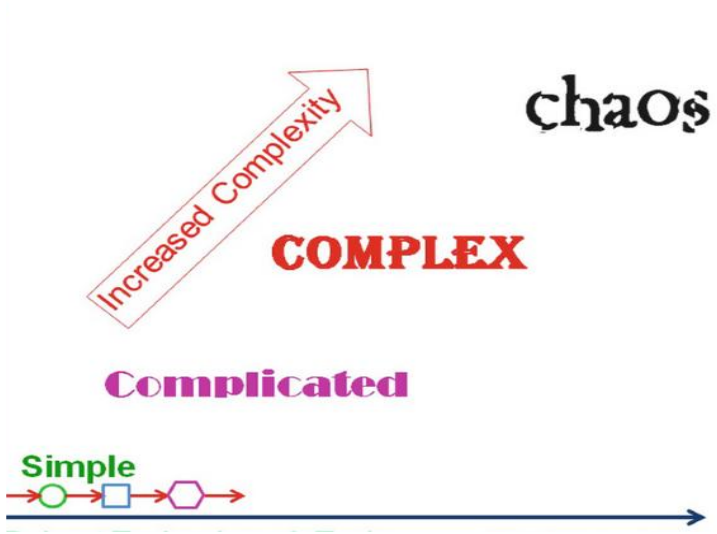
Benefits of Utilising Virtual & Telehealth Supports in Palliative Care: Key learning from a Churchill Fellowship visit to the SPaRTa service in Queensland, Australia

Gerard Leddy CF, Specialist Palliative Care Service Lead,
Southern Health & Social Care Trust

Churchill Fellowship - Queensland

Introduction



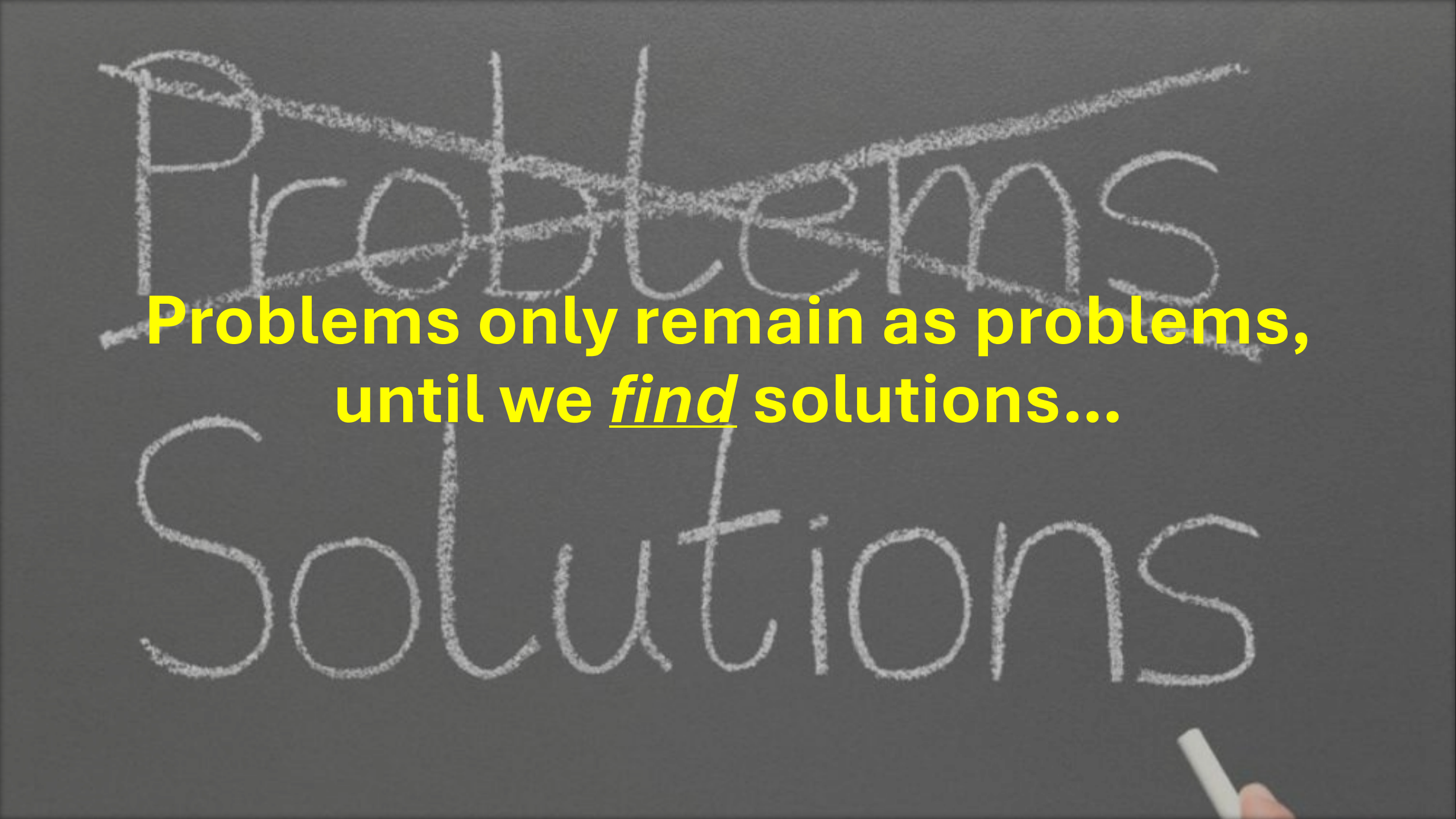
- 2021- 2024, SHSCT CSPCT has seen an increase of >33% in referrals.
- Continues to grow

- Increasing referrals
- increasing complexities
- no additional funding
- no additional resources
- increasing pressure on families
- decreasing timely hospital/ED access

etc. etc. etc..... **LEADS to**

The problem continues!!!

- An example distance that may be required to be covered on any given day could be 162 miles (261km) – Base to Annalong to Clogher to Base
- The estimated time to drive this without traffic, according to Google Maps is 3.5 hours
- 47% of the Palliative Medicine Consultant's day driving, in her car without the clinical contact required and administrative follow up that is generated from visits
- Other ways of working are therefore needing consideration…



Problems only remain as problems, until we *find* solutions...

Solutions?

- Researching models of care
- Interested in increasing capacity through virtual contact / telehealth support
- **Specialist Palliative Rural Telehelath Service (SPaRTa)** project viewed
- Applied for Churchill Fellowship
- Reached out to SPaRTa Lead in QLD, Australia

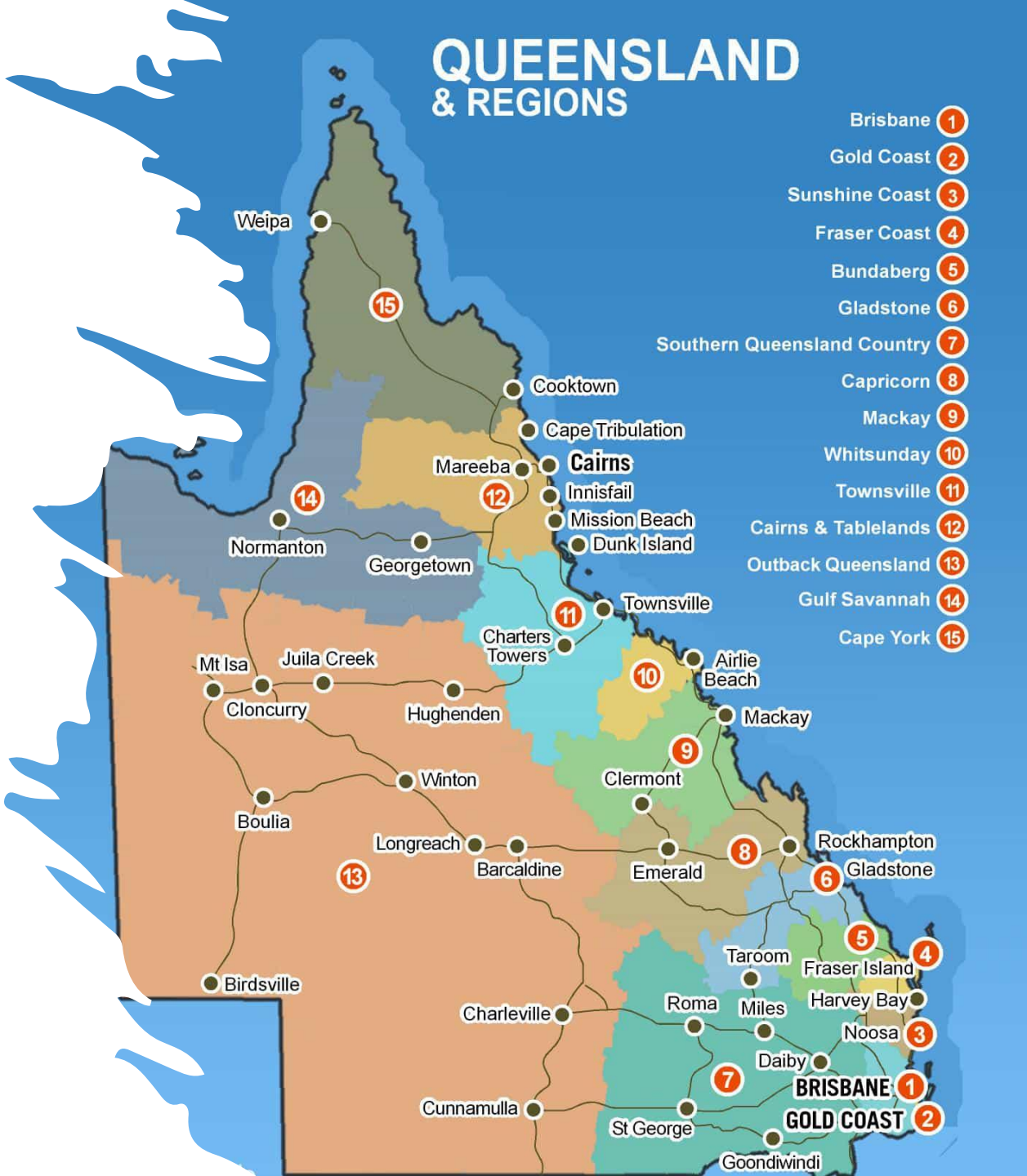
Background - SPaRTa

- The Queensland Health Department established the Statewide Specialist Palliative Rural Telehealth (SPaRTa) service in 2020

- Telepalliative care to patients living in Queensland with primary objective of providing high quality, ***equitable*** specialist palliative services and end of life supports

- Snoswell et al. (2024) noted that SPaRTa and an approach with telehealth, reduced the number of hospital admissions, as well as increased the number of individuals who were dying at home through more timely access to specialist advice and support

*Snoswell et al. (2024) A cost-consequence analysis of the Queensland specialist palliative rural telehealth (SPaRTa) service



Doomadgee, QLD

- Population 1,387 (2021)
- Nearest city 514km south (Mount Isa) (length of Ireland = 486km)
- Support provided via SPaRTa from Townsville (1150km)
- Face to face medical support – Royal Flying Doctors (weekly) and rural nurses (Blue Care R&R).

Mossman Hospital

Telehealth

Pros

- Decreased travel time
- More timely access to rural areas
- Increased capacity for contact / recommendation / intervention
- Patient remains in own home – family/loved ones present if wishes
- Increased access to online records if needed e.g. meds, imaging
- Other professionals in home assisting may already have relationship
- Patients, loved ones and team members all spoke positively about experience

Timely care – the evidence

- Early delivery of palliative care decreases suffering from physical, social, psychological and spiritual problems (Zimmermann et al. 2014)

- Early specialist palliative care can reduce carer stress (Gomes et al. (2013)
  - Also decreased need for carer to assist with travel in/out of appointments if increased supports can be provided in homes
    - Neighbourhood models of care

- Improved access to palliative care has economic value with its potential to improve patient outcomes and lowering overall health costs (Luta et al. 2021)

Considerations

Not to be seen as barriers/blocks

- Need IT access/support
- Need internet access
- Would benefit from professional in home
  - Will likely be there for other care/support provision

Don’t forget the importance of communication

Communication

Make sure the screen does not become a barrier

During SPaRTa consultations:

- Professionals took time
- Spoke clearly
- Listened and used pauses
- Never rushed

Communicate, communicate, communicate:

- meetings with team members
- observations of consultations
- MDT meetings
- learning from SPaRTa regional event

Ensure to involve all that need to be involved in conversations

Professionals in the home, assisting with the consultation were able to check understanding – **really important** for setting realistic expectations

Communication was the key to the success of all of these

- “The single biggest problem in communication is the illusion that is has taken place” George Bernard Shaw

What next

- Pilot hybrid model of Specialist Palliative Care – face to face & telehealth consultations

- 2 tiered approach
  - Tier 1 – protected telehealth slots in Palliative Medicine Consultants diary for SPC Nurses to book in to when they will be in patient's home
  - Tier 2 – Opened out to interfacing services to book in to SPC MDT slots

- Increased SPC slots available – increasing access to timely care – improving potential to remain in own home – without removing face to face service for more complex cases if required

- Dismore et al. (2025) noted video consultations are beneficial, enabling enabling reliable and convenient access to specialist palliative care when living remotely, however they must be offered as an option rather than a replacement of in-person visits if required or preferred.

Secondary outcomes (aspirations)

With increasing capacity & increasing number of joint consultations via telehealth there is the potential for increased Interface links & communication

With increased communication we likely see increased connections and with increased connections we grow relationships

With increased relationships we see better understanding and patient outcomes

A cord of THREE strands is not easily broken

- One may be overpowered…
- But two can stand up for themselves…
- And a rope made out of three cords isn’t easily broken!

- **We are stronger together**

Further detail...

Expanding Specialist Palliative Care Access: Telehealth Solutions for Rural Communities

Gerard Leddy MSc MCSP

Care from here... **to here**

References & Resources

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Thank you