# Tele-consultative Service for Renal Palliative Care patients –A pilot study in Queen Elizabeth Hospital

HA convention
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# Background

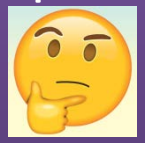
✔In-patient care and consultative service

✔One-stop Renal palliative care out-patient clinic (Dr +nurse + PT+ MSW joint clinic)

✔Nurse led RPC clinic

Non-cancer Renal Palliative care service in QEH

✗ Home care service( Dr or nurse home visit)

How to support frail pts in community? 

✔Hotline service

# Introduction

- A pilot tele-consultative service was launched in QEH starting from October 2014 for patients receiving renal palliative care (RPC)
- A new approach for patient assessment by renal physician via audio-visual tele-communication devices
- Enables renal physician to assess those frail RPC patients who are unable to attend scheduled RPC clinic due to poor general health and limited mobility
- Clinical conditions of patients are assessed via audio-visual tele-applications at home and appropriate treatment can then be provided to optimize symptom control
- We also monitor the treatment progress after medical intervention
- Such practice can reduce patient's need to travel to hospital for clinical consultation and reduce the demand of Non-Emergency Ambulance Transportation (NEAT) services

# Logistics flow of tele-consultative service

**Patient's relatives come back to clinic:**

1. **Borrow tele-device and sign the loan form**
2. **Sign consent for tele-consultative service**

**Patient's relatives pay consultative fee at Account office**

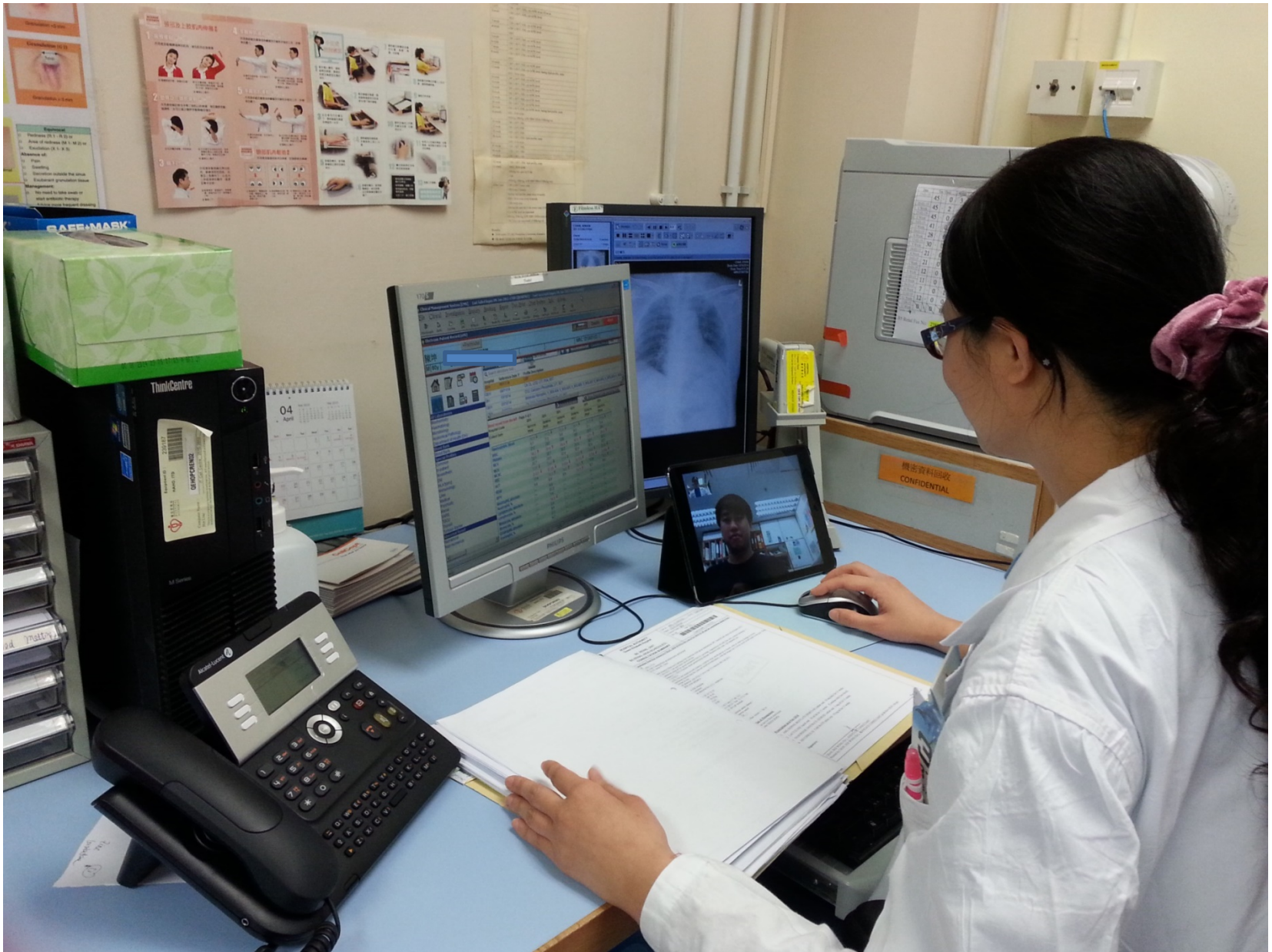
**Patient's relatives inform renal palliative care team via hotline when they arrive home**

**Patient's relatives and renal physician turn on tele-device simultaneously for tele-consultative service**

**Medications titrated according to patient's symptoms and blood results (taken by community nurse service ~1week before follow up)**

**After tele-consultation, patient's relatives return the tele-device to clinic on the same day and collect the prescription sheet together with next follow-up appointment**

# Patient assessment by renal physician via audio-visual tele-communication devices



# Objectives

- The aim of this study is to evaluate the effectiveness of the tele-consultative service:
  - Symptom control
  - Patient management
  - Patients/caregivers satisfaction of the service

# Methodology

- A cross-sectional self-administered 5-scales rating questionnaire survey was conducted

伊利沙伯醫院 - 腎科紓緩治療組「視像診療」服務意見調查

我們誠邀閣下對腎科紓緩治療組之「視像診療」服務給予寶貴意見，本意見書的內容會絕對保密。
請在適當的格內加上✓號。

| | 問題: | 非常不同意 >>> 非常同意 | | | | |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | 「視像診療」可減少體弱病者往返醫院的不便。 | | | | | |
| 2 | 「視像診療」可減輕家屬陪同病者往返醫院的壓力。 | | | | | |
| 3 | 「視像診療」可提升病者的生活質素。 | | | | | |
| 4 | 「視像診療」能有效幫助醫護人員評估病者徵狀。 | | | | | |
| 5 | 「視像診療」能讓醫護人員為病者提供有效的醫療方案。 | | | | | |
| 6 | 「視像診療」能讓病者及家屬清楚及明白醫療方案。 | | | | | |
| 7 | 我對腎科紓緩治療組的服務(態度)滿意。 | | | | | |
| 8 | 我對腎科紓緩治療組之「視像診療」服務(整體)感到滿意。 | | | | | |

其他意見：

_____

日期：_____ □ 病人 □ 家屬

# Results

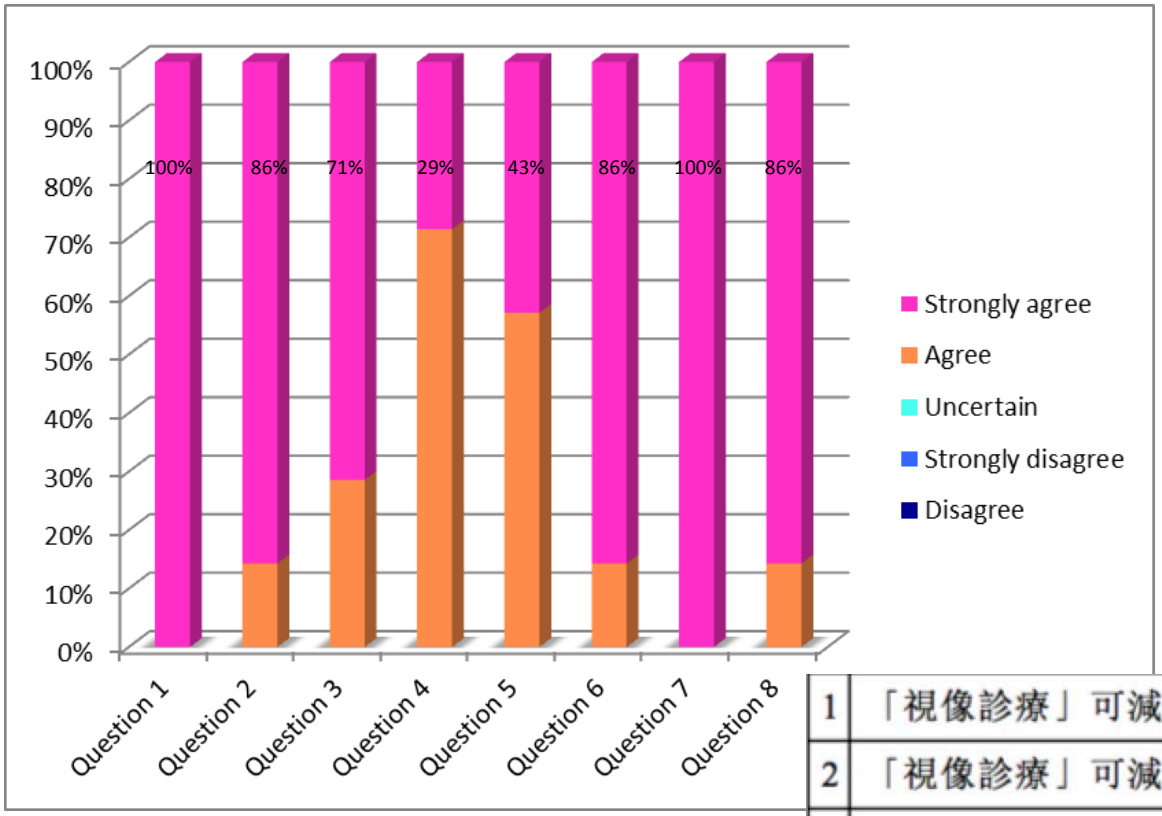
- Total 15 sessions of tele-consultative service for 7 patients was conducted.
- The questionnaire response rate was 100%

Baseline demographic and clinical variables

| Total no. of patient(N) | 7 |
|---|---|
| **Age ( Mean ± SD)** | 83.5 ± 6.9 |
| **Gender** | |
| **Male, N (%)** | 4(57.1) |
| **Female, N (%)** | 3(42.9) |
| **Modified Charlson comorbidity index** | 9.4 ±1.9 |
| **Palliative Performance Scale (%), Median (range)** | 60 (30-70) |
| **Biochemical parameters at First session of tele-consultative service** | |
| **Haemogobulin (g/dL)** | 9.2 ± 1.1 |
| **Urea (mmol/L)** | 27.9 ± 8.9 |
| **Creatinine (µmol/L)** | 536 ± 289 |
| **Estimated Glomerular Filtration Rate (ml/min/1.73m$^2$)** | 10 ± 4.3 |
| **Albumin (g/L)** | 32 ± 5 |

Value expressed as mean ± SD or number (percentages)

# Result of Tele-consultation questionnaire

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# Conclusion

- Tele-consultation offers an innovative and effective care delivery service to support home based patients in the community, particularly those who had difficulty to come back to clinic for follow-up
- It can relieve the stress and contribute to the patients' and families' serenity