Waikato District Health Board

Telehealth Outpatient Clinic Guideline

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Virtual Health
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Target Audience	All health professionals utilising telehealth to provide a health service

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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 information relating to Telehealth

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Facilitator Title:		Denise Irvine		Department:		Virtual Health	

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1 Overview

1.1 Purpose:

To detail the process of running an outpatient clinic using Telehealth (Video conferencing technology)

1.2 Scope:

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

1.3 Patient / client group:

Patients/ clients consenting to an outpatients appointment using video conferencing technology.

1.4 Exceptions / contraindications

Criteria for consideration prior to selecting patients for telehealth:

- Cognitively impaired e.g. dementia
- English as a second language
- Vision Impaired
- Mental health issues
- Special physical examination needed
- Hearing impaired
- E health illiterate

1.5 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 services are community outreach, primary care settings, marae, home, schools and other
Video Conferencing (VC)	Is live, two way audio/video transmission across distance.
Hub	The site at which the clinical staff member who is "seeing" the patient/client is located.
Spoke Site	The site, usually a remote, rural or provincial centre, where the patient/client/family/ whanau/caregivers and key worker/staff support person is situated.
Tele Ambulatory Care	Telehealth services in an outpatient, community and day-stay setting.
IS	The Waikato DHB Information Services department

FA	First Assessment

2   Clinical Management

2.1 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 its 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.

2.2 Competencies

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

Clinicians

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 Employees

- The booking of equipment

- Monitoring equipment use

- Equipment maintenance and use

- Providing staff training

2.3 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.

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- 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.

Action: Pre-clinic

- Determine if patient/client is suitable for a Telehealth appointment.

- Clinical staff should identify appropriate follow ups on outcome form/s from previous clinics or inpatient discharge instructions. Patients who have been seen in person at least once, may be the most appropriate to discuss follow up by Telehealth.

- It is preferable to gain patient consent prior to booking this type of appointment.

- For some services FSA by Telehealth is acceptable depending on the level of physical assessment required.

- The model of care may need to be adjusted to incorporate Telehealth as a choice for patients. Decide on appropriate patient types to be seen in this way.

- If a patient is considered appropriate, make a booking into a dedicated VC clinic following the outpatient booking processes for your area. Dependent resources also need to be booked at this time e.g. suitable VC rooms at both the DHB and remote sites, VC equipment, appropriate level of support staff, medical records if required.

- Choose the appropriate letter in iPM for the speciality and remote location of the clinic and select optional paragraph 'Telehealth/VC' to add into the letter. Send appointment letter and Telehealth patient information hand-out to the patient/caregiver at least 2 weeks prior to the appointment.

  Note: In communications with Maori patients, when confirming the clinic appointment (in the letter, or verbally), ask if there is anything regarding the Maori protocols and/or Model of Care that they would like to have observed, if they cannot do it themselves *(Staff to support, or potentially a Kaitiaki from Maori Health Waikato DHB may need to be available*

- Prior to the clinic day relevant documentation should be obtained and reviewed. The remote clinical team must make relevant documentation available to the consulting clinician. In general this includes:

  - *On clinical results viewer all clinical letters are documented and relevant discharge summaries up to date. All diagnostic assessments are scanned, if not available in clinical results viewer prior to appointment, e.g. ECGs.*

- The host clinician and the remote team must establish a clear mutual understanding of duty of care and clinical responsibility before the clinic starts.

- Full explanations should be given to the patient/client, and where applicable whanau/caregivers ☐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.

- They should be told of the purpose and if possible the expected outcome(s) of the appointment. They should also be asked about their own expectations of the appointment and these discussed.

- A decision should be made about the level of support required during the appointment and whether the support staff member (e.g. nurse, health therapy assistant, Kaitiaki) sits inside the clinic room during the consult or is outside and can be called if required

- Obtain patient/client verbal consent to proceed with the Telehealth appointment.

Rationale:

Adequate preparation must be carried out pre-clinic to ensure a successful Telehealth experience for patient/client, family/caregiver and staff involved.

Action: During clinic appointment

- At the start of the appointment/interview 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 appointment/interview.

- For Maori patients, consider use of an appropriate greeting to acknowledge their Mana o "Tēnā koe" - a formal greeting for one person only. "Kia ora koutou" - a less formal way of greeting any number of people

- 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.

- The appointment/interview should then be conducted as it would if the healthcare professional and patient/client were in the same room.

- Any physical measurements/assessments required will be carried out by the remote site support staff (see remote site support staff guideline for more detail).

- The appointment/interview is concluded with a discussion, to include remote site support staff member, patient/client and whanau / caregivers wherever appropriate, of the assessment findings and recommended management.

- For Maori patients, consider using an appropriate farewell o "Hei konei" - used when you say goodbye to people, as you're leaving and they are remaining behind. "Haere ra" - used to farewell people, who are leaving. "Ka kite ano" - "See you (singular/plural) again"

Rationale:

The clinic appointment should include additional considerations and information around the use of VC, but in essence be the same as a traditional in person appointment.

Action: **Post clinic**

- The consulting healthcare professional will document the appointment by following the standard service guidelines for documentation of an outpatient contact. The clinic letter should clearly state that the consultation was via videoconference and who was in attendance throughout the session.

- If using electronic outpatient progress notes in Clinical Results Viewer (CRV), remember to write at the top of the free text box 'Video Conference' to specify the type of contact you had with the patient.

- A summary of the clinic appointment/interview can also be written by the support staff member at the remote site where appropriate and placed in the patient/client's local medical record or on CRV noting that the consultation was via video conference.

- 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.

- The consulting healthcare professional is responsible for liaison with all the appropriate and involved health care providers to ensure the ongoing safety and care of the patient/client. If this is not done during the videoconferencing session these separate contacts should be documented along with the documentation of the session.

- If the contacts module of iPM is used to enter patient contacts choose 'Location type' as 'Video conference' when entering the information.

- Ensure there is a system in place for prescriptions to be faxed to the patient's preferred pharmacy and original sent by mail direct to the pharmacy.

3   Legislation

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

4   Associated 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)

5   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 Telehealth Strategy April 2018