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SPECIALIZED CONTINENCE CARE FOR REMOTE/RURAL PATIENTS VIA TELEHEALTH TECHNOLOGY

Hypothesis / aims of study

The aims of this initiative/study were to determine the feasibility of providing specialized continence services to remote/rural patients using telehealth technology thereby expanding the Nurse Continence Advisor (NCA) role beyond traditional methodologies and providing increased access for remote/rural patients.
This initiative aims to decrease patient wait time, reduce patient travel costs for initial assessments and follow up visits, as well as educate health care providers thereby building remote/rural capacity for rural health care providers.

Study design, materials and methods

The project was initiated in June of 2005 and completed in August of 2007.
A total of 440 individual telehealth patient visits were completed within the project.
Remote patients referred to the Urogynecology Clinic for assessment and treatment were offered an initial contact via a telehealth session with the NCA.

The telehealth session was booked and an information booklet with continence diaries and validated health surveys (IIQ & UDQ) were mailed to the patient. These forms were to be completed and faxed back to the clinic.
For this initiative the patient was evaluated at baseline and final visit.
At the telehealth session the NCA completed a continence assessment (reviewed the diary and history), provided information and recommendations to the patient and a note sent back to the referring physician.
Based on the assessment and in collaboration with the patient, strategies for care were planned and a follow up appointment was arranged.
Continence education group sessions were also offered via telehealth for the public and for health care providers.
Five group multi-centred telehealth patient education sessions were completed as well as 24 physician/health care professional multi-centred telehealth education sessions.
Telehealth ad-hoc sessions were offered for individual health care providers in order to answer questions or demonstrate techniques.
Patients and health care providers were asked to complete evaluations following these sessions.
The evaluations addressed questions regarding the implementation and impact of telehealth from the perspective of: acceptability, appropriateness, effectiveness, efficiency and timeliness.

Results

Each patient/participant completed an evaluation form.
Using validated clinical questionnaires as well as subjective patient report the patients were evaluated to detect change in their presenting complaint.
Greater than 90% reported improvement in their continence status.
These evaluations were compiled and a greater than 80% satisfaction was consistently reported.
95% of patients reported satisfaction with their session and 100% reported that telehealth was an acceptable way to deliver continence health services.
92% of patients felt that telehealth allowed them to see a specialist in Urogynecology sooner and the NCA and the attending Urogynecologists agreed that telehealth facilitated quicker access to continence services.

Interpretation of results

Telehealth was found to reduce travel time and expenses for the patients with 2 patients reporting that they would not have been able to access services at all without telehealth technology.
Through use of telehealth technologies, a Urogynecology program/Nurse Continence Advisor program can provide effective and timely access to individualized continence care for remote patients with continence issues, saving the patient money and time as well as reducing the impact on the environment.

Concluding message

The NCA role can be expanded to provide successful specialized individualized continence care via use of telehealth technology.
This initiative has resulted in all health care providers in the Urogynecology Clinic utilizing telehealth as a means to assess, recommend treatment and follow up remote/rural patients.
Continence education can be effectively provided to patients, carers and health care providers via telehealth technology.

Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Method of delivering standard therapy to clinic population was the topic of this study. **Helsinki:** Yes **Informed Consent:** Yes