routine 'trouble shooting' call from one of our Consultants on a Friday enhanced support going into the weekend. Over the last two years clinical confidence in the model has grown considerably and beds remain open for the local community.

CONCLUSION

- Telehealth is a growing solution to the challenges of modern healthcare⁴.
- Advances have been driven forward by the current Covid-19 pandemic⁵.
- Organisation's infrastructure needs to adapt to provide a progressive approach to the delivery of specialist palliative care⁶.
- More research is needed to support development of evidence-based practice in this area.

REFERENCES

- (1) Dixon J, King D, Matosevic T, Clark M, Knapp M. Equity in the Provision of Palliative Care in the UK: Review of Evidence. Personal Social Services Research Unit: London School of Economics and Political Science [Internet]. 2015. [cited 2022 May 12]. Available from: https://www.mariecurie.org.uk/globalassets/media/documents/policy/campaigns/equity-palliative-care-uk-report-full-lse.pdf
- (2) Hanlon P, Daines L, Campbell C, McKinstry B, Weller D, Pinnock H. Telehealth interventions to support self-management of long-term conditions: a systematic metareview of diabetes, heart failure, asthma, chronic obstructive pulmonary disease, and cancer. J Med Internet Res. 2017;19(5):e172. DOI: 10.2196/jmir.6688.
- (3) Tuckman B. Developmental sequence in small groups. Psychological Bulletin. 1965;65(6): 384 399. https://doi.org/10.1037/h0022100
- (4) Asprec L. Blinderman C, Berlin A, Callahan M, Widera E et al. 2021. Virtual Interinstitutional Palliative Care during the Covid 19 Pandemic in New York City. Journal of Palliative Medicine 2021; 24(9): 1387 – 1390. Available from: https://doi.org/10.1089/jpm.2021.0208
- (5) Ahmed S, Sanghvi K, Yeo D. Telemedicine Takes Centre Stage During the Covid 19 Pandemic. BMJ Innovations 2020: 6(4): 253 -254. DOI:10.1136/bmjinnov-2020-000440
- (6) Dahlin C, Coyne P, Goldberg J. Palliative Care Leadership. Journal of Palliative Care. 2019;34(1):21-28. DOI:10.1177/0825859718791427

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