Hands on eyes on, virtual theatre support Initiative Type Model of Care Status Close Added 26 August 2021 Last updated 05 October 2022 **URL**

Summary

Central Queensland Hospital and Health Service (CQHHS) has used the Covid-19 pandemic to develop videoconference facilities that can connect directly to a rural theatre to provide urgent lifesaving support. Specialist services of Rockhampton can link up directly into Emerald theatre to provide life-saving emergency support to the patient, assisting staff on the floor. This interventional telehealth model which operates 24/7 includes lives saved among its promising

https://clinicalexcellence.qld.gov.au/improvement-exchange/hands-eyes-virtual-theatre-support

early results. CQHHS hopes to expand it into other services within the HHS.
Key dates
Troy dates
Aug 2020
May 2021
Implementation sites
Central Queensland HHS
Partnerships
eHealth, HIU Telehealth Support Unit, Emerald Hospital, Rockhampton Hospital
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Aim

To ensure rural sites in Central Queensland HHS have access to specialist services within the operating theatre environment.

Benefits

The main benefit is that patients' lives are being saved through this interventional telehealth model of care.

It also has provided the opportunity for collegial support to rural generalist caring for the patient and it brings the services to the location of the patient.

Background

To access the necessary health services in rural Hospital and Health Services requires innovative planning with the equipment that is available.

Solutions Implemented

Combining telehealth technology with intuitive design, Central Queensland is now able to deliver the same uncompromising in-the-room attendance virtually. Emerald Hospital staff now can videoconference with Rockhampton Hospital specialist services such as Surgical and Obstetric, and Gynaecology directly into theatre. A 24-hour, seven days a week access with process flowchart, in now set-up.

Evaluation and Results

This initiative is still in its early stages with a formal evaluation to follow.

Initial informal feedback from staff and patients has been positive and all participants are wanting to continue and expand this model of care.

One patient was provided lifesaving support and urgent theatre intervention by videoconference prior to aerial transport to Brisbane and one patient was able to be assisted virtually, rather than being retrieved and then remain at Emerald Hospital post-operatively to recover.

Lessons Learnt

- · access to specialist services during hours and after-hours is vital for rural facilities,
- equipment procurement, installation requirements and staff resources are challenging within a pandemic.
- patients were accepting of the model.
- there were technical challenges with specialised equipment being used outside of its normal use.

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