



**2nd National Nursing Informatics Conference 2007 Proceedings**

Informatics Everywhere: Celebrating the Diversity of Informatics Practice

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**THEME: Measuring the Value**

**Towards Evaluating Quality, Access, and Productivity –  
The Creation of a pan-Canadian Electronic Health Record  
Evaluation Framework**

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**Abstract**

The Allogeneic Blood and Stem Cell Program (ABSCP) at Princess Margaret Hospital (a member of the University Health Network) performs 75 transplants annually and manages approximately 600 outpatients. Clinicians sought to determine whether Telehealth videoconferencing could provide the necessary clinical assessment to facilitate the complex symptom management of post ABSC transplant outpatients. For this ongoing descriptive study, a Telehealth videoconferencing clinical protocol was developed that included comprehensive health and oral mucositis assessments, pain scale scores and outcome measures. The self-report questionnaires consisting of both the clinicians' and patients' perceptions of Telehealth videoconferencing with regards to technical quality, acceptability and satisfaction were developed for use in this study. In addition, quality of life patient questionnaires were administered during the study. This study demonstrates the value-add of using Telehealth videoconferencing as a service delivery model to achieve patient-centered symptom management and treatment compliance with a geographically remote patient population. These findings are widely applicable to remote nursing care. Preliminary findings demonstrate the following:

1. Improved clinical outcomes included: reduced oral mucositis, decreased pain levels, lower dosage immunosuppressive therapy, and improved functional status;
2. Increased acceptability of care as evidenced by high patient satisfaction levels and a preference for Telehealth videoconferencing over the in-person clinic visits;
3. Increased access to care from the patient's home community;
4. Reduction in burden of illness as evidenced by a decrease in patient time, travel and expense costs through the use of Telehealth technology.

## **ABOUT THE AUTHOR**

### **Brendan Purdy RN MN(c)**

Brendan Purdy's career began in England, where he graduated in both psychiatric and general nursing diploma programs. He is currently enrolled in the MN program at the University of Toronto. Brendan has had extensive clinical experience – primarily in surgical nursing, urology, cardiovascular surgery, CVICU, PACU and Endoscopy. He joined the department of Nursing Informatics at the UHN in June 2004, as a Telehealth program coordinator. His diverse career experiences will enable him to facilitate the successful introduction and adoption of Telehealth technology in a wide range of clinical and teaching settings