

## Experiences of Engaging in Burn Rehabilitation via Telehealth in a Rural Setting

Annette Lakeland<sup>1</sup> and David Rappoport<sup>1</sup> 1. Tasmanian Health Service – North West, Burnie, Tasmania, Australia.

### Introduction:

The use of teleconferencing to deliver healthcare is becoming increasingly common (Wilson & Maeder 2015), however there is limited research on the use of telehealth for burn scar management.

The Tasmanian Burns Unit provides a telehealth scar management clinic to patients at a rural hospital in North West Tasmania (North West Regional Hospital), which minimizes travel for patients whilst still providing access to specialist care.

### Aim:

The aim of the study was to identify the benefits and any challenges of using telehealth for burn scar management from a patient/carer and staff perspective in a rural setting.

### Method:

**This study used a mixed method design.**

Participants were included in the study if they:

- Currently attend the burns telehealth clinic at North West Regional Hospital
- Were aged 18 years or older

Data were gathered via:

1. Survey of patients and/or their carers
2. Survey of therapists involved in the burns telehealth clinic

Data were analysed using descriptive statistics and thematic coding.

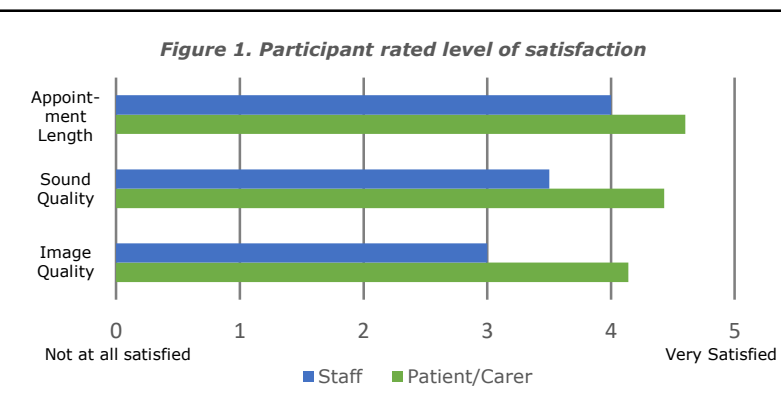
### Results:

There were nine participants included in the study:

- 78% patients/carers
- 22% staff

All patients/carers indicated a preference to attend the telehealth clinic at North West Regional Hospital rather than a face to face appointment at primary site due to proximity to home. One hundred percent of participants indicated they would reattend the clinic, with the most common barrier to attendance being 'getting time off work'.

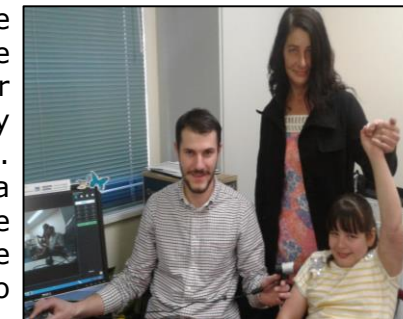
Staff identified 'image quality of scars' as the primary challenge to the telehealth clinic. The following themes emerged regarding benefits: reduced travel for patients and access to specialists. Attendance rates vary with an average fail to attend rate of 23%.



### Discussion:

The identified benefits of using telehealth were reduced patient travel time and access to specialists.

The primary challenge identified was image quality of scars however this can be enhanced by better hardware (e.g. camera). Having a therapist present at the rural site to describe the scar/s can also assist to address this issue.



### Conclusion:

Overall, telehealth is a successful way to facilitate a burns scar management service in a rural area. Quality of software and hardware must be considered when implementing this type of service. To improve the telehealth experience at North West Regional Hospital, a new camera is currently being trialled.

### References:

Wilson, LS & Maeder, AJ 2015, 'Recent Directions in Telemedicine: Review of Trends in Research and Practice,' *Healthcare Informatics Research*, vol. 21, no. 4, pp. 213-222.



Further information is available from:  
[annette.lakeland@ths.tas.gov.au](mailto:annette.lakeland@ths.tas.gov.au)