

TE MANAWA TAKI TELEHEALTH NEWSLETTER

Our Newsletter

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- A clinicians experience
- A stroke survivor story
- How to make Telehealth a habit using ADKAR
- How to use the Telehealth Dashboard to measure DNA rates
- How are we performing from an equity perspective?

Keeping you up to date with what is happening in Telehealth throughout the Te Manawa Taki region



A clinicians experience using Telehealth to provide Patient Centric Care



I moved to Waikato DHB in August 2020. I work as a speech language therapist and cover Thames Hospital (inpatients and outpatients) and work with early discharge service for seeing people at home after their stroke. This is called the Supported Transition and Accelerated Rehabilitation Team (START). There are several START teams around the Waikato area, and I work with all of them.

I had previously worked in an inpatient setting, so my only experience with telehealth had been having family members on phone or video calls for meetings! I wasn't used to seeing patients by telehealth and it wasn't something that is used by other professionals in the START team. I wasn't sure how it would work when I was providing a service in people's homes!

The advantages of telehealth for me are:

- I can see a patient at home in Huntly at 10, and then a patient in Tokoroa at 11.15.
- It saves travel time which gives me more time and flexibility for seeing patients and is also better for the environment/traffic congestion/hospital car availability/cost.
- Inpatients at Thames Hospital can be seen when referred, rather than on the 2 days a week that I am over there
- People who live hours from their local hospital can save so much time and energy by not having to drive to an appointment

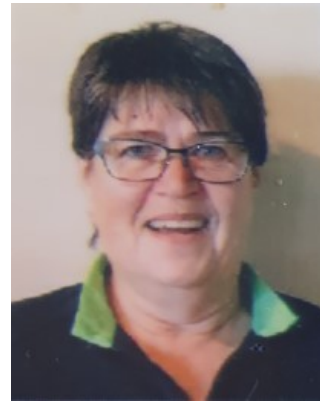
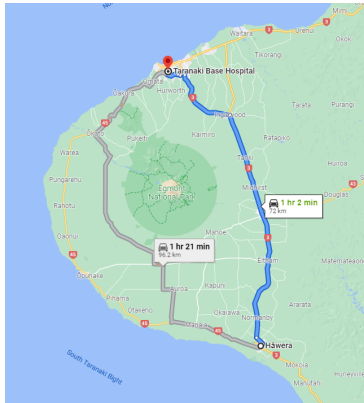
I find that the challenges of telehealth are:

- Having a room available for appointments as at the moment my telehealth appointments are arranged on an ad hoc basis rather than a booked clinic
- Having to resend the appointment because it's been lost in a client's inbox/client's having trouble connecting even if they've done it successfully at the previous appointment
- Equity – not all my clients have access to the technology or wifi/unlimited wifi, or have the confidence to use telehealth, so I need to make sure that patients who can access telehealth are not getting more input than patients who cannot.

Overall I am enjoying using telehealth. In the future, I want to look into using the START Health Care Assistants to help patients access telehealth appointments through providing the iPad/data and supporting the patient with the technical side of things in the patient's home.

Lucy Schumacher May 2021

Jacqui's Telehealth Experience



My name is Jacqui and I am a stroke survivor. In July, I had a stroke in the left side of my brain that has affected my language. I have a language difficulty known as Aphasia.

These language difficulties have changed my life. I am a very capable person in everyday physical activities. However, I have trouble saying what I want to say, and listening to what others have to say. Having this stroke has shown me how everything can change very quickly, with little to no warning.

At times, I think that I am speaking correctly and that the right words are coming out, but they aren't always. With my Speech-Language Therapist's help, I am learning to say what I want to say and comprehend what others are saying correctly.

When I was in the hospital, I kept thinking, "why me?". It was good to have therapy in Taranaki Base Hospital. But by the end of my stay, I was ready to go home. I live in Hawera. Hawera is a town south of New Plymouth. It has a small, rural hospital.

Telehealth has been really good for me to access therapy. Telehealth means that I am able to have therapy with my therapist, Kayley, 2-3 times per week. This number would not be possible in person.

At the start of my telehealth sessions, Kayley and I have a chat, we catch up on what I have been doing. This is nice for me to talk to someone as I live alone.

Another benefit to telehealth is that I don't have to go anywhere. I am unable to drive for at least a month after my stroke, so by doing telehealth, I do not have to worry about getting a family member or friend to take me to my appointments.

At times, telehealth can be challenging if the weather is bad or there is a lot of noise around due to the construction happening at Taranaki Base Hospital, but we are able to get by and make it work.

Overall, I would recommend telehealth appointments to other people who would benefit from it.



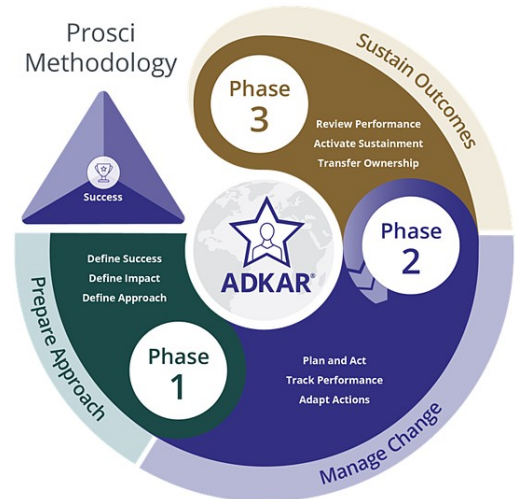
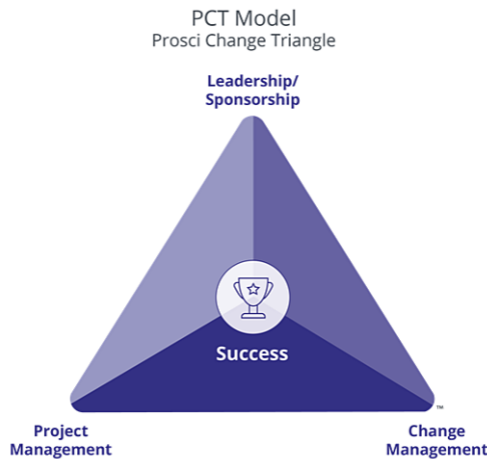
How can we make Telehealth a habit?

A 2009 study by Lally et al from University College London showed time taken to change a habit is anywhere between 18 to 254 days with an average time of 66 days even when motivated. So, how do we move clinicians past the routine of ticking the same box on a referral or outcome form to instead choose a video appointment?

What sort of score would we give ourselves for robust change management?

Did we start with the people or did we start with the technology?

Prosci ADKAR Model Free guide: <https://empower.prosci.com/the-prosci-adkar-model-ebook>



ADKAR

- A = Awareness of the need for change
- D = Desire to participate and support the change
- K = Knowledge about how to change
- A = Ability to implement desired skills and behaviors
- R = Reinforcement to sustain the change

Ruth Large's Telehealth Survey - Barriers to Telehealth Jan 2021

383 returned completed or partial responses from 17 out of 20 DHB's - 325 clinicians and 34 managers

Awareness—What is your current level of experience with Telehealth?

ANSWER CHOICES	RESPONSES	
I use the phone to connect with patients frequently (more than 10 times a week)	20.94%	80
I use the phone to connect with patients regularly (more than three times a week)	24.87%	95
I use the phone to connect with patients occasionally (once to three times a week)	25.92%	99
I use video to connect with patients frequently (more than 10 times a week)	0.00%	0
I use video to connect with patients regularly (three to 10 times a week)	1.83%	7
I use video to connect with patients occasionally (once to three times a week)	15.45%	59
I manage a service/directorate that uses phone to connect with patients	9.95%	38
I manage a service/directorate that uses video to connect with patients	7.07%	27
I do use Telehealth very infrequently	20.94%	80
I do not use Telehealth at all	12.83%	49
Other (please specify)	Responses	12.30% 47
Total Respondents: 382		

Prosci—e book “A natural human reaction to change even in the best circumstances is to resist”

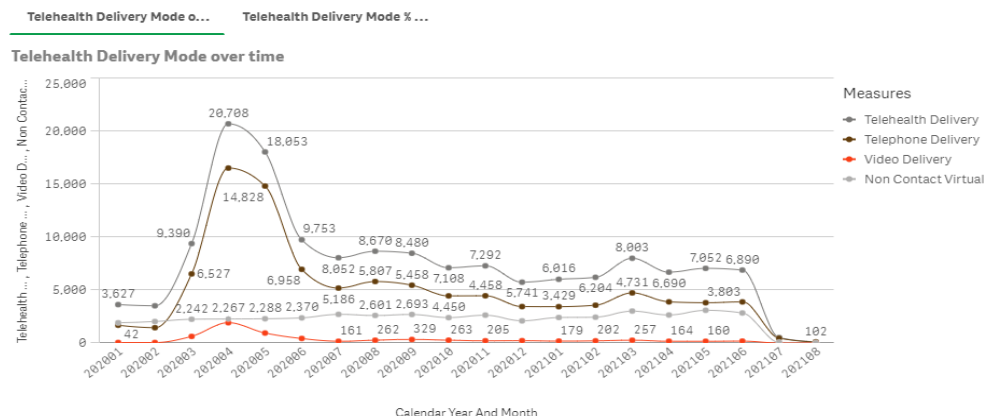
How can we make Telehealth a habit?

Desire—Would you like to provide more or less Telehealth?

ANSWER CHOICES	RESPONSES	
I would like to provide more Telehealth services	52.28%	195
I am quite happy with the status quo	37.80%	141
I would like to provide less Telehealth services	2.68%	10
Other (please specify)	Responses	7.24%
TOTAL		373

Slightly over half the respondents have a desire to change however nearly 48% still need help getting to a stage where they desire a goal of providing Telehealth appointments.

During the COVID lockdown in March-April 2020 the desire was strong and the telehealth numbers surged. The *“What’s in it for me”* was partly due to the need for something to do and the knowledge that backlog would still be there once lockdown was over.



Knowledge

From Prosci we know that training should occur once there is a desire to learn to ensure that employees are engaged and the training is effective. Clinicians want to know *why* they should provide appointments by Telehealth. Ask yourself *“what is the knowledge gap”*? While many staff know how to use Zoom or Teams and complete the paperwork, they need to know how it works within the context of a Telehealth appointment in the workplace environment. Ideally training should be done in a safe environment using a practice patient NHI with one on one coaching by a subject matter expert.

Ability

64 out of the 383 survey respondents have demonstrated ability to provide video appointments

Ability is being able to put knowledge in to practice.

For video appointments this includes practising which buttons/ icons to press on the computer, completing prescriptions, lab request and X-ray forms and sending them to the correct location at the end of the appointment to ensure they are actioned. It also required changing behaviour when completing Outcome forms to request another Telehealth appointment if appropriate. Clinical champions and Managers are key to ensuring that the transition from knowledge to ability by continuing the coaching role, answering questions and providing feedback.

I know how to run a mile but can I actually do it?



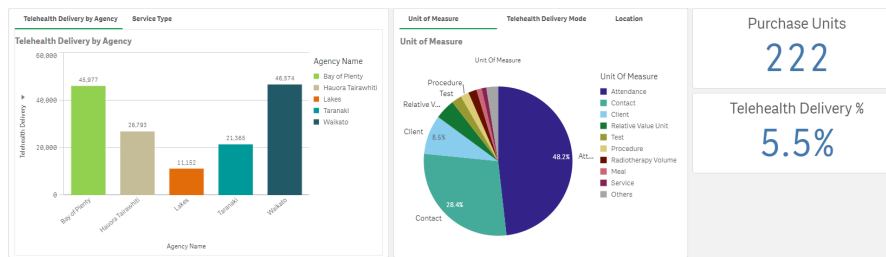
Reinforcement — Sustaining the change

The **individual** must find the recognition and the reward meaningful. There needs to be *“demonstrated progress or achievement”* and an absence of negative consequences. There also needs to be *accountability within day to day operation and measurement of progress.*



Telehealth Dashboard — DNA rates

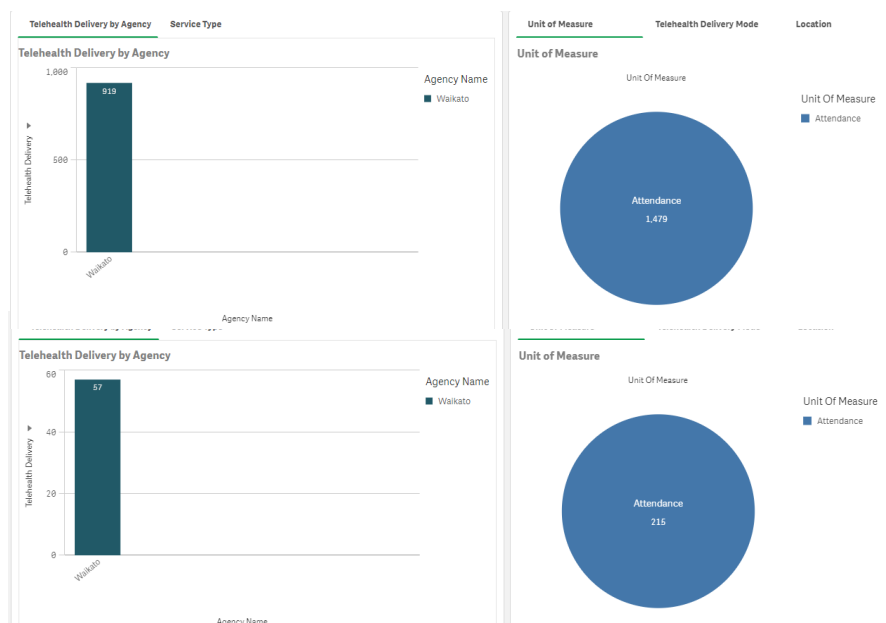
HealthShare's Data Scientist Rodney Jones has created an interactive Telehealth dashboard to enable the Te Manawa Taki DHB's to monitor their Telehealth performance. The overall Telehealth rate for the Te Manawa Taki DHB's has been 5.5% for the time period 1/01/2020 to 1/08/2021. This includes telemonitoring e.g. Pacemaker checks and glucose monitoring.



As you can see from the appointment numbers below which only includes data counted as attendances, clients or contacts, 5.1% of appointments were delivered in this manner. Bay of Plenty have delivered 25,884 appointments however they have only had 1016 missed telehealth appointments i.e. 3.9% .



In the same time period, for the Waikato DHB Diabetes Service subsequent appointments alone, there were 919 appointments delivered by Telehealth with only 57 missed appointments i.e. 6.2%. This is a particularly good result as traditionally chronic conditions suffer a higher missed appointment rate compared to other services which patients feel are more urgent e.g. cancer .

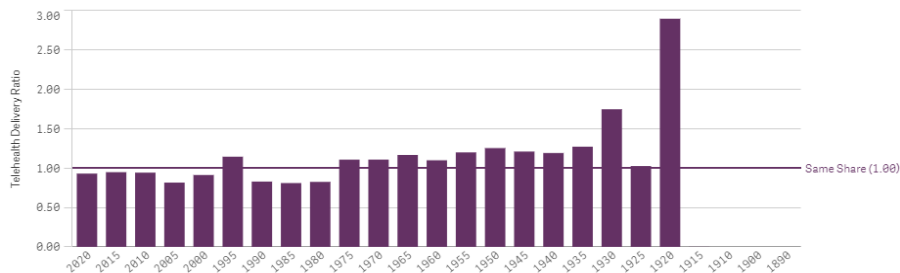


Te Manawa Taki Clinicians or Service Managers who would like access to the dashboard for monitoring your service performance please email lyn.clarke@healthshare.co.nz

Te Manawa Taki Telehealth Dashboard—Equity

Equity—The absence of avoidable or remediable differences amongst groups of people

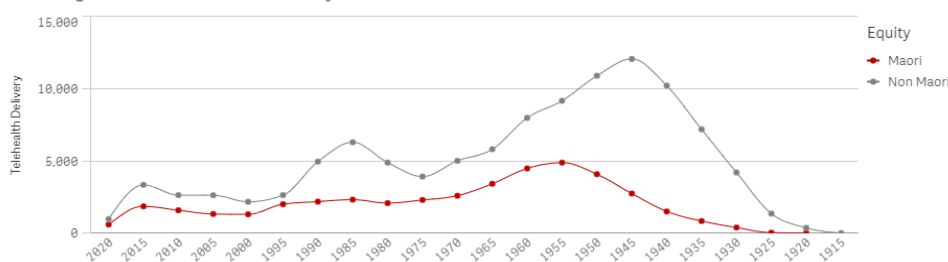
Telehealth Delivery RATIO for Maori/Non Maori by Age



Overall Māori have a higher telehealth attendance rate than non-Māori.

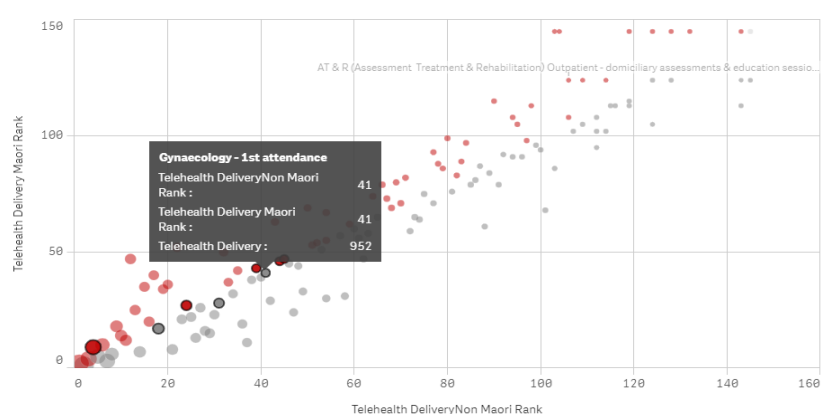
Patient Age Volume for Ma... Patient Age Share for Maor...

Patient Age Volume for Maori/Non Maori by Birth Year



70 to 80 year olds are the greatest users of Telehealth.

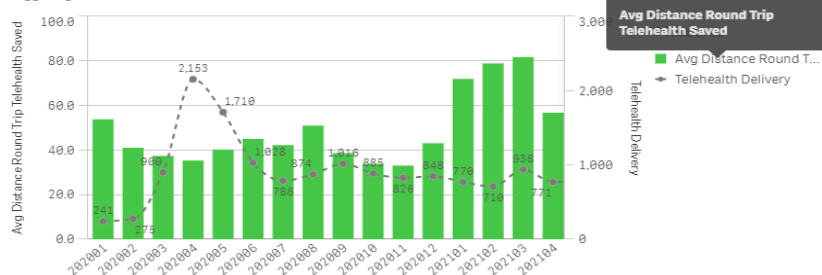
Purchase Unit Rank by Maori/Non Maori Telehealth Delivery



Gynaecology services deliver the same number of telehealth services to Māori as non Māori

Telehealth Approximate Average Return Trip and Counts

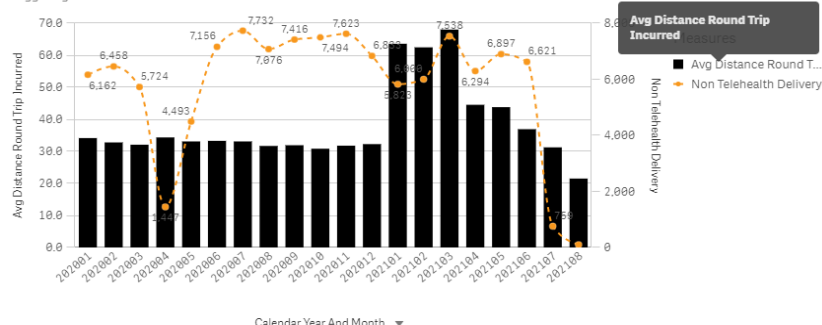
: logged against



In April, 771 patients saved on average 58 kms per round trip by choosing a Telehealth appointment.

Non Telehealth Approximate Average Return Trip and Counts

: logged against



In April, 6,294 patients travelled on average 45 kms to attend an in-person appointment.