

Compassionate Technology: Palliative Care Telemedicine in the Rural Hospital Setting

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Statement of the Problem: Early hospital-based palliative care is associated with significant improvement in patient quality of life and lower hospital costs. Although there is a robust presence of palliative care services in urban centers, there is a substantial disparity of care for seriously ill patients in rural areas.

Background/Literature Review: The medical literature demonstrates that telemedicine has been successful in the hospital setting for treatment of disease and in the home setting for palliative care. There is currently no available literature describing the use of telemedicine to address inpatient palliative care at rural hospitals.

Purpose: The purpose of the program is to determine the feasibility of utilizing telemedicine with palliative care services for adult inpatients at a rural community hospital.

Methods/Measures: An interdisciplinary team was formed at Valley View Hospital consisting of local providers, social workers, chaplains, and physicians from the University of Colorado Anschutz Medical Campus via teleconferencing. Palliative care consultations were performed with adult inpatients, and encounter notes were generated and distributed to the patient's medical team. At subsequent visits, the patients were asked about the perceived value of the service and acceptability of the teleconferencing component.

Findings/Results: The program launched in January 2018, and 19 patients were seen in the initial 4 months of the service. 95% of patients tolerated teleconferencing well and reported satisfaction with the service. 30 patients could not be seen due to limited staff and time. Other challenges in the initial phase of the program included technological difficulties and poor patient adherence completing the provided self-reported distress and quality of life tools.

Conclusions/Implications for Practice: Telemedicine may be an option for rural healthcare facilities needing inpatient specialized palliative care services. Key components to program success included concurrent education for involved providers, adequate staffing, and sufficient technological support for telemedicine equipment and software.