VIDEO TELEROUNDING TO IMPROVE CARDIAC PATIENT SATISFACTION AND TO EXPEDITE DISCHARGE

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BACKGROUND
• Patients nearing hospital discharge, want to be informed and plan when they can go home
• Delays in hospital discharge are frequent and frustrate patients, families, and clinicians
• The value of Telehealth has unlimited possibilities within the healthcare industry to impact care
• Inconsistencies and barriers for a timely cardiologist discharge visit occur often due to multiple, competing priorities- resulting in discharge delays; dissatisfaction of patients, families and clinicians, and add to inefficiencies, creating increased costs
• Time to discharge in the hospital setting may be expedited using Telerounding- real-time videoconferencing for remote, collaborative bedside nurse/physician/patient rounds

STUDY AIM
This study will test an innovative, robotic, telehealth videoconferencing discharge process- called Telerounding to:
• measure patient satisfaction with discharge and telerounding
• evaluate discharge efficiency for post-procedure cardiac telemetry patients

METHODOLOGY
This quasi-experimental study will enroll 36 eligible adult hospitalized cardiac procedural patients to the intervention group with an expected 1-2 day LOS

INTERVENTION GROUP:
• Will receive Telerounding- remote, virtual discharge rounds are between 0730 – 0800 (approximately 5 minutes each)
• Discharge Satisfaction Survey- which includes a Telerounding Survey, to be given prior to discharge
• EHR discharge time measures will be collected
• Phone survey 2 weeks post-discharge regarding any unplanned medical consultations once home

CONTROL GROUP: all eligible patients- from the same two cardiologists for 3 months prior to study, are invited to participate; retrospective Discharge Satisfaction Surveys and EHR discharge time measures will be completed

LITERATURE REVIEW
• Application of telehealth technologies have the ability to effectively automate processes, facilitate care coordination, decrease costs, and connect healthcare providers in a seamless manner
• This research is influenced by a study from Ellison and colleagues (2004), which used Telerounding for post-procedure laparoscopic urology patient rounds. Results showed telerounding beneficially affected patient ratings for examination thoroughness, quality of medical care discussions, post-op care coordination, and perception of physician availability, after adjustments for differences in age and pain
• A gap in the literature exists for use of this innovative technology for Telerounding to expedite discharge

STUDY IMPLICATIONS
• This study will explore discharge satisfaction with use of telerounding, its impact on discharge efficiency, and the acceptance of telerounding by patients and clinicians
• Cost savings may occur from expedited discharge times and improved bed turnover time to facilitate pending transfers from the ED and ICUs

RESULTS
• Results pending

REFERENCES

Special acknowledgements to the University of San Diego and to West Coast University for support of this research study.

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