Fitting the pieces together B U R N S

Using telehealth to support therapy provision to children in regional Victoria with hand burns.

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Introduction

At the Royal Children's Hospital (RCH), Melbourne, the role of Occupational Therapy (OT) is to provide intervention to children with hand and wrist burns from across all of Victoria, and some parts of Tasmania and southern NSW. Initial contact occurs within a tertiary multidisciplinary clinic, however post the acute burn phase, ongoing intervention may occur in the OT department outpatient setting.

In 2016, a third (34%) of children who presented to RCH with a new hand or wrist burn were from regional or rural areas. Ongoing intervention at RCH, rather than with local service providers involves families travelling long distances with associated time, costs and interruption to family routines.

Aims

In 2017, children with a hand or wrist burn from regional/rural areas will have increased provision of interventions involving their regional/rural therapist via use of Telehealth mediated assistance, reducing the distance, time and costs for families.

Methodology

- To determine suitable participants, children from regional/rural areas attending Burns Clinic and only requiring Occupational Therapy follow-up were identified
- The availability of local therapy services was investigated. This was followed with a referral for ongoing intervention. Support for the face to face review was provided by the RCH Occupational Therapist via Assisted Telehealth
- For children without local therapy service providers deemed clinically suitable, an un-assisted Telehealth was offered
- Family and therapist feedback surveys were requested following Telehealth consult.

Results

Between May and October 2017, out of 10 eligible and clinically suitable encounters, two assisted telehealth and two un-assisted telehealth consultations were successfully completed. One family did not attend, and five telehealth sessions were declined. While this represents small numbers in relation to children attending the RCH for follow-up, considerable savings are noted in travel time and kilometres (Table 1).

Table 1 - Telehealth outcomes May - October 2017

	Travel Time Saved (hr:min)	Kms Saved
Assisted Telehealth 1	4:32	417
Assisted Telehealth 2	2:43	234
Un-assisted Telehealth 1	8:53	708
Un-assisted Telehealth 2	5:16	436
Total	**20.44**	**1795**

Feedback

Online Lime Surveys were completed by both therapists following the Telehealth consults. Unfortunately no parent responses were received via the standard survey through the Health Direct telehealth platform. Several benefits and challenges were highlighted from the small data set (Table 2).

Table 2 – Telehealth benefits and challenges

Benefits	Challenges

• Local therapists report feeling well supported
• Telehealth demonstrated to families that services were working together for their child
• Enabled real-time communication and co-treating across vast distances
	• Requirement for essential technology
	• Technical issues
	  ○ Picture quality
	  ○ Call being disrupted
	  ○ Slow internet connection

Clinical Implications

Increasing the provision of Occupational Therapy services to children with hand burns from regional / rural areas using Telehealth mediated assistance reduces the burden of travel and disruption to daily routine to families. It also aims to support local therapists to develop skills in managing paediatric hand burns and to increase the efficiency of RCH Occupational Therapy services.

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