

REPORT

Telehealth innovations

Supporting psychogeriatric services using telehealth

St Vincent's Hospital Sydney



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**CLINICAL
INNOVATION**

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Introduction

This document outlines Psychogeriatric services-on-screen (SOS), a clinician-to-clinician telehealth model, which connects rural and remote clinicians who manage older patients with mental health issues, to a multidisciplinary psychogeriatric team based at St Vincent's Hospital Sydney. This provides the rural clinician with the support and expertise of a virtual multidisciplinary team.

Psychogeriatric SOS provides rural and remote clinicians with case conferencing, clinical supervision and education to assist them to locally manage their older patients with mental health and dementia-related issues.

Australian rural and remote mental health services are characterised by limited resources that are geographically spread across large and often socially disadvantaged areas. Older rural Australians with mental health issues and dementia are among those most disadvantaged. Due to limited numbers of psychogeriatric staff and services in remote areas, many older people with mental health issues cannot access specialised psychiatric care.

Traditional solutions such as clinician-to-patient telehealth and fly-in-fly-out services are valuable and necessary, but often not sufficient to fully address the older rural population's complex needs. Telehealth is an efficient, effective and economical solution to enhance existing aged mental health services in rural and remote areas.

Benefits

Patients

- Improved access to psychogeriatric expertise.
- Reduced travel time and costs.
- Continuity of care with local clinician.

Health professionals

- Empowerment through up-skilling.
- Increased professional confidence.
- Strengthened relationships with patients.
- Broadened perspective/informed practice.

Health services

- Increased scope of psychogeriatric expertise outreach to under-resourced rural and remote areas.
- Improved management of psychogeriatric issues.
- Reduced emergency department presentations, hospital admissions, respite placement.

This model uses task shifting – redistributing tasks within the health workforce to more efficiently use limited workforce resources and improves access to care. Services that are typically provided by sub-specialised clinicians are instead provided by health workers with shorter training with support from sub-specialists.¹

It was empowering for the staff to know we have a link-up to St Vincent's... it gives the staff a confidence boost.

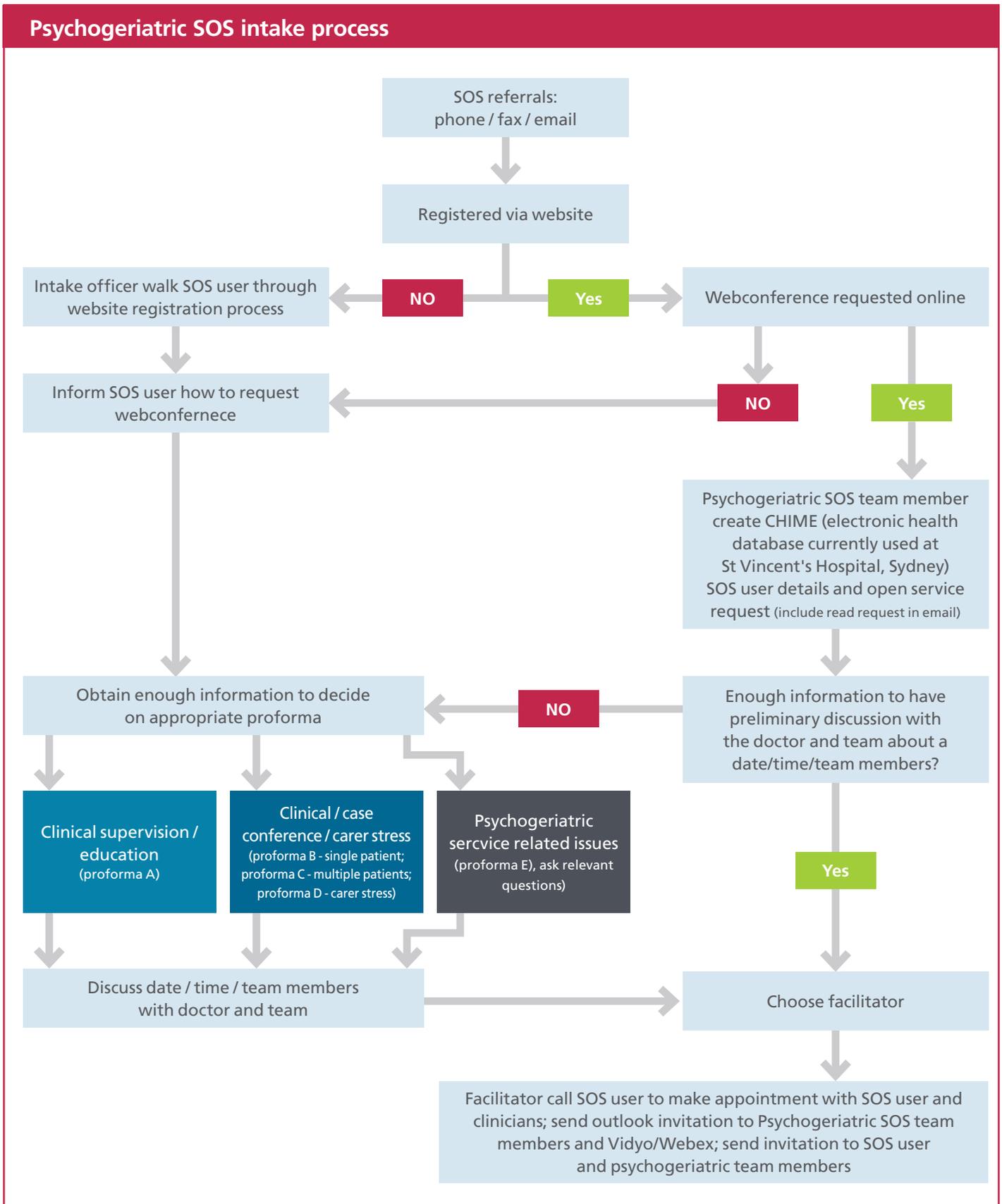
– Service user

¹ World Health Organization PEPFAR, UNAIDS, 2008. *Task shifting: rational redistribution of tasks among health workforce teams: global recommendations and guidelines.* Geneva, Switzerland.

Key elements of the model

Element	Detail
Service users	<ul style="list-style-type: none"> Available to all multidisciplinary healthcare professionals in rural/remote areas including hospital-based medical, nursing and allied health staff; community centres; primary healthcare providers and residential aged care facilities Three LHDs identified to have high psychogeriatric service need (Mid North Coast LHD, Northern NSW LHD and Murrumbidgee LHD)
Referral pathway	<ul style="list-style-type: none"> Initial contact is made through the website (www.psychogeriatricsos.com.au), phone, fax or email Clinician registers via the website Referrals are assessed for urgency, taking into account past patient behaviour, available resources, likelihood of the patient or those around the patient coming to harm, and anxiety of the team looking after the patient Psychogeriatric SOS does not provide an emergency service – emergency cases are directed to local emergency services and teams Non-urgent referrals are discussed within the team to identify the clinicians most appropriate to provide the requested level of assistance and support, and allocated immediately All clinicians involved are sent an email with web-conference details and a hyperlink 
Healthcare team	<p>Multidisciplinary team includes:</p> <ul style="list-style-type: none"> Psychogeriatricians Psychiatry registrar Nurses (clinical nurse consultant, clinical nurse specialist, registered nurse) Clinical psychologist Clinical neuropsychologist Occupational therapist Social worker
Technology platform and equipment	<ul style="list-style-type: none"> Vidyo™ WebEx™ The rural or remote clinician requires a computer with a web browser, webcam, microphone, speakers, and internet access to join a web-conference, alternatively, they can join by phone
Funding	<ul style="list-style-type: none"> Funding provided by the NSW Ministry of Health Integrated Care Strategy Planning and Innovation Fund, The NSW Institute of Psychiatry, the St Vincent's Hospital Curran Foundation, and St Vincent's Hospital Sydney.

Psychogeriatric SOS is the first service, nationally or internationally, to provide a full package of multidisciplinary case conferencing, clinical supervision and education via web-conferencing to multidisciplinary rural clinicians in public or private settings.



Making it happen

This section outlines the key enablers and challenges identified by those involved in implementing this model. Addressing these factors effectively has been critical to successful implementation and these learnings can be used by other health services in the development of local models.



Local planning, service design and governance

Psychogeriatric SOS was based on the following:

Established integrated psychogeriatric service model

- Telehealth was an extension to the existing integrated psychogeriatric service operating at St Vincent's Hospital Sydney.
- Embedded in the day-to-day operations of the whole team, all clinicians working in the inner-city hospital and community clinical service are also a part of the Psychogeriatric SOS team.
- Uses a 'team management' model, where all members of the team contribute to the care of each patient, as required, allowing the flexibility to provide the patient with the right care at the right time by the right team member.

Strong clinical governance

- The Psychogeriatric SOS project is governed by a St Vincent's Hospital Sydney committee comprising the Executive Sponsor, the Project Lead, the Project Manager and Lead Clinician, the Director of Integrated Care, the Clinical Director of Mental Health Services, and the Director of Psychogeriatric Services.
- Clinical decision-making is overseen by the staff specialists on the St Vincent's Hospital Sydney Psychogeriatric team including Project Lead, the Project Manager and Lead Clinician, and the Acting Director of Psychogeriatric Services.
- All clinicians on the St Vincent's Hospital Sydney Psychogeriatric team have interdisciplinary clinical supervision with the staff specialists on the team.
- All Psychogeriatric SOS occasions of service are reviewed clinically by the entire St Vincent's Hospital Sydney Psychogeriatric multidisciplinary team at a weekly Clinical Review Meeting.
- Any identified need for operational improvement is reviewed by the governance committee at their monthly meeting.

Supporting ease of access

- The website (www.psychogeriatricsos.com.au) was developed as a 'hub' to streamline registration for the service, requests for web-conferences, access to education resources, and to collect outcomes data.
- Rural and remote clinicians who have difficulty accessing a reliable internet connection can alternatively access case conferencing for Psychogeriatric SOS via telephone.
- Psychogeriatric SOS is ideally accessed via the website, but can also be easily accessed by mobile phone, landline, fax, email, or post.

Considerations for implementation

- Web-conferencing works best on up-to-date computer hardware and software, backed up by high-speed broadband internet.
- Download of enabling software may sometimes be blocked by network security firewalls of government health services – this may require negotiating on a compatibility solution.



Building engagement and shared ownership

Building trusted relationships with a range of regional healthcare providers including local health districts and primary health networks enabled success.

Strong regional partnerships

- Firm relationships with partners are required for management of change because the service crosses multiple service boundaries.
- Build clearly defined service relationships with rural healthcare providers.
- Invest the time for face-to-face site visits to engage health services at multiple levels (from frontline staff to senior management).
- Executives of the three LHDs covered were initially approached. Then the Psychogeriatric SOS team presented to the primary health networks and LHDs.
- Identify and work with local 'champions' to navigate local barriers.

Building capacity of local clinicians

- Encourage rural clinicians to self-identify areas of greatest need for psychogeriatric support.
- Develop strong professional relationships between the multidisciplinary psychogeriatric team and rural healthcare providers.
- Actively support rural clinicians to manage more complex patients before referral to specialist service.
- For clinical case conferencing, the local (rural) clinician remains the lead clinician for that patient.

Considerations for implementation

- When identifying regional services partners, ensure there is executive commitment.
- Assess 'service readiness', whether staffing, infrastructure, relationships, change management strategies, and outcome measures are sufficiently in place to start the service.
- 'Service readiness' can be formally assessed with tools such as the [WHO Service Availability and Readiness Assessment](#) or using a consensus approach with stakeholders.



Workforce and resourcing

An experienced and resourced multidisciplinary psychogeriatric team is a core feature of this model.

Highly specialised psychogeriatric team

- Each team member has an extensive understanding of psychogeriatric assessment and management, as well as knowledge that is specific to their field of expertise.
- Requires a multidisciplinary team with strong leadership, clear vision, agreed goals, shared ownership, professional culture and interdisciplinary respect.

Clinical leadership and champions

- Accessible clinical leaders to manage change within the team and ongoing service implementation.
- Senior 'champions' to advocate for the role and value of telehealth outreach within the broader health service.

Dedicated project manager

- A dedicated role allowing efficient service design and set up, induction of clinicians, ongoing monitoring and back-end support.
- Requires experience with project management, technology and enough clinical insight to meaningfully understand the service and what it needs to achieve.

Sustainable funding strategy

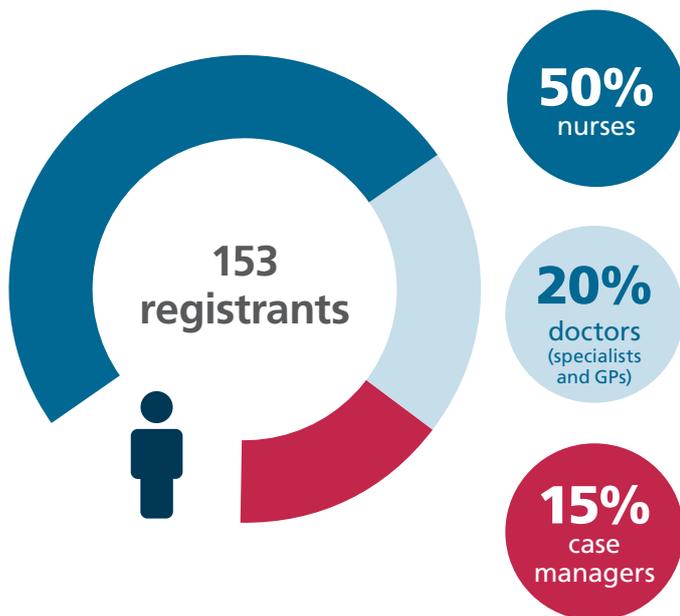
- Psychogeriatric SOS was financially supported by grant funding, operating on a year-to-year basis.
- Actively consider various funding models to support ongoing sustainability of the service, including a 'user pays' model, an LHD-funded model, and a model that is dependent on local funding.
- Service partnerships require funding agreements or contracts.

Considerations for implementation

- Access to a business manager can be valuable in developing the long-term business and funding strategy for the service.
- Identifying key staff with experience in the chosen information management system (such as CHIME, an electronic medical record with capacity to report data) is useful to undertake initial troubleshooting and up-skill the team.
- Allow time for training, role-playing and supported practice as many members of the team may not have previous telehealth case conferencing experience.

Benefits of the model

Results



Occasions of service

2–3 case conferences per week

6 education packages per month

14 supervisions per month

High rural clinician satisfaction



87%

would recommend service to others



83%

would use the service again



83%

felt more supported in their role



80%

received the service they required



45%

found technology was easy to use

Clinician-to-clinician case conferencing, supervision and education have been shown to improve patient care, quality of mental health services, clinician confidence, patient outcomes, and reduce specialist referrals.

In 2016/17, Psychogeriatric SOS was winner of the following awards.

- NSW Health Minister for Mental Health Innovation and Excellence Award
- Mental Health Matters Award for Excellence in Service Delivery
- St Vincent's Health Australia Clinical Innovation Award
- St Vincent's Hospital Sydney Recognition of Excellence Award
- The RANZCP Faculty of Old Age Psychiatry Award for Best Mental Health Service Improvement

Rural clinician confidence increased after using Psychogeriatric SOS in:

- ✓ assessing and managing psychogeriatric disorders (depression, psychosis, anxiety, substance misuse, etc)
- ✓ referring for/providing psychological therapy
- ✓ facilitating independent living/residential aged care facility placements
- ✓ providing carer stress management strategies, and providing carer education

Benefits



Monitoring and evaluation

All Psychogeriatric SOS service activity is reviewed by the St Vincent's Psychogeriatric team at weekly clinical review meetings, ensuring team management model integrity and appropriate clinical governance.

Monitoring and evaluation includes tracking service usage through the use of outlook calendar appointments including date, length of service, type of intervention; pre- and post-service user questionnaires measuring clinical confidence; and focus groups with service users. There are significant and well-documented challenges in measuring clinician competence. Rather than attempt to measure competence, a registration form was established to capture user demographic data, clinician service expectations, and clinician service user confidence before and after using the service.

Psychogeriatric SOS has been constantly evaluated internally since inception in April 2015, with results reported quarterly to the NSW Ministry of Health, as per the funding agreement. Psychogeriatric SOS is in the process of being independently evaluated in 2017.

The service is currently limited to psychogeriatric services, however the model has potential application to other sub-specialties in mental health and other disciplines, particularly aged care-related services.

References and links

Supporting tools and documents available from the ACI website

www.aci.health.nsw.gov.au/make-it-happen/telehealth

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

www.aci.health.nsw.gov.au/___data/assets/pdf_file/0010/258706/ACI-telehealth-guidelines.pdf

Information on the Telehealth Capability Interest Group

www.aci.health.nsw.gov.au/make-it-happen/telehealth/telehealth-capability-interest-group

The ACI partnered with staff from local health districts, primary health networks and consumers to document this telehealth innovation series. The four sites are listed below.

Site	Description
Mid North Coast and Northern NSW LHDs	Supporting patients to access follow-up cancer care at home in partnership with their primary care team.
Murrumbidgee LHD	Using technology to link remote patients and an allied health assistant to a senior physiotherapist.
Western NSW LHD	Using technology to effectively manage life threatening and time critical patients to coordinate inter-facility transfers between rural and referral hospitals.
St Vincent's Hospital Sydney	Enhancing clinician capacity to manage older patients living with mental health issues in partnership with a specialist multidisciplinary team.