

National TeleNursing Center: Interim Program Evaluation Findings on the TeleNursing Experience

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Method

Goal – understand experience of clinicians who **conduct** the examinations (*site clinicians*) with telenursing consultation and the Sexual Assault Nurse Examiners who **provide** the consultations (the *teleSANEs*).



What we did - Conducted telephone interviews with both the site clinicians and teleSANEs.

Reporting on - Interim results for interviews conducted between 6/23/2015 and 8/31/2017.

Interview Questions



- What was it like securing the patient's consent?
- What kind of assistance was provided?
- How well did the technology work?
- What was the quality of the relationships with the clinician, teleSANE, and patient?
- What is the impact of telenursing for clinicians on 6 aspects of the exam, such as their ability and confidence?

Recruitment and Sample

- Recruitment:
 - Email invitations after telenursing consultation
 - Up to 3 invitations
 - No more than 4 interviews within 12 months
- Sample:
 - 145 interviews
 - 72 teleSANEs, 55 site clinicians, 18 corpsmen
 - Across sites 67% response rate
 - Information on 85 out of 100 encounters
 - 44 encounters interviewed both site clinician (or corpsmen) and teleSANE

Sample Characteristics

- Telemedicine new experience for vast majority of respondents
- About half of site clinician interviews were with clinicians with limited previous experience conducting forensic medical examinations (n=53%, n=29)
 - 25% of interviews were with clinicians who had conducted a small number of exams (n=14)
 - 22% of interviews were with clinicians with significant experience (n=12)



What was it like securing patient consent for the telenursing consultation?

- 12.5% of patients declined telenursing consultation (16 out of 128)
- Of those who consented, the vast majority (91%) of clinicians we interviewed said obtaining consent was a straightforward and **easy** process. (A minority of patients asked for no video (n=5) or consent was described as slightly complicated (n=3).

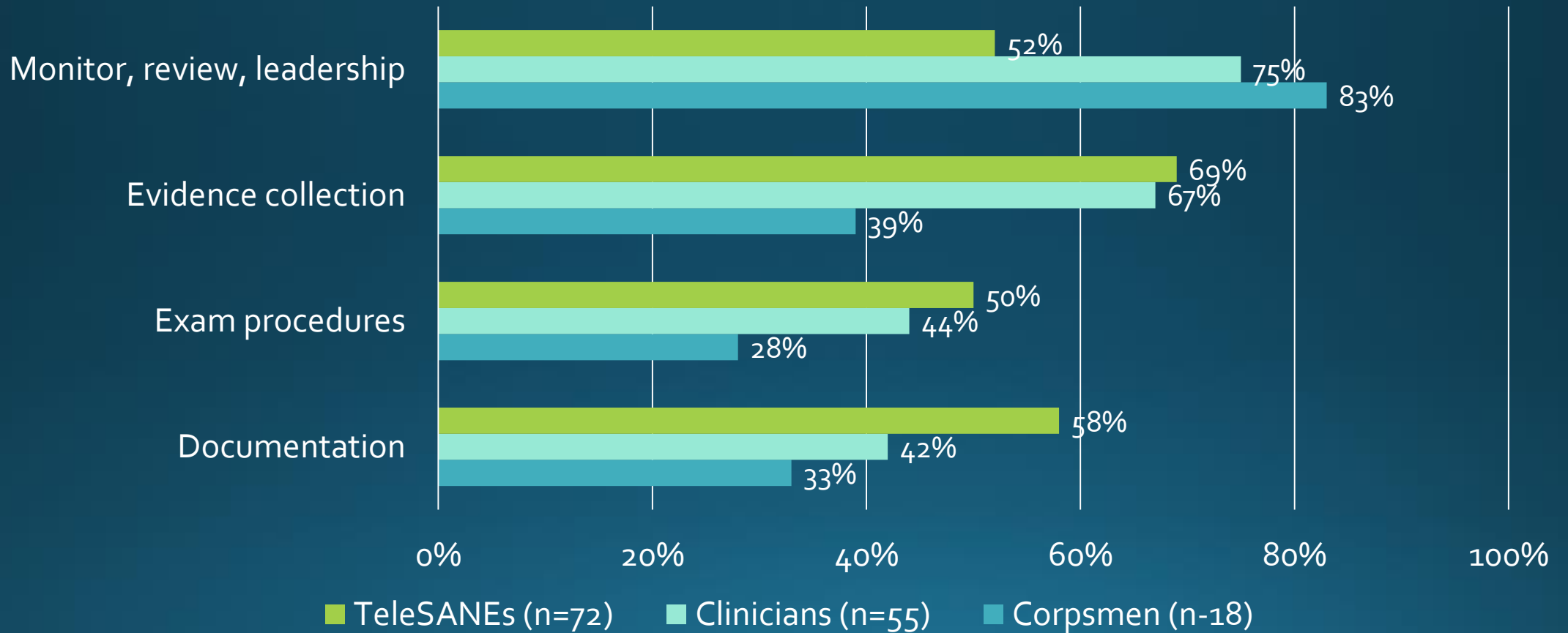
It's not difficult to get consent. People are comfortable with technology.

Very easy. Teenagers have everything on line. This is nothing new to them.

No problem at all. I just say that we only have one shot to do the exam and she was very open.

What assistance did teleSANEs provide?

4 areas with most endorsements:



Monitor, Review & Leadership

- *She helps me be more of an expert. Some of it was just knowing that they're there. Each case is different and you want to make sure you do it right. [clinician]*
- *She's just there to be "an additional brain in case I miss something". I don't think I did [miss anything]. [clinician]*
- *I hadn't done a case so I definitely wanted 100% just assistance, from the beginning to end. I wanted [the teleSANE] available if I needed any help with any portion of the exam. Reassuring to have this back up resource. [clinician]*
- *I wanted help to go through it step by step. She was with me from the beginning to end and this took about 5 hours. [clinician]*

Evidence Collection: Clinician perspectives

- *It's helpful if I'm unsure what area to swab and how to do it. The teleSANE used the history of the assault to take steps to get forensic evidence.*
- *We talked about where we would get the most evidence.... I did have to ask her because there was no trauma and I didn't know if I should take photos and she confirmed that it was ok not to take photos.*
- *Well, you never know what you are going to get. This was the most complicated case I have ever done. She was super helpful. There were multiple bites on the patient's body and she suggested some other areas to get samples that I wouldn't have thought of.*

Exam Procedures and Management:

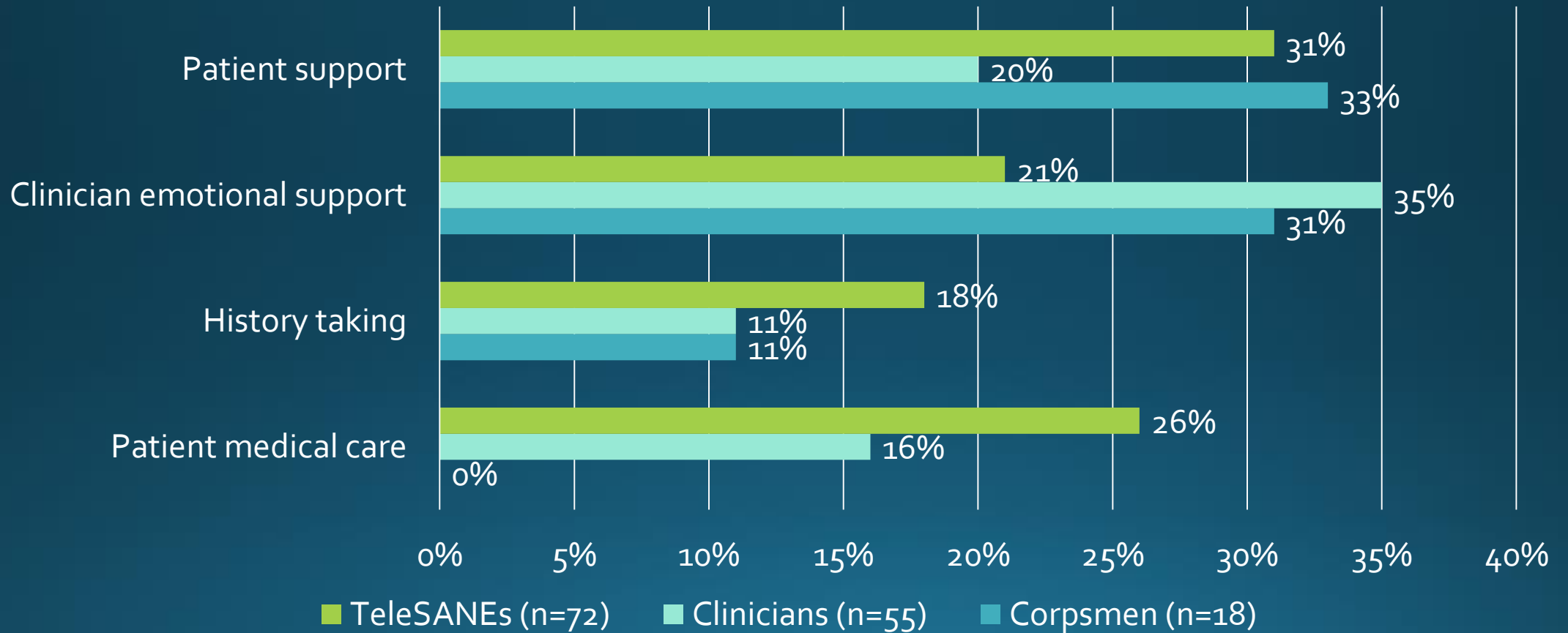
Clinician perspectives

- *It was helpful to hear what the best position was for the patient when doing the rectal and anal exam. I was going to put the patient in a different position. I am very glad the teleSANE was there.*
- *During the exam there were some areas that I was not sure if the area was of concern or not and she really kept me on a straight arrow. She said you need to measure this and you need to carefully chart it. She taught me how to chart. She did bring a lot of insights that we might have missed. It was a big help.*
- *The most helpful aspect was the specifics of what to do - whether to dab the Q tip with saline - really just helpful hints that the teleSANE knew.*

Documentation:

- *What was most helpful was the descriptions of all the pictures. This case was eight days out and she helped with how I would write the pictures for documentation. [clinician]*
- *It's hard to write the whole history of an incident like this. She helped to know what was important to write in the documentation and what to leave out. She helped make choices about what to describe. [clinician]*
- *There was a lot of paperwork and it can be very overwhelming. I made sure the forms were done correctly. This took a few hours. I explained what to write and how to write it. [teleSANE]*

What assistance did teleSANEs provide?



Little assistance provided in a few cases

- A few times, clinicians (n=9) and teleSANEs (n=17) said that little assistance was provided because clinicians did not need it
 - *There was not really much (assistance). It was nice to have her but I don't know if she added anything. [clinician]*
 - *I think that because the clinician was so experienced I wasn't able to engage as much as I would have with someone less experienced. [teleSANE]*
 - *I don't know that I have any confidence that I helped her at all. I think I boosted her confidence so that she knew she could rely on someone. [teleSANE]*

How well did the technology work?



- The majority of encounters had **no significant problems (89%)**
 - Worked perfectly (57% n=49)
 - *Just as we had practiced, trained and discussed.*
 - *Didn't have any problems at all it worked fine.*
 - Minor problems but overall worked well (32% n=27)
 - *The hardest part was that I couldn't really hear the patient.*
 - *One time during the pelvic exam, [the technology] got pixelated and I was just listening*
- 9 encounters problems related to technology disrupted the telenursing services
 - These problems have largely been addressed

Note: Based on 85 encounters

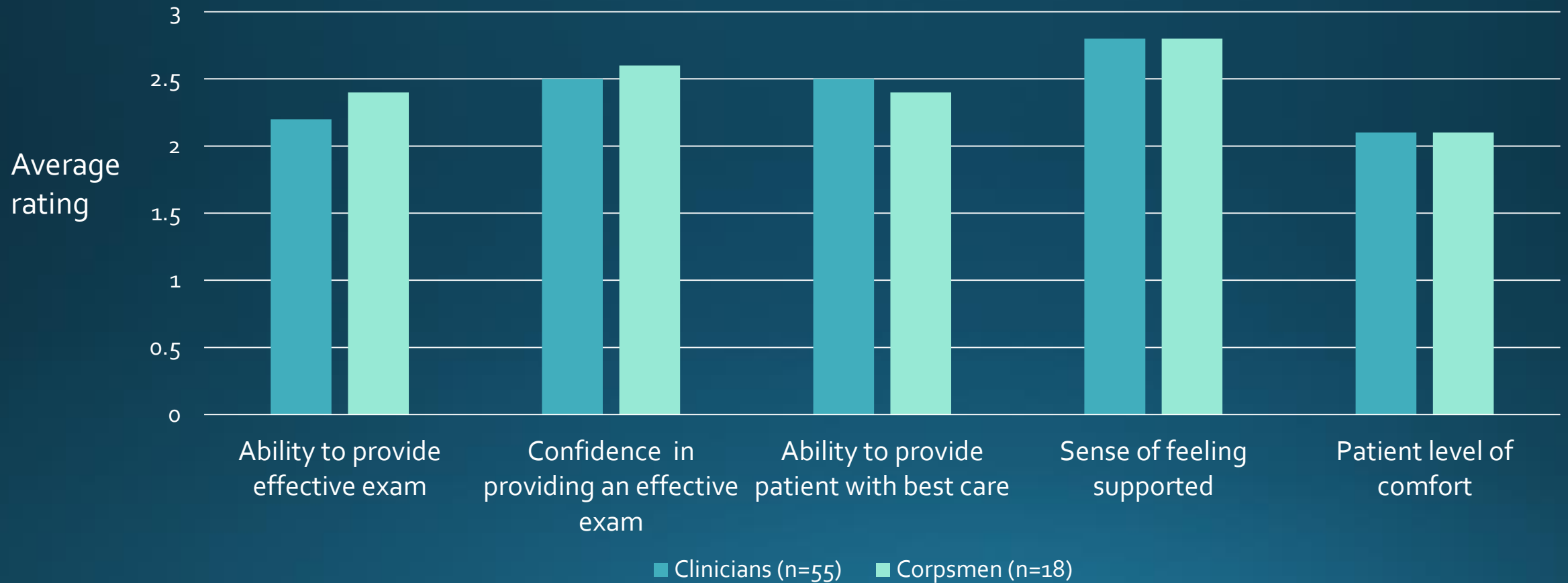
What was the quality of the relationships with the clinician, teleSANE, and patient?



Nearly all clinicians, corpsmen, and teleSANEs mentioned the open, comfortable, and professional relationship they had during the consultation.

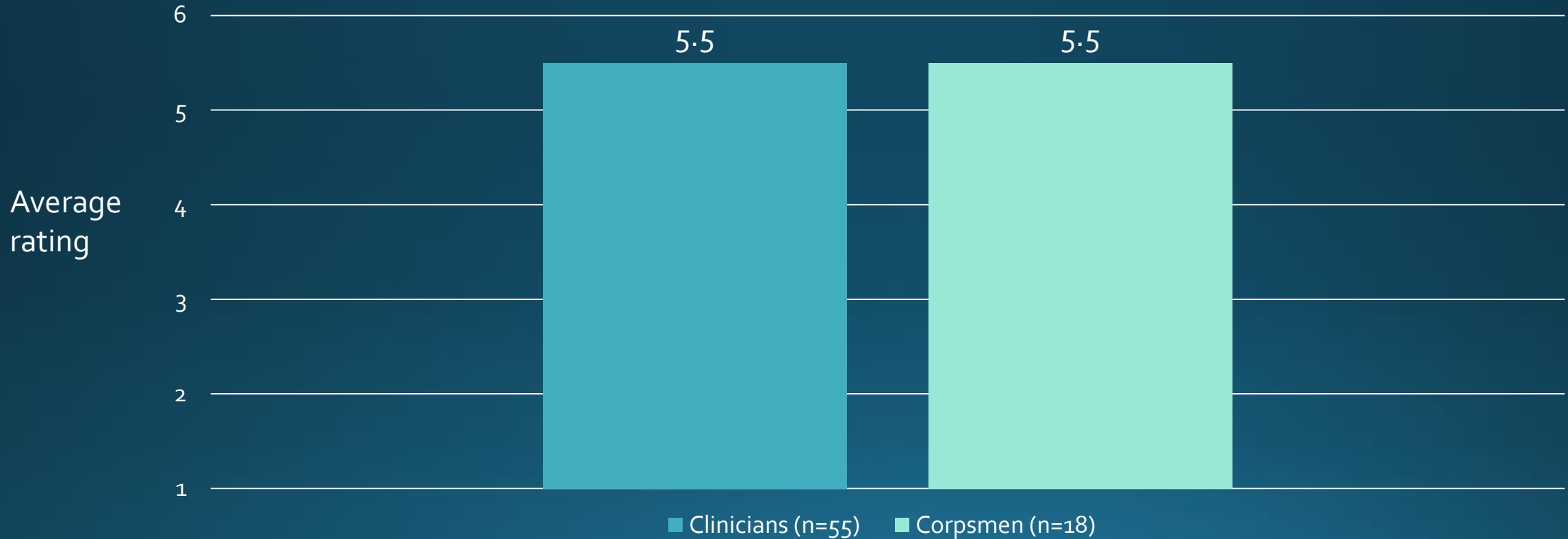
- It was easy to think of the telenurse as a person in the room and not just a head on the monitor. [clinician]*
- I really felt like a part of the team. I think because we see each other and there isn't the awkwardness of just audio. It is easy to engage and there is a very easy flow back and forth. [teleSANE]*
- I really felt like I was part of the team which I was really thrilled about because this was my first encounter and I wasn't sure what it was going to feel like. [teleSANE]*

Impact of TeleNursing Experience: Very Positive



Scale ranged from +3 (strong positive impact) to -3 (strong negative impact) with 0=no impact

Overall Quality of the TeleNursing Experience



Scale ranged from 1 (poor) to 6 (Excellent)

Nearly all clinicians mentioned what a great resource the NTC is

- *I don't think it could have been more helpful. This was my first time doing it. I was very impressed with the teleSANE and the process. I was relieved it went so well.*
- *I can't express how much it helps. It's like having two extra hands and an extra brain.*
- *It was such a complex case and I was a little overwhelmed so having an expert nurse in the room really helped me because it was challenging.*
- *It was so helpful and I have done so few exams that I need the expertise.*

Lessons about Telenursing Experience

- A Continuous Team Effort Can Implement Technology Effectively to Support Telenursing
- The Assistance Needed Varies Considerably
- Pre-Encounters and Post-Encounters are Critical
- These results support the conclusion that telenursing consultation in forensic sexual assault examinations is a promising intervention.

For more information

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