

The telemedicine revolution

Telemedicine can boost healing rates in wound care. **Sarah Wild** investigates

For nurses who are not particularly IT-literate, the idea of using telemedicine in everyday practice may sound complex and time consuming. But those who are already using it believe that it is well worth the effort.

Robin Cooper, a wound care specialist working for North Hampshire PCT, reports that telemedicine has dramatically improved the service he provides to patients, while also saving nurse time, and preventing duplication of work. He carries out vascular assessments and wound care in the community, also conducting the former in secondary care.

Mr Cooper has been using the Leg Ulcer Telemedicine System (LUTM), devised by Midlands-based consultant Mr Simon Dodds, for the last two years, and describes it as 'a dedicated patient record system' which can be used to monitor the progress of skin conditions or wounds such as leg ulcers. Images and notes can be sent securely between professionals via NHSnet.

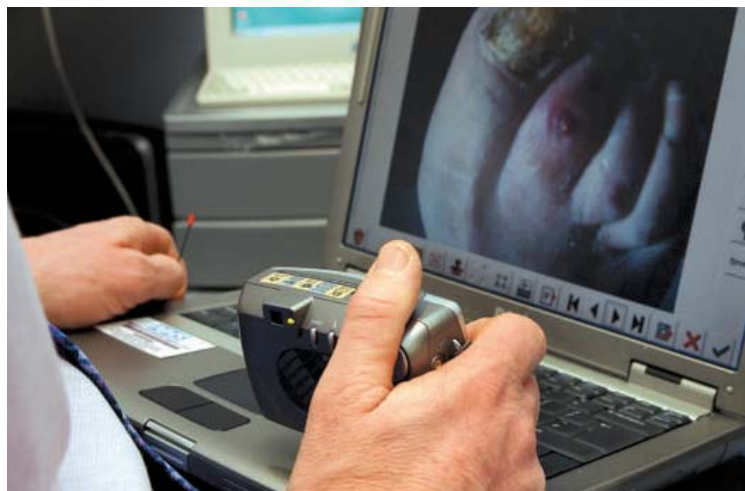
Supporting continuity of care

He encouraged his PCT to invest in the system – trialled at Birmingham's Good Hope Hospital where Mr Dodds is based – in the hope of enhancing continuity of care.

'Patients are not always seen by the same nurse each week, nursing photographs can be unclear, and communication with other services can be difficult,' he explains.

The system boasts a variety of features, ranging from an assessment page, which contains the patient's history and previous investigations, to a treatment record.

'The most impressive page is the one that is used to download pho-



Telemedicine enhances continuity of patient care and saves nurse time

tographs,' says Mr Cooper. 'It measures the healing rate of a wound, predicting an actual recovery date, and records it on a healing graph. This enables patients to see whether their wound is improving or deteriorating, and can be given a recovery date to aim for, which encourages

them to concord with treatment.

'Nurses also benefit,' he continues. 'It is difficult for health professionals to remember what a wound was like without a record.'

A page for writing letters to members of the wider, multidisciplinary team is also provided, and there

Benefits in wound care

- 1** Creates a shared patient record that can be transferred remotely between health professionals. This ensures continuity of care.
- 2** Cuts the number of visits made to secondary care as consultants can advise remotely via the system.
- 3** Reduces the length of assessments in secondary care, because patient details are recorded within the system; other health professionals can add to these so that community nurses are kept up to date with their patient's progress.
- 4** Enables nurses to keep track of the patient's progress, providing clearer photographs and accurately measuring the healing rate of a wound on a healing graph.
- 5** Predicts a recovery date for patients, encouraging them to concord with treatment, and lifting their spirits by giving them a specific date to aim for.



'It measures the healing rate of a wound, predicting an actual recovery date'

Robin Cooper, wound care specialist, North Hampshire PCT

is a template for secondary care.

'This speeds things up if you want to check something with a colleague,' says Mr Cooper, adding that when patients attend a hospital appointment, their past records and photos are available to the staff, who can also contribute to the record.

'This means that the community nurse will know exactly what has happened to their patient before he or she even leaves hospital,' he says.

Prevents duplication of work

The system actually reduces visits to secondary care, as was proved during its pilot phase at Good Hope Hospital, and also halves the length of patient assessments conducted in hospitals to around 30 minutes.

'The details have already been recorded, so this process needn't be repeated,' says Mr Cooper.

The trial showed that the system also increased the healing rate.

These benefits make it cost-effective. 'I know other PCTs and hospitals are buying it,' he says. 'We started off using telemedicine in just one leg ulcer clinic, but are now using it in four, and hope it will be extended trust-wide.'

He admits that some NHS organisations have been put off by the initial financial outlay (which includes the software, an annual fee and the purchase of a basic digital camera) but maintains that savings should be made in the long run.

Training is straightforward as the system is easy to use, featuring simple picture icons. 'I was shown how to use it by staff at Good Hope and have since trained 11 nurses,' says Mr Cooper, estimating that nurses could master it in a couple of hours.

He would recommend it to nurse colleagues, stressing that once they have first-hand experience of the system, they are likely to be hooked. 'Nurses who have used it here certainly don't want to go back,' he says.

● For further information about LUTM, email simon.dodds@goodhope.nhs.uk