

Telemedicine in the face of COVID-19

How will wound clinics and consultations change in the face of COVID-19? Donna Angel reflects on her experiences of telemedicine in Western Australia and how they have adapted and modified the wound management service to limit face-to-face contact with patients.

Our hospital is based in Perth, Western Australia, which is the largest state in Australia covering a geographical area of 2.6 million km² and a population of 2.6 million. Within our unit there is a full-time Nurse Practitioner and Clinical Nurse Consultant for wound management. We are closely aligned with both the vascular team and high-risk foot unit, and we provide a hospital-wide service. Our hospital is a tertiary hospital with 460 beds with the only trauma unit in the state, we also provide a service to two smaller peripheral hospitals within our health service. Due to the vastness and remoteness of Western Australia, we established a wound management telehealth service in 2006. Our telehealth unit is well-established with telehealth clerical support to book appointments and ensure the patients' medical records are available during the consultation, they also dial into the rural site ensuring the clinic runs smoothly, problem-solving any technical issues.

What happens during tele-consultations?

During the consultation, the patient and nurse and/or doctor are present. We receive clinical images of the wound prior to the consultation and have access to relevant tests and investigation. Based on discussion with the patient, review of clinical pictures and test results, we are able to provide a comprehensive wound management plan for the patient and arrange relevant tests as required. Request forms are either faxed or emailed to the relevant site. We are also able to ensure that if there are any concerns the patient is transferred to our hospital in a timely manner. These are usually our high-risk foot patients who require surgical intervention. This can involve a flight with our Royal Flying Doctor Service. Overall the service is well-established and runs smoothly.

Under normal circumstances we have three face-to-face outpatient clinics, one of which is for ultrasonic debridement. Due to COVID-19, outpatient clinic guidelines have been developed. The essence of the guideline is that all disciplines can only see patient's in the outpatient department if absolutely necessary. As a result, we now predominantly provide our consultations either by video or telephone call. The program that we use is Health Direct Video Call. Prior to the consultation we are fortunate enough to meet with our liaison nurse who works for our community nursing service. We review recent clinical images and are alerted to any concerns from the nurse looking after the patient. In theory this sounds good. However, some of the images are out of focus and are more than a week old. This means that we have to try and obtain a more recent image prior to the consultation which is not always possible. Another issue is that not all of our patients go to our community nursing service for wound management; some go to their GP or access different community services that we do not have access to. Therefore, we are not able to review the pictures prior to the consultation. Our hospital policy does not allow us to receive email pictures due to security reasons. The information cannot be encrypted and therefore the images are identifiable.

Challenges

The consultation itself can be very clunky, the video call system we use can freeze or 'drop out' during the consultation. Calling patients on the telephone or video call does not provide us with the correct information, however we can still ascertain if the patients have any concerns regarding their wound. We are unable to perform a comprehensive wound assessment including wound measurement, presence of malodor, exudate amount and type, and we cannot probe the wound, palpate for pedal pulses (if the wound is on the lower leg) or easily assess for clinical signs of infection. Often, but not always, the information provided from community services can be very limited. There is also the inability to perform debridement if required. For some of our community nurses, sharp debridement is outside their scope of practice.

Providing wound management in this digital era is proving challenging, a picture does not always speak a thousand words. We are not able to provide optimal wound management for our patient's, however, in this ever-changing world we are all doing the best we can with what we have. We encourage that the community nurses call us if they have any concerns. We are all in this together and here to support each other as best we can.

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