The Teaching & Mentoring Academy Presents
Best Practices in Telehealth: Connecting with Critically Ill Patients and Their Families Through Telehealth

Moderated by Stephanie Harman, MD
Clinical Associate Professor, Medicine, Clinical Chief of Palliative Care
Telehealth Benefits

- Efficiency
  - Accomplish more with less time

- Ease of connection
  - Less burdensome

- Flexibility
  - Timeliness, urgent meetings
  - Ability to involve family far and wide
Telehealth Challenges

- Connectivity
  - Varying technology skills

- Communication
  - Non-verbal cues, body-language
  - Supportive touch to convey empathy
  - Reviewing scans, EMR

- Risk for complicated grieving
Telehealth Tips

- Beginning the Visit
  - Create a transition. Acknowledge the strangeness of the moment we’re in, and check in on how the family is feeling

- Clear verbal communication and body language
  - Maximize visual and voice connections

- Problem-solving

- Allow silence!

- Get creative!
Telehealth: clinical and ethical considerations

- Confidentiality
- Respecting the right to self determination
- Documentation
- Consider culture, age and impact on utilizing technology
- Acknowledge feelings of helplessness, lack of connection to their loved one
Telehealth Resources

- Vital Talk’s COVID Ready Communication Playbook
- Center to Advance Palliative Care’s COVID-19 Response Resource
  - Virtual office hours, courses
- Social Work Hospice & Palliative Care Network COVID-19 Resources
Remote Telemonitoring for COVID+/PUI patients in K4
Virtual Health Care - Inpatient

Use Zoom on iPad

Virtual in-room engagement with the patient for care team, translators or others, and patient family members, deployed to isolation rooms and other Med/Surg areas.

Allows for virtual check-ins and consultations.

AvaSys / Avasure

A device for virtual in-room viewing and communication between providers / nurses and patients using real-time, continuous video (one-way) and audio monitoring for patients in ICU/CCU.

Allows providers to check-in, collaborate “over the shoulder” and continuously monitor multiple patients.

At 300P & 500P, phone numbers for patient rooms are listed on the Storyboard or patient banner.
K4 Central Monitoring Station

Virtual Sitter “Bunker” Screen
QUESTIONS
Thank you!

Teaching & Mentoring Academy
https://med.stanford.edu/academy