

Telehealth Acceptability for Children, Family, and Rural Hospice Nurses

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Background: Children in rural geographies are not universally able to access pediatric-palliative or hospice providers.

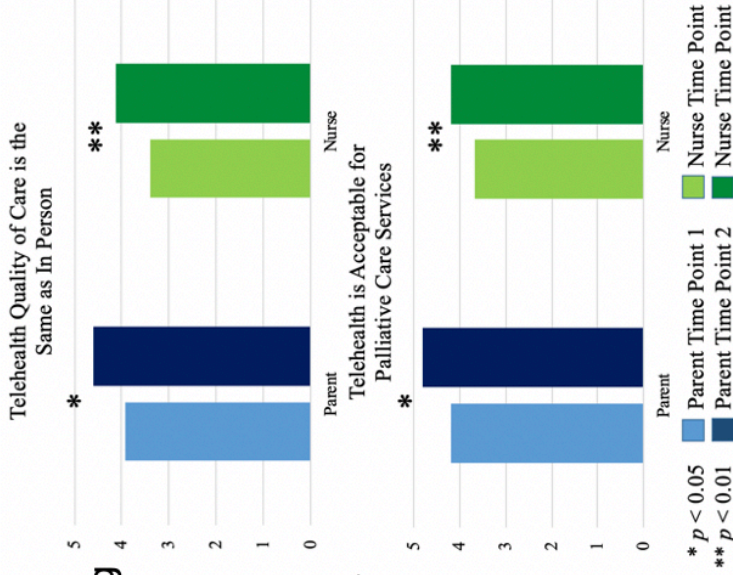
Objective: Determine whether telehealth inclusion of a familiar pediatric palliative care provider during the first two home-based hospice visits was acceptable to children, families, and adult-trained home hospice nurses in rural settings.

Participants: 15 patients age <18 years (mean age 7) enrolling in home hospice in rural region for end-of-life care.

Measurements: The acceptability of telehealth inclusion of a hospital-based pediatric palliative care provider in home hospice visits to the family caregiver and home hospice nurse was measured using the Technology Acceptance Model Questionnaires with the inclusion of the child perspective when possible.

Results: Family caregiver included eleven mothers (73%), two grandmothers (13%), and two fathers (13%). Fifteen nurses from nine hospice agencies participated. Twelve families (80%) included additional relatives by telehealth modality. Home distance averaged 172 miles with mean 8 hours saved by accessing telehealth encounter. Visit content was primarily: caregiver support, quality of life, goals of care, symptom management, and medication review. **Telehealth visits partnered with in-person hospice nurse offers acceptable access to services while extending support.**

Gratitude: National Palliative Care Research Council (Career Development Award grant funding) and Patients and Families

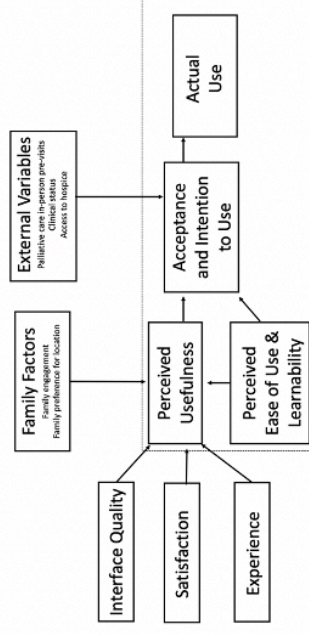


"They could see my dog and we talked about what it was like to be out of the hospital and home again after so long at the hospital... That's when he was wagging his tail."

"I get to stay in my comfy bed instead of the hospital bed and they even saw my room."

"They introduced me to my new nurse at my house. They remembered me."

All children able to self-report stated a "like" for telehealth, citing six reasons such as "being remembered" and "medical knowledge and care planning".



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