



Telehealth Policy and Procedure

Document Information	
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Purpose:	To provide staff with a guideline on the management and processes related to telehealth, including video consultations, telephone consultations, and text messaging (SMS), for communication between KWHB clients, KWHB clinicians, remote specialists, and other health professionals or services.
Related Policies and Procedure/s:	<ol style="list-style-type: none"> 1. Privacy and Confidentiality Policy 2. Recall and Reminder System Policy and Procedure 3. Patient Identification and Procedure Matching Policy 4. Presence of a Third-Party at Consultations Policy 5. Informed Consent Policy 6. Medicare Billing Policy 7. Minimising Costs of Care for Clients Procedure 8. Acceptable Use ICT Policy 9. Cyber Security Policy 10. Clinical Handover Policy 11. Interpreter Services Access Policy 12. Photo, Video, and Audio Policy
Related Form / Document:	
Key Word/s:	Telehealth, telephone, recall, reminder, text message, SMS, consultations, HealthDirect



External References:	<ol style="list-style-type: none">1. Privacy Act 1988 (Cth) and associated Australian Privacy Principles2. Information Act 2002 (NT) and associated Information Privacy Principles in Schedule 23. The Royal Australian College of General Practitioners (2020). Standards for general practices, 5th edition4. Healthdirect Video Call website5. NT Health Telehealth for NGOs and other health professionals6. NT Health Virtual Care Strategy 20217. Clinical Procedures Manual for remote and rural practice (5th edition 2022)
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Background

Healthcare and the way it is delivered has continuously evolved as new evidence and technologies become available. Telehealth or digital health remotely connects a patient with a health care professional for consultation, diagnosis, and treatment, and can help to address the significant challenges to accessibility, delivery, and continuity of healthcare in the remote setting.

Telehealth can better enable people to engage in preventative care and self-management, increase cultural security for remote clients by enabling broader engagement from family groups regarding care options, make it possible to stay on country to receive some health services, reduce travel and costs, increase access to people living in remote communities, and enhance overall healthcare convenience for clients.

Scope

This policy and procedure applies to all staff in KWHB and includes the following types of telehealth:

- Video consultations (including reviews between clinicians via Teams and specialist appointments via HealthDirect)
- Telephone and other voice consultations
- Text messaging (SMS)
- Email.



Definitions

Term	Definition
HealthDirect video call	The system used by NT Health for video appointments. More information about this service can be accessed at https://help.vcc.healthdirect.org.au/
Telehealth	Real-time remote consultation using audio-visual information and communication technology, including phone or video appointments.

Principles

1. Provide well-designed, contemporary, high-quality, and accessible care.
2. Provide care that is culturally secure, safe, private, and client focused.
3. Clients have choice in how they receive their clinical care.
4. Telehealth is a valuable supplement to other modes of care e.g., specialist and outreach services and in-person care.
5. Minimise the costs of care for clients.

Responsibilities

The organisation (KWHB) will

- Implement digital healthcare systems that provide clients with well-designed, contemporary, high quality, and accessible care.

Managers will

- Ensure staff have the required access and capabilities to deliver telehealth consultations.

Staff members will

- Acquire and maintain the required capabilities to deliver telehealth consultations with their clients and colleagues.
- Comply with this policy and procedures when delivering telehealth consultations.



Legal Considerations

Telehealth consultations and communications are to be conducted in accordance with the legislation in the *Privacy Act 1988* (Cth) and associated Australian Privacy and the *Information Act 2002* (NT) and associated Information Privacy Principles in Schedule 2.

The Royal Australian College of General Practitioners Standards for general practices (5th edition, 2020) also provide standards for telehealth in primary health care. Systems and procedures in KWHB are designed to align with these standards.

Procedures

Video Consultations

1. Microsoft Teams is to be used by KWHB staff during video consultations with KWHB clients. There are limitations and security risks associated with peer-to-peer and/or freely available technologies (e.g., Skype, Zoom).
2. The HealthDirect video call system is to be used for specialist telehealth appointments.
3. The KWHB Patient Identification and Procedure Matching Policy requires that in all circumstances where a client needs to be identified or matched to treatment, a minimum of three of the following identifiers should be used:
 - a) client name (family and given names)
 - b) date of birth
 - c) gender
 - d) address
 - e) Communicare I.D.
 - f) Hospital record number

These requirements apply to any telehealth (telephone or video call) consult, telephone call to a client, or text message/SMS communication with a client.

4. Other considerations for telehealth appointments are:
 - a) Under no circumstances are video consultations to be recorded.
 - b) Video consultations should occur within the Health Centre where possible.
 - c) Work with an interpreter if required.
 - d) Adequate internet and/or telephone connectivity is required to support audio and video quality fit for clinical consult purposes.



Health centre room set-up

5. Environmental requirements are the same as those for any consulting room used for in-person consultations. The room must be:
 - a) Private
 - b) Large enough for two to four people to sit comfortably.
 - c) Quiet and located where the raised sound volume routinely associated with telehealth care consultations will not be overheard or disturb others.
 - d) Equipped to protect the privacy and dignity of patients who may be required to remove clothing for a physical examination e.g., a screen in the room or a separate private area where patients can remove clothing and be suitably covered with a gown or drape ahead of the video consultation.
 - e) Equipped with ready access to medical equipment that may be needed during a video consultation.
 - f) Equipped with ready access to resources for managing adverse events during a video consultation.
6. Refer to Figure 1 Recommended Telehealth/ Video Call Equipment for more information.

Figure 1

Recommended Telehealth/Video Call Equipment

Scenarios	Scenario Considerations	Typical Hardware Recommendation	Recommended Hardware (Hardware with a similar specification may also be suitable)
Office or small consult room occupied by one desk-based clinician	Single participant who is seated sufficiently close for a camera with a narrow field of view, and within 1 metre of the microphone	Basic USB connected, monitor-mounted webcam/microphone and an external speaker KWHB Telehealth ipad with wifi or 4G connection	Webcam: Logitech C270 HD webcam Logitech C922 HD webcam Speaker: Jabra Speak 410, 510 or higher KWHB Telehealth ipad with wifi or 4G connection
Consult room with multiple desk-based people	Multiple people requires a camera with a wider field of view and within 1 meter of the microphone	Basic USB connected, monitor-mounted webcam/microphone with a wide field of view and an external speaker KWHB Telehealth ipad with wifi or 4G connection	Webcam: Logitech c930e webcam Speaker: Jabra Speak 410, 510 or higher KWHB Telehealth ipad with wifi or 4G connection

Please note that if using a computer for the Telehealth appointment, you cannot access the [HealthDirect](#) portal and appointment through [SafeLocation](#), as the microphone and speakers are not enabled within this desktop.

Please also note that only the Telehealth [ipads](#) have internet access and can be used for Telehealth appointments (either via [HealthDirect](#) or Teams)- the Health Promotion [ipads](#) will not work, nor have the software to support this.



Off-site room set-up

7. Use a quiet and private space or room where the raised sound volume routinely associated with telehealth care consultations will not be overheard by others or disturb others.
8. Staff should use headphones and/or microphone to ensure clear audio and privacy.

Before starting a video consultation

9. Advise the client that consultation will be via telehealth, provide appropriate information, answer questions, and seek their informed consent.
10. The client's decision to participate in a video consultation must be clearly documented in the client's health record.
11. A Remote Area Nurse (RAN), Aboriginal Health Practitioner (AHP) or GP must be in attendance with the client.
12. Work with an interpreter if required.
13. Ensure documentation of the video consultation is completed, using Communicare mode = Telephone.

Technical problems and re-scheduling video appointments

14. Call the contact details provided in the appointment letter, email, or SMS. You can also contact the NT Health Virtual Care team by emailing virtualcare.nthealth@nt.gov.au.

Documentation of video consultations

15. Documentation requirements for video consultations are the same as for other types of consultations.
16. Record as a service event by selecting the appropriate place and mode setting = Telephone within Communicare and record the consult as usual.
17. Video consultation documentation must include:
 - a) A record of informed consent from the client for a video consultation. Consent may be given verbally.
 - b) A record of all individuals present in the room during the video consultation.
 - c) A summary of the consultation and plan/recommendations of care.
 - d) Any technical difficulties that may have occurred during the video consultation and how this was managed.



Telephone consultations

18. Clients are supported to obtain information or advice related to their clinical care by telephone in a situation where a consultation is unnecessary or impractical. Refer to **Appendix A** for managing calls from clients who are requesting to talk to a medical officer, nurse, or Aboriginal Health Practitioner.
19. Health Centre staff need to ensure time is scheduled to make and return phone calls during their working day.
20. Work with an interpreter if required.
21. Client care commences when the phone is answered.
22. When contacting a client via phone call, a minimum of 3 patient identifiers must be used prior to sharing any medical information (e.g., results, medication requirements).
23. Personal health information should not be left on voice mail. The caller's name or the clinician's name and contact number may be provided if the patient is likely to recognise the name. Alternatively, use the Health Centre name and contact phone number for a return call.
24. Documentation requirements for telephone consultations are the same as for other types of consultations.
25. Record as a service event by selecting the appropriate place and mode setting (Telephone) within Communicare and record the consult as usual.
26. Any attempts to contact, successful or unsuccessful, must be documented in the client's Communicare record, using mode = Telephone.

Contacting clients by text messages/SMS

Text messaging is an unencrypted form of communication, and any information communicated via text message/SMS can be intercepted. Prior to any contact by text message, the client is required to provide informed consent, and this must be documented in Communicare. As there is a culture of sharing phones in communities, it is important that no personal information is shared within a text message. Communicating identifiable patient medical information via text messaging can breach privacy and confidentiality laws if intercepted or accessed by the wrong person.

- It is KWHB's responsibility to ensure that private and sensitive information about the patient is not disclosed via a text message. In addition, patient privacy and confidentiality needs are to be protected in accordance with the Australian Privacy Principles.



- If specific health information needs to be sent to a client via text message, consent must be provided by the client, via telephone call, at the time of the text. This needs to be clearly documented within the client's Communicare health record.
- The text message/SMS function is not currently utilised in Communicare.
- Clients are advised of recalls and reminders for health checks by telephone, reminder slip, or in person.

Medicare

The Australian Government provides Medicare rebates and reimbursements for Telehealth services. Refer to the most recent updates about MBS Telehealth Services at mbsonline.gov.au.

Telephone and other electronic consultations between staff and clinicians

Staff in remote clinics often rely on telephone, satellite phone, and radio to communicate and consult with other clinicians. Refer to the *Clinical Procedures Manual for remote and rural practice* (5th edition 2022, pages 9-11) for further information.

Telephone calls or electronic communications related to client care, including calls from third parties, and any advice given, are to be documented in the client record as soon as possible after the call / communication.

Document Modification History:	<ol style="list-style-type: none">1. Created new document and interim CEO approval February 20232. Approved by Board March 20233. Reviewed and combined with other related policy documents March 2024
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Appendix A

Managing calls from clients who request to talk to a doctor, nurse, or Aboriginal Health Practitioner

1. Answer the phone in a friendly and calm manner and as promptly as possible.
 - a) "Good Morning/Afternoon, [insert name] Health Centre
 - b) This is [_insert name_]"
 - c) How may I help you?"
 - d) Ask for the caller's name.
2. Before putting a call on hold you must speak to the caller as it may be a medical emergency and the caller cannot hold.
3. If the caller requests to speak to the Aboriginal Health Practitioner, Doctor, or Registered Nurse, and the health practitioner is with a client, assess if the call is urgent enough to be put through. If the call is non-urgent then ask for a brief reason for the call and a contact number for the health practitioner to return the call when appropriate.
4. Confidential medical information must not be discussed on the phone in any public area at the centre or with members of the public within hearing range.
5. The purpose of the call should be documented in the client's medical records as necessary.
6. All messages and calls requiring further action are to be written down.
7. In the event of a phone call received regarding a medical emergency,
 - a) If the call is taken by the administration officer, the call is to be put straight through to a health practitioner.
 - b) the person receiving the call is to:
 - i) Identify the person/persons involved.
 - ii) Obtain as much information as possible.
 - iii) Address and phone number from where the person is calling.