

Hello. My name is Samantha Alderman, and I will be presenting a focused assessment recording on Remote Collaboration and Evidence-Based Practice. When discussing those individuals who live in a remote area and have limited access to good public healthcare, telehealth services are being utilized more and more. According to Vidal-Alaball et al. (2020), telehealth medical visits are an effective and affordable way to receive an acceptable level of health care advice and direction from a provider. Remote areas may not have a convenient source of medical care for all who may need it and telehealth is becoming a widely accepted means of medical care. In this video assessment, I will discuss a two-year-old little girl, Caitlyn Bergan, and her evidence-based care plan made to carefully provide practical treatment while living in a remote area.

Let's discuss Caitlyn's background story.

Caitlyn is a two-year-old girl who was just recently diagnosed with Cystic Fibrosis (CF) after having two cases of hospitalized pneumonia within the last six months. She was born with a meconium ileus and appears to have some malnutrition with difficulty holding onto subcutaneous fat in her lower extremities. Caitlyn currently lives over one hour away from the hospital she is being treated at. Her parents are married but separated and both work full-time jobs. Social workers are collaborating to help the family better manage Caitlyn's plan of care and to make sure that resources are available at their fingertips to help promote the best outcome for their daughter.

Next, I would like to propose an evidence-based care plan with data to support the reasonings for it.

According to a publication from 2021, the Rural Health Information Hub, using telehealth technology has many benefits including the minimalization of transportation issues that some patients may be troubled by, refining patient supervision, timeliness, and more effective and efficient communication within the healthcare organization. Patients may have informal visits with their healthcare providers over a phone call or through video chat capabilities and thus, making it easier for the patient to have full access to sufficient care sources without the burden of driving extended distances or getting out when it is problematic for the patient or caregiver. With Caitlyn just recently being diagnosed with cystic fibrosis, inevitable questions and concerns are

going to arise from the caregiver, especially since she is too young to fully grasp all the comorbidities of her diagnosis. She will likely need frequent follow-ups regarding her mucous secretions, lung sounds, bowel sounds, and appetite. Caitlyn has just been prescribed pancreatic enzymes and nebulizer treatments and it is critical that she is being monitored after initializing the medication and monitoring for effectiveness to prevent further complications. According to a journal article written in 2021 by Wendekier et al., one of the complications of CF is insulin deficiency due to chronic inflammation and some patients may require insulin injections. It would be imperative for Caitlyn to have her blood sugar monitored and checked to trend how her pancreas is functioning. Since Caitlyn is so young, her parents would require training on how to test blood glucose levels at home and know when to notify the healthcare provider.

Now, I will explain ways in which an evidence-based practice model was used to help develop my care plan.

The Stetler Model uses five phases to help use evidence to build a patient-centered plan of care. The first phase is preparation. The priority need for Caitlyn's family is to have remote access to a healthcare provider since they live over one hour away from the facility of their choosing. Validation is the second phase which Caitlyn's father, Doug, has found good validity in Valley City Regional Hospital, despite the long distance from their home which makes telehealth even more important for the family. Decision making is the third phase of the Stetler Model. The family will need to weigh the risks versus the benefits of being seen in person at the facility and doing a care-conference over the phone or through a video call. The next phase is Transition/Application. Social workers would be helping the family get settled into the transition into their new way of life and make application of telehealth technology easier over time. The last phase is Evaluation. It is expected that using telehealth functions will limit the number of hospital visits for Caitlyn. Having a newly diagnosed child with CF can cause anxiety and fear for the caregiver and having telehealth capabilities will lessen the stress with having appointments at home.

I would now like to reflect on which evidence was most relevant and useful when making decisions on Caitlyn's plan of care.

The reasoning behind using telehealth programs for Caitlyn is based on convenience and caregiver ease. Caitlyn's family lives over one hour away from Valley City Regional Hospital. It is imperative that Caitlyn get adequate healthcare, especially since she is so young and most of her assessments will be performed objectively by her parents. Having telehealth resources at the fingertips of her family is going to limit the caregiver burden with decreasing the drives to a hospital for unnecessary needs, decrease stress with being able to get quick answers from a knowledgeable source, and lessen financial strain by being able to have appointments scheduled for after work hours.

Last of all, I would like to identify the benefits and strategies to mitigate the challenges of interdisciplinary collaboration to plan care within the context of a remote team.

Caitlyn's care team has made wonderful proposals for the family to mitigate the challenges that a new diagnosis of CF can pose for them. Social workers have been extensively involved with the pediatrician's office in their hometown to make sure that video-conference calls are set up and ready for Caitlyn when she returns home. Dr. Copeland and Nurse Anderson, from Valley City, have willingly offered their direct phone numbers for pediatricians and social workers to keep in contact with them. There is a large amount of support through interdisciplinary collaboration from the hospitalists, social workers, and pediatricians. One way in which to lessen the interdisciplinary collaboration burden is to provide a form of online, electronic medical record keeping in which all the providers can keep close tabs on the status of Caitlyn's health. It will alleviate any questions of doubt or about the plan of care that she is receiving. If Caitlyn is being started on a new medication, a flag or an alert could be sent to all the providers, notifying them of the change and leave an open dialogue for input from the others involved in her care. This will lead to better patient care and a more fruitful quality of life.

In conclusion, remote collaboration using evidence-based care plans provide a solid foundation for those who are either physically unable or are not within a suitable means of time or distance from a healthcare provider. Using evidence-based models helps to build a structure of support by using questions and answers to determine what is best for the patient or caregiver. There are thorough research methods that can assist in delivering a care plan that is suitable for everyone

involved in the interdisciplinary collaboration, resulting in more efficient and effective care that is given to the patient.

References

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