

The aim of this pilot project is to explore how video visits can improve patient/ family feeling of connectedness, confidence and reduce anxiety through the use of video visits.
Funded by Cardinal Health.

Use in nursing

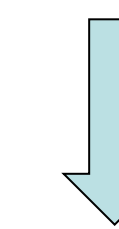
Can't you get here sooner?!
Billy is 10 months old and has an NG tube in for nutrition and medications. His teenage single mum is learning how to replace it her self, and has done a great job 5 times but is nervous to try alone. 9 PM the tube comes out, all triage nurses were out on visits. Mum asked for "just someone to watch". She connected on line we were able to watch with the video visit. Mum did a great job and everyone had a quiet night!



Mum showing how she measured the NGT

Pilot project

- Video visits used by all disciplines as adjunct service
- Family uses own computer and Wi-Fi
- Clinician's work laptop
- Secure website- Vifamilies.com
- Visit acuity equal to in person visit.
- Used for team meetings
- Medical consultations, virtual home visits
- Staff and parent education
- Virtual co visits with new nurses



"Neither rain, nor sleet or dark of night..." or even traffic jams keeps my nurse away!

Use in Complementary Therapies

Jasmine was 6 months old and lived with her family an hour outside of town on little winding side roads. Her neuro-irritability was becoming increasingly distressing. Mom wanted to learn non-pharmacological methods to help her daughter as soon as possible. Time and resources were barriers to getting the massage therapist out to the home, so a video visit was offered for demonstration and education. The therapist used a doll to demonstrate and guide mum as she massaged her baby. Result was a happy mother and baby!



Evaluation:

Measuring Level of Change

"0" no change "10" most change.
% of "10" rating

Patient/ Family

- | | |
|----------------------------------|------|
| 1. Increased connectedness | 100% |
| 2. Increased Confidence | 60% |
| 3. Decreased Situational Anxiety | 100% |
| 4. Over all anxiety reduction | 100% |

Clinicians

- | | |
|------------------------------|------|
| 1.Connectedness | 80% |
| 2. Situational understanding | 100% |
| 3.Replaced home visit | 60% |

Development Process

- 1.Needs assessment "will this help?"
- 2.Support from leadership and clinical staff
- 3.Policies and procedures
- 4."What is in it for you?" education
- 5.Hands on practice
- 6.Ongoing education, practice, encouragement

Lessons Learned

- Change takes time - more changes, more time.
- Support for the change must come from management and "hands on care" staff.
- Audio quality varies- good headphones/speaker help.
- Fear of using it subsides as people use it more.
- Patients and families were quicker to embrace the concept than staff.
- Don't underestimate the resistant emotional response of staff.

Summary: The internet and immediate video connections are common place in today's society, but not so in home care and hospice services. Video visits are a valuable resource for communication, education and support,* Over 80 % of Minnesota's urban population has internet access and a computer.** Video visits allow for non-verbal communication to take place quickly and effectively providing a way to intervene when weather, traffic or staffing issues cause delays. This pilot program explores the effects of providing HIPPA secure real time video connection between staff lap top and patients or families home computer.

* [1](Oliver, D et al 2012)
**<http://www.ruralmn.org>, 2012).