

**Telehealth Toolkit**

**Residential Aged Care Facilities**

*This toolkit has been developed by Country to Coast, Queensland as part of Telehealth Grants for Residential Aged Care Facilities program, funded by the Department of Health and Aged Care*

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[Register of Telehealth Consultations 39](https://c2coast.sharepoint.com/sites/OlderPersonsHealthPalliativecareteam/Shared%20Documents/Projects%20and%20Programs/RACF-%20Telehealth%20and%20After%20Hours/Education%20Toolkit%20development%20AH%20&%20TH/Resource%20Development/Telehealth%20Toolkit%20for%20RACF%20Draft%202.docx#_Toc135660455)

# Introduction

County to Coast QLD (CCQ) has developed this resource toolkit to assist residential aged care facilities to commence conducting Telehealth Consultations for their residents. The promotion and sponsorship for these telehealth services is an initiative of the Department of Health and Aged Care.

Telehealth consultations allow residents of the Residential Aged Care Facility (the facility) with timely access to GPs and other health professionals rather than travelling to or waiting for an in-person visit or appointment.

The resources contained within the toolkit are purposefully broad, for facilities to adapt to their specific needs during the early implementation and longer-term maintenance of telehealth services. The majority of templates include reasonable detail for tailoring, where others are much less defined.

The toolkit is a practical resource for facility staff to refer to and use and may be beneficial for gaining a better understanding of telehealth services. The resources will be complemented by CCQ providing linkages to education provided by appropriate telehealth software vendors.

Each resource presented within the toolkit has a cover page with the name of the resource, a description, and its purpose. Lists of sources and links to further information are also provided. In the first resource these lists are given with each procedure, for others the lists are on the cover page. This additional information is recommended for facilities to access when adapting and developing their own resource.

**Disclaimer:** The content and templates provided in this toolkit are for guiding information purposes only. The intention of the resources is for facilities to make use of those that apply, when introducing and commencing telehealth services. Facilities are to consider, tailor, and develop their own unique range of materials based on their needs. The resources in the toolkit are not a substitute for professional care or legal advice.



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# Guide to creating Telehealth Policy & Procedures

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| Resource Number | 1.0 |
| Resource Name | Guide to creating Telehealth Policy and Procedures |
| Description | This template is a foundational resource targeted at supporting the facility towards developing and implementing organisational processes, policies and procedures that guide the effective use of telehealth.  Telehealth consultations are a service using an interactive audio and video telecommunications system that permits real-time communication between a clinician at another site and a resident at the facility.  The example policy and procedures within this template are for Residential Aged Care Facilities to use the as a starting place, to discuss, explore and customize for their individual situations and set-ups. |
| Purpose | Incorporating telehealth into everyday work is a notable change from traditional practice. It impacts staff scheduling, Information Technology systems, workflows, and relationships with external clinicians, as well as necessitating additional staff training.  This is a template for creating a telehealth policy and procedures resource for Residential Aged Care Facilities.  The process of developing and defining procedures by the organisation should be undertaken whilst introducing and implementing and working towards telehealth consultations becoming normal practice. |
| Resource Guides | A listed selection of numbered and cross-referenced guidelines and toolkit resources aimed at supporting the development of individual procedures, provide supplementary information as appropriate. Source documents and additional online resources are presented in alphabetical order. |
| Date Stamp | 6 June 2023 |

**Policy & Procedures**

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| **Policy ‒ Telehealth Consultation** | | |
| **Example Policy** | The policy at *[insert RACF* *Residential Aged Care Facility]* is to provide telehealth consultations as an option for health care service delivery to enhance access in ways that are convenient, safe, and equitable for our residents.  Clinical personnel will offer residents in need of care by an external health care professional a telehealth consultation that meets the standards outlined in the following procedures. | |
| **Procedure Ref No.** | **Example Procedure** | **Procedure Description** |
| **TH01** | **Quality and Standards ‒ Telehealth Equipment and Privacy** | Manage consultation in accordance with best practice clinical standards and models of care. |
| **TH02** | **Resident Selection and Clinical Appropriateness – Telehealth Consult** | Facilitate screening of resident against an agreed set of governance criteria to confirm safety and appropriateness for telehealth. |
| **TH03** | **Informed Consent ‒ Telehealth Consult** | Ensure the resident (and family) understand what telehealth is, are given the opportunity to ask questions, and agree to proceed. |
| **TH04** | **Scheduling a Telehealth Consultation** | Consultation is scheduled in collaboration with the external provider and is communicated to others as required. |
| **TH05** | **IT Support ‒ Connection, Equipment & Troubleshooting** | Facilitates regular maintenance of equipment and system updates, and a troubleshooting guide for staff. |
| **TH06** | **Telehealth Physical Surroundings and Room Set-Up** | To replicate as closely as possible to an in-person consultation, relating to safe health care, privacy, and efficiency. |
| **TH07** | **Telehealth Communications & Privacy** | Ensure that required resident information shared between providers enables safe appropriate clinical assessment and care, in accordance with relevant privacy standards. |
| **TH08** | **Conducting a Telehealth Consultation** | Facilitate a telehealth session, which is timely, convenient, and safe whilst maintaining the same practice standards for a consultation delivered in person. |

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| **Telehealth Example Procedure ‒ Quality and Standards** | | |
| **Procedure Ref. Number** | **TH01** | |
| **Example Procedure Name** | **Quality and Standards ‒ Telehealth Equipment and Privacy** | |
| **Reason for this procedure** | To describe the standards for implementing telehealth models of care whilst ensuring effective and safe delivery of health care to residents. | |
| **Example Procedure** | | **Refer To** |
| 1. The **audio and video telecommunications systems** used by this facility meet Australian regulations and standards. | |  |
| 1. **Equipment, software, and communications networks** are installed according to approved guidelines. | |  |
| 1. The **software** used by the facility is **designed specifically** and has functionality for telehealth video consultations. | |  |
| 1. The facility has **consulted appropriately** with other participating health care organisations to ensure they meet Australian standards. | |  |
| 1. The **software** is confirmed as **compatible** with the systems used by participating healthcare professionals in the area. | |  |
| 1. The **systems and processes** in use by the facility satisfy Australian privacy and security legislation and comply with standards as they continue to evolve. | | Procedure Guideline **TH01A** |
| **Procedure Guideline**  **TH01A** | The following resources may support the development of best practice standards, specific to the facility:   1. Australian Commission on Safety and Quality in Healthcare, the [National Safety and Quality Health Service Standards](https://www.safetyandquality.gov.au/standards/nsqhs-standards) (NSQHS) 2. Australian Medical Association [10 Minimum Standards for Telemedicine](https://www.practiceassist.com.au/PracticeAssist/media/Practice-Connect/10-Minimum-Standards-for-Telemedicine.pdf) 3. Australian Telehealth Society [Guidelines for developing telehealth services](https://www.aths.org.au/guidelines) 4. Digital Health, [Information for healthcare providers](https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/secure-messaging) 5. End of Life Directions for Aged Care (ELDAC) [Becoming digitally ready a manual for aged care services](https://www.eldac.com.au/Portals/12/Documents/ELDAC_Becoming_digitally_ready.pdf) 6. Health Consumers Queensland, [Queensland Digital Health Consumer Charter](https://www.hcq.org.au/qdhcc-full/) 7. Health Direct, [Introducing video telehealth to your aged care service](https://help.vcc.healthdirect.org.au/aged-care-portal/introducing-video-telehealth-to-your-service) 8. International Organisation for Standardization, 2021, [ISO 13131:2021 Health Informatics — Telehealth Services — Quality Planning Guidelines](https://www.iso.org/standard/75962.html) 9. The Medical Board of Australia [Guidelines for technology-based consultations](https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Technology-based-consultation-guidelines.aspx) 10. The Royal Australasian College of Physicians [Telehealth Guidelines and Practical Tips](https://www.racp.edu.au/docs/default-source/advocacy-library/telehealth-guidelines-and-practical-tips.pdf) 11. Queensland Health, Office of the Chief Allied Health Officer, [Telehealth Resources for Allied Health](https://www.health.qld.gov.au/ahwac/html/telehealth) | |
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| **Telehealth Example Procedure ‒ Selection & Appropriateness** | | |
| **Procedure Ref. Number** | **TH02** | |
| **Example Procedure Name** | **Resident Selection and Clinical Appropriateness – Telehealth Consult** | |
| **Reason for this procedure** | Clinical appropriateness assists health care providers to make the most appropriate care and treatment decision for a person with a specific clinical condition (Allied Health Professions Australia (AHPA), 2020). The AHPA guide suggests clinical, quality, safety, and practical factors are considered when assessing suitability for telehealth. | |
| **Example Procedure** | | **Refer To** |
| 1. **Clinical judgement** by clinical staff at the facility in collaboration with the health professional, with clinical governance responsibility where relevant, will determine the resident’s appropriateness for a telehealth consultation. | | Procedure Guideline  **TH02E** |
| 1. The ***Criteria for telehealth and clinical prioritisation***, current version will be used by clinical staff at the facility when determining selection and appropriateness for telehealth consultation.   *The ‘criteria for telehealth and clinical prioritisation’ document is supplementary to this procedure. It should be developed by the facility, requiring regular review.* | | Annexure **TH02A**  Procedure Guideline  **TH02** |
| 1. A ***range of clinical and non-clinical factors*** will be considered by staff, including adapting to the unique needs of the resident, when determining suitability of a resident for telehealth.   *This ‘range of clinical and non-clinical factors’ is an additional supplementary document (or sub-division) to this procedure, to be developed by the facility.* | | Annexure **TH02A**  Procedure Guideline **TH02** |
| 1. **In a crisis situation** or if the resident needs emergency services, the same emergency procedure should be followed as was in place prior to the launch of telehealth services. | |  |
| 1. If a resident has a **standard outpatient appointment** with a known Specialist, and that service offers telehealth consultations, residents may utilise the telehealth service | |  |
| **Annexure TH02A** | *[Insert copy of Criteria for telehealth and clinical prioritisation to be developed by the facility here]. See Procedure GuidelineTH02C.* | |
| **Annexure TH02B** | *[Insert copy of Range of Clinical and Non-Clinical Factors for Consideration to be developed by the facility here]. See Procedure Guideline TH02D.* | |
| **Procedure Guideline**  **TH02C** | Depending on the resident’s situation, some example health conditions that the facility may decide as **criteria and prioritisation** for telehealth consultation, may include:   * Residents needing urgent pain relief, wounds review or falls management. * Residents with immunocompromised conditions or weakened immune system. * Residents with a debilitating illness where travel is not advised, such as frailty. * Residents receiving palliative or end of life care. * Residents requiring monitoring or care planning for their mental health or chronic disease. | |
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| **Procedure Ref Number TH02 Continued** | |
| **Procedure Guideline**  **TH02D** | Depending on the resident’s situation some examples of **clinical and non-clinical factors** the facility may decide as suitable for telehealth consultation, may include:   * The level of physical assessment required. * If the resident’s clinical needs can be met through a telehealth consultation. * The resident’s willingness and ability to participate, including any physical, mental, cultural, social, and cognitive barriers. * Availability of personnel and other support to conduct the consult. * Availability and access to technology, including internet connection, devices, software. * An appropriate physical environment is available. |
| **Procedure Guideline**  **TH02E** | The following resources may support the development of a resident selection and clinical appropriateness procedure, specific to the facility:   1. Allied Health Professions Australia (AHPA), [Telehealth Guide for Allied Health Professionals](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/ahpa.com.au/wp-content/uploads/2020/06/AHPA-Telehealth-Guide_Allied-Health-Professionals-May-2020.pdf) 2. [Indications for a video consultation](https://static.helpjuice.com/helpjuice_production/uploads/upload/image/5044/859387/Handbook_for_Video_Calls.pdf), written by Dr Andrew Baird, access from [Health Direct Video Call Resource Centre](https://help.vcc.healthdirect.org.au/) 3. Queensland Health have developed a range of clinical practice [Telehealth Guides](https://www.health.qld.gov.au/ahwac/html/telehealth-guides) including cancer, dementia, pain management, diabetes, respiratory, stroke, dysphagia, and others. 4. RACGP [Guide to providing telephone and video consultations](https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Guide-to-providing-telephone-and-video-consultations.pdf), when to use telephone or video consultation, page 2. |
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| **Telehealth Example Procedure ‒ Consent** | | |
| **Procedure Ref. Number** | **TH03** | |
| **Example Procedure Name** | **Informed Consent ‒ Telehealth Consult** | |
| **Reason for this procedure** | 1. To describe the actions required to ensure a resident having a telehealth consultation is fully informed, including understanding both the benefits and the risks of the service. 2. To document a resident’s agreement to the delivery of a telehealth consultation. To obtain a resident’ signature, or if applicable the signature of a resident’s representative, to verify consent. | |
| **Example Procedure** | | **Refer To** |
| 1. **Voluntary consent** to treatment by the resident or their representative, must be given. This is to be demonstrated by that person’s signature on a Telehealth Consent Form prior to the delivery of the telehealth service | | Procedure Guideline  **TH03C** |
| 1. A **fully informed resident** or their representative, in relation to the use of telehealth services in the management of their care, includes: 2. Verbal explanation of the consequences, benefits, and risks. 3. Consumer-friendly, easy to understand written description of telehealth and what it entails. 4. Opportunity to read prepared written material and the Consent Form. 5. Offered choices about the healthcare they receive via phone or video consultation. 6. The right to decline the use of telehealth services. 7. Advised that they can change their mind and stop using phone or video consultations at any time, including in the middle of a consult; and that it will not affect their right to ask for and receive healthcare. 8. Given an opportunity to discuss and ask questions about the telehealth consultation with clinical staff. | | Annexures   * **TH03A** * **TH03B** |
| 1. **Additional consent** is to be obtained and documented if there is a likelihood that part of the phone or video consultation is to be recorded or that images will be taken. | |  |
| 1. The **Telehealth Consent Form** is to be signed correctly and recorded as per the facility’s process for documenting consent. | |  |
| **Annexure** **TH03A** | *[Insert copy of Telehealth Consent Form here]* | |
| **Annexure** **TH03B** | *[Insert copy of Telehealth Information Brochure here]* | |
| **Procedure Guideline**  **TH03C** | The following resources may support the development of a consenting procedure specific to your facility:   1. Australian Commission on Safety and Quality in Health Care, [Australian Charter of Health Care Rights](https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights) 2. Queensland Health, [What is Informed Consent](https://www.health.qld.gov.au/consent/html/abt_infrmd_cnsnt) 3. The Office of Advance Care Planning Queensland - [Consent](https://www.qld.gov.au/health/support/end-of-life/advance-care-planning/legal/consent) | |
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| **Telehealth Example Procedure ‒ Scheduling** | | |
| **Procedure Ref. Number** | **TH04** | |
| **Example Procedure Name** | **Scheduling a Telehealth Consultation** | |
| **Reason for this procedure** | Define the requirements for scheduling a telehealth appointment by facility staff, and for the external provider concerned. | |
| **Example Procedure** | | **Refer To** |
| 1. **Liaise with external provider(s)** to find a suitable date and time for the telehealth consultation, based on the availability of clinicians. | |  |
| 1. The **assigned timing** for the telehealth consultation is consistent with the reason for the health care review. | |  |
| 1. **Contact all participants** to confirm details once the appointment has been scheduled with more than one provider. | |  |
| 1. **Resident is advised,** and the resident’s family or representative where appropriate, about the scheduled telehealth appointment. | |  |
| 1. **Remind the resident** and their family or representative where appropriate on the day prior to the scheduled telehealth consultation. | |  |
| 1. **Telehealth Brochure** and verbal information is provided to the resident and their family or representative. *The procedure for obtaining consent prior to the scheduled appointment is facilitated by facility staff.* | | Annexure **TH04A**  Procedure Ref No. **TH03** |
| 1. **Confirmation of the time** with external provider is attended on the day of the telehealth consultation, at approximately one hour prior. Adjust if necessary. | |  |
| 1. **Recognised guidelines** are used by the facility to develop site specific scheduling checklists for staff reference to minimise errors and increase efficiencies. | | Procedure Guideline **TH04C**  Annexure **TH04B** |
| **Annexure** **TH04A** | *[Insert copy of Telehealth Information Brochure here]* | |
| **Annexure** **TH04B** | *[Insert copy of Coordinating a Telehealth Consultation Checklist here]* | |
| **Procedure Guideline**  **TH04C** | The following resources may support the development of a scheduling procedure specific to your facility:   1. Allied Health Professions Australia (AHPA), [Telehealth Guide for Allied Health Professionals](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/ahpa.com.au/wp-content/uploads/2021/02/Allied-Health-Telehealth-Guide-FINAL.pdf) 2. Australian College of Rural and Remote Medicine (ACRRM), [Framework and Guidelines for Telehealth Services](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_4) 3. Health Direct, [Video Call Resource Centre](https://help.vcc.healthdirect.org.au/) and [Aged Care Portal](https://help.vcc.healthdirect.org.au/aged-care-portal/racf-technology-and-trouble-shooting) 4. Royal Australian College of Physicians, [Telehealth Guidelines and Practical Tips](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.racp.edu.au/docs/default-source/advocacy-library/telehealth-guidelines-and-practical-tips.pdf) | |
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| **Telehealth Example Procedure ‒ Technology** | | |
| **Procedure Ref. Number** | **TH05** | |
| **Example Procedure Name** | **IT Support ‒ Connection, Equipment & Troubleshooting** | |
| **Reason for this procedure** | To ensure telehealth technology is fully functional and secure and ensure that technical difficulties are handled in a timely manner. | |
| **Example Procedure** | | **Refer To** |
| 1. The **purchase and maintenance** of telehealth equipment by the facility is in line with recognised guidelines and systems. | | Procedure Guideline **TH05E** |
| 1. **Telehealth equipment** is stored in a dedicated location *[insert location here]*. | |  |
| 1. **Staff person(s) responsible** for maintaining telehealth equipment including performing updates corresponding to the service register is assigned by the facility. *[insert position title here]* | | Annexure **TH05A** |
| 1. The **contact details** of the person responsible for maintaining telehealth equipment are to be kept at the dedicated equipment location. | |  |
| 1. **Technical support services** are available during the times the equipment will be operating. | |  |
| 1. The **network level technical assistance,** name and contact information is available to facility staff. *The name and contact information for network level technical assistance is to be kept at the specified dedicated location.* | | Annexure **TH05B** |
| 1. **Troubleshooting guide** is developed by the facility, and staff facilitating telehealth services are familiar with identifying problems and finding solutions. | | Annexure **TH05C** |
| 1. **Being prepared** for technology problems during a consultation involves facility staff having the contact phone number of the external clinical provider available. | |  |
| 1. If **technology problems** emerge mid-session, facility staff should telephone the external clinical provider to either continue the session by phone or reschedule the consultation, as determined by the clinical situation. | |  |
| 1. A **Register of Telehealth Consultations** is to be maintained.   *The register is to be kept at the dedicated telehealth location.* | | Annexure **TH05D** |
| **Annexure** **TH05A** | *[Insert copy of Telehealth Platforms and Software User Guide here]* | |
| **Annexure** **TH05B** | *[Insert copy of Telehealth Technology Support Template here]* | |
| **Annexure** **TH05C** | *[Insert copy of Troubleshooting Guide here]* | |
| **Annexure** **TH05D** | *[Insert copy of Register of Telehealth Consultations here]* | |
| **Procedure Guidelines** **TH05E** | The following resources may support the development of an IT support procedure specific to your facility:   1. Allied Health Professions Australia (AHPA), [Telehealth Guide for Allied Health Professionals](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/ahpa.com.au/wp-content/uploads/2021/02/Allied-Health-Telehealth-Guide-FINAL.pdf), page 10. 2. Australian College of Rural and Remote Medicine (ACRRM), [Framework and Guidelines for Telehealth Services](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_4), page 8. 3. Health Direct Video Call Resource Centre, [Technical requirements for video call](https://help.vcc.healthdirect.org.au/itstaff) and [RACF Technology and Troubleshooting](https://help.vcc.healthdirect.org.au/aged-care-portal/racf-technology-and-trouble-shooting) | |
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| **Telehealth Example Procedure ‒ Physical Set-Up** | | |
| **Procedure Ref. Number** | **TH06** | |
| **Example Procedure Name** | **Telehealth Physical Surroundings and Room Set-Up** | |
| **Reason for this procedure** | To ensure services provided via telehealth are safe, confidential, and efficient and will meet or exceed the quality of care provided in an in-person setting. | |
| **Example Procedure** | | **Refer To** |
| 1. **Model of telehealth care** options for residents is determined by the facility using recognised guidelines. These may involve a designated telehealth consult room or residents own room, in consideration of privacy and appropriateness. | | Procedure Guideline **TH06E** |
| 1. **Telehealth Consultation Checklist** is developed by the facility for staff reference. All aspects of the checklist relating to before, during, and after the consultation are followed to minimise errors and increase efficiencies. | | Annexure **TH06A** |
| 1. **Allocated telehealth room** for the consult will be checked to ensure it is safe, private, and available by facility staff prior to the commencement of the telehealth consultation. | |  |
| 1. **Additional seating** may be needed if the resident’s family or representatives are accompanying them during the consult. | |  |
| 1. **Preparation of resident** will be assisted by facility staff to support their comfort and clinical needs, including escort to the designated room as needed. | |  |
| 1. **For resident’s first experience** with telehealth, facility staff explains how the system works, emphasising confidentiality and compliance with relevant standards. Include advice about audio or video recording as it applies. | |  |
| 1. **Time to ask questions** is made available for residents and family. | |  |
| 1. **Telehealth equipment** **is checked** by staff to ensure it is working properly, including an acceptable volume for both the external provider and resident. | | Annexure **TH06B** |
| 1. **Telehealth equipment** **will be setup** to achieve a positive resident‒provider relationship. | |  |
| 1. **Introductions** will be facilitated by facility staff before the consult begins. | |  |
| 1. **Permission by the resident** to have any other person in the room during the consultation (at both ends) is to be facilitated by facility staff. If the resident declines, the person must leave. | |  |
| 1. **Protection of the resident’s privacy** is to be maintained at all times. Once all parties are in the consult room, an occupied sign is placed on the room door so others will know not to enter the room. Inadvertent interruptions are to be avoided. | | Annexure **TH06D** |
| 1. **Telehealth consultation is to replicate** as closely as possible the way the provider examines residents in a traditional, in-person situation. Position the monitor so the provider can view and effectively observe the resident throughout the consult. | |  |
| 1. **Feedback questionnaires** developed by the facility should be distributed to residents, their representatives, and others, to monitor quality and satisfaction with the telehealth program. | | Annexure **TH06C** |
| **Page** | 1 of 2 | |

|  |  |
| --- | --- |
| **Procedure Ref Number TH06 Continued** | |
| **Annexure** **TH06A** | *[Insert copy of Coordinating a Telehealth Consultation Checklist here]* |
| **Annexure** **TH06B** | *[Insert copy of Troubleshooting Guide here]* |
| **Annexure** **TH06C** | *[Insert copy of Consumer Feedback Question Guide here]* |
| **Annexure** **TH06D** | *[Insert copy of “Do Not Disturb” sign here]* |
| **Procedure Guideline**  **TH06E** | The following resources may support the development of a physical set-up procedure specific to your facility:   1. Australian College of Rural and Remote Medicine (ACRRM), [Framework and Guidelines for Telehealth Services](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_4) 2. Health Direct, [Video Call Resource Centre](https://help.vcc.healthdirect.org.au/) and [Aged Care Clinic Administration](https://help.vcc.healthdirect.org.au/aged-care-portal/aged-care-clinic-administration) |
| **Effective Date** | *[insert start date]* |
| **Replaces Procedure Dated** | New Procedure |
| **Approved by** |  |
| **Page** | 2 of 2 |

|  |  |  |
| --- | --- | --- |
| **Telehealth Example Procedure ‒ Communications & Privacy** | | |
| **Procedure Ref. Number** | **TH07** | |
| **Example Procedure Name** | **Telehealth Communications & Privacy** | |
| **Reason for this procedure** | To promote the telehealth service and ensure relevant resident information is shared in a timely manner between facility staff and external clinical provider, to enhance resident safety and care. | |
| **Example Procedure** | | **Refer To** |
| 1. **Promote telehealth** within the facility, using existing mechanisms, such as newsletters, clinical discussions with residents and family, and promotional collateral. | | Annexure **TH07A** |
| 1. **Maintain relevant privacy principles** to ensure collection, use and disclosure of resident information including fulfilling duty of confidentiality. Ensure consistency with the policy of the facility. | |  |
| 1. **Comply with relevant privacy obligations** when delivering telehealth services in line with the policy of the facility. | | Procedure Guideline **TH07DTH07B** |
| 1. **Access to the external clinical provider** by direct telephone line is available for facility staff, for questions about treatment and care or any other issues about the resident. The external clinician’s direct/personal number is not given to residents. | |  |
| 1. **Sufficient resident related information is shared** between facility staff and the external clinician using the appropriate secure process, prior to and following the consultation.   This is to ensure quality and continuity of care whilst balancing the need for the resident’s privacy and confidentiality.   * *Insert the name of the facility’s secure process here.* * *A supplementary ‘Sharing of Information Guide’ outlining the types of information to be communicated, is to be developed by the facility.* | | Annexure **TH07B**  Procedure Guideline **TH07C** |
| 1. **Document notes** relating the telehealth consultation in the resident’s clinical file and attend clinical handover according to standard facility procedure. | |  |
| **Annexure** **TH07A** | *[Insert copy of telehealth promotion flyer here]* | |
| **Annexure** **TH07B** | *[Insert copy of Sharing of Information Guide to be developed by the facility here]. See Procedure Guideline TH07C.* | |
| **Page** | 1 of 2 | |

|  |  |
| --- | --- |
| **Procedure Ref Number TH07 Continued** | |
| **Procedure Guidelines** **TH07C** | A Sharing of Information Guide is aimed at balancing the benefits of exchanging resident information with the need for protection of privacy and confidentiality.  Example types of information that might be shared securely with the provider prior to a consultation may comprise:   1. Confirmation of the appointment date and time 2. Reason for the telehealth consultation and resident’s clinical information as applicable to the appointment, using ISBAR 3. Details of who will be participating in the telehealth consultation i.e., resident family   Example types of information the provider might share securely with the facility following a consultation may comprise:   1. Completed consultation summary note including diagnosis and treatments 2. Changes to medications prescribed 3. Actions that need to be coordinated by facility staff such as pathology, next appointment, or hospital transfer. |
| **Procedure Guidelines** **TH07D** | The following resources may support the development of telehealth communications and privacy procedure, specific to your facility:   1. The Australian Department of Health has created a [Privacy Checklist for Telehealth Services](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist) to assist organisations with privacy compliance obligations when delivering telehealth services. 2. The Australian Digital Health Agency have produced: 3. [RACF Factsheet](https://www.digitalhealth.gov.au/sites/default/files/documents/fact-sheet-residential-aged-care-facilities.pdf) - better access to healthcare information for facilities and residents 4. [Secure Messaging](https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/secure-messaging) for health care providers 5. RACGP (Royal Australian College of General Practitioners), Aged care clinical guide (Silver Book part B), [Medical records at residential aged care facilities](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/silver-book-part-b/medical-records-at-residential-aged-care-facilitie) |
| **Effective Date** | *[insert start date]* |
| **Replaces Procedure Dated** | New Procedure |
| **Approved by** |  |
| **Page** | 2 of 2 |

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| --- | --- | --- |
| **Telehealth Example Procedure ‒ Conducting a Consultation** | | |
| **Procedure Ref. Number** | **TH08** | |
| **Example Procedure Name** | **Conducting a Telehealth Consultation** | |
| **Reason for this procedure** | Ensure residents having a consultation with a health professional using video or telephone are offered an experience that closely replicates an in-person healthcare visit. | |
| **Example Procedure** | | **Refer To** |
| 1. **Maintain the same practice standards** in conducting the telehealth consultation that is required for a visit with a health care professional delivered in person | | Procedure Ref No:  **TH01**  Procedure Guideline **TH08G** |
| 1. **Prepare** for the telehealth consultation and make necessary arrangements using the facility specific Procedures and Resources available, including: 2. Confirming resident suitability and arranging the appointment 3. Coordinating telehealth technology requirements 4. Assessing the resident’s needs for emotional and physical support from family and friends, and other complementary support services 5. Ensuring the resident and their family are fully informed and have indicated consent 6. Administering communication and documentation processes 7. Preparing the resident 8. Setting up the telehealth space. | | Procedure Ref No:   * **TH02** * **TH03** * **TH04** * **TH05** * **TH06** * **TH07**   Annexures:   * **TH08A** * **TH08B** * **TH08C** |
| 1. **Manage and clinically support** the telehealth consultation to ensure timeliness, convenience, safety, and quality using the facility specific Procedures and Resources available, including: 2. Using facility specific checklist to guide the telehealth consult 3. Familiarity with telehealth platforms and software user guides, IT support and troubleshooting guide 4. Confirming resident consenting processes | | Procedure Ref No:   * **TH03** * **TH05**   Annexures:   * **TH08A** * **TH08D** |
| 1. **Facilitate follow-up** processes using the facility specific Procedures and Resources available, including: 2. Recording clinical notes and handover 3. Updating and attending resident’s care plan 4. Maintaining equipment in preparation for next use 5. Completing Register of Consults 6. Seeking consumer feedback | | Annexures:   * **TH08E** * **TH08F** |
| **Page** | 1 of 2 | |

|  |  |
| --- | --- |
| **Procedure Ref Number TH08 Continued** | |
| **Annexure** **TH08A** | *[Insert copy of Checklist Template - Telehealth Consultation here]* |
| **Annexure** **TH08B** | *[Insert copy of Telehealth Consultation Flowchart here]* |
| **Annexure** **TH08C** | *[Insert copy of Complementary Services Template here]* |
| **Annexure** **TH08D** | *[Insert copy of Platforms and Software Guides here]* |
| **Annexure** **TH08E** | *[Insert copy of Register of Consultations here]* |
| **Annexure** **TH08F** | *[Insert copy of Consumer Feedback Form here]* |
| **Procedure Guideline**  **TH08G** | The following resources may support the development of a procedure to conduct a telehealth consultation specific to your facility:   1. Australian College of Rural and Remote Medicine (ACRRM), [Framework and Guidelines for Telehealth Services](http://chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_4) 2. Health Direct, [Video Call Resource Centre](https://help.vcc.healthdirect.org.au/) 3. NBN Co., [Create a positive telehealth experience for patients](https://www.nbnco.com.au/blog/business/create-a-positive-telehealth-experience-for-patients) |
| **Effective Date** | *[insert start date]* |
| **Replaces Procedure Dated** | New Procedure |
| **Approved by** |  |
| **Page** | 2 of 2 |



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# Telehealth Promotion Flyer

|  |  |
| --- | --- |
| Resource Number | 2.0 |
| Resource Name | Telehealth Promotion Flyer |
| Description | This resource is to assist residents and their representatives to understand telehealth. It is a one-page flyer for display or hand-out.  The standalone Flyer is available to be downloaded and printed on the CCQ website via the pathway: ‘What we do – Primary Health’ > ‘Primary Health Programs’ > ‘Older Persons Health’ > ‘Residential Aged Care Support’ > ‘Telehealth’ **OR** link: <https://c2coast.org.au/oph-residential-aged-care-support/> |
| Purpose | This template flyer is a promotional visual display comprising example descriptions about:   * How telehealth works * Why it works * Questions to ask staff * Privacy information |
| Date Stamp | 6 June 2023 |





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# Telehealth Pamphlet

|  |  |
| --- | --- |
| Resource Number | 3.0 |
| Resource Name | Telehealth Pamphlet |
| Description | This template is to assist residents and their representatives to understand telehealth.  The Pamphlet is a 2-sided trifold brochure providing information about telehealth in a question-and-answer format.  The standalone pamphlet is available to be downloaded and printed on the CCQ website via the pathway: ‘What we do – Primary Health’ > ‘Primary Health Programs’ > ‘Older Persons Health’ > ‘Residential Aged Care Support’ > ‘Telehealth’ **OR** link: <https://c2coast.org.au/oph-residential-aged-care-support/> |
| Purpose | It is a resource for staff to discuss with and give to residents and their family to:   * Help explain how telehealth may be beneficial to them and, * An opportunity for them to ask questions and raise concerns. |
| Date Stamp | 6 June 2023 |

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## Telehealth Promotion Flyer and Pamphlet

|  |  |
| --- | --- |
| Resource Number | 2.1 and 2.2 |
| Resource Name | Telehealth Promotion Flyer  Telehealth Question and Answer Pamphlet |
| Description | These templates complement Telehealth Education Series, Module 1 designed to Support residents to understand telehealth |
| Purpose | This template flyer is constructed as a promotional visual display comprising a sample of information that describes:   * How telehealth works * Why it works * Questions to ask staff * Privacy information   The Pamphlet is a 2-sided trifold brochure providing more detail. It is designed as a resource for staff to go through with residents and their family to help explain how telehealth may be beneficial to them. |
| Date Stamp |  |



## **Telehealth Consultation Checklist**

|  |  |
| --- | --- |
| Resource Number | 4.0 |
| Resource Name | Telehealth Consultation Checklist |
| Description | This template checklist is to assist facilities with technical setup, use and optimisation of equipment and the consultation space. |
| Purpose | This template checklist provides an example of five tables for facilities to adapt for their own situation in relation to how a telehealth consultation will operate and flow.  The template includes a column called ‘location of process or guideline’, to enable staff to locate additional materials pertaining to the procedure. In this column, the facility may record the additional file name and where it is kept. Examples are provided.  The tables in the consultation checklist include:  1. Arranging a telehealth consultation and general set-up  2. Before each consultation – room preparation  3. Before each consultation – resident preparation  4. During the consultation  5. After the consultation.  A copy of the resource developed for the facility should remain with the telehealth equipment, for staff to access easily. |
| Resource Guide | The following resources are source documents for this checklist template, and may support the development of a consultation checklist specific to your facility:   1. Allied Health Professionals Association – [Telehealth Guide for allied health professionals](https://ahpa.com.au/wp-content/uploads/2021/02/Allied-Health-Telehealth-Guide-FINAL.pdf). 2. Australian College of Rural and Remote Medicine (ACRRM) [framework for telehealth and guidelines for telehealth services](https://www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_2). 3. Business NBN - [best practice telehealth set up](https://www.nbnco.com.au/content/dam/nbnco2/2020/documents/business/presented-by-business-nbn/best-practice-telehealth-set-up.pdf). 4. Department of Health – [Medicare Benefits Schedule Online privacy checklist for telehealth services](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist). |
| Date Stamp | 6 June 2023 |

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## **Telehealth Consultation Checklist**

|  |  |  |
| --- | --- | --- |
| **ü** | **Arranging a Telehealth Consultation** | **Location of Process/Guideline** |
|  | Review the facility’s **protocols**  *(e.g., clinical needs, appointments, equipment)* | Example:  Policy and Procedures (P&P) |
|  | Check the facility’s **resources**  *(e.g., contact list, resident information)* |  |
|  | Confirm **appropriateness** of telehealth consultation for resident on this occasion | Example: P&P Manual  Procedure Number **TH02** |
|  | **Schedule** an appointment with provider, advise resident & support people |  |
|  | Establish the **best location** for the consultation  *(e.g., quiet & private room)* |  |
|  | Arrange **technology and IT** **support**  *(e.g., people and equipment, before & during)* |  |
|  | Arrange dedicated **Nursing cover**  *(For before and during the appointment)* |  |
|  | Resident has **information** about telehealth  *(e.g., time, consent, support people)* | Example: Telehealth Pamphlet, Resource Number 3.0 |
|  | The **special needs** of the resident have been considered  *(e.g., supports for people who are deaf, where English is a second language, or they identify as Aboriginal and/or Torres Strait Islander)* |  |
|  | **Document** arrangements and general setup undertaken, as per facility process |  |
| **ü** | **Before each consultation – *Room Preparation*** | **Location of Process/Guideline** |
|  | Confirm **appointment** with doctor and relevant others |  |
|  | Collect **telehealth equipment**  *(e.g., have tested & tagged equipment, in the room, and turned on)* |  |
|  | **Pre-test Equipment**  *(e.g., check all connections & parts work)* |  |
|  | Check **Field of view**  *(e.g., position the screen for comfort & eye contact)* |  |
|  | Check **Lighting** in room  *(e.g., room is bright with minimal shadows)* |  |
|  | Check **Sound and Speech**  *(e.g., adjust speaker volume, explain microphone)* |  |
|  | Collect & prepare **clinical records**  *(e.g., observations, test results)* |  |
|  | Collect required **clinical equipment**  *(e.g., dressing packs)* |  |
|  | Prepare for **technology failure**  *(e.g., mobile phone back-up, IT ready, tip sheet, contingency plan)* |  |
|  | Place **‘do not disturb, consultation in progress’** **sign** on the door  *(after all participants have arrived)* |  |

*Continued…*

|  |  |  |
| --- | --- | --- |
| **ü** | **Before each consultation – *Resident Preparation*** | **Location of Process/Guideline** |
|  | Ensure resident’s **privacy & dignity** is maintained during the consult  *(e.g., 2-piece outfit, screen, gown, or cover sheet for examination)* |  |
|  | Consider resident **comfort**  *(e.g., position monitor, chair, speaker, microphone, support people* |  |
|  | Minimise **distractions & background noise**  *(e.g., turn phones off, close blinds)* |  |
| **ü** | **During the consultation** | **Location of Process/Guideline** |
|  | **Introduce everyone** at the beginning of the consultation |  |
|  | Confirm **Reason for consult**, right doctor, right resident, right health record |  |
|  | Confirm **identity** by asking resident to state their name, address, and Date of Birth |  |
|  | Confirm resident’s **consent** to participate including others in attendance |  |
|  | Session recording should be disabled.  Where this is a requirement, permission to record a video conference from everyone on the call is needed. |  |
|  | Confirm steps have been taken to maintain resident’s **privacy** |  |
|  | Confirm resident’s **comfort**, including that they can see and hear |  |
|  | Ask everyone to **speak clearly** into the microphone using normal tone and one person to speak at a time |  |
|  | Support **clinical needs -** ISBAR handover, discussion, assist assessment, examination & care planning |  |
| **ü** | **After the consultation** | **Location of Process/Guideline** |
|  | Manage **follow-up** by documenting and finalising notes, clinical handover, and delegating actions i.e., scripts, pathology, next appointment, and written orders pending |  |
|  | **Debrief** with resident by asking how they found the consult or if they have any questions |  |
|  | Ask resident and family for **feedback** about their experience |  |
|  | **Return equipment** to secure designated area |  |
|  | Complete consultation details in **telehealth consultation register** |  |
|  | **Maintain Equipment** by ensuring re-charged, cleaned and ready for use |  |



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## 

# Telehealth Consult Flowchart

|  |  |
| --- | --- |
| Resource Number | 5.0 |
| Resource Name | Telehealth Consultation Flowchart |
| Description | This template flowchart is to assist facilities with technical setup, use and optimisation of equipment and consultation space. |
| Purpose | This template flowchart provides an example of the steps to conducting a telehealth consultation. It is for facilities to adapt for their own situation in relation to how a telehealth consultation will flow.  The flowchart is a visual depiction of similar information described in the Telehealth Consultation Checklist, Resource Number 4.0.  It includes:   * How to arrange and prepare for the consult * What to do on the day, during and after the consultation. |
| Date Stamp | 6 June 2023 |

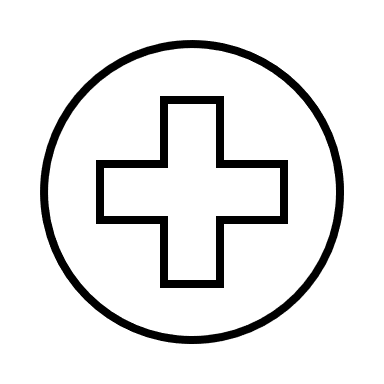
**CONFIRM APPROPRIATENESS OF TELEHEALTH APPOINTMENT**

The resident's **clinical need** is appropriate for a telehealth consult per protocol

The **tools and equipment** are available

**Staff** are available

Appropriate **consent** obtained



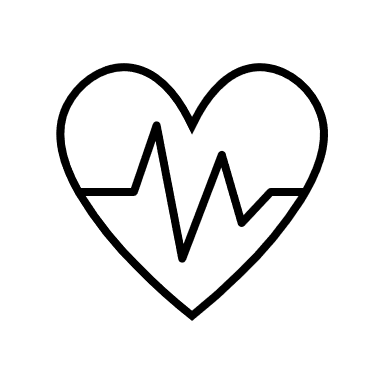
**MAKE ARRANGEMENTS AND DOCUMENT ACCORDINGLY**

**Confirm** appointment time, platform being used, clinician name

Arrange dedicated **nursing and technical support** cover

**Arrange** translators or cultural supports as required

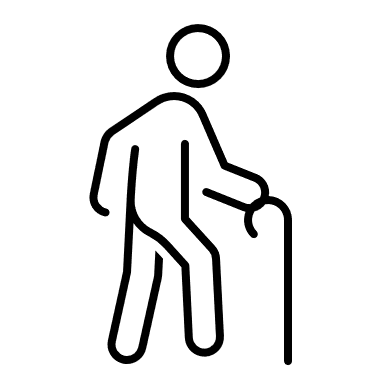
**Document** arrangements as per facility's process



**RESIDENT REQUIRES A CLINICAL REVIEW**

Review the facility's telehealth **protocols**

Check the facility's telehealth **resources**

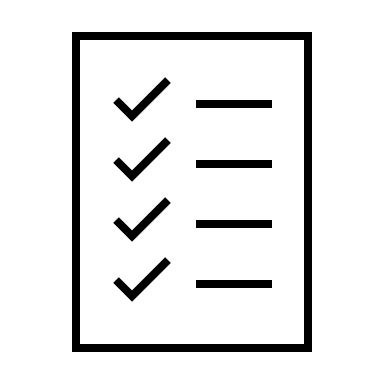


**SCHEDULE TELEHEALTH APPOINTMENT**

Record **appointment time** with external clinician as per facility's appointment process

**Advise resident** and their family of the appointment time

Advise resident and their family there will be an **opportunity to discuss** the mode of appointment prior



**DISCUSS MODE OF APPOINTMENT WITH RESIDENT AND FAMILY**

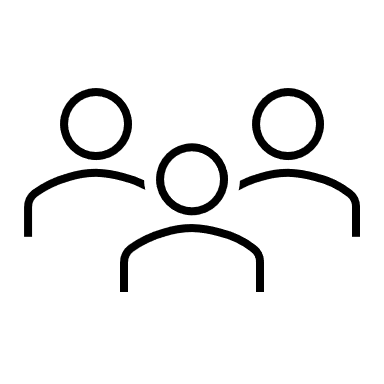
Resident and family are given telehealth information (verbal and written)

Resident and family **understands** what telehealth is and have had time to ask questions

Determine if **translators or cultural supports** are needed to facilitate the appointment

Resident verbally **consents** to telehealth consultation

Advise resident **where** the consultation will take place



**TELEHEALTH CONSULTATION FLOWCHART**

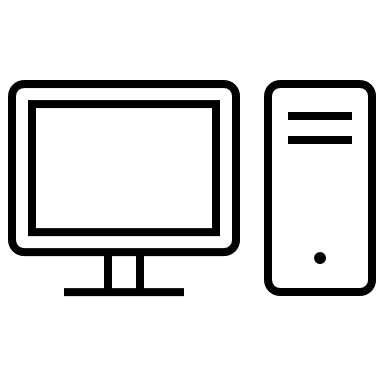
**APPOINTMENT AND ROOM PREPARATION**

**Confirm** appointment with external clinician

**Collect** telehealth equipment and take to room

**Position** for best field of view lighting, and sound

**Pre-test** equipment and prepare back-up for possible technology failure



**AFTER THE CONSULTATION**

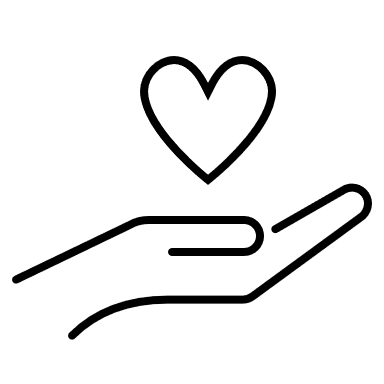
Record **clinical notes**

Undertake clinical **handover and delegate** follow-up i.e., scripts, pathology, next appointment

**Debrief** with resident by asking how they found it or if they have any questions

Ask resident and family for **feedback** about their experience

Clean and **return equipment** to secure designated area

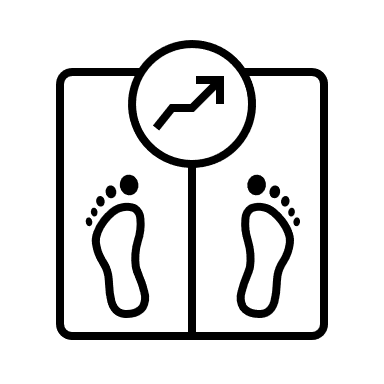


**CLINICAL PREPARATION**

Collect and prepare **clinical records**

Ensure required **clinical equipment** is ready

Place 'Do not disturb, consultation in progress' **sign** on door



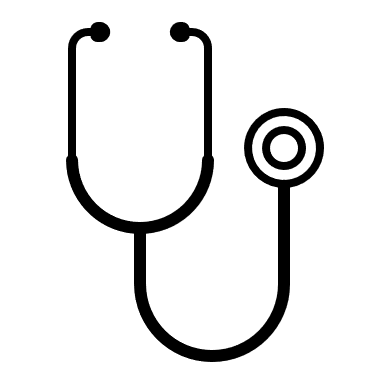
**RESIDENT PREPARATION**

Ensure resident's **privacy and dignity** will be maintained throughout

Consider resident's **comfort** needs

Minimise potential **distractions**

Ask everyone to **speak clearly** into the microphone, look directly at the screen



**DURING THE CONSULTATION**

**Introduce** everybody

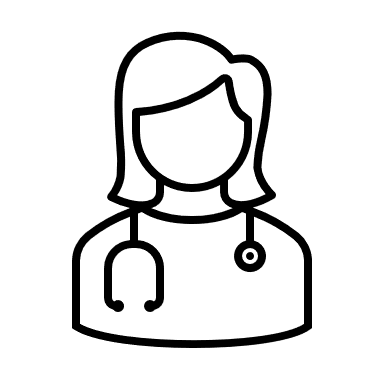
**Confirm** right doctor, right resident, right health records, reason for consult

Confirm resident's **identity** - name, D.O.B. and address

Confirm resident's **consent** to participate

Session **recording** should be disabled. Where this is required, ask permission to record a video conference from everyone on the call

**Support** clinical needs, coordinate discussion, and assist with exam and care plan



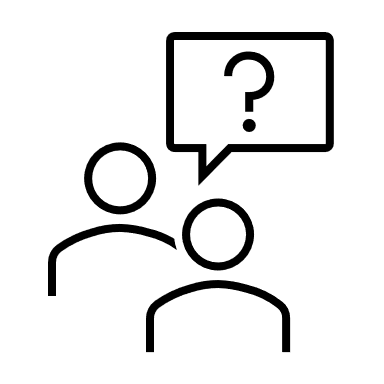
**BEFORE ENDING THE CONSULTATION**

Check **follow-up** requirements

**Clarify** pathology/other tests to be ordered and who will be responsible

Ensure resident does not have any further **questions**

Check if another **appointment** is required including the mode



**DAY OF CONSULTATION**



## 

## 

# Consultation in Progress Sign

|  |  |
| --- | --- |
| Resource Number | 6.0 |
| Resource Name | Consultation in Progress: Do Not Disturb Sign |
| Description | This template Sign is to assist facilities with technical setup, use and optimisation of equipment and consultation space. |
| Purpose | The function of the sign is to maintain privacy for the resident when a consultation is in progress.  The sign developed for the facility, should remain with the telehealth equipment, for staff to access easily. |
| Date Stamp | 6 June 2023 |





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# Telehealth Technology Support Template

|  |  |
| --- | --- |
| Resource Number | 7.0 |
| Resource Name | Telehealth Technology Support Template |
| Description | This template is to increase staff understanding in how to manage technical risks and issues relating to IT functionality and performance. |
| Purpose | This template provides an example of four tables for facilities to adapt for their own situation in relation to the information technology in use for telehealth consultations.  The tables include:  1. Internet provider & videoconferencing software access  2. Equipment checklist & maintenance schedule  3. Technical assistance & support contacts  4. Service contractor register.  A copy of the resource developed for the facility, should remain with the telehealth equipment, for staff to access easily. |
| Date Stamp | 6 June 2023 |

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**Telehealth Technology Support Template**

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1: Internet Provider & Videoconferencing Software Access** | | | |
| **Internet/Software** | **Description** | **Username** | **Password** |
| **Internet connection type:** | *e.g., NBN, ADSL, Wi-Fi* |  |  |
| **Generic email address access**  *(office365 email accessible by all is recommended)* | *Generic email address for telehealth appointment links* |  |  |
| **Videoconferencing Software** | *e.g., Skype, Teams, Zoom,* Health Direct | *Generic email address for appointments advised* |  |
|  |  |  |
|  |  |  |
| **Wi-Fi Access - secure** | Visiting GPs & other providers |  |  |
| **Other** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 2: Equipment Checklist & Maintenance Schedule** | | | |
| **Equipment / Device Register** | **Unique Identifier**  **& Location** | **Username and Password** | **Maintenance Schedule** *include testing & tagging, cleaning,*  *detecting, diagnosing, fixing problems* |
| Computer |  |  |  |
| Laptop |  |  |  |
| Tablet / Smart Device |  |  |  |
| Webcam |  |  |  |
| Monitor |  |  |  |
| Speakers |  |  |  |
| Mobile Phone |  |  |  |
| Microphone |  |  |  |
| Secure store/charge Area |  |  |  |
| Power Cords/ Cable |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3: Technical Assistance & Support Contacts** | | | |
| **Type of Support** | **Company Name** | **Hours of Operation** | **Contact Details** |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |

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| --- | --- | --- |
| **Table 4: Service Contractor Register** | | |
| **Type of Service1** | **Service Provider** | **Contact Details** |
|  |  |  |
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| --- | --- | --- |
| **1Annotation – More than one service contractor may deliver all or a portion of functions, such as:** | | |
| 1. | **General non-urgent support** | Call-in technician to conduct routine equipment upkeep and fix hardware problems (to enable planning for outages and maintenance) |
| 2. | **Remote IT services** | Contract for Software updating network administration and security protocols |
| 3. | **End-user support** | IT support person who is available to staff, either on-site or remote (e.g., for nurses requiring immediate support during consultation) |
| 4. | **Emergency IT services** | Contract for emergency IT services with a local provider, to provide a service within a narrow and defined time-period. |



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# Troubleshooting Guide

|  |  |
| --- | --- |
| Resource Number | 8.0 |
| Resource Name | Troubleshooting Guide |
| Description | This resource is to increase staff understanding in how to manage technical risks and issues relating to IT (Information Technology) functionality and performance. |
| Purpose | The troubleshooting guide lists common situations that arise during telehealth, and problem-solving steps to overcome these issues.  Note, this is a generic troubleshooting guide.  Guides for software specific troubleshooting are accessible on the relevant software vendors website. In addition, see Resource Number 9.0 Platforms and Software User Guides, contained within this toolkit.  A copy of this resource should remain with the telehealth equipment of the facility for staff to access easily. |
| Date Stamp | 6 June 2023 |

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**Troubleshooting Guide**

|  |  |
| --- | --- |
| **Situation** | **Contingency Plan** |
| **Be prepared for technical issues during consultation** | * Have contact details for other parties available * Have mobile phone ready to contact provider to discuss and plan how to continue * Be familiar with how to dial in others if it is decided to continue by phone * Have weblinks and web resources available for easy access (staff are familiar with these sites) * Regularly review back-up contingencies for efficiency / effectiveness |
| **Unable to be seen or cannot see the other person** | * You or they check camera icon * Click on the camera icon  * If the camera is on and still unable to be seen, try disconnecting and reconnecting into the call. Let the others know what you are doing first. |
| **The other person cannot hear you** | * You or they check the microphone (mic) icon * Click on the mic icon      * If the mic is on and still unable to be heard, try disconnecting and reconnecting into the call. Let the others know by sending a chat or text message first. |
| **Unable to hear the other person** | * Check the volume on the telehealth device or speaker being used is on and high enough  * Ask the person on the other end to check their mic (as above) * If the above does not resolve this, try disconnecting and reconnecting into the call and advising the other person to do the same. Let the others know by sending a chat or text message first. |
| **Background noise interfering with hearing** | * If it is on your end, let the others know you will mute your mic and turn back on or wave your hand when you wish to speak * If the background noise is on the other end, ask them to mute the mic and turn back on or wave their hand when they wish to speak |
| **Audio is poor / difficult to hear each other** | * Mute the audio and proceed with video, and use a phone for audio communication |
| **Problems with the quality of a video consultation** | * Turn the video off and proceed with audio only * If possible, turn video on for short periods only as needed i.e., to check a wound * Ensure adequate lighting and avoid direct sunlight from windows |
| **Technical issue or technical failure during consult – unable to fix or other options have not worked** | * Complete the interrupted consultation by phone, or * Reschedule the consultation if non-urgent |



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# Platforms and Software User Guides

|  |  |
| --- | --- |
| Resource Number | 9.0 |
| Resource Name | Platforms and Software User Guides |
| Description | This resource is to support staff in understanding how to effectively use telehealth platforms and software. |
| Purpose | This template provides a list of platforms commonly used by facilities in the Country to Coast, Queensland region including online links to their software guides.  The top five platforms used for telehealth consults reported in the CCQ telehealth survey 2022 were:   * Zoom, * Skype, * Queensland Health telehealth portal, * Facetime and, * Microsoft Teams.   Two other established platforms have been included in this template due to reported use by wider clinicians in the region. They are:   * Health Direct Video Call and, * Skype for Business. |
| Date Stamp | 6 June 2023 |

**Telehealth Platforms and Software User Guides**

|  |  |  |
| --- | --- | --- |
| **No.** | **Platforms** | **Software User Guides**  *Use preferred Search Engine to access user guides & manuals.*  *Click on the URL links below* |
| **1** | **Health Direct Video Call** | [RACF Technology and Trouble Shooting – Health direct Australia](https://help.vcc.healthdirect.org.au/aged-care-portal/racf-technology-and-trouble-shooting) |
| **2** | **Queensland Health Telehealth Portal** | [Queensland Health Telehealth for Professionals](https://www.health.qld.gov.au/telehealth/health-professionals)  [Telehealth portal patient quick reference guide](https://www.health.qld.gov.au/__data/assets/pdf_file/0018/1023732/telehealth-portal-patient-qrg.pdf) |
| **3** | **Zoom** | [Zoom for Healthcare](https://explore.zoom.us/en/industry/healthcare/) |
| **4** | **Skype** | <https://support.skype.com/en/skype/t2d/start/> |
| **5** | **Skype for Business** | <https://support.microsoft.com/en-us/skype-for-business> |
| **7** | **Facetime** | <https://support.apple.com/en-us/HT204380> |
| **8** | **Microsoft Teams** | [How to use MS Teams for telehealth](https://www.youtube.com/watch?v=bI7PhLZlOUM) |
| **9** |  |  |



## **Consent Guide & Template**

|  |  |
| --- | --- |
| Resource Number | 10.0 |
| Resource Name | Consent Guide & Template |
| Description | This guide template is to support clinical care before, during and after telehealth consultations.  **Note: This template is an example only and may not suit all contexts of care.** |
| Purpose | This resource provides the facility with an example one-page document to discuss telehealth information with the resident and their family, and to obtain consent.  **It is to support the development of a consent form appropriate for your facility.**  The information provided is to be used as a starting point for facilities to adapt to their own situation and to determine essential points for inclusion.  If a person chooses to take part in the telehealth consultation, they, or their representative should sign a consent form to give official documented consent, which is to be retained by the facility.  This guide template comprises three sections for facilities to consider when creating a specific telehealth consultation consent form.  The sections are:  1. Introductory paragraphs describing telehealth value, risks, and choices  2. Signature area  3. Extra consenting option if recording video or capturing images |
| Resource Guide | The following resources are source documents for this template, and may support the development of a consent form specific to your facility:   * The template is based on the Allied Health Professionals Australia, [Telehealth Guide for Allied Health Professionals](http://chrome-extension/efaidnbmnnnibpcajpcglclefindmkaj/https:/ahpa.com.au/wp-content/uploads/2021/02/Allied-Health-Telehealth-Guide-FINAL.pdf), May 2020, page 20 * Australian Commission on safety and quality in healthcare, [Informed Consent](https://www.safetyandquality.gov.au/our-work/partnering-consumers/informed-consent) * Queensland Health, [Informed Consent](https://www.health.qld.gov.au/consent) |
| Date Stamp | 6 June 2023 |

**Consent Guide & Template**

|  |  |
| --- | --- |
| **Consent Overview** | |
| 1. | **Explain the value of having a phone or video consult, such as:** |
| * Reduce the waiting time for the resident to see their healthcare professional. * Avoid the need for the resident to travel to see their healthcare professional. * Manage the health of the resident when they cannot visit their healthcare professional in person. |
| 2. | **Explain the risks of having a phone or video consultation, such as:** |
| * The consultation will not be the same and may not be as complete as an in-person service. * There could be some technical problems that affect the consultation. * This Healthcare service uses safeguards to protect the privacy and security of the phone or video consultation. These safeguards meet Australian standards. The risk of outside people hacking or tapping into the call does exist, but it is small. |
| 3. | **Describe the choices about healthcare received via phone or video consultation, such as:** |
| * The resident has a choice about what to do next if this consult does not work out well. * The resident can change their mind and stop using phone or video consultations at any time. This includes in the middle of a consult. This will not affect their right to ask for and receive healthcare. |

|  |
| --- |
| **Signature Area** |
| **I agree to have phone or video consultations with:**  **Date**:  **Name of Resident:**  **Signature of Resident/Authorised Representative:** |

|  |
| --- |
| **Additional Consent for Recording Video or Images** |
| I agree to have this video consultation recorded, or to have photos taken.  Yes, signature required below  No  *The [insert facility name] will manage and store this material securely, meeting Australian Standards. It is only for use to assist my health care. I have the right to see the video or images, and to receive a copy for a reasonable fee. I understand that the service cannot ensure total safety against hacking or tapping into the recording by outside people.*  **Signature of Resident/Authorised Representative**: |



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# Complementary Services Template

|  |  |
| --- | --- |
| Resource Number | 11.0 |
| Resource Name | Complementary Services Template |
| Description | This template is to increase staff understanding in how to effectively support clinical care for residents and family before, during and after telehealth consultations. |
| Purpose | This template is to help facilities to create a list of complementary service contacts to assist staff in offering support for residents and streamlining telehealth services for the differing needs of individual residents.  The template offers a structure for displaying support service contact detail in rows, depending on needs and local availability. Two support services that might facilitate an improved experience for residents and their family are given as examples.  Examples of other complementary services may support:  • Aboriginal and Torres Strait Islander residents and their families through the local Aboriginal Medical Service or the National Aboriginal Community Controlled Health Organisation  • Residents with culturally and linguistically diverse backgrounds through refugee health agencies or partners in culturally appropriate care  • The National Relay Service for residents who are deaf or find it hard to hear or speak, or others who would benefit from local Interpreters. |
| Date Stamp | 6 June 2023 |

**Complementary Services Template**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Support Services** | **Website** | **Telephone** |
| **1**. | **Translating and Interpreting Service (TIS) National** | [Translating and Interpreting Service (TIS National)](https://www.tisnational.gov.au/) | 131 450 |
| **2**. | **Vision Australia** | Vision Australia [Resources](https://www.visionaustralia.org/business-consulting/helpful-resources) | 1300 84 74 66 |
| **3**. |  |  |  |
| **4**. |  |  |  |
| **5**. |  |  |  |
| **6**. |  |  |  |

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# Feedback Question Examples & Reporting Templates Residents & Staff

|  |  |
| --- | --- |
| Resource Number | 12.0 |
| Resource Name | Feedback Question Examples & Reporting Templates – Residents & Staff |
| Description | These templates assist the development and implementation of organisational processes to support the effective use of telehealth. |
| Purpose | This template provides guides to developing feedback processes and two drafts of example questions to better understand the telehealth experience from the perspective of residents and staff. The example question sets are deliberately brief to make them easy to complete and to interpret. Facilities may decide to adapt their existing service feedback forms and processes. The facility should consider which key pieces of information they receive from residents and staff will help to improve the service.  This resource consists of a:   1. Guide to developing a questionnaire 2. Guide to scoring responses 3. Resident Feedback example 4. Sample questions 5. Reporting template 6. Staff Feedback example 7. Sample questions 8. Reporting template   Annotations in the templates provide additional questions the facility may choose to include to identify quality improvement opportunities.  Note: This template will support the required reporting for facilities who are recipients of CCQ’s telehealth grant funding 2023. |
| Resource Guide | 1. [South Australia Digital Telehealth Network](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/primary+and+specialised+services/telehealth/telehealth#:~:text=If%20you've%20had%20a,.sa.gov.au.)  2. Queensland Health [Patient reported experience measures](https://www.qld.gov.au/health/services/preom)  Contact [Country to Coast PHN (Primary Health Network)](https://c2coast.org.au/) if you would like assistance in developing and managing feedback processes. |
| Date Stamp | 6 June 2023 |

**Feedback Questionnaires & Reporting**

|  |  |
| --- | --- |
| **Guide to developing Questionnaires** | |
| 1. | **When developing a feedback questionnaire:** |
| * Keep questions and words simple and easy to read * Give a range of answer options rather than free text responses * Consider how easy it is for the residents to complete and how easy it will be to evaluate * Allow space for comments * Decide if using paper based, electronic or a mix of both when seeking feedback |
| 2. | **When asking residents and their family to provide feedback, explain:** |
| * Why their feedback is important and valuable * What the feedback is for, such as improving the telehealth service * Whether results will be shared with others outside the facility (i.e., external providers) * That confidential information is never shared * The facility is grateful for their time and effort in providing feedback * Where to place or how to send their completed feedback |
| 3. | **Consider how the feedback will be managed, for example:** |
| * Being clear about the reason for every question, what will the answers reveal, and how emerging issues will be handled * Safe collection and storage of feedback * How the information will be analysed and reported, and who will be responsible * How feedback will align with existing compliments and complaints processes * What will be done with the results, such as quality improvements, PDSA cycles * Scan qualitative (free text, verbal) feedback and consider what will be done with the results as per above point. |
| **Guide to Scoring & Reporting** | |
| 1. | **How to score each quantitative question:** |
| * Smiling face outline with solid fillAgree = visual which numerically equals 5 * Neutral face outline with solid fillNot Sure = visual which numerically equals 3 * Sad face outline with solid fillDisagree = visual which numerically equals 1 * The higher the score, the higher the level of satisfaction |
| 2. | **Scoring Satisfaction Rating:** |
| * For each respondent’s form, score the response to each question * Transcribe scores to the report template, one row per respondent allocating a score 1,3,5 as described above. * Average the satisfaction score for each respondent in last shaded column in template   (Sum of scores divided by number of questions answered).   * Average the satisfaction score for each question in last shaded row in template   (Sum of scores divided by the number of responses).  The lower scoring questions should be seen as opportunities for improvements.   * To determine overall satisfaction with the telehealth service by the cohort of respondents in the report, average the final column. * Consider setting a target Satisfaction Rating. |

### **Resident Feedback Question Examples**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Thinking about your telehealth consult, how much do you agree with the following? | *Circle your answer* | | | Comments |
| Agree=5 | Not Sure=3 | Disagree=1 |
| **1.** | Staff gave me enough information about how it would work before starting the consult | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **2.** | I was able to tell my story | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **3.** | The standard of care was the same as a face-to-face visit | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **4.** | The equipment worked well | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **5.** | I would like to use telehealth again | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **6.** | Do you have anything else to tell us about the telehealth service? | **6.** | | | |

*Thank you for taking the time to complete this feedback*

|  |  |
| --- | --- |
| **Annotation – Other Telehealth Experience Questions to Consider** | |
| 1. | The consult was held in a private place |
| 2. | I felt at ease during the consult |
| 3. | My chosen support people were with me |
| 4. | It was about me as a whole person |
| 5. | I helped make the plan of action |
| 6. | I could hear well enough |
| 7. | I could see the other person well enough |
| 8. | Overall, I am happy that I had this consult |
| 9. | What was the best thing about the telehealth consult? |

### **Resident Scoring Template Example**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Example Summary Report ‒ Refer to Scoring Guide**  **Resident Satisfaction** | | | | | | | | | | | |
| Response Number | | 1.  Understanding before starting | 2.  Able to tell own story | | 3.  Same standard as F2F | | 4.  Technology worked well | | 5.  Will use telehealth again | | **Average Score per Resident Feedback** | |
| 1 |  | |  |  | |  | |  | |  | |
| 2 |  | |  |  | |  | |  | |  | |
| 3 |  | |  |  | |  | |  | |  | |
| 4 |  | |  |  | |  | |  | |  | |
| 5 |  | |  |  | |  | |  | |  | |
| 6 |  | |  |  | |  | |  | |  | |
| 7 |  | |  |  | |  | |  | |  | |
| 8 |  | |  |  | |  | |  | |  | |
| 9 |  | |  |  | |  | |  | |  | |
| 10 |  | |  |  | |  | |  | |  | |
| **Average Score per Question** |  | |  |  | |  | |  | | **Aggregate Score** | |
|  | |

### **Staff Feedback Question Examples**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Thinking about telehealth consultations, how much do you agree with the following? | *Circle your answer* | | | Comments |
| Agree=5 | Not Sure=3 | Disagree=1 |
| **1.** | I know enough about how telehealth works to prepare residents for their consult | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **2.** | The systems and processes in place for telehealth are useful | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **3.** | I feel confident helping residents during telehealth | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **4.** | I feel confident using the telehealth equipment | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **5.** | Telehealth consults are the same or better than face-to-face visits | Smiling face outline with solid fill | Neutral face outline with solid fill | Sad face outline with solid fill |  |
| **6.** | Do you have any other comments about telehealth? |  | | | |

*Thank you for taking the time to complete this feedback*

|  |  |
| --- | --- |
| **Annotation – Other feedback questions to consider asking staff** | |
| 1. | Telehealth processes are efficient |
| 2. | Telehealth equipment/technology is reliable |
| 3. | Staff are benefitting from having telehealth services for their residents |
| 4. | Telehealth is improving resident health outcomes |
| 5. | Telehealth is reducing hospital admissions / emergency department visits |
| 6. | Telehealth is increasing access to GP / health care |
| 7. | Overall residents are benefitting from telehealth services |

### **Staff Scoring Template Example**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Example Summary Report ‒ Refer to Scoring Guide**  **Staff Satisfaction / Confidence** | | | | | | | |
| **Response Number** | 1.  Satisfied with Telehealth Knowledge | 2.  Satisfied with Systems & processes | 3.  Confident helping residents | 4.  Confident using equipment | 5  Confident telehealth is same/better than F2F | **Average Score per Staff Feedback** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| **Average Score per Question** |  |  |  |  |  | **Overall Score** |
|  |



## 

## 

# Register of Telehealth Consultations

|  |  |
| --- | --- |
| Resource Number | 13.0 |
| Resource Name | Register of Telehealth Consultations |
| Description | This template is to assist the development and implementation of organisational processes to support the effective use of telehealth. |
| Purpose | This template is to provide staff with an easy log to track and monitor telehealth consultations. An example report template is also provided.  An annotation to this register template has additional reporting elements the facility may choose to include to identify quality improvement opportunities.  The facility may incorporate this register into existing processes for managing resident appointments external to the facility. Alternatively simply adding a telehealth field to the facility's existing consult log may suffice.  Note: This template will support the required reporting for facilities who are recipients of CCQ’s telehealth grant funding 2023. |
| Date Stamp | 6 June 2023 |

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## **Telehealth Consultation Log Example**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Number | Date | External Provider | Location of consult | Technology / Equipment worked well | Equipment returned & ready for use | Comments | Name & Signature |
| **Response Options for Completing Log** | | | | | | | | |
| *Sequential order* | *Date of consult* | 1. *GP* 2. *Specialist* 3. *Allied Health Professional* 4. *Mental Health professional* 5. *Other (Describe)* | 1. *Consult room* 2. *Bedside* 3. *Other (Describe)* | 1. *Yes* 2. *No*   *(Describe)* | 1. *Yes* 2. *No*   *(Describe)* | *Descriptions and other information* | *Staff member responsible for consult* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Annotation – Additional items to consider for consultation register** | | |
| No. | Question | Response Option |
| 1. | Technology used | Computer, Laptop, Smart device, Mobile phone, Webcam, Monitor, Speaker, Microphone |
| 2. | Technical issues | Video quality, Audio quality, Connection quality, Equipment issues (either end) |
| 3. | Clinical Equipment used | Exam camera, Portable ECG/heart, Augmented reality, Digital stethoscope, IR thermometer, BP monitor, Pulse oximeter |
| 4. | Reason for consult | Pain Management, Falls Management, Wound Care, Care planning, Medications, Palliative care, Other |
| 5. | How did the consult seem for resident? | Positive experience, Satisfactory Experience, Negative experience, Unclear |
| 6. | What would have made the consult more efficient? | More time, More help, Resident support, Equipment, Knowledge, Other |

# 

## **Consultation Register Report Example**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Requested Information** | **Response Options** | **Sum Responses** |
|  | Number of Consults |  |  |
|  | Date Range of report period |  |  |
|  | External Provider | 1. General Practitioner |  |
| 1. Specialist Medical Professional |  |
| 1. Allied Health Professional |  |
| 1. Mental Health Professional |  |
| 1. Other |  |
|  | Location | 1. Consult room |  |
| 1. Bedside |  |
| 1. Other |  |
|  | Technology/ Equipment worked well | 1. Yes |  |
| 1. No |  |
|  | Equipment is returned & ready for use | 1. Yes |  |
| 1. No |  |



**Country to Coast, Queensland developed this toolkit as part of the Telehealth Grants for Residential Aged Care Facilities program, funded by the Department of Health and Aged Care.**

**Country to Coast**

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