

TELECONSULTATION AS A NURSING INTERVENTION WITH PEOPLE IN PALLIATIVE SITUATIONS

Inês Filipa Martins Duarte

Nurse Specialist in Medical-Surgical Nursing,
Nurse of the Intra-Hospital Palliative Care
Support Team at: ``Centro Hospitalar
Universitário Lisboa Norte``

Eunice Maria Casimiro dos Santos Sá

Nurse Specialist in Medical-Surgical Nursing,
PhD in Nursing, Professor at: ``Escola
Superior de Enfermagem de Lisboa``

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Abstract: Introduction: Associated with an increasingly aging society with incurable diseases, we are witnessing a paradigm shift in care. The focus became what is important for the patient/family. Teleconsultation is a nursing consultation carried out remotely, using interactive, audiovisual and data communications, recorded on specific equipment and in the patient's clinical file. Objective: Demonstrate the importance of teleconsultation in nursing care for people in palliative situations and their families. Methodology: By design, allowing the development of a manual of good practices with intervention flowcharts and an algorithm for scheduling nursing teleconsultation, with symptomatic assessment of patients and planning of nursing care. The "*Integrated Patient Care Outcome Scale*" (IPO-S) was used to assess patients' symptoms. Reassessment via teleconsultation in 3/4 days if symptoms are uncontrolled, or in 7/8 days if symptoms are controlled. Results and final considerations: IPO-S was applied to all consultations of 4 patients over 6 weeks. There was an improvement in at least one symptom assessed, with other symptoms sometimes becoming uncontrolled. It was possible to coordinate with other professionals when this need was identified. Teleconsultation thus allows an increase in effectiveness due to the "proximity" of contact if any symptoms arise, avoiding trips to the hospital. In palliative care, the use of a platform that allows video conferencing is a resource that facilitates direct, patient-centered communication, between the patient and their family, and healthcare teams. Therefore, it is an added value in the clinical assessment of patients and helps their families.

Keywords: Palliative care. Nursing. Teleconsultation

INTRODUCTION

In Portugal, in recent years, we have witnessed a paradigm shift in caring for people, associated with an increasingly aging society and an increase in the average life expectancy at birth to 80 years, an increase of around 2 years in the last decade. Life expectancy at age 65 was estimated at 19 years, but it is necessary to consider the existence of limitations due to health problems, and the estimated number of years of healthy life at age 65 is 7 years.

This is the challenge to be faced by our institutions, providing more and better care even at a time when it is communicated to the patient "that there is nothing more to do". But there is much more to do! The focus is no longer on the disease, but on what the patient/family considers important and necessary to maintain their life, taking into consideration, the complications inherent to a disease process.

The first definition of Palliative Care appeared in 1990 by the World Health Organization, having been reformulated in 2002, but where the need to alleviate suffering and improve the quality of life of the patient and their family was immediately established, and must be applied as early as possible in the course of a serious and incurable illness, through early identification, adequate assessment and treatment of physical, psycho-social and spiritual problems.

The word palliate originates from the Latin "palliare" which means to cover with a cover, with a cloak, which forms the bridge to protect the patient, to mitigate it and alleviate the suffering felt by them and their family.

Taking into consideration, the genesis of palliative care, it has become essential to monitor people in palliative situations even when they are not in person with health professionals.

This project arises from the difficulty in systematizing patient information, and the

need to collect, analyze and obtain indicators of the results of nursing practice in remote monitoring of people in palliative situations.

The need to develop instruments to improve care practice in this area is recognized.

The lack of a structured and organized telephone consultation can lead to the provision of care without guarantees of quality and efficiency and the failure to identify important needs for the person/family.

There is a clear need for innovation in monitoring patients and families at home. The intervention of the nursing team in remote contact is recognized as it guarantees continuity of care, is a source of emotional support, allows the identification of new needs, which leads to teaching and training of patients and families, allows the clarification of doubts, an assessment of the clinical situation that provides better symptomatic control, through the management of the established therapy. More security and confidence, less anxiety and fear.

This way, the creation of a systematic strategy for remote monitoring of patients in palliative situations and their families was defined as a priority, allowing a holistic assessment, meeting their needs.

THEORETICAL FRAMEWORK

Nursing teleconsultation is a nursing consultation within the scope of telehealth, carried out remotely, using interactive communications, with mandatory registration on the equipment and in the patient's clinical file.

Telehealth involves taking advantage of information and communication technology resources to support health remotely in terms of providing care, organizing services and training professionals and citizens.

The use of telehealth is increasing exponentially in various health services around the world.

The possibility of using a platform that allows videoconferencing is an added value in the clinical assessment of patients and their families in real time, which was often not possible using a telephone.

Therefore, it is clear that teleconsultation allows an increase in clinical effectiveness, savings in terms of monetary costs and a higher quality of care and communication, avoiding travel beyond what is necessary.

Being a resource that facilitates direct and patient-centered communication, between the patient and their family, primary health care and teams specialized in palliative care.

The use of telehealth in Palliative Care is generally well accepted, as it has become the preference of patients and families to remain at home whenever possible. There is an increase in the use of telemedicine in palliative care as it increases efficiency in caring for patients with palliative needs.

The possibility of using video favors non-verbal communication, understanding body language and facial expressions.

The provision of Palliative Care remotely helps people in palliative situations to control symptoms, establish realistic care goals and improve their quality of life. Furthermore, it allows for greater proximity at the end of life, which is sometimes not possible due to the difficulties in transporting fragile patients and the distance they have to travel.

In order to guarantee the provision of holistic and individualized care, always taking into consideration, the best scientific evidence, this project was supported by the Pacific End of Life Theory by Cornelia Ruland and Shirley Moore developed in 1998.

This theory aims to improve quality of life and achieve a peaceful end of life, related to nursing interventions and specific results for this group of patients.

Ruland and Moore's theory is thus supported by five fundamental concepts

- No pain: prevent the patient from experiencing suffering or discomfort, as pain is an unpleasant experience in its entirety;

- Experience comfort: relief from discomfort, relaxation and satisfaction are part of a pleasurable life, providing well-being;

-Dignity and respect: the patient is a being with autonomy and deserves respect, their wishes must be considered, even if they are dependent; transmitting to the patient their own value, which involves being recognized and respected as an equal and not being exposed to something that violates their integrity and values;

- Being at peace: providing greater tranquility in physical, psychological and spiritual aspects; transmit a feeling of calm and harmony, leaving no room for anxiety, nervousness, fear and worries;

- Proximity to important people: allowing the patient at the end of life to have greater proximity to their family, friends and/or people who care for them; feeling of connection with those around you.

Regarding the metaparadigm of nursing practice in this theory:

- Person: unique being, whose events and feelings in the end-of-life process are personal and individual in each living being;

- Nursing: has the role of providing the best possible care to patients at the end of life using technology and well-being measures with the aim of improving quality of life and achieving a peaceful death;

- Health: the search to minimize the pain and discomfort suffered by the patient at the end of life;

- Environment: the space that provides the best state of harmony and tranquility, with family and those close to you.

In this theory, the main focus of nursing

care is not on the imminence of death, but on the possibility of contributing to living peacefully and meaningfully in the time that patients have left. Provides relief from the fears and anxieties of individuals and families.

This project allows the patient to remain at home, close to what is and who is important to them, symptomatically controlled.

OBJECTIVE

Demonstrate the importance of teleconsultation in nursing care for people in palliative situations and their families.

METHODOLOGY

To respond to the identified problem and to acquire skills, the choice fell on the project methodology.

This methodology is reflective and supported by research in a systematic and participatory way, aiming to identify problems and resolve them through practice.

The starting point for project development is then the desire to respond to a specific need or problem.

This project methodology allowed the development of a manual of good practices with intervention flowcharts and an algorithm for scheduling, with the symptomatic assessment of patients and the planning of nursing care.

The Good Practices Manual lists concepts, recommendations and decision-making for the promotion, development and standardization of remote nursing consultations.

Intervention flowcharts were established as a way of guiding nursing practice in both face-to-face consultation and teleconsultation.

And in order to obtain a systematic assessment of the patient's needs, the Integrated Palliative Outcome Scale was selected, already translated and validated for the Portuguese population. This scale allows for an early, preventive and more accurate

assessment of psychological, emotional and spiritual needs, identifying and evaluating physical symptoms.

After symptomatic assessment, nursing intervention, autonomous or interdependent, is always necessary in the identified problems.

The scheduling algorithm was only possible taking into consideration, practical experience, the best available scientific evidence and the use of a symptomatic assessment scale.

Therefore, teleconsultation follow-up is scheduled according to the results obtained in the symptomatic assessment at IPO-S. This scale will be used in all consultations and if there is a lack of symptomatic control, nursing intervention in symptomatic control is promoted and re-evaluation is scheduled after 3/4 days. However, if, on the contrary, the patient is symptomatically controlled, the re-evaluation via teleconsultation will take place after 7/8 days.

RESULTS AND DISCUSSION

It was then possible, over the course of 6 weeks, to monitor 4 patients, in a total of 5 face-to-face consultations and 10 remote consultations.

Two of the patients in the last few weeks of their lives, one patient with uncontrolled pain, requiring hospitalization for symptomatic control after all measures taken remotely, and one patient who was monitored by the Community Support Team of Palliative Care in your area of residence.

All teleconsultations were recorded in the patient's computer file.

In all consultations carried out there was an uncontrolled symptom, and after nursing intervention and resolution of the condition,

a new uncontrolled symptom appeared. It was possible to coordinate with other professionals when this need was identified.

Furthermore, the IPO-S allowed the assessment of other areas, such as dependence for self-care, lack of socio-family support, depression, spirituality, which led to articulation or referral to the remaining multidisciplinary team.

The implementation of this project allowed the systematization and standardization of nursing intervention with regard to teleconsultation.

Thus, the intervention became structured and organized, enabling symptomatic assessment based on a scale that had already been translated and validated. Only this way is it possible to improve the quality of care provided and give adequate visibility to the nursing profession, which, as we have seen, can be practiced in multiple contexts.

This project was just the "lifting of the veil" of an area with infinite potential – the application of technologies to healthcare. And although efforts have begun in this direction, there is still a long way to go, from research, to the creation of tools or even the adaptation of institutions to this type of service, in order to create an alternative to "traditional" care".

Teleconsultation allows increased effectiveness due to the "proximity" of contact if any symptoms arise, avoiding trips to the hospital. In palliative care, the use of a platform that allows video conferencing is a resource that facilitates direct, patient-centered communication, between the patient and their family, and healthcare teams. Therefore, it is an added value in the clinical assessment of patients and helps their families.

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