



Policy Responsibilities and Authorisation

Department Responsible for Policy	Virtual Health
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Policy Review History

Version	Updated by	Date Updated	Summary of Changes
V 1.0	Gary Nelson	2015	
V2.0	Denise Irvine	2019	 Change in definition of telehealth to include other devices MCNZ statement of Telehealth included Clarification that clinicians do not maintain equipment Update to Health and Safety at Work Act 2015 Guidance to patient or their whanau for recording of telehealth consult have been referred to Code of Health and Disability Services Consumer Rights 1996 "Future proofing" this document is included in definition of Telehealth

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1 Introduction

1.1 Purpose

This document details the Waikato District Health Board's policy on the use of video conferencing, telephone, and other devices in the clinical and professional setting, grouped under the term Telehealth

1.2 Background

Telehealth is the use of information and communication technologies to deliver health care when patients and providers are not in the same physical location. This includes site to site videoconferencing, telephone and other devices. Included in this service are community outreach, primary care settings, marae, home, schools and other

Tele-Acute Care

Patient and health professional contact in acute care services to:

- · Assist with emergency assessments
- Provide a second opinion
- · Gain additional information to assist transfer decisions

Tele-Ambulatory Care

Patient contact for:

- First Assessment (FA) at clinician discretion.
- Follow up after an initial consultation to review treatment and patient progress

Tele-Workforce support

Staff contact for:

- Team/group meetings
- · Education and supervision
- One to one supervision
- Group/peer supervision
- Distance learning for education programmes
- Maintaining up to date practice through information sharing

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1.3 Management

- · Liaison with other providers
- Professional body meetings
- · Interviewing prospective staff at a distance for recruitment

1.4 Scope

All Waikato District health Board staff involved in the delivery of patient care using telehealth technology.

2 Objectives of Telehealth

- Increased, timely access to clinical advice and consultation, education and liaison between services through the use of Telehealth video-conferencing technology
- · Reduction in mortality and morbidity
- Reduction in the need to transfer patients to Waikato Emergency Department (ED) from rural hospitals
- Facilitation of transfer of patients
- Improved patient, family and staff satisfaction through smoothly run Telehealth sessions by trained and knowledgeable staff
- Patients who are not in the same physical location as their clinician, and are suitable for video-conferencing, will be provided with timely and efficacious care
- · All users are aware of this policy and associated guidelines
- Telehealth technology is used effectively as a tool to improve the health of the people of the region, by enabling the delivery of accessible, affordable and efficient quality health services.
- Reduction in the number of 'missed appointments' by the provision of an alternative to an 'in-person' patient encounter at the Waikato campus. Missed appointments waste Waikato DHB resources and can impact negatively on patients' health.

3 Definitions

Telehealth	Telehealth is the use of information and communication technologies to deliver health care when patients and providers are not in the same physical location. This includes site to site videoconferencing, telephone and other devices. This includes community outreach, primary care settings, marae, home, schools and other
Tele – Acute care	Telehealth services in the emergency department, intensive care, neonatal intensive care and retrieval/stabilisation
Tele-ambulatory care	Telehealth services in an outpatient, community and day to day setting.

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Tele workforce support	Education, meetings, recruitment, training, clinical and professional supervision. All carried out by video conferencing.
Hub	The site at which the clinical staff member who is "seeing" the patient/client is located.
Spoke site	The site, usually remote, rural or provincial centre, where the patient/client/family/whanau/caregivers and key worker/staff support person is situated.
vc	Video-conferencing
FA	First Assessment

4 Policy Statements

The Waikato DHB policy for Telehealth is:

- Telehealth enables some "in person" patient encounters to be replaced by contact using video conferencing technology, to provide increased access to clinical advice and consultation for patients and their family/whānau.
- Telehealth enables education and liaison between services and facilities with a reduced requirement for staff to travel between locations.
- It includes providing patient/client care using current Waikato DHB standard PC and mobile
 -based video conferencing software for clinicians, clinical meetings using dedicated videoconferencing equipment and virtual meeting rooms, as well as staff-to-staff contact using
 Waikato DHB standard collaboration tools with video capability.
- All staff are required to follow recommended etiquette for successful video-conferencing when utilising Telehealth.
- The physical environment chosen should be appropriate for this type of communication and promote clear image and sound transfer.
- Use of this technology should comply with all other Waikato DHB policies, in particular with regard to information security, informed consent, privacy, clinical records management and confidentiality.
- Staff are required to complete training on the use of Telehealth equipment before use.
- To be successful and sustainable, Telehealth must be fully integrated into existing health processes and procedures in a practical manner. Integration will be achieved through aligning Telehealth initiatives with existing strategic health plans and policies.
- Clinical staff are required to ensure that the standard of treatment provided to patients is
 maintained when using Telehealth and is in accordance with professional (HPCA Act 2003)
 and Waikato DHB conduct, policies and protocols. Telehealth demands the same standards
 of professional responsibility and duty of care as conventional clinical practice. This
 includes standards relating to patient selection, identification, cultural competence,
 assessment, diagnosis, consent and follow-up.

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- Clinical staff should use clinical and professional judgement to select appropriate situations and patient/clients that would benefit from utilising video conferencing technology. It is preferable that in person contact has already occurred where Telehealth is to be used for follow-up sessions.
- Sessions involving the patient/client or Multi-Disciplinary Team (MDT) discussions should be documented in the patient/client's clinical record (paper or electronic).
- Any saved data required still images, video, audio, documentation must be stored on the Waikato DHB approved storage devices e.g PACS, Clinical workstations. This policy should be used in conjunction with tele-workforce support, tele-ambulatory care, and tele-acute care guidelines.

5 Policy Processes

5.1 Roles and Responsibilities

All Staff

Are required to complete training on the use of telehealth equipment before use.

Clinicians:

- Are required to ensure that the standard of treatment provided to patients is maintained when using telehealth.
- Document the session and the outcome in the patient's clinical record.

Admin staff

 Are required to be responsible for booking of equipment and rooms as required using a standardised approach.

Information Services:

 Take responsibility for technical aspects of telehealth and support services as requested.

6 Telehealth

6.1 Purpose

- Provides increased and timely direct access to clinical advice and consultation, education, and liaison amongst health services.
- Enhances the options for care and treatment of health service users (patients/clients) and their families/whanau/caregivers
- · Increases the efficiency of inter-service health care delivery
- Increases the scope and availability of education and supervision for health service staff and patients/clients.

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6.2 Utilisation of video conference technology

 Waikato DHB has developed a strategy for the use of video conferencing technology which is grouped under the term Telehealth. The current categories of utilisation are Tele-Acute care, Tele-ambulatory care and Tele-workforce support.

6.3 Equipment

- The equipment and furniture should be set up to enable the meeting / interview / clinic appointment to resemble as closely as possible an "In person" encounter.
- Waikato DHB recommended equipment list for areas to be used for Telehealth
- Utilise existing equipment between services before purchasing more
- · Have a clear booking process via Outlook
- · Equipment stored in secure locations

6.4 Environment

- The rooms should be set up to ensure optimal videoconferencing, privacy and comfort of participants.
- The audio volume used in videoconferencing is often louder than normal speech and the room, therefore, should be adequately sound-proofed. The room should be painted in light neutral colours, (i.e. flat medium pastel, baby blue on the wall the camera faces), be brightly, but diffusely lit, with no shadows on the participants, and no/minimal natural lighting, or adequate drapes to exclude it. Clinician side environment suitable for clinical consult. i.e. minimal distraction. Whatever is behind the clinician should be neutral, i.e. wall, doors, curtain, etc.

6.5 Documentation

 Documentation of meetings/sessions must be in accordance with the Clinical Records Management policy and any service specific guidelines .Must meet the requirements of the Code of Health and Disability Services Consumer Rights. 1996

6.6 Funding

Contacts with patients/clients using video conferencing (picture and audio) are funded
equivalently to traditional 'in person' contacts for each service, as detailed in the
common counting standards from the Ministry of Health. The same may apply for
telephone calls (audio only). Where possible the location type should be
selected/detailed as 'video conference' in iPM during establishment of the clinic, or in
the patient contact record.

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6.7 Responsibilities and etiquette

- In determining the particular clinical limitations of videoconferencing, the basic consideration is whether the patient/client is willing and able to sit in front of a camera and communicate. This is a behavioural and attitudinal consideration rather than a diagnostic one. Clinical staff and service users must always be satisfied that the standard of treatment and care provided is in no way compromised by the use of videoconferencing facilities, and that the right to informed consent, privacy, dignity and cultural safety will be maintained at all times. (Code of Health and Disability Services Consumer Rights 1996 Videoconferencing depends on the transmission of visual and auditory information across a distance. Any other sensory information, such as observations on the patient/client's vital signs, needs to be obtained from a clinical staff member, present in person.
- The patient/client, or their representative, will be informed of their right to refuse to participate and the right to withdraw from the conference at any time, as per current treatment intervention guidelines and this will be documented and followed up according to procedures and guidelines relevant to that service.
- A staff member may be present with the patient/client during a Telehealth consultation.
 The requirement will vary for each discipline and type of appointment, so each health service should develop individual site specific guidelines.
- Users must have adequate training on the use and maintenance of their local equipment. The instructions for using the equipment should be available at each site in hard copy, and tailored to each site as/if required.(Please see Code of Health and Disability Services Consumer Rights 1996)

6.8 Registration and Liability

- The New Zealand Medical Council (NZMC) approved position statement (/assets/News-and-Publications/Statement-on-telehealthv3.pdf) on the use of Telemedicine 2016 .(For information in regards to prescribing refer to NZMC guidelines 2018)The Nursing Council of New Zealand has set out principles and standards to guide professional behaviour in the Code of Conduct for nurses (2012). These principles and standards apply to all forms of health care delivery including Telehealth.. Allied Health Aotearoa New Zealand. Allied Health Best Practice Guide to Telehealth
- Ethical principles are applied in the same manner as for "in person encounters".
 Individual healthcare practitioners requiring advice about risks in relation to the utilisation of Telehealth, should seek advice from their indemnity provider

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7 Audit

7.1 Indicators

- Every Telehealth site has a guideline to standardise local requirements e.g. Staff member present at all time during the consultation.
- All staff are trained in the use of the Telehealth equipment prior to engaging in the use of same.
- The environment for the Telehealth exchange meets the requirements of Section 6.4
- 100% of patients, using the Telehealth option, have a documented clinical record of the consultation.

8 Legislative Requirements

Waikato DHB must comply with the following legislation (this list is not exclusive):

- Health and Safety at Work Act 2015
- Human Rights Act 1993
- Privacy Act 1993
- Employment Relations Act 2000
- Treaty of Waitangi Act 1975
- Health Practitioners Competency Assurance Act 2003
- · .Health and Disability Commissioner's Act 1994
- Code of Health and Disability Services Consumer Rights 1996

9 Associated Documents

- Waikato DHB <u>Procurement and Contracts</u> policy (Ref. 0170)
- Waikato DHB Mobile Communications Devices Management policy (Ref. 1853)
- Waikato DHB Managing Behaviour and Performance policy (Ref. 5250)
- Waikato DHB <u>Clinical Records Management</u> policy (Ref. 0182)
- Waikato DHB <u>Health Information Privacy</u> policy (Ref. 1976)
- Waikato DHB <u>Incident Management</u> policy (Ref. 0104)
- Waikato DHB <u>Information Systems Acceptable Use</u> policy (Ref. 2191)
- Waikato DHB Informed Consent policy (Ref. 1969)
- Waikato DHB Information Security policy (Ref. 3153)
- Waikato DHB <u>Ethnicity Data Collection</u> policy (Ref. 0100)
- Waikato DHB Tele-Acute Care guideline (Ref. 2717)

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- Waikato DHB Meetings using Telehealth guideline (Ref. 2718)
- Waikato DHB Telehealth Outpatient Clinic guideline (Ref. 2719)
- Waikato DHB <u>Telehealth Outpatient Clinic Remote Site Support Staff</u> guideline (Ref. 2720)

10 References

- Waikato DHB Telehealth Strategy (version 1, February 2013)
- Telehealth Guidelines for implementation, Waikato District Health Board (August 2013)
- West Coast District Health Board Telemedicine Procedure (version 5, 27/02/14)
- Telehealth Guidelines and Practical Tips, The Royal Australian College of Physicians (RACP)
- Common counting standards 2013/14, Ministry of Health, Common Counting Technical Advisory Group and National Health Board (Jan 2014)
- Seeking consent for Telehealth, Australian College of Rural and Remote Medicine (ACRRM) in association with Australian Medicare Local Alliance
- ACRRM Telehealth Advisory Committee (ATHAC) Telehealth Standards Framework (version 07/2012)
- New Zealand Telehealth Resource Centre
- Midland Region Telehealth Strategy April 2018
- Medical Council NZ "Statement of Telehealth" June 2016

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