
Allied Health TeleBurns Service

Initiative Type

Model of Care

Status

Close

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Summary

The Royal Brisbane and Women's Hospital's (RBWH) Allied Health TeleBurns Service was implemented as an alternative model of care for individuals with burn injuries to receive specialist care either closer to home or their nearest healthcare facility.

Key dates

Apr 2019

Dec 2020

Implementation sites

RBWH is the main site and 40 other sites across 15 HHSs

Partnerships

Australian Centre for Health Services Innovation

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Aim

To evaluate the implementation of the RBWH Allied Health TeleBurns Service as an alternative method of service delivery to prevent patients having to travel to access equivalent in-person services.

Benefits

Benefits include improved patient outcomes, upskilling opportunities for regional clinicians, and cost savings for patients and the health service. Patient benefits:

- psychosocial benefits: less time away from family and social supports
- financial benefits: avoided time away from work; travel costs (even with Patient Travel Subsidy Scheme reimbursement, additional out of pocket costs are incurred e.g., airport transfers / parking costs / meals and incidentals)
- continuity of care: being linked in with local clinicians to be able to access more timely care closer to home
- equity of access for patients to specialist services irrespective of geographical location
- increased choice for patients in how they receive their follow up care.

Clinician benefits:

- upskilling opportunities for regional clinicians in the management of patients post burn injury
- improved communication and partnerships between Queensland Health clinicians working in metropolitan and regional areas.

Health Service Benefits:

- reduced Patient Travel Subsidy Scheme (PTSS) expenditure.
- improved clinician capacity rurally - increasing sustainability of services throughout Queensland.
- improved retention of clinicians in regional areas “ through opportunities for training and exposure to specialized clinical services
- improved efficiency of services - making it easier for patients to receive their post burn clinical services; less likelihood of patients not completing their recommended post burn follow up care, thereby reducing the likelihood of future healthcare utilisation due to complications such as timely post burn occupational therapy and physiotherapy reducing the likelihood of developing post burn contractures that require surgical reconstruction
- leveraging digital technology advances in health care
- results from this service implementation may support the implementation of telehealth models of care for other clinical services.

Background

The long distances that burns patients have to travel to receive timely care has been a challenge to Queensland Health.

Solutions Implemented

The RBWH Allied Health led TeleBurns Service was implemented as an innovative approach to overcome the tyranny of distance and improve patient outcomes for burn survivors. As Queensland's quaternary burns service, RBWH provides a state-wide specialist burns service to over 1,000 individuals every year, many of whom reside outside the Metro North catchment. Historically, patients from throughout Queensland, Northern New South Wales, and the Pacific Islands were required to travel to Brisbane to receive ongoing outpatient Allied Health care for up to two years following their burn injury. Patient travel costs are subsidised through the Patient Travel Subsidy Scheme at an annual cost to Queensland Health of over \$400,000. However, despite this subsidy, one third of patients ceased attending their recommended in person appointments, citing reasons such as travel distance, time away from work and other financial impacts.

Telehealth presented an opportunity to mitigate many of the challenges in accessing these services. Through the Metro North HHS and AusHSI Graduate Certificate in Health Science, implementation science principles were used to establish and evaluate an alternative model of care to provide these appointments via telehealth directly into the patient's home or into their nearest healthcare facility.

Evaluation and Results

A multi-methods approach, embedded within the RE-AIM framework, was undertaken for all patients referred to the service between April 2019 to December 2020. Of the 318 referrals to the service, 623 consults were attended by 201 unique patients. Most consults (72%) were directly into the patient's home, while 40 Queensland Health facilities (across all 15 'HHSs) were involved in supporting inter-facility appointments. Delivery of the service cost an average of \$437 per appointment.

An estimated patient travel distance of 522,197km was avoided, equating to a saving of \$147,097 in subsidised travel expenses and \$74,387 in estimated out of pocket expenses. This translated to an average of \$1,101 in travel expenses avoided per patient. There were no adverse events or clinical safety incidents.

Only 6.8% of all consults had major technical issues. High levels of satisfaction were reported by both patients and clinicians.

Lessons Learnt

- the value of using an implementation science framework: Consolidated Framework for

Implementation Research (CFIR) and RE-AIM framework.

- the importance of measuring cost effectiveness based on multiple perspectives - we considered the health service perspective, the patient perspective, and societal perspective.
- the value of engaging stakeholders early and throughout all stages of the project and establishing strong stakeholder partnerships. We engaged our consumers at all stages in our project and partnered with Queensland Health clinicians through pre-implementation surveys and during the implementation through post-consultation surveys.

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