Experiences and Needs of Integrating Home Telehealth Model for Older Persons Living with Hemodialysis:

A Mixed Methods Research

Pungchompoo, Wanicha*, DClInP, RN, Assoc. Prof. of Nursing, Faculty of Nursing, Chiang Mai University, TH

Parinyachitta, Saowaros, MNS, RN, APN., Faculty of Medicine, Chiang Mai University, TH

Pungchompoo, Sirirat, PhD, Lecturer, Faculty of Engineering, Rajamangala University of Technology Srivijaya, TH

Suwan, Panudda, MNS, RN, Faculty of Medicine, Chiang Mai University, TH

Kunapun, Sukontha, MNS, RN, Faculty of Medicine, Chiang Mai University, TH

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Background: The integration of home telehealth into holistic end-of-life care for older persons living with hemodialysis with nurse oversight is limited in Thailand.

Aim: To explore the experiences of older persons living with hemodialysis, and examine their health care needs in terms of an integrated home telehealth model.

Design: A mixed method exploratory sequential design

Methods: In the quantitative phase, purposive sampling was used to collect data from 100 older persons living with hemodialysis. The instruments included the VOICES (View of Informal Carers Evaluation of Service-ESRD/Thai (patients' version)) questionnaire, the 9-item Thai Health Status Assessment questionnaire, a demographic data form, and the Thai-Stress Evaluation Form (ST-5). Data were analyzed using the statistical package SPSS version 17. In the qualitative phase, a semi-structured interview schedule and purposive sampling were used to collect data from 20 older persons living with hemodialysis. Interviews were digitally recorded, transcribed and analyzed using framework analysis.

Conceptual framework of the study

Results:

Experiences of patients at home were reported. 31% of patients reported that pain and edema were the main symptoms they suffered from. 25% and 15% of patients reported breathlessness and nausea/vomiting were their main symptoms, respectively. 90% of patients reported stress at a medium level. The overall 9-Thai quality of life scores were within the normal level. The needs of participants at home were identified as: 1) medical management (symptoms, medications, and nutrition); 2) activity and role management; 3) emotional management; 4) spiritual support; 5) and telehealth (VDO visiting, telephone counselling, web-based education/monitoring).

Conclusion:

An integrated home telehealth model is required in order to enhance quality of care and improve quality of life. It may also reduce the cost of treatment.

Corresponding author: wanicha.p@cmu.ac.th

I have no potential conflict of interest to report.