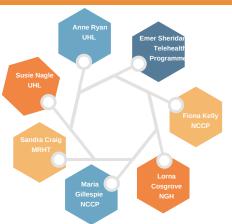




Video Enabled Care in the Acute Haematology Oncology Nursing Service: A Pilot Study of Attend Anywhere, the Nationally Funded Clinical Video Solution



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Background

The Acute Haematology Oncology nursing service provides non ED access route for cancer patients through a dedicated SOS hotline across 26 centres. Telephone triage uses the UKONS triage tool to assess and manage symptoms from systemic anti-cancer therapy side effects, with further reviews if required.

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Aim

This pilot study aimed to assess the impact of using Attend Anywhere, a nationally funded video-enabled care (VEC) solution, to enhance triage, reduce hospital visits, improve accessibility, and expand service offerings.

Initially introduced in Naas General Hospital in 2022 (Type 3) feedback was overwhelmingly positive. In 2024, additional pilots were conducted at Midland Regional Hospital Tullamore (Type 2) and University Hospital Limerick (Type 1). Identifying key facilitators, such as the need for dedicated space, training, patient education, equipment, and management support was vital to successful implementation.

Survey results of patients & staff using VEC



How would you rate the training materials or resources available for video-enabled care implementation?



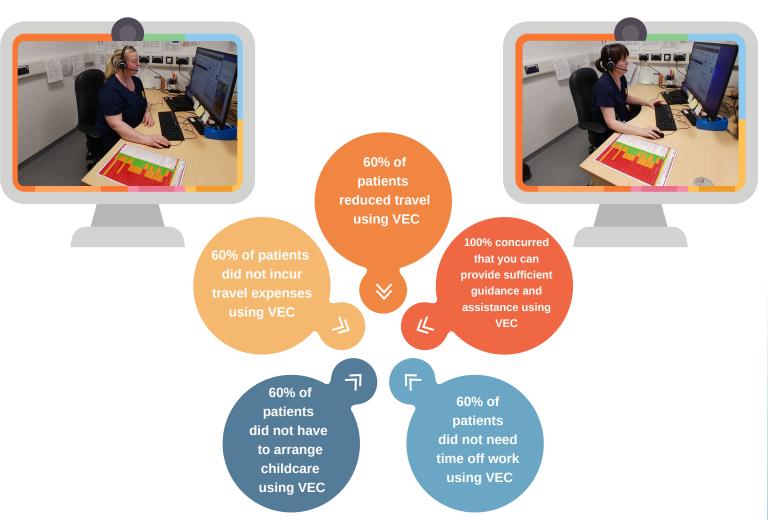


Would you use the video-enabled care service again?



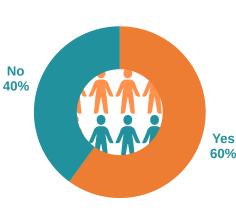
3 Results

Pilot insights informed VEC standard operating procedures and patient information. As a result of its success, numerous centres adopted VEC, with more planned. A comprehensive provider survey crafted to align with existing literature captured unique insights relevant for this patient cohort.





Did VEC
reduce the
need for ED &
Day Ward
presentation?





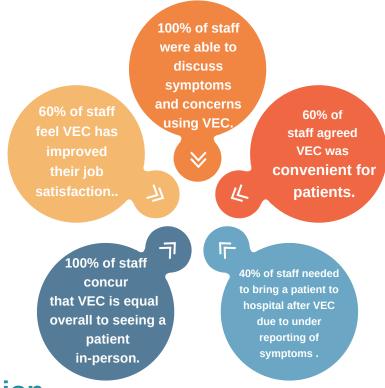
Staff Survey
Does VEC affect
your ability to
form a
connection with
patients?



4

Discussion

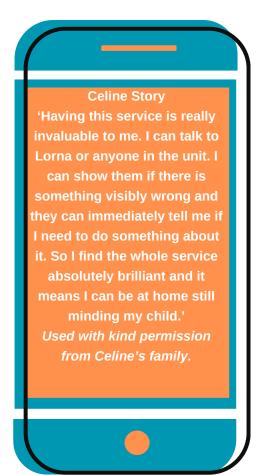
Although pilot evaluations align with video-enabled care literature themes such as convenience, time savings, reduced travel costs, lower infection risk, reassurance, staff connection and effective communication (Mohanna et al., 2024; Cox et al., 2017; Koppel et al., 2022; Zhou et al., 2024; Anawade et al., 2024) the literature is not fully transferable to this patient cohort. The pilot also revealed unique themes, including reducing hospital infections, preventing unnecessary ED visits, seeking additional specialist support, involving distant family members, and addressing underreported symptoms, highlighting areas for further research.



5

Conclusion

Attend Anywhere has enhanced the service by integrating VEC into clinicians' workflows. Its unique functionalities and customisable features are well-suited for this service. The team recommends further qualitative research on patients' telehealth experiences, with a research proposal in development.





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