

Implementing Telehealth in Regional and Rural Everyday Community Palliative Care Practice

Trainer Manual



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The 'Implementing Telehealth in Regional and Rural Everyday Community Palliative Care Practice' training manual is based on the BHCI project 'Implementing Telehealth in Regional and Rural Victoria' (duration 09/18 – 03/19), funded by the Department for Health and Human Services.

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Preliminary remarks

The trainer manual is part of the 'Telehealth Training Pack', which is based on the project "Implementing Telehealth in Regional and Rural Community Palliative Care" conducted from 2018 to 2019 at Ballarat Hospice Care Inc., funded by the Victorian Department for Health and Human Services.

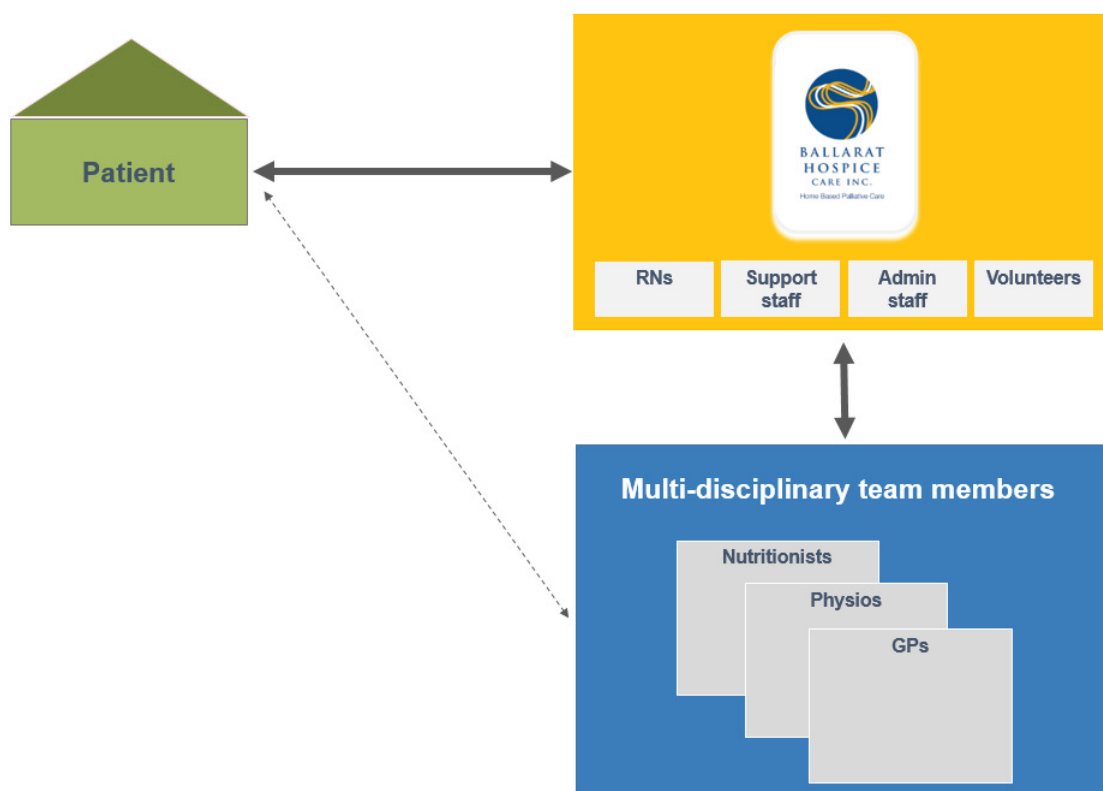
In the course of this project, a number of tools and process maps have been developed, which serve the following purposes:

- Assisting organisations when implementing telehealth as an additional service
- Assisting nursing staff when implementing telehealth services into their everyday practice
- Offering resources for everyday nursing practice during the implementation phase and beyond
- Assisting staff in conducting successful telehealth visits
- Visualising procedures and processes for ongoing professional development
- Ensuring quality of and satisfaction with telehealth visits
- Enabling quality improvement of telehealth services
- Informing patients/ family /carers about telehealth
- Assisting patients/ family /carers in learning how to use the technology required
- Assisting patients/ family /carers in conducting successful telehealth visits.

The staff training manual focusses on teaching the knowledge and skills required for everyday telehealth practice and facilitates setting up new telehealth routines. The trainer manual focusses on providing background information, the organisation of telehealth training, and strategies to ensure the success of the implementation process.

1. Why telehealth?

Telehealth supports the patient-centred environment at BHCI to facilitate the ease of nursing staff, support and administration staff, and volunteers to provide for the care needs of each patient.



2. What is telehealth?

Telehealth is the use of communication and information technologies to deliver healthcare at a distance. It includes, but is not limited to, video-calls, which this Telehealth Training Pack focuses on. Telehealth is an emerging and important aspect of current and future healthcare due to increasing numbers of people requiring medical support. It can provide an equitable service delivery mechanism for people in rural and remote Victoria to access good quality nursing care and health care.

Telehealth uses technology, but it is about *connecting* with patients (families/ carers) and/ or other health professionals. Previous conversations with patients, family and carers sparked by the introduction of telehealth show that some are very positive about telehealth while others have reservations. The goal is to provide *patient-centred care* with regard to communication, which means giving patients their preferred choice of communication. It also means using technologies and applications that patients already have and feel confident using.

Video calls between patients and health professionals have been shown to be an effective and well-received method of communication in multiple areas of health. Nevertheless, telehealth consultations are an addition to existing services. The goal is not to replace face-to-face services but to offer an additional service, which enables the improvement of care arrangements for patients and create efficiency in terms of resources, for example by reducing avoidable call-outs afterhours.

3. What benefits will telehealth deliver?

The following benefits of telehealth have been identified:

Patients/ family/ carers:

- Allows services to be offered to patients earlier in the course of their illness
- Relationship can be established and an ongoing connection with the patient and/or carers can be maintained without the need for face-to-face visits
- Facilitates patient centred approach as some patients prefer this means of contact (e.g. patients do not want staff in their home; some patients suffer from severe allergies)
- Enables a patient-centred approach as this service is less time consuming and less invasive for the patient; after-hours services may be particularly relevant
- Offers flexibility to patients as it is independent of the patient's location, e.g. service can be delivered to patients when on holidays
- Telehealth offers a better service to patients (additional service, proven to be particularly beneficial in the after-hours and crisis call setting)
- The use of video conferencing enhances the connection with other health professionals to the benefit of the patient
- Enables the possibility of having family meetings regardless of the location of family members

- Enables the possibility of carer support
- Facilitates bereavement counselling for carers and families

Nursing staff:

- Travel time can be eliminated, especially when patients live in rural areas
- Decreases weather related risks in extreme conditions (e.g. heat, snow, floods)
- Reduces avoidable call-outs after hours
- Facilitates step down care to ease a patient towards discharge
- Time saved on video calls compared to home visits (shorter calls as well as no travel time) can be used to complete the additional indirect work done for patients
- Time saved on patients in the stable phase allows for more time for the care of complex patients.

Support team, admin staff and volunteers:

- Telehealth facilitates connection with and assistance of patient when a visit is not ideal or suitable.

GPs and other health professionals:

- Telehealth facilitates the linking of nurse and patient with a GP and/or other health professional in order to provide patient-centred care at the GP's/ other health professional's and the patient's comfort and convenience.

4. What are the benefits of telehealth training?

- Patients/ families/ carers:
 - ➔ To be able to access the care needed at the time that it is needed without physical burden.
- Nursing staff:
 - ➔ To be able to deliver the expected care at the time needed by the patient, family or carer where a face to face meeting is not ideal or suitable.
- Support team, admin staff and volunteers:
 - ➔ To be able to communicate with and provide support to patients, family and carers as well as nursing staff.

- GPs and other health professionals¹:
 - To be able to be conveniently plugged into the BHCI nursing-patient communication and information channel at the GPs and patient's convenience and comfort.

5. Telehealth training

5.1. Getting telehealth-ready

The aim of the 'Telehealth Training Pack' is to convey knowledge, teach relevant skills and facilitate establishing routines in order to get staff and patients 'telehealth-ready'.

Being telehealth-ready implies different requirements for the different groups involved:

- Patients/ families/ carers:
 - To be set up with the technology required and be comfortable and familiar with telehealth.
- Nursing staff:
 - To be confident and competent with the technology required as well as the telehealth tools, processes and procedures.
- Support team, admin staff and volunteers:
 - To be confident and competent with the technology required as well as being competent in using telehealth.
- With regard to GPs and other health professionals, being 'telehealth-ready' means to be confident, competent and familiar with BHCI telehealth practice.²

As a consequence, it is necessary that telehealth training be tailored to each user group.

5.2. Staff training: Passing on knowledge and skills

The staff training manual comprises three modules. Each module is designed to take approximately 30 minutes. Module 1 and 3 are designed as a presentation, module 2 is designed for self-study.

¹ Both patients and GPs individual media set up to be assessed and documented in the patient's care plan. BHCI is able to adapt to the technology used by patients and GPs.

² Both patients and GPs individual media set up to be assessed and documented in the patient's care plan. BHCI is able to adapt to the technology used by patients and GPs.

Training preparation and administration checklist:

Module 1	
Module 1 - PowerPoint presentation displayed on screen	<input type="checkbox"/>
Participant list	<input type="checkbox"/>
Bound printout of Staff Training Manual (Modules 1-3) for every participant (to be brought back by participants for training session on module 3)	<input type="checkbox"/>

Module 2 (self-study)	
Signature of every participant	<input type="checkbox"/>

Module 3	
Module 3 - PowerPoint presentation displayed on screen	<input type="checkbox"/>
Participant list	<input type="checkbox"/>
Pen for every participant	<input type="checkbox"/>
Timer	<input type="checkbox"/>
PalCare patient intake form with telehealth assessment reminder sticker	<input type="checkbox"/>
Telehealth reminder stickers to go on triage desk	<input type="checkbox"/>
Mobile phone to be placed on reception desk	<input type="checkbox"/>
Tray with blank telehealth survey forms (patient survey, staff survey & telehealth visit data sheet)	<input type="checkbox"/>
Tray for completed telehealth survey forms	<input type="checkbox"/>
Certificate of attendance	<input type="checkbox"/>

5.3. Establishing routines

Embedding behavioural change in everyday nursing practice is a key factor if the implementation of telehealth is to be successful. In order to facilitate behavioural change, the following measures have been put in place:

- Suggestions for establishing routines are included in Module 3 of the staff training manual:
 - Call the office on FaceTime only
 - Include a telehealth assessment every time you complete an initial assessment
 - Check information on telehealth for every patient

- If not (fully) completed, please complete the telehealth assessment
 - Schedule a video call with a patient instead of a phone call if appropriate
 - Spontaneously transfer an audio call to a video call if a situation presents itself (e.g. during a phone visit, after-hours call or emergency call)
 - If required, show a patient how to use FaceTime or Skype if he or she would like to use telehealth
- A reminder to complete telehealth assessments has been created (sticker to be placed on the initial assessment form)

5.4. Implementation process timeline



6. Evaluation

In order to review the success of the implementation process of telehealth (indicator: staff engagement), to evaluate the sustainability of implementation measures and to facilitate its translation to other services, an evaluation resource has been developed. To ensure staff commitment and positive development of staff engagement in the telehealth implementation process, it is critical that this process is monitored, evaluated and feedback is given to staff members on a regular basis.

The evaluation of implementation measures is based on data collected through the following tools:

- Patient survey for satisfaction with telehealth
- Staff survey for satisfaction with telehealth
- Telehealth Visit Data Sheet

These surveys and data sheet are to be completed for each video call. Data will be collected on an ongoing basis and all data will be analysed monthly, commencing after the completion of telehealth training. Results will be displayed monthly.

If the implementation process does not progress as hoped, the likely reason will be that staff engagement is found to be low. In this case, mini focus groups (engaged staff and non-engaged staff) should to be held in order to investigate the reasons for low staff engagement and ways to increase this engagement.

After telehealth has become part of the everyday routine (see [5.4 Implementation process timeline](#)), a final evaluation is to be conducted.

7. Possible barriers

7.1. Staff reservations

The following ideas have been raised during the course of the telehealth project and initial implementation phase:

- Does telehealth allow a patient to be treated in a manner that takes into account their home environment and how this affects them?
 - ➔ BHCI's model of combining telehealth and home visits (Process map 'BHCI patient journey pathway') ensures that patients are being seen in their home environment as well as over the phone and using video calls. This assists staff in treating them holistically. Also during a video call staff is encouraged to look out for indicators that a home visit is required such as: significant changes in presentation, assessment scores demonstrating movement to a difference phase (such as from 'stable' to 'unstable'), and the patient requesting a visit.
- Are telehealth visits satisfactory for staff and patients?
 - ➔ Experience shows that comprehensive phone assessments of stable patients were effective, efficient and acceptable to patients and staff.

7.2. Failure to establish routines

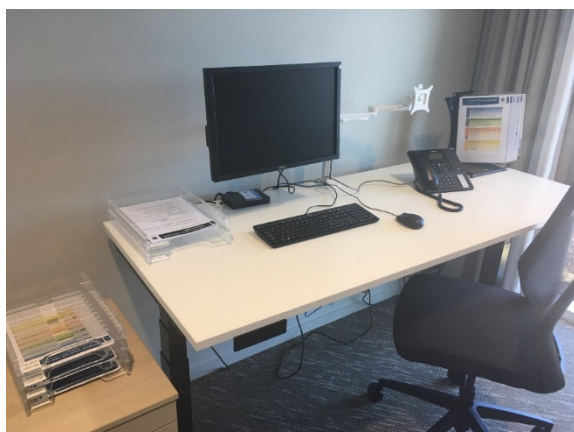
Availability of technology, knowledge of how a telehealth assessment is completed and how a telehealth visit is conducted, and the acquisition of skills to apply telehealth in everyday nursing practice do not guarantee the successful implementation of telehealth into everyday practice. Establishing routines is critical to the successful implementation of telehealth. It does not only need to be facilitated but also followed-up on via ongoing evaluation. In addition, continual staff feedback should be sought in order to maintain commitment. If

required, an investigative approach should be taken so as to facilitate the establishment of routines.

8. Best practice

Little reminders as well as positive staff experiences have been found to be critical to the successful implementation of telehealth:

- Telehealth reminder sticker for initials assessment forms (please refer to the appendix for a template)
- Telehealth room: A quiet and private place is critical for the success of video calls in order to protect the privacy of patients.



- Preparation is critical for the success of Telehealth video calls. This applies to nurses as well as patients. Both need to be confident using telehealth (technology, tools, and processes) as well as be prepared when conducting a telehealth visit.
 - ➔ For nurses this means being comfortable, having appropriate lighting, and having the relevant information at hand.
 - ➔ For patients this means being comfortable, having appropriate lighting, having pen and paper and their medication at hand as well as their list of questions they want to address with the nurse.
- Simply knowing of telehealth benefits is not sufficient, staff members also need to experience the benefits themselves. It is therefore important that everyone starts using telehealth in order to have these positive experiences.

- Following up: Experiences need to be shared! Learning about how others used Telehealth - successfully or not – creates awareness of the situations or circumstances in which Telehealth can be applied or the problems that occurred and how they could be solved. Regularly informing staff members (e.g. through circulating a ‘Telehealth newsletter’ with regard to video calls that took place creates this awareness and keeps reminding staff members of the option of Telehealth.

Appendix

Telehealth assessment reminder sticker



