

Telemonitoring: Staff Adoption in RDASH



- Previously Telemonitoring equipment was monitored by community nursing teams and a GP practice in Doncaster. Engagement was limited to a small number of teams. On investigation the following issues were found:
 - It was time consuming for clinicians to operate the monitoring system, fault triage and clinical triage
 - Continual training was required as staff changed and the Telemonitoring systems were updated
 - Risk: Clinicians were averse to using it as they felt they would be liable for patient alerts. Those that did use Telemonitoring found an increase in visits to patients ‘just in case’

- Continued.....
 - Equipment was limited in functionality and faults were common
 - The Telemonitoring system was not interoperable with TPP so inputting notes was duplicated
 - Patients were becoming reliant on the clinician monitoring them and were waiting for a phone call in response to the readings they were taking rather than self managing
 - There was a general negative attitude towards the concept of Telehealth based on the previous experience of using the initial kits
 - Some teams would not even enter into discussion with me

- How were we to take Telemonitoring forward in Doncaster?
- Clinical Engagement
 - Employ a clinician/ Telehealth champion to develop the service and pathways
 - Approach the clinical teams with an open mind and allow them to discuss their service issues, capacity and problem areas before approaching the Telehealth subject
 - Clearly promote the benefits of Telehealth but also highlight its limitations
 - Involve the clinical teams in the process and allow them to put forward ideas
 - Remove the monitoring and triage from the clinical teams and only deliver relevant information to them via TPP

- Policy

- Develop an implementation group including all levels of staff from business manager to health care assistants
- Get to know the teams and services before introducing Telehealth
- Ensure development of the patient electronic record (TPP) to be able to refer, record data, actions and outcomes. This would be the form of communication used between Telehealth nurse and clinician so utilise this
- A clear consent form for patients once services are engaged
- Ensure a pathway is drawn up and have Telehealth options added to initial assessment forms as a reminder
- Embed Telehealth into all pathways rather than a sit it as a separate service
- Have a clear idea of how funding can be established . Consider alternative funding sources
- Having a central hub of staff limits training requirements and monitoring can be done in a more efficient way. Reduces risk

Final Thoughts

- Start small! Do not fall in to the trap of trying to hit big numbers without establishing solid foundations
- Nurture staff who are engaged and allow ‘out of the box’ thinking
- DO NOT TAKE A PURCHASED SYSTEM TO A TEAM WITHOUT ENGAGING THEM FIRST!
- Always remember, there is a patient on the other end of a monitoring system