

TECHNOLOGY ENABLED CARE



# Chapter 4: Palliative & Intensive Care

Phase 1 Survey Data from Families & Clinicians

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## Owners & Authors of this Data

### Owners:

This Data Is the Ownership of Technology Enabled Care Cymru and their Funders The Welsh Government.

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### Referencing the Data:

When using the data as a source please reference the Authors and owners of the data appropriately

For example:

e.g., Johns, et al (Dec, 2020) End of Phase 1 'Palliative & Intensive Care. Phase 1 Survey Data Families & Clinicians. The NHS Wales Video Consulting Service, TEC Cymru. Cited at (add the website or other source and date retrieved)

### Contact the Team:

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## Palliative Care & Intensive Care Unit

The evaluation for Palliative Care and Intensive Care Units (ICU) using video consulting (VC) during the COVID-19 period was conducted very briefly due to its sensitive nature. In that, VC was predominately used in these settings for patients admitted to Palliative Care and ICU to make contact with family members and loved ones, or used as an 'end of life' contact.

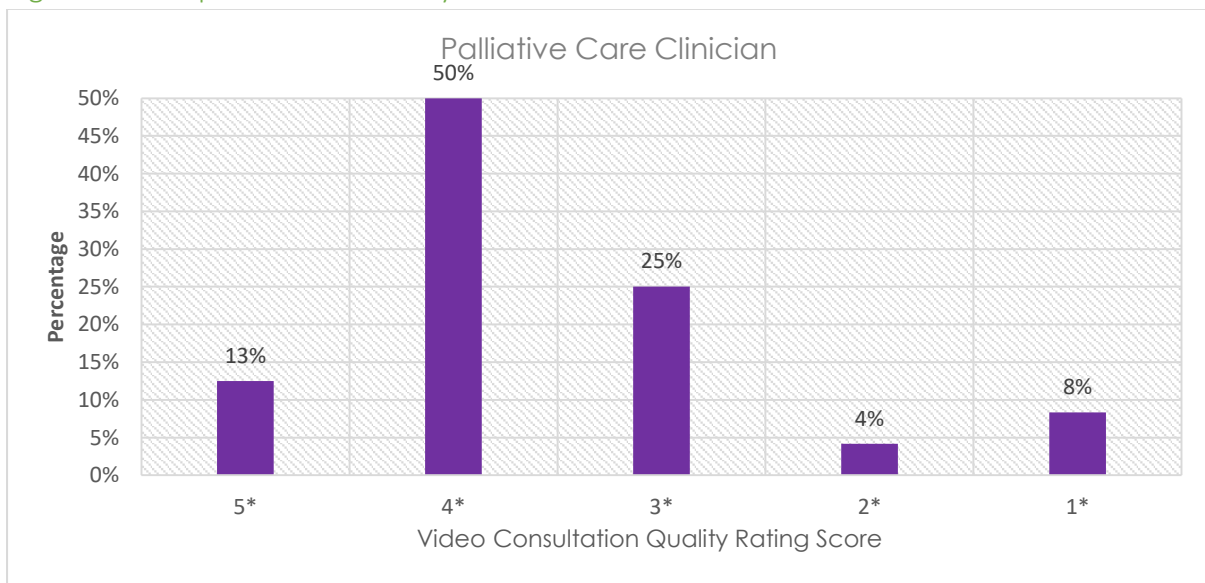
The questions asked in the survey were relating to the 'quality of the VC' and 'any other comments'. The quality rating question asked respondents to rate the quality of the VC training they received. This was answered using a 5-point Likert Scale from 1 (poor) to 5 (excellent). An overview of the 'quality rating' is reported in figures. The second question asked respondents if they had any other comments, and a free-text box was provided. These comments are presented as 'quotes'.

The sample size for these two services was a total of 128 respondents. This included 24 Palliative Care clinicians; 12 Palliative Care family members; 50 ICU clinicians and 42 ICU family members.

### Clinician Perspective: Palliative Care

Figure 1 shows the overall perception of the quality of the video consultation by the clinicians in Palliative Care.

Figure 1. Perceptions of VC Quality - Palliative Care Clinicians



Overall, clinicians portrayed a positive perception of VC, which much like other health care sectors, was attributed to technical fluency. Similarly, any criticisms could be attributed to technical problems, including the technological literacy of the patient.

Comments from the palliative clinicians included:

*“Audio was very good. Enabled me to explore the issues the patient needed to discuss”*

*“[It went] really well”*

*“No technical hitches!!”*

*“I am pleased with this. Will see how further consultations go and feedback any issues I think of”*

*“Picture was good but as a smart phone was being used, the resolution could have been better”*

However, some technological difficulties were reported.

*“Difficult to see skin lesions as resolution not optimal. Otherwise, great!”*

*“No sound at my end. Tried leaving and re-entering the call but still no sound”*

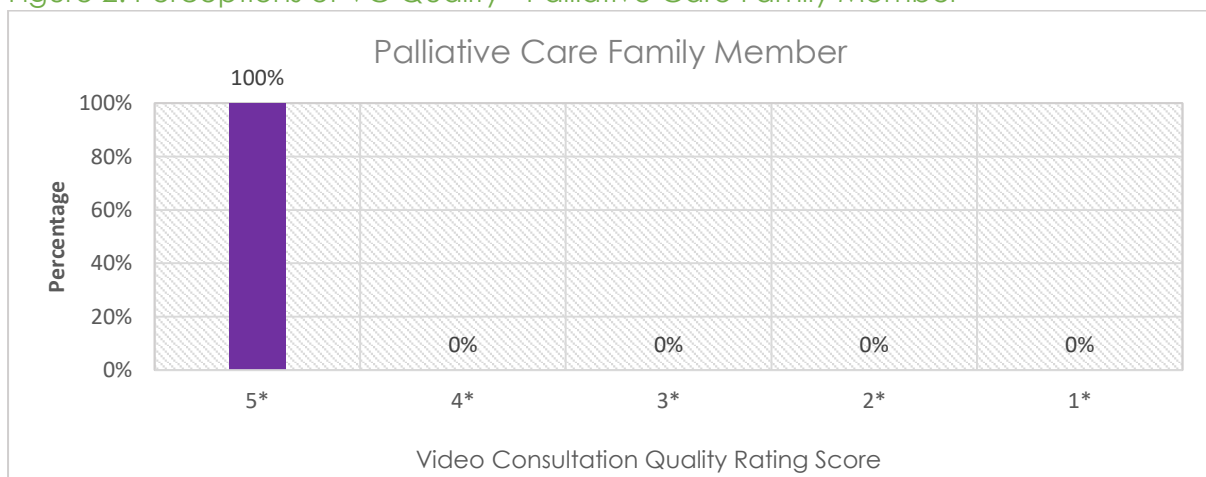
*“Needs better sound quality if noise in the background”*

*“Initial problems for the patient logging on which delayed us by 10 mins. She had logged on, as had I, but she was not showing in my waiting room. She had to start the process from scratch and did then appear in my waiting room”*

### Family Member Perspective: Palliative Care

Figure 1 shows the overall perception of the quality of the video consultation by family members of a patient in Palliative Care.

Figure 2. Perceptions of VC Quality - Palliative Care Family Member



Unlike the clinicians, family members of those in Palliative Care considered VC to be of the highest quality. 100% of the participants rated VC as excellent, which was further supported by their positive comments. The family members considered VC as an appropriate alternative, particularly during the Covid-19 outbreak.

Comments from the family members of a Palliative Care patient included:

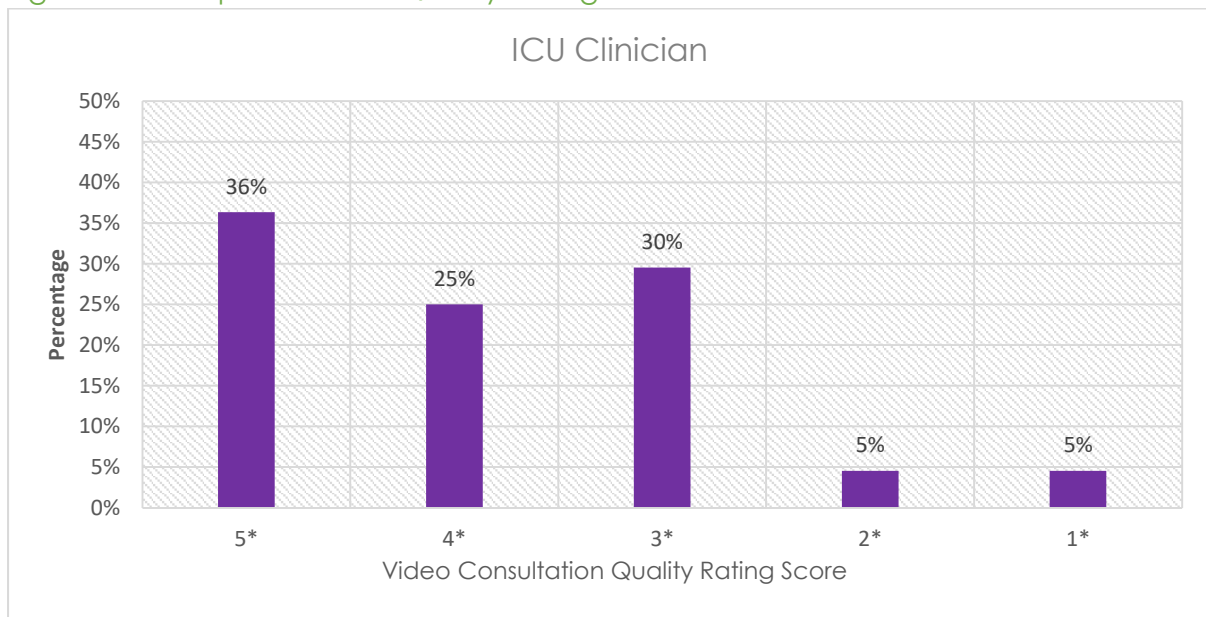
*“This is a really good alternative for appointments which helps me feel safe at this time”*

*“[An] excellent alternative [to a face-to-face conversation]”*

### Clinician Perspective: Intensive Care Unit (ICU)

Figure 1 shows the overall perception of the quality of the video consultation by the clinicians in Intensive Care Units.

Figure 3. Perceptions of VC Quality Rating - ICU Clinicians.



Many clinicians reported to be happy with the overall quality of VC, reporting minimal technical or clinical problems.

Comments from the ICU clinicians included:

*“Fab”*

*“Very clear. No issues. Thank you”*

*“Prompt and excellent service”*

“Very good”

“Easy to use will have to see how it goes in real clinic”

“Very happy with this system so far”

However, there remained some technical problems which were largely unrelated to the digital platform itself and more likely associated with the Wi-Fi connection”

“Unable to get camera to work on laptop”

“Initial problem getting the audio going”

“Lag on video and audio”

“The sound quality is still poor”

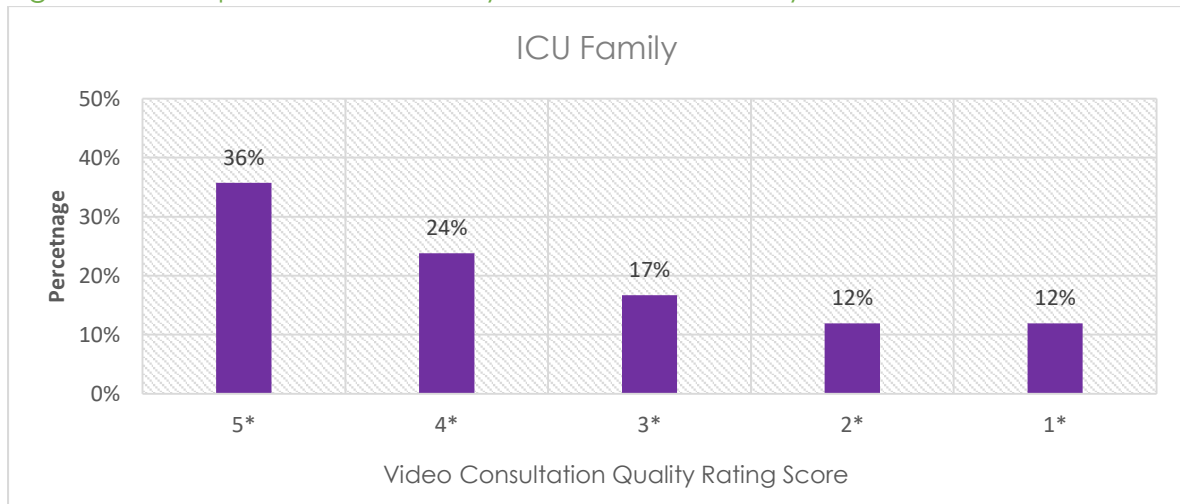
“A bit quiet”

“Trouble with audio”

### Family Members Perspective

Figure 1 shows the overall perception of the quality of the video consultation by family members of a patient in in Intensive Care Units.

Figure 4. Perceptions of VC Quality - ICU Patient's Family Members



Many family members felt as though they were able to seek reassurance via VC. For some, VC enabled them to see their relatives, and for others it meant being able to ask the clinician questions. An emergent theme is that of the COVID-19 pandemic.

Comments from the ICU family members included:

*"Brilliant device to have for every patient to use. Now everyone can stay connected"*

*"Wonderful to see my loved one"*

*"The staff have been amazing on ICU keeping me updated with my husband's progress and care"*

*"Wonderful to talk with my 103 year old Mum. She has been in hospital 6 days, but we have only just been told about this fantastic service. So huge thanks but I would have liked to have known about this service earlier in the week"*

*"Very good system a chance to see loved ones in this strange time"*

*"Nothing to improve, it was brilliant"*

*"Good reception"*

*"I found it very helpful"*

*"We are happy that this system is in place with the situation that is happening right now"*

*"I really enjoyed the video consultation it answered a lot of my questions and made me feel a lot better, Thank You"*

However, some technical issues meant that not all patients were satisfied with the call.

*"Couldn't connect"*

*"No sound"*

*"No volume my end"*

*"Was unable to get any sound from the ITU iPad so was unable to hear what the nurses were saying"*

*"It was difficult to talk as freely as needed due to the chronic time lag"*

## Summary

This chapter shows the overall quality rating of video consultations and narrative quotes provided as 'any other comments' question. For both Palliative Care and Intensive Care Units, family members and clinicians rate is high, with the majority rating it as 'excellent, very good and good'. There are also many reassuring quotes providing some context to how these video consultations are being used in these settings.