



15<sup>TH</sup> NATIONAL  
RURAL HEALTH  
CONFERENCE  
*Better together!*

24-27 MARCH 2019  
Hotel Grand Chancellor  
Hobart, Tasmania



NATIONAL RURAL  
HEALTH  
ALLIANCE LTD

## Occupational therapy led paediatric burn telehealth clinic: keeping kids closer to home

**Debra Phillips<sup>1</sup>, Lauren Matheson<sup>1</sup>, Tilley Pain<sup>1</sup>, Gail Kingston<sup>1</sup>**

<sup>1</sup>Townsville Hospital and Health Service, <sup>2</sup>James Cook University

### Introduction

Rural and remote children post burn injury are geographically disadvantaged compared to their regional and metropolitan counterparts in Australia. Studies have shown rural and remote children are more likely to have increased complications following a burn injury thereby increasing the disadvantage. Specialist services for burn management are located in tertiary hospitals and rarely available in rural and remote areas.

Children with deeper burns often require complicated rehabilitation to achieve optimal outcomes. The North Queensland Paediatric Burns Service (NQBPS) at the Townsville Hospital established the Occupational Therapy Led Paediatric Burns Telehealth Clinic (OTPBTC) to reduce rural disadvantage. In our model, the occupational therapist takes on the responsibility of monitoring children undergoing active burn rehabilitation rather than a Paediatric Surgeon. Clinical indicators have been written as part of the new model of care to guide the re-engagement of the surgeon when a review is indicated.

Early indications reveal the OTPBTC model is an effective and efficient method of providing rehabilitation to rural and remote patients post burn injury.

### Aim

The aim of this research is to gain an understanding of the experiences had by families and clinicians utilising the OTPBTC.

### Methods

This qualitative research study has been undertaken with an interpretive phenomenological approach to explore family's and clinician's experience of OTPBTC. Families who had received telehealth reviews were purposefully selected for interview. Rural and remote clinicians involved in telehealth consultations were also interviewed.

### Results

Four major themes were derived through thematic analysis: continuity of care; family centred care; technology; and building of rural capacity.

Continuity of care was a strong theme for both families and clinicians. Family members trusted the advice provided by the OTPBTC and felt they were able to develop rapport during the telehealth sessions. Families and clinicians valued the consistency and commitment of a single expert clinician overseeing the child's rehabilitation. Structured processes when discharging from hospital to home communities and organising follow up appointments were considered important for continuity of care.

Families felt the clinic supports family centred care and prioritises family well-being, collaboration with families regarding their child's rehabilitation journey and clarity in communication.

Reliability of technology was identified as pivotal to the success of care delivery with this service model. Many families and clinicians identified challenges accessing and using telehealth equipment. Another barrier was the reliability of telecommunication connections between the hospital and the family home. Despite technical challenges, families and clinicians identified the benefit of the visual connectivity that telehealth provided in consultations.

Rural clinicians felt the OTPBTC built capacity within their rural and remote settings. The model provided increased scope of service and indirect supervision in a specialist clinical area. Rural clinicians identified the applicability of the model in an adult burn population and other clinical specialties.

## Conclusion

Patient and clinician perspectives obtained from this study confirm the benefits of a telehealth service for rural and remote children post burn injury. The research study also provides feedback regarding opportunities for service enhancement. It demonstrates that this telehealth model provides quality patient centred care and expert clinical advice within local communities. This telehealth model can be translated to other areas of health care and clinical subspecialties across Australia.

## Presenter

**Tilley Pain** is a Principal Research Fellow at Townsville Hospital and Health Service and Adjunct Associate Professor at James Cook University. Her allied health background is in medical laboratory science. Tilley completed a PhD in cardiac physiology followed by a post-doctoral fellowship at the University of South Alabama in the USA. On her return to Australia, she moved from bench research to rural and remote allied health service evaluations with the former Division of General Practice—North and West Queensland Primary Health Care. Since then, she has gained a broad spectrum of research methodology skills and has specialised in health services research and currently works closely with fourteen different allied health disciplines in Townsville to support their research projects. She supervises four higher degree research students from disciplines as diverse as pharmacy, psychology, radiation therapy and occupational therapy. In collaboration with an academic from James Cook University, Tilley has a major research program looking at early intervention strategies for people with mild cognitive impairment to enable them to live independently for longer. She has been successful in obtaining two to three research grants each year from both internal, and external funding sources.