

# Sharing the journey: Technology-Enhanced Transitional Palliative Care



Diane E. Holland<sup>1</sup>, Catherine E. Vanderboom<sup>1</sup>, Cory J. Ingram<sup>1</sup>, Ann Marie Dose<sup>1</sup>, Ellen Wild<sup>2</sup>, Kathryn H. Bowles<sup>3</sup>

**T**HE majority of palliative care services are located in urban medical centers with few deliberate or consistent approaches to coordinate care across geographically-diverse settings. This pilot study linked two proven strategies, transitional care and use of health information technology, in an innovative way to extend palliative care across settings and improve outcomes for rural patients and their caregivers. The purpose of this pilot study was to determine feasibility, acceptability, and initial outcomes of a technology-enhanced transitional palliative care (TPC) intervention with

**Methods:** In this randomized controlled trial, patients/caregivers receiving inpatient palliative care consultation in a rural Minnesota hospital received either TPC or usual care for 8 weeks after hospital discharge. TPC consisted of one home visit, periodic phone calls, and weekly video session visits with a nurse via iPad. Attention control patients received weekly telephone calls by a study team member. All participants were offered a subsequent qualitative telephone interview to assess feasibility and acceptability. Transcripts were analyzed using content analysis.

**Results:** Five patients and 7 caregivers were interviewed. Technology use was feasible and acceptable after minor initial glitches were resolved; all valued viewing their nurse during video sessions. Care coordination was a dominant theme. Intervention patients/caregivers experienced satisfactory care coordination, enjoyed continuity provided across settings, and valued anticipatory guidance received. Care coordination and relationship was absent for the control group; all needed to manage care and healthcare interactions alone.

**Conclusion:** TPC is not only feasible, but desired by rural palliative care patients/families transitioning from hospital to home or other care settings. Video technology was a welcomed adjunct to fostering and maintaining the provider/patient relationship

**Implications for research, policy, or practice:** Palliative care should continue beyond the hospital doors; ongoing follow-up is needed for often worsening healthcare issues for these patients. Policy needs to change to provide reimbursement for innovative palliative care strategies that span care settings

<sup>1</sup>Mayo Clinic Rochester

<sup>2</sup>Mankato

<sup>3</sup>University of Pennsylvania School of Nursing