

Tele - Acute care

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Virtual Health
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Target Audience	Those patients/clients who live in remote/rural or community who require emergency care
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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
V1.0	Gary Nelson	2015	
V2.0	Denise Irvine	2018	Update information relating to Tele – Acute care

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Overview

Purpose

To detail the process of using Telehealth (video conferencing technology) in the acute care setting to allow patients to be seen in one location by a healthcare professional who is in a different location. To assist clinical staff in rural hospitals with access to VC support for triage, retrieval, transfer and monitoring of patients/clients in the acute setting.

- **Scope:** All Waikato District Health Board staff involved in the delivery of patient care using telehealth technology
- **Patient / client group:** Patient's/ Clients consenting to an outpatients appointment using video conferencing technology
- **Exclusions:** This does not cover other virtual health modalities.

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. Included in the service are community outreach, primary care settings, marae, home, schools and other
Video-conferencing(VC)	Is live, two-way audio and two-way video transmission across distances.
Tele-Acute care	The use of Telehealth to assist with remote triage, retrieval and monitoring of patients/clients in Waikato DHB rural hospitals. This is a 24 hour service. This service is available to Thames, Tokoroa, Te Kuiti and Taumarunui hospitals..
Hub	The site at which a clinical staff member who is providing a second opinion or expert advice regarding the patient/client is located
Spoke	The site, usually a remote, rural or provincial centre, where the patient/client/family/whanau/caregivers, and nurse practitioner/emergency department staff/key worker/staff support person is situated and requests VC input from.
IS	The Waikato DHB Information Services department.
CWS	Clinical Workstation (i.e. HealthViews).
MO	Medical Officer.

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ICU	Intensive Care Unit
FACEM	Fellowship of Australasian College for Emergency Medicine

Competency required

All staff members are required to complete training on the use of Telehealth equipment and etiquette before use.

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 practise. This includes standards relating to patient selection, identification, cultural competence, assessment, diagnosis, consent and follow-up. Document the session and its outcome in the patient's clinical record.

Designated non-clinical staff members are required to be responsible for:

- Monitoring equipment use.
- Equipment maintenance and use.
- Providing staff training.

Equipment

Telehealth equipment can include a range of devices and peripherals, including dedicated Video Conference equipment, monitors, projectors, cameras, AV trolleys, cables or add-ons for a PC such as a webcam, headset, microphone and speakers, tablets and phones.

Please contact the IS Service Desk to get assistance in determining what is required for your Telehealth equipment needs.

Software: Cisco Jabber is used for patient/client consultations with a health professional, meeting room to meeting room when a patient/client is physically involved or patients/clients are being discussed in a MDT meeting.

Instructions on how to operate the equipment are **available on the intranet**.

Action: Decision to use Telehealth in acute care setting.

The use of Telehealth to assist with remote triage, retrieval and monitoring of patients/clients in Waikato DHB rural hospitals.

Note that the term "Rural Hospitals" includes Thames, Taumarunui, Tokoroa and Te Kuiti hospitals.

Appropriate patients for Telehealth selected at the discretion of both the referring and consulting doctor or Nurse Practitioner. It is envisaged that initially these patients would be those whom consultation would be sought ordinarily by telephone but where

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visualisation of the patient and/or monitors/investigations are likely to enable better decision making.

Patient or relative's verbal consent should be obtained (where appropriate to patient's condition) to consult over secure video link.

Process of consultation - see Appendix A

Rural hospital ED departments may have no Emergency Medicine Specialist on site

There is generally a full-time Rural Medicine Specialist and a Nurse Practitioner. Services also rely heavily on locum medical officers. .

Rural hospital ED departments have patients presenting with acute, multi-trauma and complex medical problems, some require resuscitation, life-saving interventions, stabilisation and may need transfer to Waikato Hospital. Other patients presenting at rural hospital ED departments often require transfer due to needing secondary or tertiary care.

Rural hospital staff often work in isolation. They do not have a colleague readily available to consult with, so current practice is to phone a Waikato consultant or registrar for consultation.

This may also mean sick patients are often cared for by the Medical Officer or the Nurse Practitioner while waiting for transport or the retrieval team to arrive.

Activating Telehealth Consultation

Rural hospital Medical Officer and/or Nurse Practitioner identify patient requiring a Telehealth consult and the degree of urgency for response. From support required immediately to within the next half to one hour – see example flow diagram from Taumarunui hospital to Waikato ED. Appendix One

All patients need to be in the ED resuscitation room where video conferencing equipment is situated.

Waikato ED is called on direct dial extension 23620. This call goes directly to the mobile phone carried by consultant 1.

Consultant 2 can be called on 23838.

In the rare event that both numbers are occupied the Waikato Hospital operator can be called. Ask for extension 98362 – this goes through to the ED shift co-ordinator.

Full explanations should be given to the patient/client where appropriate, and where applicable whanau/caregivers about the process of a Telehealth in the acute setting.

They should be informed of the name, position, responsibility/role of the person(s) they will be speaking to as well as details of others who might be present e.g. trainee, nurse specialist

Documentation NB: All documentation to meet Waikato DHB standards.

ED staff complete documentation in patient's file.

Waikato ED staff to document in the outpatient note section of the Clinical Work Station (CWS)

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To include:

- Time consultation commenced / Name of Consultant/ Name of MO
- Patient Name , DOB, Gender and NHI
- Reason for consultation
- Summary of advice given
- Conclusion time of consultation
- Outcome
- Managed at Rural hospital and discharged
- Transferred
- If a decision is made to retrieve, then the ED Consultant liaises with ICU and St Johns Ambulance service as necessary and as per current arrangement. ED retrieves trauma patients. ICU retrieves medical patients.

Direct Referral to ICU

If ICU registrar/consultant wishes to telelink, the registrar will come down to ED and ask the ED consultant to initiate the Telehealth consultation. The ICU registrar will document the consultation on CWS as above.

Continue with current practise of telephone conversation between sub-specialty and the rural hospital site e.g. Ophthalmology, ENT, paediatrics etc.

Action: During the Telehealth contact.

- The patient/client's ID should be positively identified at the remote end, followed by an introduction of all people participating in (or observing) the contact.
- If appropriate, the camera should be adjusted to reassure the patient/client that there is no one observing without permission and show the whole room the health professional is in.
- A brief explanation should be given of the technical aspects of VC, for example, managing the sound time delay, camera placement focused on the people, ability to zoom in if required.

Action: After the Telehealth contact has finished.

- There should also be a clear statement in the clinical notes on whether or not the audio-visual quality was adequate for the requirements of the interview.

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Legislation

- Health and Disability Commissioner's Act 1994
- Code of Health and Disability Services Consumer Rights 1996

References

- Waikato DHB Telehealth strategy (version 1, February 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).
- Telehealth Guidelines and Practical Tips, The Royal Australasian College of Physicians (RACP).
- 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).

Expert Consensus Recommendations for Videoconferencing-Based Telepresenting
November 2011. American Telemedicine Association.

Midland Region Telehealth Strategy April 2018

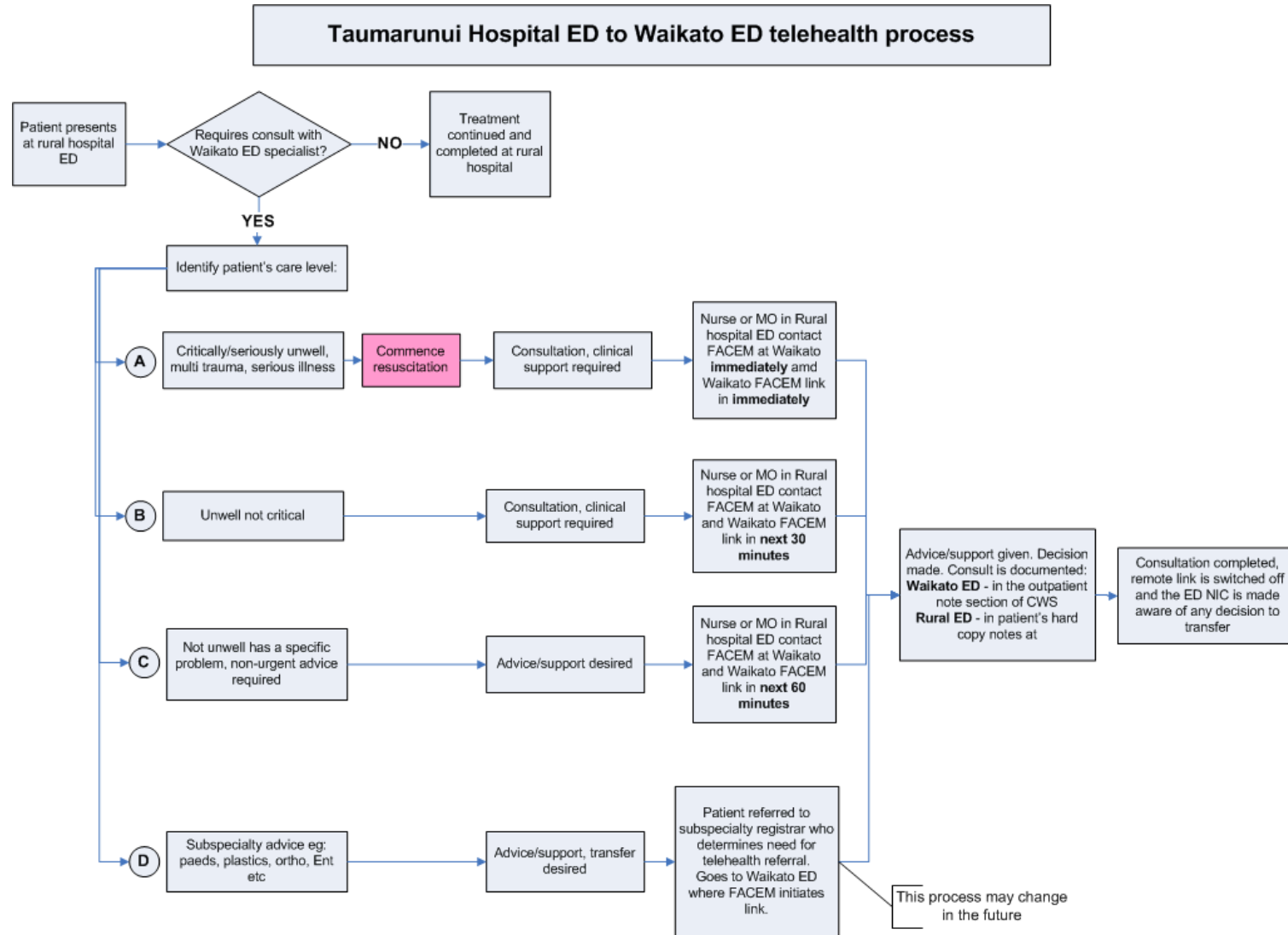
Associated Waikato DHB Documents

- 0182 - Waikato DHB Clinical Records Management Policy
- 0104 - Waikato DHB Incident Management Policy
- 2191- Waikato DHB Information Systems Acceptable Use
- 1969 - Waikato DHB Informed Consent
- 3153 - Waikato DHB Information Security Policy
- 0100 - Waikato DHB Ethnicity Data Collection
- 2715 - Waikato DHB Telehealth Policy

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