

## The Telehealth Experience of Renal Palliative Care Nurse-led Clinic

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During COVID-19 pandemic, social distancing and fear of contracted infection have significantly impact on the effective delivery of healthcare services. It led to an increase in psychological distress among chronically ill patients who need frequent follow-ups in outpatient clinics. "Renal Palliative Care Nurse-led Telehealth Clinic" was launched in Queen Elizabeth Hospital (QEH) Renal Unit in July 2020, which enabled our team to assess patients via "Zoom Cloud Meetings". The aims of this service are to optimize patients' symptoms control, minimize patients' transportation, reduce unplanned admission and provide psychosocial support to patients and their caregivers during the pandemic. The effectiveness of this service was evaluated through a self-administered 5-scale rating questionnaire. All service users were invited to complete the questionnaire.

A total of 38 sessions for 14 patients (7 Male and 7 Female) were conducted from July 2020 to July 2021. The mean age was 85.6 (range 75-96) years old. The median consultative session was 2 (range 1-8). The questionnaire response rate was 100%. The average satisfaction score (out of 5) is 4.52.



QEH Renal Palliative Care Team

Most service users (>92%) agreed that this telehealth service could reduce patients' inconvenience in travelling back to hospital and alleviating caregivers' stress. Moreover, most of the respondents (90%) agreed that this service could provide accurate symptom assessment and offer effective symptom management. Overall, 94.7% of them were satisfied with this service.

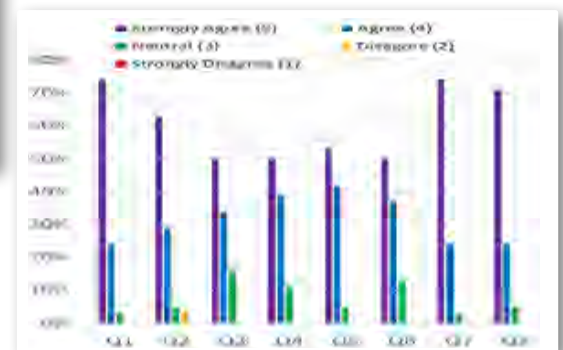
In conclusion, "Renal Palliative Care Nurse-led Telehealth Clinic" offers an alternative and effective care delivery model to support patients in the community, especially for frail patients during the pandemic.

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### Results of the Patient Satisfaction Survey: Telehealth for Renal Palliative Care Nurse-led Clinic (July 2020 – July 2021)



- Q1: 「視像診療」可減少體弱病者往返醫院的不便。  
 Q2: 「視像診療」可減輕家屬陪同病者往返醫院的壓力。  
 Q3: 「視像診療」可提升病者的生活質素。  
 Q4: 「視像診療」能有效幫助醫護人員評估病者徵狀。  
 Q5: 「視像診療」能讓醫護人員為病者提供有效的醫療方案。  
 Q6: 「視像診療」能讓病者及家屬清楚及明白醫療方案。  
 Q7: 我對腎科舒緩治療組的服務(態度)滿意。  
 Q8: 我對腎科舒緩治療組之「視像診療」服務(整體)感到滿意。

### Editorial Comments

Thanks to modern digital technologies, medical professionals can continue to monitor their patients' care virtually during COVID-19. The Telehealth services in the Renal Palliative Care Nurse-led Clinic have proven to relieve patients and caregivers by offering an alternative and effective means of healthcare without going out and visiting hospitals or clinics personally while alleviating crowded situations in hospitals and maintaining social distancing with others. Although it was set up in response to the restriction caused by COVID-19, it can be further developed in other specialties and in the future.

Dr K H LAU, Chief Manager (Quality & Standards), HAHO

# Telehealth Application on Continuous Glucose Monitoring (CGM) for Paediatric Patients

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Special acknowledgement: *Dr Calvin Mak<sup>1</sup>, Mr Wallace Cheng<sup>2</sup> and Mr Alex Lau<sup>2</sup>*

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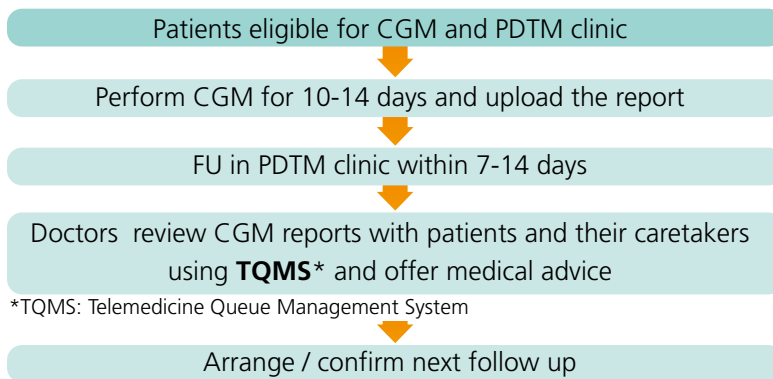
## Paediatric Diabetes Telemedicine (PDTM) Clinic

With the aim of empowering patients and carers on lifestyle change and medication intervention through the use and interpretation of continuous glucose monitoring (CGM) without the need of more frequent physical follow up, the PDTM clinic for type 1 and type 2 DM patients was rolled out since August 2020. Patient survey done in August 2021 showed an overall 82% satisfaction rate.

### Target Patients

CGM is recommended for those patients who have suboptimal glycaemic control or those who required closer monitoring of blood glucose. Patients who are relatively stable without the possible need of physical examination and whose caretakers have the literacy and acceptance to the use of telehealth technology would be eligible to be followed up in the PDTM clinic.

### Workflow



### Advantages of PDTM Clinic

| From patients' and caretakers' point of view   | From doctors' point of view   |
|--|---|
| Reduce travelling time (& cost) and waiting time, and reduce absence from work or school | Improve patients engagement through self-uploading of report  |
| Minimize infection risk with less physical visit to hospital                             | Using shared screen would facilitate review and advice provided to patients   |
| Can see doctor in their own comfortable environment                                      | Improve health outcome by having closer monitoring of blood glucose control. More than 70% of patients had better glycaemic control or maintained their HbA1c levels within target <sup>@</sup> |

<sup>@</sup>According to the analysis done for the period Aug 2020 – Aug 2021

## Editorial Comments

*Telehealth has several advantages, including decreases strain on healthcare system, expedites timely care, offers convenience and delivers cost savings. Its application has been showed to play a pivotal role in engaging patients to take part in managing their diseases. The Paediatric Diabetes Telemedicine (PDTM) Clinic using the Continuous Glucose Monitoring for patients is a good example to demonstrate how healthcare providers and patients working together to improve health outcome.*

*Dr W M KWAN, Chief Manager (Medical Grade) /  
Deputising Chief Manager (Clinical Effectiveness & Technology Management), HAHO*



# Application of Tele-rehabilitation in Occupational Therapy

By Ms Peggy Hui<sup>1</sup> and Ms Joey Mok<sup>2</sup>

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Tele-rehabilitation has been used extensively and effectively to mitigate service disruption amid COVID-19 pandemic. Empirical studies supported the application of tele-rehabilitation in delivering Occupational Therapy (OT) services for a variety of clinical conditions and age groups (Hung & Fong, 2019). Since 2020, OT department of United Christian Hospital has started tele-rehabilitation service for some target patient groups and care-givers including patients with cognitive impairment, neurological conditions, mental health as well as musculoskeletal disorders. The service components of tele-rehabilitation and its application include:

|                          | Clinical application(s)  |
|--------------------------|--|
| <b>Tele-monitoring</b>   | To monitor symptom and functional status in musculoskeletal conditions after treatment e.g. patients with carpal tunnel syndrome on splintage, to optimize face-to-face follow-up sessions.  |
| <b>Tele-assessment</b>   | To identify home environmental risk and hazard as well as subsequent intervention i.e. home modification, in order to facilitate early and safe discharge (Photo 1).   |
| <b>Tele-consultation</b> | To provide individual consultation for advice on home exercise program, home safety, caring techniques.  |
| <b>Tele-education</b>    | To deliver health education program on disease knowledge and management e.g. patients with cumulative trauma disorders (Photo 2).  |
| <b>Tele-therapy</b>      | To provide remote rehabilitation therapy e.g. illness management and recovery program in mental health service. A cognitive tele-rehabilitation program (i.e. Tele-Smart) was recently developed and piloted for patients with cognitive impairment to address equal accessibility for patients with physical limitation and escorting difficulties (Photo 3). |



Photo 1: Tele-assessment

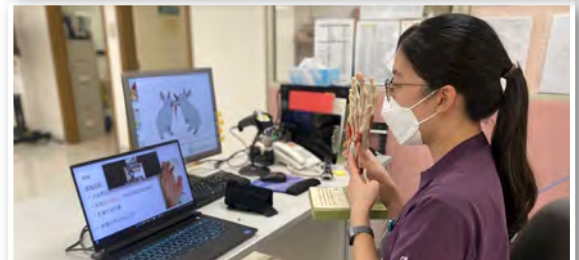


Photo 2: Tele-education



Photo 3: Tele-therapy

## Editorial Comments

*During the COVID-19 pandemic, the requirement of social distancing has made telehealth the safest interactive system between patients and the healthcare practitioners.*

*This tele-rehabilitation program has successfully demonstrated the application of telehealth technology into the practice of occupational therapy. It comprises the essential domains of assessment, monitoring, consultation, education and intervention. I am convinced that this program can be of great benefit to our patients in the “new normal”.*

Mr S H LAU, Chief Manager (Quality & Safety), KWC



# Telepharmacy – An Alternative Way to Enhance Medication Safety and Quality of Care in the New Era

## Hong Kong West Cluster

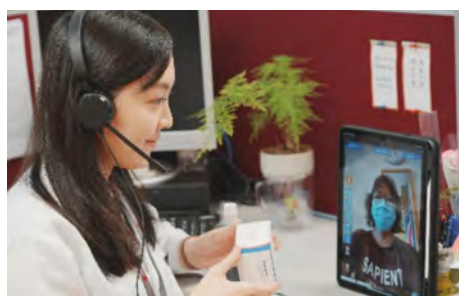
By **Mr Bryan PK Wong, Ms Michelle SM Zheng, Mr Howard SY Wong, Mr Raymond WM Mak, Ms Amy CY Chan and Mr William CM Chui**

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Telepharmacy is a new and evolving means of clinical practice to facilitate the provision of pharmaceutical care, especially in the era of COVID-19 pandemic which sets more challenges for Clinical Pharmacists to deliver direct patient care. With the help of telecommunication technology, Telepharmacy is a good solution to these new challenges.

In the past, we could easily demonstrate the use of different forms of medications to patients, like inhalers, nasal spray, and eye drops etc., without much difficulties. However, under COVID-19 pandemic, it is difficult for Clinical Pharmacists to demonstrate and assess patient's skills on using medications while patients and Clinical Pharmacists are wearing masks as well as patients prefer to staying away from hospital or clinic.

With the use of Telepharmacy, which is part of Telemedicine, Clinical Pharmacists could perform patient counselling without the aforementioned hindrances. A designated time slot would be arranged for Telepharmacy with the patients in need. During Telepharmacy, Clinical Pharmacists would counsel the patients and demonstrate the use of different medical devices in front of the camera. Also, patients could have a trial use on their own medications in their home and Clinical Pharmacists could review and give feedback on the patient's techniques on using those medications and more importantly, the Clinical Pharmacist could monitor patient's therapeutic outcome through medication review.



Aside from advising on patients' technique on using medications, Telepharmacy could also enables Clinical Pharmacists to help patients to manage side effects of the medications. For example, one patient complained of nocturia caused by their anti-hypertensives. After reviewing the patient's drug profile, it is found that he actually took Hydrochlorothiazide, which is a diuretic, at night as shown in the patient's pillbox on the camera. We then suggested the patient to take the medication in the morning instead. Polypharmacy is also a common problem identified when Clinical Pharmacists carry out medication review via the Telepharmacy. For example, some patients who are prescribed with Paxlovid, which is an Antiviral for COVID-19, may take over-the-counter medicines, private medications, supplements and Chinese medicines. Clinical Pharmacists could review their complete drug profile and identify if there is any therapeutic duplication or drug-drug interactions, such as Statin (a common group of medication for lowering cholesterol level), which is required to withheld for a certain period while patient is taking Paxlovid.

Telepharmacy can enhance the quality of patient care for patients staying at homes and strengthen the communication between Clinical Pharmacists and patients under the norm of social distancing during this pandemic period. COVID-19 pandemic may pose some challenges to our clinical services but it could not stop us from providing quality patient care.

### Editorial Comments

*COVID-19 unexpectedly hastens the development of telemedicine. While video communication may appear to have limitations, in this new model, QMH colleagues in fact discover new benefits using telepharmacy, e.g. masks can be taken off, same level of assessment of skills and medication profile, able to assess the home situation, including drugs that patients will not bring with during a usual follow-up. Indeed, every cloud has a silver lining.*

**Dr C W LAU, Service Director (Quality & Safety), HKEC**

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