



# Virtual Rounds: Improving Family Participation in Multidisciplinary Rounds via Telehealth

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## Background

### What Are Multidisciplinary Care Rounds (MDR's)?

MDRs are defined by the unique characteristic of incorporating a multitude of both physician and non-physician specialties into the conversation with the patient for the coordination of their care.

### What is Discussed During an MDR?

Activities relating to the care of the patient that may be incorporated into the MDR include summarizing the treatment that the patient has undergone, discussing the treatment approach that is planned for the patient, working through potential issues that may arise from the treatments, and discussing the potential future therapy.

### What is Telehealth?

Telehealth is the delivery of Health-care related activities or information via telecommunications technologies (eg. web conferencing). It is differentiated from telemedicine in that the focus is expansive and includes preventative as well as curative aspects.

## Project Summary

Over the course of the previous summer, the student intern worked as a Telehealth Coordinator at Thomas Jefferson University Hospital. Activities included assisting in the piloting and expansion of a virtual MDR program, called Virtual Rounds, across the hospital through developing workflows, enrolling patients, and promoting the expansion of this service throughout the hospital. Through the Virtual Rounds program, members of a patient's family who cannot make it to the hospital in person are still able to participate in the MDR via teleconferencing technology.

Since its inception and piloting in February of 2015 to the hospital wide rollout six months later, there were over 250 patient-initiated virtual conversations.

Since June 2015 the Virtual Rounds service has expanded from one department of the hospital receiving 1-2 call requests per day to over 10 different departments and is currently receiving an average of 15-20 daily requests for the service.

## The Challenge: How to involve more families in MDR's?

MDR's have traditionally taken place in the hospital, and there remain considerable barriers that prevent patients from being able to attend the MDR's. Such barriers include time constraints imposed by a set work schedule, the need to maintain family income, complications arranging care for children and other family members in the household, and associated travel costs of visiting the hospital. A particularly challenging barrier is presented to families who's members are spread throughout the country.

Directly measuring the prevalence of these barriers has proved challenging, but reported transportation issues occur for between 3 and 67% of hospitalized patients. It is generally recognized that poorer populations face more barriers to accessing healthcare in general, and this is likely to translate into increased difficulty in attending MDR's. Additionally, some special populations face particular challenges attending MDR's in person. For example, the elderly, with a combined barrier of physical disability, longer hospital stays and increased rate of illness in their spouse or life partner, and subsequently higher need for frequent visits to their clinician, are faced with a unique difficulty in attending and participating in MDR's.

“We could start each day knowing what we were dealing with medically. ...It made my mom feel so much better knowing we were with her there.”

-Virtual Rounds Participant

## The Solution: Virtual Rounds

Virtual Rounds, the virtual MDR program at Thomas Jefferson hospital works through collaboration between, and enormous support from, the hospital's clinical staff. Virtual Rounds uses teleconferencing technology developed by Blue Jeans Network, Mountain View, California and has the capability to link as many as four family members at a session from anywhere with an internet or phone connection.

Beginning with their nursing intake, patients are asked if they would like to participate with their family members in Virtual Rounds. Additionally, patients are prompted for the service through the in-house education and entertainment broadcast system-the GetWellNetwork. If the patient opts-in to the service, that information is then automatically transmitted to the Telehealth Coordinator, who then works directly with patients and family members to coordinate the videoconference.

Once a time is agreed upon by both the care team and the family, the Telehealth Coordinator sets up the iPad in the patient's room before the conference, and the patient's family calls in to the iPad from their home computer, smartphone, or traditional phone (for voice only). The Telehealth Coordinator then provides support as needed during the call, and schedules follow-up virtual MDRs.

## Future Developments

Through providing patients with convenient access to high-quality care, and at an affordable cost, Telehealth is becoming an ever more present part of the future of health care. This program has great potential to impact not only the quality of the patient's stay in the hospital, but also for ensuring a fluid transition from the hospital to the home care. As the hospital stay can be disorienting for many patients, and being able to relay discharge instructions to multiple family members, who may have distinct responsibilities during post-hospital care, is hugely beneficial, this program is likely to expand to incorporate discharge planning and coordination.

Additionally, as the program requires the family member to have access to a smart device for participation in video calls, a system for lending the devices for home use through the hospital could greatly expand the number of patients that could benefit from this service.