



**ACI** NSW Agency  
for Clinical  
Innovation

# **Guidelines for the use of Telehealth for Clinical and Non Clinical Settings in NSW**

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The ACI also wishes to acknowledge the contributions of the NSW Local Health District Telehealth Managers and members of the previous NSW Telehealth Statewide Steering Committee in the formulation of the telehealth guidelines.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care.

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## About the ACI

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

**Service redesign and evaluation** - applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services.

**Specialist advice on healthcare innovation** - advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment.

**Initiatives including Guidelines and Models of Care** - developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system.

**Implementation support** - working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW.

**Knowledge sharing** - partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement.

**Continuous capability building** - working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign

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# BACKGROUND

In 2013, NSW Health Share Services (HSS) engaged a consultant to map e-health (including telehealth) barriers and enablers across rural LHDs as a foundation for the development of the rural e-health strategy. One of the issues identified state-wide was the degree of variation in processes around usage and documentation which accompanied the increasing adoption of telehealth following the introduction of MBS Item numbers. The Agency for Clinical Innovation (ACI) Rural Health Network identified this body of work as a Network priority and convened a small state-wide working party; a group of clinicians who use telehealth frequently, to undertake a literature review and broad consultation in the development of Telehealth Guidelines as a simple, practical resource which would meet the needs of clinicians.

# AIMS OF THE TELEHEALTH GUIDELINES

The Telehealth Guidelines are a generic high level resource, and include a toolkit of templates and checklists which can be customised to meet local need. The Telehealth Guidelines are available for sites that are part of a telehealth consultation (at both ends), to provide a common communications framework specifically targeting **'clinician to patient'**, and **'clinician to clinician'** usage groups across the whole of the patient journey (ED, acute care, triaging, case conferences and follow up).

The Guidelines are intended for general use by NSW Health staff, Non-government organisations, Medicare Locals (Primary Health Networks), General Practitioners (GPs), Specialists, Aboriginal Medical Services, Residential Aged Care Facility Services and affiliated Colleges and Organisations.

The Guidelines are divided into two categories: telehealth for clinical purposes (i.e. patient consultations) and telehealth for non-clinical purposes, including meetings, educational sessions, forums, grand rounds, case conferencing and mentoring. The following topics are covered within the guidelines:

- Clinical and implementation considerations
- Financial considerations
- Technical considerations
- Tools for users incorporating all of the above.

For the purposes of the Guidelines, the definition of Telehealth is *the secure transmission of images, voice and data between two or more units via Telecommunication channels, to provide clinical advice, consultation, monitoring, education and training, and administrative services.*

The Telehealth Guidelines accompany the ACI Telehealth Resource Package which addresses Organisational, Funding and Implementation Factors and is available online from <http://www.aci.health.nsw.gov.au/resources/telehealth>

# KEY MESSAGES

The Agency for Clinical Innovation (ACI) places high importance on providing equity and access for patients to receive treatment and care throughout NSW. For those living in rural, remote and isolated communities across NSW, receiving expert care can be a challenge due to workforce availability and geographical isolation. Telehealth can help break down the barrier of distance for patient treatment and care and also improve staff education and networking. The ACI works in alignment with the NSW Ministry of Health, Health Share Services and Local Health Districts (LHDs) to enable the use of Telehealth in delivering services to communities that might not otherwise have had access.

The key messages underpinning the Telehealth Guidelines are:

1. Telehealth is about connecting with clinicians and / or patients and their carer, not technology.
2. Telehealth consultations should augment existing services, not replace face to face services.
3. Telehealth technology alone does not bring about the change in practice: a key factor to success is embedding behavioural change in the use of the technology.
4. Telehealth means providing a broad spectrum of health supporting services enabled by technology (both in real time and store and forward).
5. Telehealth can provide an equitable service delivery mechanism for people in rural and remote NSW to access good quality healthcare. This includes aboriginal populations; people from Culturally and Linguistically Diverse (CALD) backgrounds and people with disadvantage or disability.
6. Models that utilise telehealth save people in rural and remote NSW expense and time consuming trips to major centres to access quality healthcare.
7. A critical component of successful telehealth consultations lies in co-ordinated administration support and preparation.
8. The NSW Telehealth Guidelines ensure smooth and consistent performance of telehealth consultations for consumers, carers and clinicians in NSW.
9. The NSW Telehealth Guidelines ensure smooth and consistent performance of telehealth meetings between clinicians.
10. Telehealth should be delivered as part of team care and communication should flow both ways between the specialist and healthcare team involved with the patient.

## CASE STUDY TO SET THE SCENE:

David is a 35 year old farmer who lives in central west NSW, and suffers from Rheumatoid Arthritis, requiring medication which suppresses his normal immune response. This requires regular consultations with his specialist more than 5 hours' drive away. The General Practitioner (GP) in the small country town where he lives is also actively involved in the management of his condition to reduce the need for travel to the Specialist.

With the expansion of Telehealth Medicare Benefit Item Numbers in 2012, David's Specialist has begun managing David's condition using Telehealth. Recently David's chronic condition has worsened and the Specialist has increased his medication regime, sending scripts to the local pharmacy and recording the changes in his medical record at the regional centre.

David became acutely unwell with a chest infection and high fever, and was admitted to the local Multi Purpose Service (MPS). There was no record of his current medication regime at the MPS and the GP on call had no record of the recent changes to his medications, other than what David could tell him.

Treatment options could have had adverse consequences whilst David's immune system was suppressed, and the GP had to make numerous phone calls to the regional centre to ascertain his current status, incurring a lengthy delay in initial intervention which was unnecessary and potentially dangerous.

Ideally, the consultation should occur from the GP's rooms, with the specialist as the third person 'in the room'. If this is not feasible, there are several pathways that could be pursued –

- Timely written correspondence and clinical handover, as per standardised guidelines
- The specialist to call the GP after the consultation with any concerns for follow up

Utilisation of the Telehealth Guidelines, including tools and templates, would have ensured that David's GP received written communication of the Specialist telehealth consultation, including changes to his medication regime providing continuum of care for David and the day to day treating staff.

# TELEHEALTH USE FOR CLINICAL PURPOSES

Telehealth is a tool that can improve access to the delivery of health care for patients and facilitate the delivery of Models of Care and other health related activities. Technology alone does not bring about the change in practice; a key success factor is embedding behavioural change in the use of the technology.

This section of the guideline focuses on the practical clinical aspects of telehealth for consultations between clinicians and patients. A suite of resources have been developed to provide practical information for staff wanting to develop or enhance their existing telehealth services.

Topics addressed in this section include:

- Implementation considerations
  - o Clinician checklist
  - o Room Requirements
  - o Patient information
  - o Documentation
  - o Confidentiality
  - o Evaluation
- Financial considerations (including eligibility)
  - o Medicare
  - o Activity Based Funding
- Technical considerations
  - o Infrastructure
  - o Privacy and security

Specific resources that have been developed to assist in clinician to patient telehealth interactions include:

- Checklist for clinician to patient consultations (resource #1)
- Telehealth Readiness Assessment tools (resource #2)
- Brochure for patients prior to participating in a telehealth consultation (resource #3)
- Written Consent template for patients to participate in telehealth consultations  
NB: written consent is optional, verbal consent is mandatory (resource #4)
- Template for documentation during telehealth consultation for the patient's medical record (resource #5)
- Example of patient evaluation questions (resource #6)

## Implementation considerations

### *Clinician checklist*

A practical checklist has been developed for clinicians undertaking telehealth consultations. This checklist is broken down into four stages of a telehealth consultation: prior to the consultation, day of the consultation, time of the consultation and after the consultation. There are clearly defined steps required at these stages in order to successfully undertake telehealth consultations. Please refer to the resource # 1.

Telehealth consultations also provide clinicians with ongoing education in their clinical area, allowing them to further enhance their skills and share knowledge and resources within the NSW Health system.

The University of Calgary has developed three Telehealth Readiness Assessment tools focusing on organisational readiness, practitioner readiness and patient readiness (The University of Calgary, 2004). There are a variety of aspects that can be ranked (from 1 - 5), with the total score indicating telehealth readiness. These tools have been provided ( resource 2) and are a useful and efficient way to identify any barriers prior to implementation of telehealth services.

### *Room requirements*

When taking part in telehealth consultations it is important to make sure the rooms that the treating clinician/s and patient / carer are using are private with no audible external noise and disturbances which might interrupt the consultation. Access to administration support, a waiting room and safety considerations (eg disabled access) are important elements to factor in. Audiovisual quality should be tested prior to any videoconference, and the camera positioned so that everyone in the room/s can be visible during the consultation.



## Patient information

Prior to the patient / carer participating in a telehealth consultation it is helpful to provide them with some background information on what a telehealth consultation is and what to expect if they have never participated in one before. A brochure has been developed for patients / carers prior to their first telehealth consultation. Please refer to resource # 3.

At the time of the consultation the treating clinician MUST gain consent from the patient / carer and this is to be documented in the patient notes (please refer to template for documentation of telehealth consultation). Verbal consent is mandatory, however a written template for consent has also been developed. Please note that written consent form is optional for telehealth consultations. Please refer to resource #4.

## Documentation

It is essential that documentation in the medical records is completed by clinicians at both ends of the telehealth consultation, (if there are clinicians at both ends), in accordance with medico-legal requirements. For scenarios where there is only a treating clinician and no one is with the patient at the time of consultation, it is the responsibility of that treating clinician to enter the notes into the patients' medical record and also notify others of the outcome of the consult (for example, the GP if applicable). Accurate communication of the treatment plan, including specialist summaries and current medication regimes, facilitates continuum of care between other treating clinicians should the patient present to another hospital or facility. These should be forwarded to the GP within a few days, and filed in the patient's medical record.

A draft template has been developed using the ISBAR format (Introduction, Situation, Background, Assessment, Recommendation) to capture the consultation information for the patient in the medical record and is recommended for use in Local Health Districts. Please refer to resource #5.

- Introduction - time and date of consultation, patient details, consent, staff present
- Situation - problems and symptoms
- Background - allergies and adverse reactions, diagnosis, previous history or symptoms, medications
- Assessment - assessment and clinical findings, planned procedures and treatments

- Recommendations - outcomes, recommended actions, timeframes and responsibility for action

## Confidentiality

It is important that telehealth consultations are private and that patient / carer privacy and confidentiality is maintained at all times. All telehealth consultations require the same processes as standard face to face consultations to ensure confidentiality. Ensure that the patient / carer is reassured that the session is private; it is a confidential secure link and it will NOT be recorded.

## Evaluation

An evaluation process has been developed for the telehealth service to be able to monitor and evaluate its usage and effectiveness with patients / carers. Evaluation is an important measure to show the value of the service, any improvements to be made, and can also be used as a basis to seek funding. The patient / carer experience is an important element to capture. A template of modifiable suggested questions to ask patients / carers has been included. Please refer to resource #6.

## Financial considerations

It is important to identify costs involved in establishing and maintaining the telehealth service. Costs which need to be considered include: hardware/ infrastructure, software, maintenance, administration costs and clinical staff. There are both financial and psychosocial benefits to patients and carers from participating in telehealth consultations by receiving treatment and care closer to home, and by reducing travel costs and time away from family.

While travel costs for the patient/carer are reduced when participating in telehealth, it must be noted there may be some costs to the patient/carer when participating in telehealth consultations from home. These costs may be but not limited to, additional costs in electricity and internet usage.

There are a number of funding models in place to distribute funds within NSW, including Admitted, Emergency Department, Small Hospitals block funding, Privately Referred and other models. There are two funding streams available for telehealth consultations: Medicare and Activity Based Funding (ABF). This section will look at these funding models in greater detail and what is funded.

## Medicare

Telehealth within Medicare was introduced as part of broader agenda to remove barriers to access medical services, particularly specialists, consultant physicians and psychiatrist consultations for those living outside major cities.<sup>1</sup> Telehealth consultations can be performed by a specialist, psychiatrist or a consulting physician. There are a number of MBS items that have been added to cover the patient-end and the specialist end of the consultation for as little as 10 minute consultations.

Telehealth can only be conducted with one patient at one time, to be eligible for the MBS rebate.<sup>1</sup> These incentives are also available within Residential Aged Care Facilities (RACFs) and Aboriginal Medical Services (AMS). The patient may also be in their home unaccompanied for a consultation if deemed appropriate. In this scenario the specialist providing the care needs to document the consultation in the patient notes and provide written communication to the patient's GP. Consultations that are performed over email or telephone cannot be claimed as there must be an audio and visual link to claim a telehealth consultation as an MBS Item.<sup>1</sup>

**Billing information-** The scheduled fee can be charged for an intervention and the telehealth item is charged on top of this to recognise the time and complexity of running this service. Supporting health professionals who are also able to claim telehealth consultations if they are with the patient include GP's, registered medical practitioners, midwife and nurse practitioners who have Medicare provider number linked to an eligible patient location. A practice nurse or Aboriginal health worker can provide support on behalf of a medical practitioner.<sup>1</sup>

All video consultations provided need to be separately billed. The schedule fee for a Telehealth video consult is based on 2 MBS items- existing specialist item and a Telehealth item which derives its schedule fee as an additional 50% of the base (existing) item. The increased telehealth schedule fee is higher due to the administration and infrastructure costs in comparison to face to face. For a specific list of the Telehealth MBS item numbers and the associated MBS item numbers please go to <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-itemlist><sup>2</sup>

Only the relevant Telehealth MBS derived item and the associated consultation item are to be itemised on the bill. How the patient is billed is up to the individual

practice; they are flexible and can be negotiated between specialists and patients or between specialists and the host facility. The supporting health professionals bill as they normally would bill a face-to-face consult.

Specific requirements for Medicare funded individuals include:

- Not an admitted patient
- Not a patient of an emergency department
- Located at least 15km by road from the specialist
- Located in a telehealth eligible area; the patient needs to be located beyond the geographic boundary as defined by the Australian Standard of Classification Remoteness Area (ASCG RA 01). Patient needs to be outside RA1. For further detail on the eligible geographic areas please visit: <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator>
- Exceptions to this include if the patient is from a Residential Aged Care Facility (RACF) or Aboriginal Medical Service (AMS) in which they can be located anywhere in Australia

To be able to bill through Medicare, the health professional and patient must be able to see and talk to each other for this to be classed as a videoconferencing consultation, according to the criteria as outlined by Medicare.

Please Note: Although current at the time of publication, reimbursement items for telehealth may change, and detailed up to date information may be obtained from the website: <http://www.mbsonline.gov.au/telehealth>

For further information please email [telehealth@medicareaustralia.gov.au](mailto:telehealth@medicareaustralia.gov.au) or [telehealth@humanservices.gov.au](mailto:telehealth@humanservices.gov.au)

<sup>1</sup> Australian Government Department of Health. Specialist video consultations under Medicare [Internet]. [cited 2014 May 12]; available from <http://www.mbsonline.gov.au/telehealth>

<sup>2</sup> Australian Government Department of Health. MBS Video Consultation items [Internet] [cited 2014 May 12]; available from <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Connect/connectinghealthservices-itemlist>

## Activity based funding

Telehealth is an emerging model of care delivery and has the potential to improve patient outcomes. For this reason, NSW Health is committed to ensuring that this model is appropriately supported.

In the non-admitted setting (i.e. hospital outpatient, community and home delivered services setting), the appropriate counting of telehealth activity is the critical first step to enable funding under ABF. The current NSW Non-Admitted Patient Data Collection business rules acknowledge that a non-admitted patient service may be provided in-person via direct face-to-face interaction or via other service delivery modes, such as via the telephone or telehealth.

In the case where the service is delivered via telehealth, Occasion of Services (OOS) should be reported at all locations where the clinical input requires a documented entry in the patient's health record. As long as the activity is correctly counted, appropriate funding will flow to the Local Health District (LHD)/ Specialty Health Network (SHN).

In the admitted and Emergency Department (ED) services setting, patient care is funded on a per episode basis (for example; an admission or ED presentation) rather than for each contact with the patient (such as a service event in non-admitted). Clinicians are advised to document telehealth consultations as per normal documentation practices in the patients' medical record. Whether the care is delivered face to face or via telehealth in the admitted and ED settings, this does not impact on the ABF payments to the LHD/SHN. The payment will be based on the Urgency Related Group (URG) or Diagnosis Related Group (DRG) classification.

Consistent with the one of the core health reform principles of devolved responsibility, ABF payments are made directly to the LHD/SHN. It is the responsibility of the LHD/SHN to manage the funds to enable optimal service delivery and clinical care.

For further information on ABF for telehealth consultations please contact the ABF Taskforce at the NSW Ministry of Health: [abf@doh.health.nsw.gov.au](mailto:abf@doh.health.nsw.gov.au)

## Technical considerations

### Infrastructure

Technical requirements must be clinically appropriate

and fit for purpose to effectively transfer audio and visual data in real time between the Provider-end and the Receiver-end during the telehealth consultation/ or educational purpose. Software and hardware capability and suitability for use for the telehealth setting and the use of computers versus mobile laptops / tablet computers needs to be explored. It is important to become familiar with the chosen equipment to be used and receive training and troubleshooting techniques prior to the commencement of the service. Technology requirements for telehealth consultations should be user friendly, robust, private, secure and reliable and the needs of each site may differ. It is important to also consult your local Telehealth Manager/ IT on software choices, technology, education and training.

A strategy for addressing technical complications should they arise must be considered in the planning phase, with the ability to define and record network problems versus equipment malfunction as a minimum standard. A strategy for technical support is recommended, and it is important to investigate this within local IT/ Telehealth support networks.

Bandwidth must be ascertained at both sites to ensure there is adequate speed of data and transmission. This needs to be addressed at a local level, and a speed test can be conducted (if using desktop videoconferencing software) during the planning phase <http://www.speedtest.net/>

### Privacy and security

Each site participating in the telehealth consultation needs to have a system of ensuring confidentiality during the telehealth intervention. This is best achieved by using secure software for

the consultations and having a dedicated time for scheduling regular telehealth interventions. Please consult with your local Telehealth manager on the most suitable technology to use for your consultations to ensure it is private and secure.

Please Note: Skype is not permitted to be used within NSW Health as per the NSW Health Policy Directive: [http://internal.health.nsw.gov.au/telehealth/pdf/final\\_skype\\_position\\_paper.pdf](http://internal.health.nsw.gov.au/telehealth/pdf/final_skype_position_paper.pdf).

For those undertaking telehealth for a store and forward method (for example email) for wound photography, consideration must be given to methods of transmission and storage of photos to maintain privacy, security and confidentiality.

# TELEHEALTH USE FOR NON CLINICAL PURPOSES

Telehealth is becoming an increasingly popular platform used to provide a range of training and support strategies for current health practitioners as well as those entering the workforce, particularly in rural areas. Telehealth not only provides professional development opportunities, sharing of ideas and networking, it also enables health practitioners to competently deliver health services via telehealth technology. It is a valuable methodology for networking between metropolitan and rural sites for case conferencing, and also provides a secure medium in which to conduct clinical case reviews and share resources between metropolitan, rural and remote sites without any travel.

The issues of privacy, evaluation and technical considerations which have been addressed in the Telehealth Guidelines also apply to telehealth use for non- clinical purposes.

For the purposes of these Telehealth Guidelines, non-clinical refers to and includes:

- Education (Distance Education and Continuing Education)
- Analysis of Case Studies
- Peer Review and Networking
- Health Promotion
- Mentoring and Supervision that doesn't involve a patient
- Research and Evaluation
- Metropolitan and Rural professional support

Specific resources that have been developed to assist in clinician to clinician interaction for non- clinical use include:

- Checklist for site coordinators (resource #7)
- Presenter checklist and responsibilities (resource #8)
- Responsibilities of site contacts/ receiving sites (resource #9)
- Chairperson telehealth checklist (resource #10)
- Ground rules for case presentations (resource #11)
- Consent for presenters to record (resource #12)
- Telehealth tips for case presentation template

(resource #13)

- Participant evaluation template (resource #14)
- Presenter evaluation template (resource #15)
- Chairperson telehealth Session Planner Proforma (resource #16)
- Attendance sheet for education (resource #17)

For further information on the Telehealth Guidelines please contact Julia Martinovich, Telehealth Implementation Officer, ACI on +61 (02) 9464 4654 or [Julia.Martinovich@health.nsw.gov.au](mailto:Julia.Martinovich@health.nsw.gov.au)

# TELEHEALTH GLOSSARY OF TERMS

**Bandwidth** A measure of the capacity of an electronic transmission medium (ie a communications channel) to transmit data per unit of time – the higher the bandwidth, the more data/information can be transmitted.<sup>3</sup>

**Broadband** Telecommunication that provides multiple channels of data over a single communications medium using frequency multiplexing- the term can refer more generically to a higher bandwidth that will support real-time, full motion audio and videoconferencing.<sup>3</sup>

**Carer** Carers are individuals who provide unpaid, informal care and support to a family member or friend who has a disability, mental illness, drug or alcohol dependency, chronic condition, terminal illness or who is frail.

**Connectivity** The ability of systems to interact, among the various operating systems on local, regional, national, and ultimately, international scales.<sup>3</sup>

**Consultant/ Consulted clinician** The health care provider whose expertise is requested via a physical referral or telehealth referral e.g. doctor referral e.g. doctor, nurse, allied health professional and indigenous health worker<sup>3</sup>

**Desktop videoconference** The ability to have meetings, using high definition face to face communications from a personal workstation.

**Electronic Health Record (EHR)** A longitudinal collection of personal health information concerning a single individual, entered or accepted by health care providers, and stored electronically. The information is organised primarily to support continuing, efficient and quality health care and is stored and transmitted securely. The EHR contains information which is a) retrospective: an historical view of health status and interventions; b) concurrent: a now view of health status and active interventions; and c) prospective: a future view of planned health activities and interventions.

**Electronic Medical** The eMR is a single database where patient details are entered once and then become accessible to all treating clinicians, with authorised access, anywhere in the hospital. Information gathered about the patient from many hospital service departments can guide clinical decisions through rules and alerts brought to the attention of clinicians.<sup>4</sup>

**Encryption** Encryption is a security feature that assures that only the parties who are supposed to be participating in a video conference or data transfer are able to do so.<sup>3</sup> see Firewall

**Firewall** A hardware or software based system that filters network traffic based on a set of rules. Simple firewalls normally block access to specific ports

**Integrated Services Digital Network (ISDN)** Technology that uses digital telephone lines instead of analogue lines to connect to other videoconferencing units.<sup>3</sup>

**Internet Protocol (IP)** IP is the basic language when referring to connection of technical systems (i.e. videoconferencing units) using the Internet.

**Latency** The delay between length of time it takes a packet to move from source to destination.

**Local Site** In the context of telecommunication, the site that is geographically connected to the remote site.<sup>3</sup>

**Local Area Network (LAN)** LAN is a computer network linking computers, printers, servers and other equipment within an enterprise, which can also support audio, video and data exchange.<sup>3</sup>

**Multipoint Control Unit (MCU) otherwise known as Bridge** A device that enables participants at three or more sites to participate in a video/audio/data Conference.<sup>3</sup>

**Peripheral devices** Peripheral Devices are attachments

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<sup>3</sup>Blignault, I and Crane, M. Australian Telehealth Glossary of Terms. University of Queensland, Queensland Health; 1999.

<sup>4</sup>Health Support Services NSW Health. What is the eMR? [Internet]. 2014 (cited 2014 Sept 4). available from: [http://nswhealth.moodle.com.au/DOH\\_HSS/eMR/wbt/index.php/home](http://nswhealth.moodle.com.au/DOH_HSS/eMR/wbt/index.php/home)



to a telehealth system to augment communications and/or medical capability by capturing images, anatomic sounds or other physiological parameters, including items such as electronic stethoscopes, ophthalmoscopes, video cameras and scanners.

**Picture Archival and Communications System (PACS)** *also known as digital image management systems and digital image networks* These systems, although generic in concept, apply to many medical and non-medical applications, are generally associated with the digitalisation of radiology departments. PACS consist of various modules integrated to form a coherent system:

- image acquisition;
- digital networks;
- image archives; and
- image display workshops.<sup>3</sup>

**Point to point videoconferencing** Direct communication between two systems via a communications link.<sup>3</sup>

**Provider end otherwise known as hub site/ clinical end** The clinician whose expertise is requested via a physical referral or telemedicine referral.

**Real time** Communication that occurs right away, without any perceptible delay. Very important in videoconferencing, as too much delay will make the system very unusable.

**Receiver end otherwise known as a spoke site/ patient end** Site at which the primary assessment, examination or activity is conducted and from which a referral is made to another practitioner.<sup>3</sup>

**Referring Practitioner** Healthcare provider who initiates a physical referral or telemedicine referral following a primary examination.<sup>3</sup>

**Resolution** Number of pixels per unit of area. The more pixels the higher the resolution and detail of an image. There are two components:

- contrast resolution measures the ability of distinguishing two objects of different composition
- spatial resolution is related to the sharpness of an image, measuring the ability to separate two closely placed objects.<sup>3</sup>

**Rural or Remote site** In the context of telecommunications, any site that is geographically

separated from the local site.

**Store and forward** A mode of transmission involving data that have been acquired and saved in format. E.g. a digital camera is used to take images of a patient's skin condition, these are electronically saved to a computer hard drive and subsequently transmitted.<sup>3</sup>

**Teleconferencing** Interactive electronic communication between two or more people at two or more sites, which make use of voice transmission systems.<sup>3</sup>

**Telehealth** Telehealth is the delivery of health care at a distance using information and communications technology.<sup>5</sup>

**Telehealth activity** Any health-related activity that is conducted at a distance between two or more locations using technology-assisted communications. Telehealth activities can be classified, but not limited by, the following:

- client care services e.g. consulting or diagnostics see also telehealth services;
- education and training e.g. mentoring, continuing medical education, distance learning;
- management and administration;
- research and evaluation;
- consumer and community use;
- health promotion; and
- public health.<sup>3</sup>

**Telehealth technologies otherwise known as Telehealth modalities** Health information can be communicated through a number of different mechanisms. In telehealth, videoconference, image transfer and data transfer are the three main formats utilised. The technology employed to support these formats include:

- audio-conference equipment;
- video-conference equipment
- computer networking (including LANs and WANs);
- audiographics;
  - o interactive (computer-based) multimedia (IMM);
- the internet and world wide web;
- interactive satellite television (ITV); and
- broadband networks.<sup>3</sup>

**Telemedicine** The use of information and communication technologies, specifically to provide, support and improve access to quality clinical health care.

<sup>5</sup> Wade, V. (2014). How to make telehealth work: Defining Telehealth Processes and Procedures. 2nd ed. Adelaide: e-unicare, pp.1-43. Available from: [www.e-unicare.com.au/wp-content/uploads/2014/10/unicare\\_ebook\\_edition\\_2.pdf](http://www.e-unicare.com.au/wp-content/uploads/2014/10/unicare_ebook_edition_2.pdf)

**Remote patient monitoring** The monitoring of patients outside of conventional clinical settings (e.g. in the home) which may increase access to care for patients and decrease healthcare delivery costs.

**Videoconferencing** Connection of two or more people or locations via video camera and monitors, allowing all parties to speak to each other, see each other and in some cases exchange data simultaneously.<sup>3</sup>

# ADDITIONAL ONLINE AVAILABLE RESOURCES:

- i. Agency for Clinical Innovation <http://www.aci.health.nsw.gov.au/resources/telehealth>
- ii. Nursing and Midwifery Telehealth Consortia <http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PagelId=11973>
- iii. Department of Health and Ageing- MBS online Telehealth information <http://www.mbsonline.gov.au/telehealth>
- iv. Australian Nursing Midwifery Federation <http://anmf.org.au/pages/telehealth>
- v. Australian College of Rural and Remote Medicine (ACRRM) <http://www.ehealth.acrrm.org.au/telehealth-standards>
- vi. Royal Australian College of General Practitioners (RACGP) <http://www.racgp.org.au/your-practice/e-health/telehealth/>
- vii. Australian Medicare local Alliance <http://www.amlalliance.com.au/>



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## Clinician to Clinician (Non- Clinical) Resource Package

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# Checklist for Clinician to Patient Consultations

This document has been designed to offer the practical steps / prompts required to conduct successful sessions, for clinicians who want to/ or are undertaking Telehealth consultations with the patients/carers.

Stage	Pathway
Prior to the consultation	<ol style="list-style-type: none"> <li>1. Ensure readiness assessment tools have been completed (refer to resource #2 for example)</li> <li>2. Consider the appropriateness for the consultation to be held via telehealth or by face to face</li> <li>3. Ensure all patient information results have been sent to the clinician providing the consult in advance</li> <li>4. Depending on your LHD please consider secure messaging software- you can discuss this with your local Telehealth manager/ or IT (for sending information about patients)</li> <li>5. Identify a contact at the far site where the patient will be and consider if a staff member is required to be with the patient during the consult</li> <li>6. Identify if patient has a carer who should be included in all correspondence about the upcoming telehealth session.</li> <li>7. Receiver end- provide patient and his/her carer informationsheet/ brochure on Telehealth</li> <li>8. Confirm appointment with patient or his/her carer</li> <li>9. It is ideal to build some rapport with the patient and his/her carer (if applicable) prior to the telehealth consultation to make them more comfortable (i.e. a phone call prior) iapplicable- from the local site where the patient will be for the consultation)</li> </ol>
Day of the consultation	<ol style="list-style-type: none"> <li>10. Test the equipment 30 minutes prior</li> <li>11. Ensure positioning of the camera and remember to look at the camera when talking. It is ideal to have the camera above the screen so when you look at the screen the camera is directed at your face (i.e. rather than your side)</li> <li>12. Ensure all documentation has been received</li> </ol>
Time of the consultation	<ol style="list-style-type: none"> <li>13. Put mobile phones to silent</li> <li>14. Be aware there is a slight delay in using videoconferencing- when asking questions wait until the party has stopped speaking and then respond</li> <li>15. If applicable in multi-site telehealth consults- please ensure your site is on 'mute' if you are not talking</li> <li>16. Provide an overview on how the technology works and how the session will run</li> <li>17. Speak naturally</li> <li>18. Introduce yourself and the other people in both rooms and their roles</li> <li>19. All clinicians at all sites have agreed to participate in the consultation and document where possible any additional staff who enter the room during the consultation- document names in the telehealth documentation template</li> <li>20. Receive verbal consent from patient and his/her carer to continue with the consult and document in notes (a template is available for written consent)</li> </ol>

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Stage	Pathway
Time of the consultation (continued)	<ol style="list-style-type: none"> <li>21. Confirm Medicare bulk billing (if applicable)</li> <li>22. Inform the patient and his/her carer that this session is private; is a confidential secure link and it will NOT be recorded</li> <li>23. Record notes of the consult at both ends (refer to template)</li> <li>24. Discuss next steps and follow up appointment (if required)</li> <li>25. Ensure the patient , his/her carer and other staff involved in the consultation are clear on the next steps and don't have any other questions</li> </ol>
After the consultation	<ol style="list-style-type: none"> <li>26. Ask staff/ and or patients and their carers to complete a survey based on their experience (if appropriate)</li> <li>27. Enter the Occasion of Service for Activity Based Funding if applicable/ submit claim to Medicare if applicable</li> <li>28. Send any scripts/ medication to receiver end (if applicable)/ or local pharmacy</li> <li>29. Enter patient notes in their medical record</li> <li>30. Organise follow up (if applicable)</li> </ol>

# Organizational Telehealth Readiness Assessment Tool

Using the five-point scale rate **your organization** on the following statements

- 1 = Strongly Disagree  
 2 = Disagree  
 3 = Neutral  
 4 = Agree  
 5 = Strongly Agree  
 0 = Don't Know

## A. ORGANIZATIONAL CORE READINESS

Your organization	Score
Is aware of, and able to clearly articulate needs	
Expresses and feels dissatisfaction with the ways it currently has available to deliver care (e.g. status quo)	
Other (please explain)	
(A) Sub-total	

## B. ORGANIZATIONAL ENGAGEMENT & PLANNING READINESS

Your organization	Score
Has organizational buy-in for telehealth	
Has individuals who are champions for telehealth (clinical/provider, senior administration, & community champions)	
Has leadership who are risk-takers and pioneers for reaching novel innovations	
Is aware of organizational dynamics between innovators and resisters	
Has the commitment and support of senior administrators	
Has access to sufficient ongoing funding from local, provincial and federal institutions	
Has established collaborative partnerships	
Has in place methods for telehealth communication/profiling/awareness, and is actively involved in promoting these	
Has examples and evidence of telehealth applications in similar contexts/environments/communities	
Exhibits healthy inter-organizational dynamics in telehealth promotion activities	
Is willing to consider short-medium- and long-term timelines for implementation	
Has established mechanisms of knowledge transfer among staff members	
Participates in a community consultation process	
Conducts ongoing needs assessments and analysis	
Has a strategic business plan including: <ul style="list-style-type: none"> <li>• A marketing, communication, and evaluation plan</li> <li>• A cost benefit &amp; cost effectiveness assessment, including benefits and risks</li> <li>• Financial readiness for sustainability</li> </ul>	
Other (please explain)	
(B) Sub-total	

### C. ORGANIZATIONAL WORKPLACE READINESS (Administrative, Human, and Physical Structures)

Your organization	Score
<p>Ensures that workplaces are prepared for telehealth technology &amp; equipment</p> <ul style="list-style-type: none"> <li>Establishes proper facilities (i.e., location, lighting, size, HVAC, and other appropriate equipment)</li> <li>Locates telehealth equipment where it is convenient for providers to use as a tool to deliver patient care</li> <li>Facilitates the creative use of equipment by practitioners and patients</li> <li>Provides administrative support for clinical decisions, functioning, &amp; the process of using the telehealth system</li> <li>Has a standardized, well defined easy to use referral system</li> <li>Has a standard and consistent method of record keeping at both the receiving and referring site.</li> </ul>	
<p>Recognizes and addresses policies &amp; procedures/professional &amp; regulatory barriers:</p> <ul style="list-style-type: none"> <li>Ascertains that telehealth practices conform to health protection laws</li> <li>Ascertains that telehealth practices conform to professional regulatory policies</li> <li>Reviews existing policies, standards, and procedures to determine if telehealth is covered under them, if not, revises as appropriate</li> <li>Formulates and integrates written policies on reimbursement, liability, cross-jurisdiction use, and privacy issues</li> <li>Prepares related written procedure manuals</li> <li>Formulates policies for defining who gets privileges to use telehealth at the receiving and referring sites</li> </ul>	
<p>Establishes open lines of communication:</p> <ul style="list-style-type: none"> <li>Manages open communication, keeping all stakeholders well informed</li> <li>Participates in communication to facilitate team building</li> <li>Liaises with practitioners, patients, and the public as important players in the successful implementation of telehealth</li> </ul>	
<p>Addresses change management readiness:</p> <ul style="list-style-type: none"> <li>Has a change management plan in place to deal with organizational input</li> <li>Has effective scheduling and integration of innovations into established practices</li> </ul>	
<p>Addresses human resources readiness:</p> <ul style="list-style-type: none"> <li>Has adequate and dedicated human resources to implement the strategic plan</li> <li>Employs a local telehealth coordinator</li> <li>Determines classification of roles and responsibilities in relation to specific telehealth application(s).</li> </ul>	
<p>Addresses training &amp; continuing professional development (CPD) readiness:</p> <ul style="list-style-type: none"> <li>Prepares staff, and all end-users for initial and ongoing training</li> <li>Has a training and CPD plan in place related to telehealth</li> <li>Has past telehealth experience gained from projects or pilot programs &amp; their evaluation</li> </ul>	
Other (please explain)	
(C) Sub-total	

Jennet P, Health Telematics Unit. Telehealth Readiness Assessment Tools.  
See [http://www.fp.ualgary.ca/telehealth/Readiness\\_Tools.htm](http://www.fp.ualgary.ca/telehealth/Readiness_Tools.htm) (last checked 26 February 2015)

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**D. ORGANIZATIONAL TECHNICAL READINESS**

Your organization	Score
Has addressed the technical feasibility and technical requirement issues	
Has established interoperability of equipment & technology	
Has a consistent approach to verification of the fidelity of data transmission	
Has validated that the technology actually works	
Has access to comprehensive technical support that is available locally and on-cal	
Other (please explain)	
(D) Sub-total	
(C) Sub-total	

**Total Score: A+B+C+D =** \_\_\_\_\_

**SCORING:**

- 130 +      The organization is in a good position to implement telehealth successfully
- 86 – 129    Certain items may adversely impact successful telehealth implementation.
- 0 – 85      There are barriers to successful implementation that need to be addressed before moving forward in implementation

Jennet P, Health Telematics Unit. Telehealth Readiness Assessment Tools.  
See [http://www.fp.ucalgary.ca/telehealth/Readiness\\_Tools.htm](http://www.fp.ucalgary.ca/telehealth/Readiness_Tools.htm) (last checked 26 February 2015)

# Patient/Public Telehealth Readiness Assessment Tool

Using the five-point scale rate **your responses** on the following statements

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree
- 0 = Don't Know

A. As a Patient/Public, in order to meet the requirements for CORE READINESS, I:	Score
Identify with a sense of isolation and a lack of access to healthcare	
Identify with a sense of dissatisfaction with the current state of health care	
Feel dissatisfied with usual doctor-patient interaction or have a desire for a more comfortable setting for obtaining health information	
Acknowledge unmet healthcare needs	
Have a desire for change and want to actively be involved in my health and health care condition	
Other (please explain)	
(A) Sub-total	

B. As a Patient/Public, in order to meet the requirements for ENGAGEMENT READINESS, I:	Score
Am knowledgeable about telehealth and/or want to know what telehealth is	
Acknowledge the benefits or anticipated benefits/risks	
Am comfortable with using telehealth equipment	
Believe that concerns specific to privacy/confidentiality/security have been addressed when using telehealth	
Believe that cultural issues can be addressed when using telehealth	
Am comfortable that telehealth is an adjunct to usual care, rather than a replacement	
Have a sense of ownership regarding my wellbeing and that of my community	
Other (please explain)	
(B) Sub-total	

**Total Score: A+B+C+D =** \_\_\_\_\_

## SCORING:

- Above 70: Patients are in a good position to use telehealth.
- Between 50 and 70: Certain items may adversely impact the use of telehealth.
- Below 50: There are barriers to successful patient use of telehealth.

Jennet P. Health Telematics Unit. Telehealth Readiness Assessment Tools.  
See [http://www.fp.ucalgary.ca/telehealth/Readiness\\_Tools.htm](http://www.fp.ucalgary.ca/telehealth/Readiness_Tools.htm) (last checked 26 February 2015)

# Practitioner Telehealth Readiness Assessment Tool

Using the five-point scale rate **your responses** on the following statements

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree
- 0 = Don't Know

A. As a Practitioner, in order to meet the requirements for CORE READINESS, I have:	Score
A feeling of dissatisfaction with the current available ways of delivering care, e.g. status quo	
Firsthand experience of the negative effects of isolation from healthcare services (professional and educational)	
A driving need to address a public or patient healthcare problem (as opposed to a practitioner specific one) that could be met by telehealth.	
Other (please explain)	
(A) Sub-total	

B. As a Practitioner, in order to meet the requirements for ENGAGEMENT READINESS, I:	Score
Am an innovator and/or champion for telehealth	
Have a sense of curiosity about the influences of telehealth on improving the delivery of healthcare (potential benefits)	
Have respect for others in the telehealth team	
Have the need to interact with other practitioners	
Have examples and evidence of telehealth applications in similar contexts/environments/communities	
Communicate with other practitioners and the public concerning the benefits about telehealth	
Am willing to make the initial extra investment in time	
Other (please explain)	
(B) Sub-total	

Jennet P. Health Telematics Unit. Telehealth Readiness Assessment Tools.  
See [http://www.fp.ualgary.ca/telehealth/Readiness\\_Tools.htm](http://www.fp.ualgary.ca/telehealth/Readiness_Tools.htm) (last checked 26 February 2015)

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C. As a Practitioner, in order to meet the requirements for STRUCTURAL READINESS, I:	Score
Believe telehealth can address scheduling concerns and apprehensions about overextended workloads	
Have 24 hour access to telehealth equipment	
Have telehealth reimbursement plans in place	
Have dealt with apprehensions about the reliability in telehealth equipment and have good technical support and backup plans	
Have access to an established reliable and available clinical consultation network (human) when using telehealth	
Am provided with reliable clinical content and continuing medical education (CME) thru telehealth	
Attend to issues regarding liability & licensing when using telehealth	
Other (please explain)	
(C) Sub-total	

**Total Score: A+B+C+D =** \_\_\_\_\_

#### SCORING:

- Above 80: Practitioners are in a good position to use telehealth.
- Between 60 and 80: Certain items may adversely impact the use of telehealth.
- Below 60: There are barriers to successful practitioner use of telehealth.

Jennet P, Health Telematics Unit. Telehealth Readiness Assessment Tools.  
See [http://www.fp.ucalgary.ca/telehealth/Readiness\\_Tools.htm](http://www.fp.ucalgary.ca/telehealth/Readiness_Tools.htm) (last checked 26 February 2015)

# Patient Information Sheet on participating in a Telehealth consultation

## **What is a Telehealth consultation?**

A Telehealth consultation is a consultation where you and your specialist are not in the same room as each other and use technology to be able to see and hear each other.

## **Why use Telehealth?**

A Telehealth consultation reduces the need for you to travel to large towns or cities to receive your treatment.

## **How will I see my specialist if we are not in the same room?**

The most common piece of technology used to deliver telehealth consultations is videoconferencing. It is similar to a normal telephone call, with the added benefit of being able to see the participants at the other end. Most videoconferencing equipment allows you to transmit data e.g. PowerPoint presentations, photographs, x-rays and video.

## **Can a family member attend the consultation with me?**

You can choose if a family member, you carer or other support person attends the appointment with you.

## **Who will be part of the consultation?**

At the time of consultation you will see your treating clinician through a screen. There may be a staff member with you in the room if it is deemed appropriate and you are comfortable with that (for example if they have to check your blood pressure or read through results).

## **Consent for the consultation**

Verbal consent is required at the beginning of the consultation before your consultation will proceed and all staff part of the consultation will be introduced at the beginning of the session.

## **Your follow up appointment**

A follow up appointment will be made if required.

## **How much will be consultation cost?**

There should be no additional cost to you other than your usual consultation fees.

## **Can I ask questions during the consultation?**

You and your carer should feel free to ask any questions you both have both before, during and after the consultation.

## **What if I don't want to be part of a Telehealth consultation?**

You may choose not to participate in a telehealth consultation if you are uncomfortable.

## **What if I am uncomfortable during the consultation?**

If you are uncomfortable you can ask to finish the consultation.

## **Maintaining your privacy and confidentiality**

All consultations done via Telehealth are private and secure and **WILL NOT** be recorded. Documentation will be taken during the consultation by the clinicians at both ends (if there are clinicians at both ends) and will then be entered into your medical record, as would normally happen if you saw your specialist face to face.

## **Questions and further information**

Chloe Model Telehealth Implementation Officer, NSW Agency for Clinical Innovation  
Ph: 02 9464 4654  
or [Julia.Martinovich@health.nsw.gov.au](mailto:Julia.Martinovich@health.nsw.gov.au)

# Telehealth Consultation Consent

Affix ID Label Here

MRN

Surname

Given Names

Suburb

Postcode

Date of Birth

Sex

AMO

Hospital Name

Ward

The procedure for conducting the telehealth consultation has been fully explained to me and I understand that:

- My participation is completely voluntary and I have the right to refuse to participate
- I have the right to withdraw my consent and terminate the consultation at any time
- Health professionals are permitted to take notes during the consultation
- I agree to my medical information being used for case conference, ensuring that my right to confidentiality is maintained

My consent relates to: (Please tick appropriate response)

- *A single telehealth session*
- *An episode of care involving several telehealth sessions*
- *The use of medical information for a case conference*

For patient over 16 years

Parent Name: \_\_\_\_\_ (Print)

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

For patient under 16 years/ in Care / with Guardian

Parent / Carer / Guardian Name: \_\_\_\_\_ (Print)

Signature of Parent/ Carer/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# Telehealth Consultation Consent

BINDING MARGIN - NO WRITING  
FILE IN HEALTH RECORD

Reorder Information

# DRAFT Telehealth Template for documentation of consultation

Affix ID Label Here		MRN			
Surname		Given Names			
		Suburb		Postcode	
Date of Birth		Sex	AMO		

Date of consultation \_\_\_\_\_ Hospital Name \_\_\_\_\_ Time \_\_\_\_\_ Ward \_\_\_\_\_

## INTRODUCTION

1. Introduce self
2. Confirm patient details on ID label (if no label, please complete the ID fields above)

Staff present for consultation (at both sites) - include both their name and location

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

All staff listed above have agreed to be part of this consultation

Carer or other Support person present with patient? Yes No

Verbal consent sought from patient to conduct consultation via telehealth please circle) Yes No

\* Note- Clinical consultation conducted via telehealth

## SITUATION

Problem/s and symptom/s \_\_\_\_\_

## BACKGROUND

Allergies and adverse reactions \_\_\_\_\_

Diagnosis, previous history or symptoms, medications \_\_\_\_\_

## ASSESSMENT

Assessment & clinical findings \_\_\_\_\_

Planned procedures and treatments \_\_\_\_\_

Patient/ and support person understanding of the treatment plan? Yes No

## RECOMMENDATION

Outcomes, recommended actions, timeframes and responsibility for action \_\_\_\_\_

Next scheduled appointment: \_\_\_\_\_

Form completely by: \_\_\_\_\_ Date: \_\_\_\_\_

Telehealth Consultation Consent

BINDING MARGIN - NO WRITING  
FILE IN HEALTH RECORD

Reorder Information

## Patient Evaluation Survey Questions

Below are some example questions that can be tailored to your service to assess the patient satisfaction of utilising a telehealth service

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The telehealth consultation was convenient for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The telehealth consultation saved me time and money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The telehealth service I received was as good as previous face to face appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was comfortable talking to the clinician/s using a computer screen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My safety and privacy were maintained during the consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be happy to have more consultations using Telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would prefer a face to face consultation with my clinician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What would you change to improve the Telehealth service?					
What were the benefits of the Telehealth service?					

## Evaluation Considerations

Other areas to consider when evaluating telehealth services include

- diagnostic accuracy
- validation of diagnostics
- appropriateness of service delivered
- information provided
- referrals made
- the persons safety
- user acceptability (patient and clinicians)
- the persons and practitioner's experience
- satisfaction with the process or service
- reviews of any complications
- morbidity
- poor outcomes for the person

Further information can also be obtained online from Nursing and Midwifery Telehealth Consortia <http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PageId=11973>)

(Name of Event)\_\_\_\_\_ Date\_\_\_\_\_

## Check list for Site Coordinators

- Promote the event within your site/ facility/ LHD
- Ensure your Telehealth unit is ON and your handset is on MUTE from (time and date).
- You are the contact person for the event for any technical/ organisational issues (have your mobile handy)
- Keep to time
- Print out and have available: Attendance sheets
  - : Evaluation forms
  - : Sign for the door
  - : A few hard copies of each presentation
  - : Phone numbers in case of technical difficulties
  - : Teleconference Number in case of audio problems
- Ensure attendees sign in on the attendance sheet
- Have hard copies of the presentations available in case of technical issues
- A teleconference line is available in case of audio issues Ph\_\_\_\_\_
- Remind staff to complete the evaluation and attendance list (and collect these forms once the Telehealth session is over)
- Fax, email, post forms back to the contact person after the event
- Turn off equipment at the end of the session

### Hints for participating sites:

- Arrive 15-30 mins prior to start time to set up your equipment and ensure everything is working (if it is a larger Telehealth session then the set up time will be longer)
- Ensure to keep your microphone on **MUTE** at all times unless you are asking a question.
- Ensure you have your technical contacts details handy in case you need them during the session
- All mobile phones on silent
- During question time listen clearly and wait for your site to be called for questions by the chairperson (sites will be asked individually if they have questions as this is easier for the chairperson to manage)
- To ask a question/ comment firstly introduce yourself and your location and once you have asked your question ensure you are on **MUTE** again to avoid any interruption (the microphone is extremely sensitive and can pick up a lot of noise which can be distracting)
- Please ENCOURAGE participants to fill out the evaluation forms as this helps improve future events done using videoconferencing
- At the end of the session please turn off your equipment

Any questions contact\_\_\_\_\_ (*insert contact person and contact details*)

# Telehealth User Guide For Videoconferencing – Information For Presenters

## Presenter checklist and responsibilities:

If delivering a PowerPoint presentation, conduct a basic test prior to the event with the equipment you intend to use on the day to ensure you are comfortable with using the videoconferencing (VC) equipment and sending a PowerPoint through it

- Seek a technical support contact at your site (if you need training)
- Have a list of the sites you are presenting to (know your audience)
- Send a copy of powerpoint presentation 3 days in advance
- Keep to time
- Speak in a strong clear voice
- Have your mobile phone on silent
- Interaction and discussion are crucial for a successful videoconference event. Have a dedicated time for question and answer
- Remind sites at question time to **UNMUTE** their microphone and to firstly introduce themselves and their location and once they have asked their question to ensure they **MUTE** their microphone again to avoid any interruption (the microphone is extremely sensitive and can pick up a lot of noise which can be distracting)
- Please note there is a 2-3 second latency delay to the sites, so remain patient when asking questions to sites – allow for a short delay.

## PowerPoint presentations requirements:

Please use the following recommendations as a guide when developing your PowerPoint to enable all sites to be able to see the presentation clearly:

- Recommended minimum text size of 32 in a clear font (eg Arial, Franklin Gothic Medium Calibri, CG Omega and Helvetica)
- Less information per slide is easier to read (approximately 6 lines per slide)
- Use a combination of upper and lower text as this is easier to read
- Text and background colours to contrast for clear visibility- use a cream/ white background with red, blue or black font colour
- Avoid the use of animations
- Pictures can be used but need to take up at least a third of the page to be seen clearly and need be of good quality and clarity
- Graphs can be used but need to be made as large as possible (whole slide is preferred)

Any questions contact\_\_\_\_\_ (insert contact person and contact details)



# Telehealth User Guide For Videoconferencing – Site Contacts And Participating Sites

## Responsibilities of the site contacts:

- Book your Telehealth Unit for the set date and time (book the room for an extra 30 mins at the beginning and the end of the session for set up time and in case the session runs late)
- Provide dial in details of your Telehealth unit (IP/ alias number / or ISDN if no other number available) and make contact with your technical contact
- Liaison with the technical provider connecting the sites (insert technical provider details) for testing your Telehealth equipment- ensure successful connection and you are comfortable to mute and move the camera control
- Promote the event within your site/ facility/ Local Health District
- For education sessions ensure that it is well publicised either via email, mail out etc. Make sure to include the RSVP details on the advertising material
- For Case Study sessions provide sufficient notification of the session to ensure appropriate attendance
- If you are the contact person for the event for any technical/ organisational issues, have your mobile handy
- Keep a list of who is attending at your site
- Site Contact persons to receive the presentations and evaluation forms from (the Organiser)
- Send out documentation to staff and print out evaluation and attendance forms and leave on the table in the Telehealth room
- Remind staff to complete the evaluation and attendance list (and collect at the end)
- Fax, email, post forms back to the contact person after the event
- Turn off equipment at the end of the session

## Hints for participating sites:

- Arrive 15-30 mins prior to start time to set up your equipment and ensure everything is working (if it is a larger Telehealth session then the set up time will be longer)
- Set the camera so that you capture all (or most of) the people in the room
- Ensure to keep your microphone on MUTE at all times unless you are asking a question
- Microphones are very sensitive and background noise takes on a greater significance
- Reduce paper shuffling and sideways conversations
- To ask a question/ comment firstly introduce yourself and your location and once you have asked your question ensure you are on MUTE again to avoid any interruption (the microphone is extremely sensitive and can pick up a lot of noise which can be distracting)
- Ensure you have your technical contacts details handy
- Ensure mobile phones are on silent
- During question time listen clearly and wait for your site to be called (If there is a high number of sites attending, sites will be asked individually if they have questions as this is easier for the chairperson to manage)
- Please fill out the evaluation forms as this helps improve future educational events
- At the end of the session please turn off your equipment.

# Chairperson Telehealth Checklist

This check list will assist you as the chairperson or secretariat in running a successful meeting or educational event using Telehealth.

## Before the session

- o Perform testing with all sites prior to the event (to ensure successful connection)
- o Advise sites if session being recorded
- o Assist in the promotion of the event
- o Get signed consent from presenters if the session is going to be recorded
- o Have a list of each site with a contact name and number
- o Send out any information to site contacts at least 3 days prior

## During the session

- o Roll call the sites and check audio and video during set up time
- o Open the meeting and introduce participants (host site and remote sites)
- o Ask host site participants to introduce themselves
- o Provide contact information for technical assistance to all sites at the beginning of the session
- o Explain the format of the session and request mobile phones are on mute
- o Ask remote sites to ensure their handset is on MUTE unless speaking
- o If your meeting includes a presentation, ask the remote sites to hold their questions until the end, when they will be called in one by one
- o Note- Allow longer time than face to face meetings for question time as you need to go through each site to see if they have questions

## After the session

- o Designated contact to return the evaluation/ attendance list forms

## Case Presentation – Ground Rules

There must be ground rules for case discussion meetings so that the process is comfortable for those taking part.

Some recommended ground rules include:

- Allow the presenter to present the case without being interrupted
- Focus should be placed on identifying the issues related to the episode of care, not on the individual staff that provided care.
- Ask questions rather than statements
- Offer feedback on facts, not assumption / perceptions / interpretation
- Offer what you see and feel, do not make judgements of others
- Consider the value of feedback to the receiver before offering
- Choose most important aspects and limit yourself to those
- Do not interrupt each other while speaking
- Keep your handset on MUTE unless speaking
- Each site should nominate a spokesperson for each session
- Ensure confidentiality is addressed (clients names must be de identified and what is discussed in the case discussion does not leave the case discussion)
- Case presentation should be no longer than 20 minutes, allowing 20 minutes for discussion.

Developed May 2009 NSW Institute of Rural Clinical Services and Teaching.  
Adapted for ACI 2014

## CONSENT

### Recording And Use Of Educational Sessions Delivered Via Videoconferencing

I \_\_\_\_\_, will be presenting at the *(name event)* for the  
*(name Organisation)* on *(date)* using Telehealth

\_\_\_\_\_  
(topic)

I hereby acknowledge and agree that:

- The content will be recorded as a digital file.
- *(Name Organisation)* proposes to use the recorded session for promotion of *(name topic area)* and there will be no commercial use of the content.
- The NSW Ministry of Health *(Name Organisation)* or other body acting with permission of the NSW Ministry of Health may present or transmit the recorded presentation within the NSW Public Health System and elsewhere.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Telehealth Tips for Case Presentation Template

These are a few suggested headings as cues to guide your case presentation and provide a standardised format to enhance case discussion.

## Suggested process for Case Presentation using PowerPoint (adapt as required)

- Cover slide – Name of clinician and site presenting
- Initial presentation – reason for presenting at Emergency Department, model of transport, signs, symptoms, how many staff on duty, Medical Officer on site?, initial management
- Background – previous history, family support, previous investigations, additional information
- Stabilisation – Key interventions – what did you do and why? (Pathology, point of care testing, Electrocardiogram (ECG) Oxygen (O2), Intravenous Cannula (IVC), Medications)
- Admit /Transfer/Retrieval – Why was this action taken?
- Case management by Referral Centre – what further investigations were done, who were they consulted by, what treatments were initiated, how far away from home is the Referral Centre?
- Discharge to community – what agencies were involved, what referral patterns were generated for follow up, what community support was required?
- What worked well – what was achieved?
- What could have worked better – any barriers or lessons learned?
- Patient Outcome – was the outcome the best for the patient, where is the patient now?

## Suggested case presentation format

The most important aspect of a case presentation is **what we can learn from it**. Try and pull out important information and highlight the key issues rather than giving all aspects of the care episode equal weight. For example, don't feel that you have to discuss all pathology and medical imaging findings (if you have access to them); include only what is pertinent to the issue being addressed.

Case presentations should include multidisciplinary team members involved in the care of the patient where possible; this may be by way of referral networks, discharge planning, community care options.

Ensure you have liaised with the Medical Officer prior to

the case presentation to ensure there is medical input.

1. Brief case summary from admission (include ambulance episode if relevant):
    - Pre hospital events
    - Initial assessment
    - Diagnostic process
    - Interventions
    - Referrals
    - Follow up
  2. Evaluate the episode of care:
    - What were the most problematic areas of management?
    - Why did things begin to unravel?
    - What could have been done differently?
  3. You can include how the care provided compares with the current literature / policies / procedures / guidelines if you wish.
- Note: Focus should be placed on identifying the issues related to the episode of care, not on the individuals who provided the care.**
4. Discuss measures that can be recommended or implemented to prevent a similar incident from occurring again if the outcome was an adverse event.

# Telehealth Evaluation

Please complete the evaluation to assist us in providing high quality interactive videoconference events and topics of interest for rural health staff.

**A certificate of attendance can be provided on request for Clinical Professional Development.**

**Main place of work**\_\_\_\_\_ **Discipline**\_\_\_\_\_

**Participating Venue**\_\_\_\_\_

## 1. Session/s attended (Please mark X)


## 2. What is your impression of (the event)\_\_\_\_\_?

(Please mark X under the appropriate response for each question)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The session/s provided me with information relevant to my clinical work					
The topics were pitched at the right level for me					
The session/s were well presented					
There was sufficient opportunity to participate and ask questions					
The visual aids were transmitted clearly					
The quality of the sound was satisfactory					

3. Was this your first experience of a multi session videoconference event? Yes ☐ No ☐

4. Would you have attended this event if only offered face to face in Sydney? Yes ☐ No ☐



5. Your overall opinion of *(the event)*?

☐

Excellent

☐

Very good

☐

Average

☐

Below average

☐

Very poor

6. What was the key 'take home' message you will take back to your workplace?

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8. What would have made the day better for you?

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9. Future health topics of interest?

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10. How often would you like \_\_\_\_\_ *(the event)* offered?

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11. Comments

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**Thank you** for providing your valuable feedback.

Please leave your evaluation form with the site co-ordinator at your venue.

Your certificate of attendance will be emailed to you.

Presenter Evaluation

Date

1. Was this your first experience presenting a session via videoconference? Yes ☐ No ☐
2. Do you consider your presentation provided a valuable learning opportunity for the participants? Yes ☐ No ☐

Q3. In relation to my presentation	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I found the visual teaching aids to be transmitted clearly					
I found the quality of the sound to be satisfactory					
The information and support provided to me pre event was optimal					
The level of support provided during the presentation was optimal					
I would be willing to present via videoconference in the future					
I felt engaged with the participants during my session					
Providing this session via videoconference was an efficient use of my time					
I felt there was sufficient opportunity for interaction with the other sites					

4. Your overall impression of the event ☐ Excellent ☐ Very good ☐ Average ☐ Below average ☐ Very poor

5. How could ACI improve future videoconference education events for presenters?

6. Comments

Thank you for providing your valuable feedback.

Please return your evaluation to by



# Chairperson Telehealth Session Planner Proforma

Date:	Time:	Session Length:	
Topic:			
Chairperson:			
Site:			
Pre Reading to be circulated		Yes	No
Copy of Presenters PowerPoint presentation distributed prior to the link up.		Yes	No

Time	Session Details	Presenter	Aids
5 min	Introduction (start by welcoming each site ONE BY ONE, introduce presenter and self, give brief overview of session) <b><i>Ensure handsets are on MUTE.</i></b>	Chair	PPT
20 min	<u>Body (presentation)</u> (Uninterrupted so everyone hears the whole patient story)	Presenter	
15 min	<u>Discussion</u> (facilitated discussion – call sites in ONE BY ONE and allow 3 questions per site)	Chair	
5 min	<u>Conclusion</u> (summarise outcomes, identified learning's, thank participants, ask for evaluation forms to be filled in and returned, ensure attendance sheet has been completed for CPD points)	Chair	

Location of sites	Tick off as you call them in, so all sites have opportunity to contribute
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

# Attendance Sheet

Event \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

Please write your name and email address clearly, and indicate if you require a certificate of attendance.

Name (PLEASE PRINT )	Certificate of attendance required	Hours attended	Discipline	Email Address (clearly written) for Certificate of Attendance

Please return to (Name) by email \_\_\_\_\_ or by fax \_\_\_\_\_  
or post to \_\_\_\_\_

[illegible]

Please return to (Name) by email \_\_\_\_\_ or by fax \_\_\_\_\_

or post to \_\_\_\_\_

[illegible]

Please return to (Name) by email \_\_\_\_\_ or by fax \_\_\_\_\_  
or post to \_\_\_\_\_

