Local Clinical Guideline	Community Health Services CHILDREN, YOUNG PEOPLE AND FAMILIES	NSW GOVERNMENT Health Hunter New England Local Health District

PROVIDING TELEHEALTH (VIDEO) APPOINTMENTS IN CPAIS SERVICES

Sites where Guideline applies	Community, Partnerships and Integrated Service

This guideline applies to:

1.	**Adults**	Yes
2.	**Children up to 16 years**	Yes
3.	**Neonates- less than 29 days**	Yes

Target Audience	All staff attending home and community visiting
Description	Guidance on providing safe Telehealth (video) appointments in Community Partnership and Integrated Services

Go to Guideline

Keywords	Telehealth, community, CPAIS, video, Scopia, appointments,
Document registration number	JHCH 21.2
Replaces existing document?	No

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

- National Safety and Quality Health Service Standards 1 and 2
- See Reference Section on page 7

Position responsible for Clinical Guideline Governance and authorised by	Community Partnerships and Integrated Services Clinical Quality & Patient Care Committee
Clinical Guideline contact officer	Community Network Manager CYPFS
Contact details	Mobile: 0427618801
Date authorised	6 June 2020
This document contains advice on therapeutics	No
Issue date	June 2020
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CONTENTS

PURPOSE AND RISKS

Telehealth offers benefits for clients, their carers, health care workers and the health system as a whole through improved access, availability, and efficiency of quality health care.

Family-centred, clinician-led telehealth provides an efficient and effective model of care that complements face to face consultation.

This purpose of this guideline is to support provision of telehealth (video) consultations to address access issues experienced by families living in remote/isolated areas (or for other reasons) that may otherwise have reduced, or no service delivery options, to meet their individualised needs.

The risks of not providing a guideline is:

- Clinicians are new to telehealth and may lack knowledge and confidence in using this service delivery mode within medico-legal boundaries
- Clients will need to have information about their privacy, and how to connect to telehealth
- Clients need to have additional considerations made to ensure safety asking psychosocial and other sensitive questions

These risks are minimised by:

1. Providing clients with appropriate information to meet their information and privacy needs
2. Providing clinicians with step by step guidance on how to prepare, deliver and document telehealth consultations
3. Identifying the appropriate software and hardware requirements to deliver telehealth appointments

Risk Category: *Clinical Care & Patient Safety*

GLOSSARY

Acronym or Term	Definition
CPAIS	Community, Partnerships, and Integrated Services
CYPFS	Children, Young People and Families Services
DVRS	Domestic Violence Routine Screening
HEEADSSS	NSW Youth Health and Wellbeing assessment and screening tool.
Telehealth Appointment	Telehealth is the secure transmission of images, voice and data between two or more units via telecommunication channels, to provide clinical advice, assessment, consultation, monitoring, education, training and administrative services. Telehealth is about connecting with clinicians and/or clients and their carer, and is aimed at enhancing existing services.
Scopia software	HNE Health uses Scopia software to conduct telehealth consultations. The software operates on a number of different devices including Windows and Mac computers, Apple iPads or iPhones and Android tablets or smartphones. The software is similar to Skype and is completely secure, encrypted and confidential.
Skype for Business software	This software can be used for meetings, groups and individual client appointments.

GUIDELINE

While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within guidelines issued by HNE Health, or for measuring consistent variance in practice.

Staff Preparation

It is mandatory for staff to follow the relevant "Five moments for hand hygiene, infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for client/carer communication (**H**and hygiene, **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment).

Equipment needs

Client:

- Smartphone with data or laptop/desktop with camera and internet connection

Staff:

- Laptop, tablet or computer with camera and speakers
- Skype for Business or Scopia software and access to virtual meeting rooms
- Internet connection (HNE intranet/Wi-Fi or HNE mobile hotspot)
- Have another phone available (e.g.: HNE mobile) for use in the event that an immediate or high risk situation is identified resulting in the clinician being required to contact relevant persons/service for notification or an emergency service while the primary phone is in use during the consult.

Embracing the broad scope of a telehealth appointment

Telehealth technology is constantly evolving. Consumer focussed digital technologies will be enablers for managing rising demand for health services with fewer resources while achieving a high quality of care.

Telehealth appointments provide a valuable opportunity to draw upon a wide-range of practice elements. Clinicians are encouraged to consider how they might adapt the practice elements used when working with families face to face, to the telehealth appointment.

Examples include:

- Clinical or intake interviews
- Counselling interventions
- A range of service specific assessments e.g. HEEADSSS
- Breastfeeding or feeding consult, assessment and review
- Observation of parent-child interaction and supporting the parent child dyad
- Parent education/support e.g. safe sleep environment and settling strategies
- Sending links for trusted web-based content for the parent/carer/client to view and then discuss together

Preparing for the telehealth appointment

The clinician will:

- Need a private space, not shared with another clinician
- Have their staff identification badge visible for the family to see
- Have all phones on silent
- Have all relevant documentation, pens and paper present or easily accessible.
- Have resource information for the local supports, websites, apps and a copy of relevant

assessment tools and appropriate referral pathways accessible
- Have technical support contact details available
- Ensure positioning of camera is appropriate and above the screen if possible
- Place a 'Telehealth appointment' sign on the door to the office
- Be aware there can be a slight delay in using video–conferencing
- Make the same efforts as standard face to face consultations to ensure confidentiality

During the telehealth appointment

The clinician will:

- Welcome the client and introduce themselves and their role. This process may take a little more time than for face to face appointments as the parent relaxes into communicating via the video-conference
- Explain to the client what to expect during a telehealth appointment, possible duration and how time will be utilised and ask if the client has any questions
- Inform the client that the session is private, is occurring via a confidential secure link and it will not be recorded
- Gain verbal consent to continue with the telehealth appointment
- Review rights and responsibilities, confidentiality, compliments and complaints including the mandatory child protection role of Health Workers at the first appointment.
- Verify the child's identity with the parent/carer (or Young Person) by using 3 identifiers: name, date of birth and address at each appointment.
- Confirm the contact information for the young person/parent/carer
- If the appointment is expected to cover any sensitive questions ask the parent/carer who else is in the house or if anyone else is expected to arrive during the consultation appointment; explaining the sensitive nature of some questions
- If a parent or carer is in attendance with a young person, a clinician should normally seek to have some time alone with the young person to conduct a HEEADSSS assessment. This should only occur if the young person is comfortable and the clinician considers it is appropriate for their age and level of understanding.
- When conducting a HEEADSSS assessment, the clinician should use a consultative approach that communicates to the young person that the young person is an active partner in their healthcare and that they are in a safe and non-judgemental environment.
- Encourage the young person/parent/carer to position the device being used for the telehealth appointment in a location and at an angle which provides the clinician with a view of both the client or parent and the child if applicable.
- Encourage the young person/parent/carer if possible to move the device into other parts of the room when necessary during the consultation e.g. observation of parent-child interaction while playing or feeding

Length of telehealth appointments

Telehealth appointment strategies involve enhancing all usual communication and engagement strategies used to develop collaborative child centred and family focussed care plans. Telehealth does not replace face to face contact skills but augments existing skills and services.

- The length of a Telehealth appointment should be guided by the attention and energy level of the parent/carer and child dyad
- Telehealth HEEADSSS assessments can be more difficult to establish rapport with young people. Therefore the Clinician must be mindful and consider this when asking questions about sensitive issues, such as sexual activity and drug use.
- Consultations may need to be shorter than those routinely scheduled for face to face consultations. The concentration required may be impacted by sleep deprivation, mental health difficulties or disruptions within the home environment
- The length of the consultation must be informed by feedback from the young person/parent/carer. Therefore, clinicians should check-in periodically to ask if the child/young person/parent/carer is feeling comfortable to continue or if they would like to take a break. A

break from the intense gaze which can be associated with prolonged video-conference interaction, may also be achieved by redirecting the young person or parent a break for refreshment

Please note: Domestic Violence Routine Screening (DVRS) must be conducted face to face with the person as privacy cannot always be established through other modalities such as over the phone or via audio visual means.

At the completion of a telehealth appointment

- The clinician will check in with the parent as to how they are feeling towards the completion of the telehealth appointment
- Ensure the parent is provided with time to have their questions answered and discuss a plan of care for themselves and their child
- Discuss the plan for next point of contact (or discharge) and document any agreed arrangements for this.
- Ask the client for feedback to continue to improve the quality of service provision

Documentation of telehealth appointments

The clinician will:

- Complete contemporaneous documentation in the health record as per CHIME guide
- If there are two clinicians engaged in the virtual conference in different locations, both clinicians must complete documentation in accordance with medico-legal requirements
- Document contact with other health professionals as per Clinical Handover PD2019_020
- Considering the limitations of telehealth (video) service delivery, ensure documentation reflects what the client has stated and what the clinician has been able to observe during the appointment.

Trouble shooting connectivity issues

- If sound issues become apparent (i.e. difficulty hearing one another), turn the video-conference to mute and use a telephone for sound (use a head-set or ear-phones to enable mobility)
- If connectivity issues persist with visual images, cease the telehealth appointment and conduct by telephone

IMPLEMENTATION, MONITORING AND AUDIT

1. This document will be communicated and implemented across the CPAIS managers.

2. Resources, education or training will be provided by the CPAIS Managers.

3. Documentation of telehealth appointments will be monitored for effectiveness and compliance in the annual Allied health clinical practice audit coordinated by the District Coordinator for Child and Youth Health and manager audit processes in CHIME.

REFERENCES

NSW Agency for Clinical Innovation. (2015). Guidelines for the use of telehealth for clinical settings in NSW. Retrieved from: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0008/509480/ACI_0261_Telehealth_guidelines.pdf

NSW Health. (2016). NSW health telehealth framework and implementation strategy (2016-2021). Retrieved from https://www.health.nsw.gov.au/telehealth/Publications/NSW-telehealth-framework.pdf

NSW Health (2018) Youth Health and Wellbeing Assessment Guideline. GL2018_003 Retrieved from: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_003.pdf

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

CONSULTATION WITH KEY STAKEHOLDERS

1st draft compiled by Community Network Manager CYPFS, Based on a district CFHN document

2nd draft based on feedback by CPAIS managers and clinicians

3rd Draft developed based on a second round of consultation with CPAIS managers and clinicians.

APPROVAL

CPAIS Manager Review May 2020

CPI Coordinator review May 2020

CYPFS CPGAG –June 2020

CPAIS CQPCC – June 2020