

Start	End	Topic	Speakers
		Welcome and Introductions	Janie Thompson
		Application and Evidence for Telehealth	Janie Thompson
		Research and Use of Telehealth	Sakineh Hajebrahimi
		Use of Telehealth in a Clinical Setting	Rizwan Hamid
		Use of Telehealth in a Clinical Setting	Tamara Dickinson

Aims of Workshop

Telehealth has quickly become a usual part of health care practice, but little is known about its effectiveness in relation to the provision of continence care in varied clinical contexts.

This workshop aims:

- to enhance knowledge on access, provision and outcomes of telehealth.

The workshop objectives are:

- to increase participants' confidence and skills in providing effective continence care via telehealth in a variety of clinical situations
- to understand the evidence base for telehealth and how it applies to continence care
- to understand how telehealth can be integrated into usual practice beyond a pandemic

Learning Objectives

To gain an understanding into the research, evidence and application of the telehealth as a service delivery option and its health care outcomes

Target Audience

Urology, Urogynaecology and Female & Functional Urology, Bowel Dysfunction, Conservative Management

Advanced/Basic

Intermediate

Janie Thompson

Nurse Continence Specialist and the Clinical Services Manager for the Continence Foundation of Australia, Victoria Australia. Her role includes managing the National Continence Helpline which is a free, confidential advice telephone service for consumers, carers and health professionals.

Optimising the use of telehealth for the client and health professional, including confidentially, is essential. The clinician needs to maximise the access and communication effectiveness to their clients with their use of telehealth. This presentation will give tips and suggestions on how to support your client with telehealth and improve your ability to communicate through telehealth.

This presentation will touch on addressing issues around the digital divide and embedding telehealth into usual practice.

Research and evidence on the use and effectiveness of telehealth in urological and continence settings, including the environment and economical impact, and client satisfaction, will also be presented.

Professor Sakineh Hajebrahimi

Professor of Urology Department, Tabriz University of Medical Sciences, Tabriz Iran

Telemedicine is not a new practice. The concept of telemedicine is dated back to the 19th century! What began as a few hospitals wanting to reach patients in remote locations became an integrative system across the care continuum. The definition and implementation of telemedicine systems involve a cross-domain research approach that includes healthcare sciences services, medical informatics, public and occupational health, biotechnology applied microbiology, general medicine and surgery. During last 18 months in total, 35 different organizations are involved in the application of telemedicine systems to combat Covid19. Pandemic has hit hardly societies and health care systems worldwide. During acute phase hospital activities has changed dramatically. Functional Urology activities has reduced (low prioritization), even completely stopped. Scientific Societies have developed general guidelines to manage acute phase. There was an asymmetry in Covid19 programs worldwide including: Numbers (new cases, ICU admissions, deaths), resources (ICU, staff, PPE, tests, etc.), governmental strategies and vaccine availability. For this reason, we needed a dynamic strategy. This pandemic had more than 80% Impact on Functional Urology (Teoh JY et al, Eur Urol 2020).

New pandemic scenario is the threat of future waves, Uncertainty about vaccine efficacy, availability and threat of future pandemics (other version of viruses). Thus a high quality worldwide expert consensus is necessary. (Transition of Functional Urology to New COVID Era) Strategies in Functional Urology and Urogynecology for transition to the new COVID-19 era: A Delphi consensus ICS project is about an ICS expert consensus in FFU activities for the “new normal COVID-19 era”. The Delphi aims to cover the following areas: diagnosis (non-invasive and invasive procedures), treatment (medical and surgical), consultation (outpatient-telehealth; first visit and follow-up). The first step about definition of the problem already publish by this research team (Eur Urol Focus,2020). More than 40 experts composed for the second step for the panel. In the third step a qualitative research was done and previous to develop more specific questions that will be part of the questionnaires (survey), an Excel table to cover all the aspects of the topic assigned. Finally, in the fourth step the related questionnaires were designed. The process of questionnaire development is illustrated in diagram-1. The final questionnaires were sent to ICS suggested experts, and we asked them to share their experience with us. We still need more supports from experts to complete the survey. Please join us in below address to have your comments on this survey (fig.1).

Diagram-1: Process of Questionnaire Development

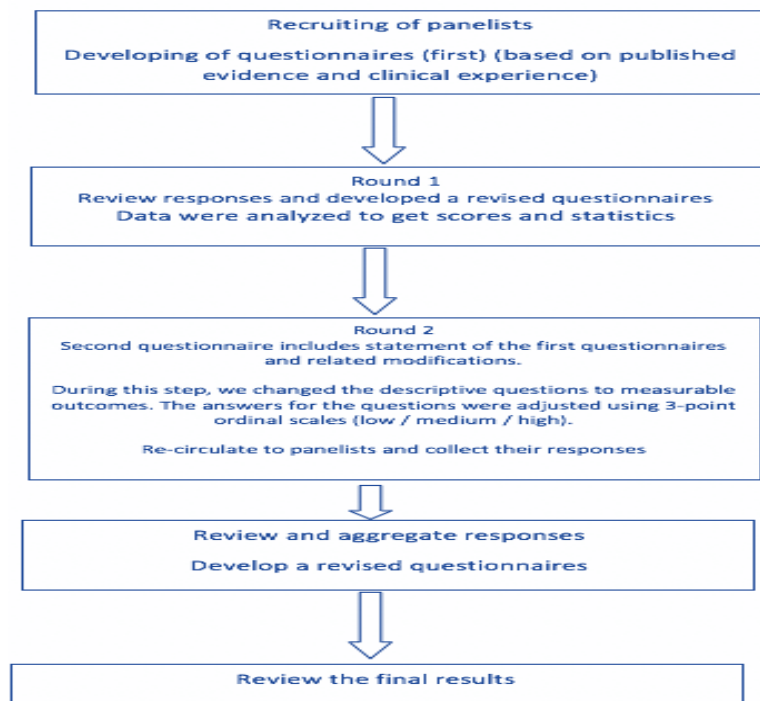


Fig-1: Join us!





Please find five links to the 5 main topics developed: Female LUTS, Male LUTS, Prolapse, Chronic Pelvic Pain and Neuro-urology:


1. FLUTS = <https://es.surveymonkey.com/r/3JQD6BZ>
2. MLUTS = <https://es.surveymonkey.com/r/ND6QHFH>
3. POP = <https://es.surveymonkey.com/r/LVL73V5>
4. CPP = <https://es.surveymonkey.com/r/XP2Z5ZX>
5. Neuro = <https://es.surveymonkey.com/r/NQT6HDB>

We deeply appreciate your effort to complete the questionnaires.

Our best wishes.

 **Salvador Arlandis Guzmán**
Urologist

 **Hashim Hashim**
Urologist

 **Luis López-Fando Lavalle**
Urologist

 **Sakineh Hajebrahimi**
Urologist

Mr Rizwan Hamid, Urologist

Consultant Urological Surgeon at King Edward VII's Hospital in the United Kingdom. He also works at University College London Hospitals and London Spinal Injuries Unit, Stanmore, UK. He specialises in Functional and Neurourology and provides a tertiary care practice in reconstruction of the lower urinary tract.

This presentation will cover research and evidence into the use of telehealth particularly in urological setting. This includes the challenges and successes of telehealth in a clinical setting, including how to optimise urological care and its use beyond a pandemic.

Tamara Dickinson

MSN, AGPCNP-BC, CURN, CCCN, UT Southwestern Medical Center, Dallas, Texas, USA

After over 20 years of continence nursing in pelvic floor dysfunction, urodynamics and neuro-urology, I found myself graduating from nurse practitioner school and looking for a job! So now after nearly 5 years of taking continence nursing “out of the box”, I work in radiation oncology managing prostate cancer patients on treatment, through follow up and survivorship. Our center is one of the top in the country offering a wide array of the latest in technology and cutting edge innovation.

There are events that happen throughout the course of one’s lifetime that you will never forget where you were and what you were doing when “it” happened. March 10, 2020 would become one of those times. My priest was the first patient in our county with presumptive COVID-19! By the next week our entire head and neck disease team faculty had been exposed and were in quarantine and it had been “leaked” to the press. A week later I would be wrapping my head around the fact that I would be working from home. But I was a health care provider, how can that be? We soon found for many of our prostate cancer patients there were benefits to telehealth. We have patients literally come from all over the world. They didn’t need to come into town and into the clinic to discuss lab results, potential side effects and medication refills.

At the time no one could have imagine what the world would go through those next months but in the United States we realized there would be a long term place for telehealth and it would need to be reimbursable. We are back in the clinic as providers with most of us having some sort of hybrid schedule of in clinic, telehealth and working from home. This will likely be a long-haul effect of a pandemic that has been unimaginable.