

Meetings using Telehealth

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Virtual Health
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Target Audience	Health professionals in different locations meeting via telehealth for consults, clinical and non-clinical meetings in Waikato.
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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 of telehealth meeting processes

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1 Overview

1.1 Purpose

To detail the process of using Telehealth (video conferencing technology) for workforce support and allow healthcare professionals in different locations to meet without having to travel to the same physical location. It also reduces professional isolation for staff in rural hospitals and allows them the same level of information, support, and education as staff based in Hamilton.

1.2 Scope

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

1.3 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. Included in the service are community outreach, primary care settings, marae, home, schools and other
Video Conferencing (VC)	Is live, two way audio/video transmission across distance..
Tele – workforce support	Is the use of telehealth to improve access to support for remote staff including education, training, case reviews, clinical supervision and procedure support.
Hub	The site at which the staff member/s initiating the communication is located.
Spoke Site	The site, usually a remote, rural or provincial centre where the staff member/s connecting into the meeting are situated.
IS	Is the Waikato DHB Information Services department.

2 Management

2.1 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 discussions and outcomes of MDT meetings are documented in the appropriate patient’s clinical record.
- Document the required information for supervision if applicable.

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

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

2.2 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 or microphone and speakers.

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.

Simple guides for the equipment and software are accessible on the intranet under Telehealth – How tos.

2.3 Guideline

Action: Tele- Workforce applications

Where appropriate, staff should utilise video conferencing technology to enable timely contact with colleagues and reduce travel time and cost. Whenever possible, meetings with attendees from different locations should be scheduled to utilise VC technology and avoid car travel. Meetings between 2-6 staff can be achieved using Jabber on a desk top or lap top computer with a Microsoft Lifecam.

If it is to include 3 or more desktop locations, one of the organisers will need to set up a VMR. (This is a Virtual Meeting Room which is booked using Outlook. Open Outlook and then open calendar. On the right hand side, at the bottom of the address bar is the word 'rooms'. Click on here, Scroll to the bottom and click either VMR 1 or VMR 2 . and then continue to book as normal. You will get a confirmation that this booking is available.)They will then send this information to all participants prior to the meeting so they can connect into the conference.

Meetings with more than 6 attendees over two locations should be booked via Outlook and should include booking of meeting rooms with VC equipment at both the DHB and remote sites.

If more than two locations are to be included in a meeting this needs to be launched from an SX20 codec machine to allow up to three other locations to connect into the same discussion (total of four).

The SX10 codes machines (used in some locations) are suitable for 1-on-1 meetings, or participating in a multi-party conference (hosted by a SX20, a SX80 or conference bridge)

If five locations want to attend the same meeting an SX80 or C90 will need to be used to launch the meeting. If the meeting needs to accommodate more than 5 end points or the

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high end equipment is not available for a smaller meeting a virtual meeting room (VMR) should be booked to accommodate the meeting. This can be arranged by booking the VMR through Microsoft Outlook and supplying the attendees with the information to connect in prior to the meeting time.

The SX10, SX20 and SX80 codec equipment supports at least one additional video input, allowing you to share presentations from a PC, or connect video outputs from clinical equipment (such as microscopes for histopathology presentations etc.).

Note: Depending on the cabling and output options from the clinical equipment, a video switcher/scaler may be needed to transform the video into the compatible format for the SX equipment (i.e. S-Video to HDMI or VGA to HDMI). This type of equipment would generally only be provided in rooms suitable for Multi-disciplinary clinical meetings.

Minutes/record of meetings should be kept in the same way as for a traditional in person meeting.

Be aware of the position of the camera on your end, and use the self-view function to ensure that the far end viewers can see the people on your end (i.e. centred on the table, at appropriate zoom level). Also be aware of the clothing you are wearing vs the camera view position.

Examples of staff contact appropriate to use video conferencing for:

- Team/group meetings
 - Team meetings
 - Service meetings
 - Multi-disciplinary meetings
 - Multi-disciplinary team meetings

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

- Management:
 - Liaison with other providers
 - Professional body meetings
 - Interviewing prospective staff at a distance for recruitment
 - Performance review meetings
 - Executive group meetings

Rationale:

Trained and knowledgeable staff will ensure telehealth sessions run smoothly improving patient, family and staff satisfaction with the technology.

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Action: Meeting etiquette

Remember videoconferencing is two way. Monitor your own end using the Picture in Picture (PIP) facility.

Make sure that all persons can be seen if possible. If not, both ends should pan so that both ends can view all the participants at the beginning of a session. Check the view with the Picture in Picture (PIP).

A chairperson should always be appointed for group meetings. For large meetings it can be useful to appoint a deputy chairperson at the other end. Also it can be useful to have a person other than the chairperson control the equipment.

Ensure that all persons participating are introduced and acknowledged. This can be by a round of names, designations, background and role, or introductions by the chairperson(s) (quicker!).

In larger meetings, start speaking by first giving your name.

Generally try to keep camera movements to a minimum. If possible, set up the camera pre-sets at both ends before the meeting.

Do not wear brightly coloured, distinctly patterned clothes, or jingly jewellery, especially earrings. The patterns and movements can break up the picture and also delay or break up the audio transmission.

Always turn both end mutes on as you turn on or activate the equipment (This is less of an issue with HDTV technology, but should still be considered).

If PC- based equipment is used and the camera on top of PC, look at the camera while speaking. This is quite difficult to do as the natural tendency is to talk to the person's image. That would result in your talking without eye contact.

Speak at normal volumes. There is no need to shout, but do not mumble and in particular do not speak with your hand in front of your mouth. In some situations, there may be a minor speech delay so pause before replying to ensure that the audio transmission has delivered the last part of the other end's speech.

Microphones are very sensitive so avoid extraneous noise: clicking pens, rustling papers.

If possible, turn cell phones and locators off or on silent without vibrate.

If PC- based equipment is being used in a non-sound-proofed environment, a headset should be used and one's voice suitably modulated.

It is important that there be no aside conversations as these can render the audio channel unintelligible.

Usually try to have the speaker on screen. However zooming in on the speaker can be distracting and may be embarrassing and unsettling to the speaker.

Start and finish on time.

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Staff who follow recommended etiquette for video calling/conferencing will ensure telehealth sessions run smoothly, improving staff satisfaction with this technology.

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3 Legislation:

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

4 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)
- Midland Region Telehealth Strategy April 2018

5 Associated Waikato DHB Documents

- Waikato DHB [Clinical Records Management](#) policy (Ref. 0182)
- Waikato DHB [Incident Management](#) policy (Ref. 0104)
- Waikato DHB [Information Systems Acceptable Use](#) policy (Ref. 2191)
- Waikato DHB [Informed Consent](#) policy (Ref. 1969)
- Waikato DHB [Information Security](#) Policy (Ref. 3153)
- Waikato DHB Ethnicity Data Collection policy (Ref. 0100)
- Waikato DHB [Telehealth](#) Policy (Ref. 2715)

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