

Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty	TELEHEALTH – CONSULTATION STANDARDS	Policy 2.6.7 Protocol 1
TELEHEALTH PROTOCOL		

PURPOSE

Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty supports the use of telehealth as an equity measure to:

- enable the delivery of care closer to home and accessibility to secondary healthcare professionals
- provide patients with the same quality of care regardless of whether the consultation is delivered in-person or via telehealth
- support whānau and carers to be included and engaged in the care (of the patient) regardless of their geographical location
- increase patient engagement in the delivery of their healthcare
- contribute to a more environmentally sustainable model of care
- increase the scope and availability of education and supervision of healthcare professional, patients and their whānau

OBJECTIVE

Telehealth extends our modes of healthcare delivery. Te Whatu Ora Hauora a Toi Bay of Plenty has established processes to support the patient journey through secondary care services – known as National Patient Flow. The purpose of this protocol is to outline the adaptation of the National Patient flow process to include telehealth. Software systems are inconsistent in the terminology used. In this document, each section uses the terminology used in the associated system

STANDARDS TO BE MET

1. When using telehealth, it is expected that the treatment provided to a patient and their whānau in another location meets the same required standards as care provided in an in-person consultation. This includes standards relating to:
 - 1.1 patient selection
 - 1.2 identification
 - 1.3 assessment
 - 1.4 diagnosis
 - 1.5 consent
 - 1.6 maintaining the patient’s privacy and confidentiality
 - 1.7 updating the patient’s clinical records
 - 1.8 communicating with the patient’s relevant primary care provider in a timely manner (unless the patient expressly states that the details of the telehealth consultation are not to be shared with their primary care provider),
 - 1.9 follow-ups
 - 1.10 Te Whatu Ora Hauora a Toi Bay of Plenty’s cultural safety standards must be met, focusing on the patient and their whānau experience to define the quality of care.
 - 1.11 If, because of the limits of technology, you are unable to provide a service to the same standard as an in-person consultation, then you must advise the patient and their whānau.
 - 1.12 Involvement of whānau and / or support persons in care and treatment.

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2. Te Whatu Ora Hauora a Toi Bay of Plenty has security tested and approved the use of Zoom. Most consumer social media messaging apps including (but not limited to) FaceTime, WhatsApp, Facebook Messenger, Snapchat and Skype should not be used unless there is no practical alternative. These apps generally have end-to-end encryption, but user data may be harvested and used in various algorithms. Often these services are also based on personal profiles, blurring the boundary between professional and personal. *(New Zealand Telehealth Resource Centre, MOH, 2021, telehealth.org.nz).*

3. Mode of Delivery (MOD)

- 3.1 The National Non-Admitted Patient Collection (NNPAC) is the reporting Te Whatu Ora Hauora a Toi Bay of Plenty complete for Outpatient or Emergency Department events under 3 hours.
- 3.2 Te Whatu Ora Hauora a Toi Bay of Plenty services should be able to record the MOD, including when telehealth is used to deliver health services.
- 3.3 The information captured by Te Whatu Ora Hauora a Toi Bay of Plenty is reported to the Ministry of Health, usually via an extract from the Patient Administration System. Accurate use of MOD Codes 4 - 6 is an important factor in tracking the uptake of telehealth, especially for business-as-usual services.
- 3.4 The Common Counting Group have defined the following MODs (none of these exclude the involvement of whānau and / or support persons):

<ul style="list-style-type: none"> • In Person (1 patient to 1 clinician) 	Individual face to face at the same location. Where tests are performed, the MOD is face to face
<ul style="list-style-type: none"> • In Person (1 patient to many clinicians) 	Multi-disciplinary meeting with patient present at the same location and time
<ul style="list-style-type: none"> • In Person (1 clinician to many patients) 	Group of patients being seen by one or more clinicians at the same location and time
<ul style="list-style-type: none"> • Remote patient monitoring 	monitoring of patient's biometric health information communicated from a remote patient medical device
<ul style="list-style-type: none"> • Telephone 	Voice only contact between patient and clinician using telephone
<ul style="list-style-type: none"> • Video Conference 	Communication via technology enabling remote visual and audio contact between patient and clinician(s)
<ul style="list-style-type: none"> • Non-contact (virtual) 	An event where decisions about patient health care are made without the patient being present.

4. Patient selection criteria

- 4.1 Patient selection criteria is key to support the clinician in determining the appointment MOD.
- 4.2 The decision to use telehealth is determined by the clinician and considers clinical and patient related factors including:
 - a) Clinical: continuity of care, shared care and best model of care for the patient
 - b) Practical: availability of appropriate technology and patient-end support (if needed)

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TELEHEALTH PROTOCOL		

- c) Patient needs: ability and / or cost of travel, family, work, and cultural situation
- 4.3 Clinicians and / or clinical teams to determine inclusion or exclusion criteria alongside Te Pare ō Toi. Mahi tahi is encouraged with established telehealth providers, i.e. kaupapa Māori providers, to support decision making.

5. e-referral

- 5.1 To ensure the e-referral process follows the National Patient Flow, refer to the Referral Standing Operating Procedure. Key triggers in the process supports the use of telehealth as a mode of delivery.
- 5.2 Patient information will be supplied from the referrer to support decision making in determining clinical suitability for telehealth appointment.
- a) The referrer will provide information on patient telehealth capability.
- b) For the Scheduler, this information will transfer to the Referrals Awaiting Scheduling report.

Patient has telehealth capability (telephone / internet access / computer)			<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Telehealth capability:					
Phone	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Video conferencing	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Email	<input type="text"/>				
Patient telehealth preference and further comments	<input type="text"/>				

- 5.3 Patient impairments / support requirements are provided from the referrer. This will support decision-making in determining clinically suitability for a telehealth appointment.

Patient impairments / support requirements			<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Sight impairment	<input type="radio"/> Yes	<input type="radio"/> No	Hearing impairment	<input type="radio"/> Yes	<input type="radio"/> No
Cognition	<input type="radio"/> Yes	<input type="radio"/> No	Mobility issues	<input type="radio"/> Yes	<input type="radio"/> No
Comments	<input type="text"/>				

6. e-triage

- 6.1 To ensure the referral prioritisation follows the National Patient Flow, refer to the Referral Prioritisation and Notification Standard Operating Procedure.
- a) Patient: The e-triage form includes a section for the grading clinician to advise the mode of delivery for the First Specialist appointment. This includes Telehealth mode of deliveries as Telephone (Phone Call) or Videoconference (Telemed).
- b) For the Scheduler, this information will transfer to the Referrals Awaiting Scheduling report.

Lists	<input type="checkbox"/> Sleep Service FSA	<input type="checkbox"/> Sleep Study
	<input type="radio"/> Face to Face	<input type="radio"/> Pulse-oximetry
	<input type="radio"/> Phone Call	<input type="radio"/> Level 3 Study
	<input type="radio"/> Telemed	<input type="radio"/> PSG
	<input checked="" type="checkbox"/> Sleep Service Non-Contact FSA (V)	<input type="checkbox"/> Tauranga
	<input checked="" type="radio"/> Complete Non-contact FSA form	<input type="checkbox"/> Whakatane

Issue Date: Apr 2023 Review Date: Apr 2025	Page 3 of 5 Version No: 2	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
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7. Clinic set up

- 7.1 Booking Administrator and Clinician to discuss the clinician preference for how the outpatient clinic will be set up and the types of appointments. Clinic structures can include: In-person only, telehealth only or hybrid clinics (mixture of telehealth and in-person appointments).
- 7.2 Clinic location to be determined.
- a) If telehealth only, Clinician may determine to hold clinic in own office space (if appropriate) rather than Outpatient Department (OPD).
 - b) If clinic being held in OPD, booking Administrator to communicate room requirements in the clinic room booking process.

8. Booking

- 8.1 Te Whatu Ora Hauora a Toi Bay of Plenty has a standardised booking process that aligns and supports the National Patient flow which includes telehealth appointments.
- 8.2 To ensure the booking process follows the National Patient Flow, refer to the Booking Appointments for First Specialist Assessment Standard Operating Procedure.
- a) For telehealth appointments, the patient needs to have the ability to attend their appointment via phone or video conference.
 - b) To be eligible for video conference appointments, the patient must:
 - i Have a valid email address
 - ii Consent to sending the appointment link to their email address
 - iii Have access to a tablet, smartphone, laptop or computer with a webcam
 - iv Have access to good internet or Wi-Fi connection
 - v Have a private, well-lit space away from disruption to attend the appointment
 - vi The email address and consent to use email address is captured in WebPAS patient demographics details screen.
 - c) Prior to booking the appointment, the Scheduler will check WebPAS Patient Demographics Detail, First Specialist Appointment (FSA) or Referrals Awaiting Scheduling Report to determine if videoconferencing eligibility criteria has been determined. If the criteria has not been confirmed, then Scheduler will contact the patient to determine if they meet the above criteria.
 - i If patient is not eligible for videoconference, they will be offered a telephone consultation.
 - ii If the patient is not eligible for, or has advised that they do not wish to have any telehealth appointments, proceed to the in-person appointment process.
 - iii If the patient has advised that they wish to have a phone appointment, and they have phone capability, proceed with the telephone appointment process
 - iv If they patient has advised that they wish to have videoconference appointments, and they have video conference capability, proceed with the videoconference process.
 - v If the Clinician has indicated a telehealth appointment is not clinically appropriate, proceed to the in-person appointment process.
 - d) All patients with mobile phone number recorded are to receive a text reminder prior to the appointment date. Reminder templates have been updated to include all modes of delivery.

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TELEHEALTH PROTOCOL		

9. Outpatient Clinic

- 9.1 Clinician will complete clinic outcome sheet as per in-person appointment process refer to the Clinic Attendance and Clinic Outcome Standard Operating Procedure.
- 9.2 Clinic Administrator will update clinic outcome in WebPAS.

ASSOCIATED DOCUMENTS

- Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.6.7 Telehealth
- Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.1.1 Informed Consent
- Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.5.1 Interpreter Services
- Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.5.1 Health Information Privacy
- Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.5.2 Health Records Management
- Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.4.4 protocol 1 Cultural Safety – Māori – Standards

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