## Use of tele-health during COVID19 pandemic

Is this document a:

Policy [ ]     Procedure [ x ]     Protocol [ ]     Guideline [ ]

*Insert Service Name(s), Directorate and applicable Location(s):*
*CHO DNCC North Dublin Mental Health Services*

| | |
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http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/PPPG_Document_Development_and_Inventory/

## Acknowledgement

## Table of Contents

## 1.0    Procedure statement

This procedure was developed as an emergency interim measure to support multi-discipline staff engaging in tele-health working due to the COVID19 pandemic. This is an exceptional short-term measure while the COVID19 pandemic is on-going. This procedure is an evolving document and will be updated regularly to reflect current health service needs during the COVID19 national emergency. This version of the procedure was drafted during the delay phase of the pandemic.

Data security is essential to the HSE. This procedural guideline describes good practice based on GDPR guidelines, professional standards and best practice. It aims to ensure that the use of Telecommunication software including Conference Bridge, WhatsApp®, Zoom®, Skype® or RedZinc® for 'virtual' or 'remote' consultation is secure. This ensures maximum protection for service users and clinicians. There is good evidence proving the benefit of implementation of telecommunication services in healthcare management of chronic conditions (Armfield, Bradford and Bradford, 2015; Norman, 2006). In the current healthcare climate there may be a risk-benefit analysis associated with staying at home versus attending a clinic for a full assessment (Greennhalgh, Wherton et al 2019).

## 2.0    What is tele-health

The use of digital platforms for clinical consultations is becoming increasing common globally in the provision of primary and secondary healthcare. In the context of COVID19 an urgent need has emerged for the North Dublin Mental Health Services to be accommodated in an alternate form to face-to-face contact. This tele-health service aims to reduce exposure to coronavirus by enabling both service users and clinicians to consult while in isolation and/or during social distancing. It can also increase staff resilience by protecting the workforce and enabling support to be provided from different geographical locations.

Tele-health is generally understood to mean (mental) health care that is offered at a distance. This procedure is specifically to support clinicians around use of teleconferencing and video-conferencing in clinical work. Other forms of tele-health e.g. telephone contact, email, text messaging operates in a "business as usual" context and is embedded in the service as standard practice. Therefore, these forms of tele-health are not being referred to in this procedure.

During the COVID19 delay phase, every effort is being made to minimise face-to-face contact with service users in order to ensure the physical safety of the public and of healthcare workers while simultaneously ensuring that the mental health support needs of the people continue to be adequately met in a high quality, evidence-based, safe and effective manner.

In the majority of cases it is expected that some form of tele-health support will be sufficient to meet these needs. In some cases however, face-to-face contact will continue to be required. Please refer to section 14, "Option appraising tele-health appointments versus in-person appointments during COVID19" for further discussion of this.

## 3.0    Ethical considerations

Clinicians shall be responsible for maintaining the same level of professional and ethical discipline and practice principles and guidelines as in person care in the delivery of care in tele-health, as well as additional tele-health related concerns such as consent processes, patient autonomy, and privacy. When providing services to individuals, families, or groups using technology, clinicians shall follow their relevant Codes of Professional Conduct and Ethics just as they would when providing services to service users in person.

## 4.0    Informed consent

When providing mental health services using teleconferencing or video-conferencing, clinicians shall inform the service users of relevant benefits and risks as well as informing service users of their rights under GDPR legislation. How and when this information is given to the service user e.g. if a service user is quite unwell at the time of the consultation, will be assessed by each clinician on a case by case basis.

Informed consent can be obtained verbally for the purposes of using teleconferencing or video-conferencing for COVID19 related clinical work and will be recorded in the service users file. Appendices I, II and III are resources to assist clinicians in this process.

## 5.0    Data protection

Please refer to the Data Protection Commission's "Staying safe online during a pandemic" guidelines (appendix IV).

## 6.0    Record management

All tele-health records should maintained in line with legislative, organisational and professional obligations.

The type of tele-health used in each clinical interaction should be clearly recorded in the clinical file.

All clinical records in relation to tele-health sessions will be appropriately documented and stored in the service users file. Appendix V is a resource to assist clinicians in this process.

## 7.0    Assessing relationships with technology

In discussions with service users about how their mental health care is offered during COVID19, clinicians should have regular conversations with service users about their preferences regarding being supported through teleconferencing and/or video-conferencing sessions. Clinicians will facilitate, in so far as it is safe and practical to do so and in line with all

public health guidance about COVID19, the service users preferred method of being supported in their mental health.

## 8.0    Cultural issues

Clinicians should be culturally competent to deliver services to the populations that they serve. In using technology to support people in mental health services, clinicians should assess a service user's previous exposure, experience, and comfort with technology/video conferencing. They shall be aware of how this might impact initial tele-health interactions. Clinicians should conduct on-going assessment of the service user's level of comfort with technology over the course of any intervention.

## 9.0    Knowledge and Skills Required

It is the clinicians responsibility to arrange for telecommunications software to be loaded onto their HSE-issued device including desktop personal computers/laptops/iPads and mobile phones.

When using technology to provide services clinicians shall obtain and maintain the knowledge and skills required to do so in a safe, competent and ethical manner.

Software associated with tele-health options during COVID19 should be downloaded to HSE devices only. Clinicians are **not permitted** to use their personal devices for tele-health purposes during COVID19. Phone numbers and email addressed attached to accounts that are set up on tele-health platforms should be attached to HSE email or phone numbers only. Clinicians are **not permitted** to use their personal mobile phone numbers or email addresses for the purposes of use of tele-health during COVID19.

## 10.0   Confidentiality and the Use of Technology

When using technology to deliver services, clinicians shall follow all legislative, organisational and professional requirements in respect of confidentiality as they would when providing services to service users in person.

Tele-health interactions should ideally not happen over public wifi by either the service user or clinician. Clinicians are required to use secure networks (e.g. HSE LAN or a Virtual Private Network if working remotely) and that any security features are in use.

## 11.0   Responsibility in Emergency Circumstances

Clinicians who provide tele-health services shall be familiar with emergency services in the area where the service user is located and share this information with service users.

## 12.0   Option appraising tele-health appointments versus in-person appointments during COVID19

As each person and situation is unique, the decision to support someone using teleconference or video-conference will be made based on clinical judgement and discussion with the service user, on a case-by-case basis. These decisions will be multi-faceted and will require on-going assessment and review. While every effort is being made to minimise face-to-face interactions due to the COVID19 crisis, a decision may be reached that an in-person appointment is necessary. In these instances, all public health recommendations regarding COVID19 and healthcare worker safety should be followed. As the public health guidance changes so rapidly, in line with the evolving COVID19 landscape, clinicians are asked to check the following websites on a daily basis for the most up to date and factual information on COVID19:

- https://www2.hse.ie/conditions/coronavirus/coronavirus.html
- https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- https://www.dfa.ie/travel/travel-advice/coronavirus/

## 13.0   Information and Security

The proposed teleconferencing and video-conferencing platforms are WhatsApp®, Zoom®, Skype®, RedZinc® and Conference Bridge. Messages, voice and video calls between a sender and receiver that use WhatsApp®/Zoom®/Skype®/RedZinc® are end-to-end encrypted. However, Whatsapp®/Zoom®/Skype®/RedZinc®/Conference Bridge are not owned by the HSE and not HSE encrypted. When opting in to being supported through teleconferencing or video-conferencing service users should be made aware of this (see section 4.0 on informed consent) so they can decide if they wish to proceed with using the teleconferencing or video-conferencing platforms as part of their mental health care during the COVID19 pandemic.

Tele-health sessions should not be recorded and no service user information is stored on these platforms.

## 14.0   Use of teleconferencing or video-conferencing during COVID19

It is important to ensure that the use of telecommunications for remote consultations with service users are as secure and confidential as the current means of communication. In particular, that these are operated in accordance with HSE guidance. It is important to ensure that all staff are aware of their personal responsibilities and that they comply with relevant HSE guidance.

Contact with service users when using teleconferencing or video-conferencing during COVID19

should be limited to the following:

- Initial assessments where face-to-face consultation is not an option.

- Complex or high risk cases that are open/on-going where face-to-face consultation is not an option.

- Emergency consultations where face-to-face consultation is not an option.

- Situations whereby due to COVID19 risk (either to clinician or service user or family member) face-to-face consultation is not an option.

- Situations whereby telephone contact/support is insufficient or not an option.

Teleconferencing or video-conferencing used for clinical work during COVID19 should not be used for entering into online groups with people, should not be used for setting up shared groups through the online platforms, should avoid inappropriate levels of contact through the online platforms, with clinicians maintaining a professional code of conduct in all tele-health use.

Clinicians using teleconferencing or video-conferencing with service users during COVID19 should refer to and use the "Good practice considerations when conducting audio or video-conferencing appointments" and "Checklist for remote appointments" which are attached in appendix VI and VII.

## 15.0   References

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6. HSE (2020), *Secure Video and Audio Clinical Consultations. CLINICAL ASPECTS: (see BlueEye User Guide for Technical Guide).* HSE.

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11. Stroetmann, K., Kubitschke, L., Robinson, S., Stroetmann, V., Cullen, K. and McDaid, D. (2010), "How can telehealth help in the provision of integrated care*?"* in *Health Systems and Policy Analysis*, Policy Brief 13. WHO, online: http://www.euro.who.int/__data/assets/pdf_file/0011/120998/E94265.pdf [accessed March 22nd 2020].

**Appendix I:**



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

## Service User Consent Form for communication via Text Message and Email with North Dublin Mental Health Services

Name: _____

Address: _____

Date of Birth: _____ Mobile Phone: _____ Email: _____

1. I consent to North Dublin Mental Health Services contacting me by text message or email for the purpose of receiving information which is relevant to me such as appointment information, information about services available to me in the local area and recovery initiatives.

2. I acknowledge that the appointment reminders by text are an additional service and that the responsibility for attending appointments or cancelling them still rests with me.

3. Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure.

4. I understand that internet email is not a secure medium and there is a possibility that my emails could be intercepted and read by someone else.

5. I have the right to change my mind in terms of receiving communication via text and email and if in the future I no longer wish to receive notifications in these formats I can notify a member of staff in the clinic.

6. North Dublin Mental Health Services does not offer a reply facility to enable service users to respond to texts directly.

7.  I agree to advise the clinic if my mobile number and email address changes or if these devices are no longer in my possession.

Service User: _____        Date: _____

On behalf of North Dublin Mental Health Services

Name: _____        Date: _____

Position: _____

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**Appendix II:**

**Service User Consent Form for Conference Bridge/WhatsApp®/Zoom®/Skype®/ RedZinc®**

Service users scheduled for appointments with the North Dublin Mental Health service are being offered alternative access to a clinician via Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® remote appointments in the context of the COVID-19 Pandemic.

The Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® remote appointments will seek to provide service users with the opportunity to speak and see their clinician and to have an assessment carried out or to continue work already started with their clinician prior to the COVID19 pandemic.

WhatsApp®/Zoom®/Skype**®**/RedZinc® are encrypted to ensure data privacy for individuals as per the application developer. Services will be provided from HSE password protected devices.

**Benefits**

- Reduce exposure to coronavirus (COVID-19) by enabling both service users and clinicians to have appointments while in isolation and/or during social distancing.

- Protecting the workforce and enabling support to be provided from different geographical locations.

- Reduces unnecessary travel and waiting at clinics for appointments.

- Increased accessibility with your mental health clinician.

- Enables you to discuss concerns or worries you might have related to your mental health in a more comfortable environment.

- Gives your clinician an opportunity to discuss issues while being able to see you and therefore make communication more effective than a regular telephone call.

**Potential Risks**

There are potential risks associated with the use of a Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® service, but these are small and the benefits have been assessed globally, by other similar institutions, as outweighing the risks.

These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g. poor quality of video or information) to allow for appropriate decision-making by the clinician. In the event of this occurring, a repeat Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® appointment, a telephone call or a face-to-face appointment may be arranged.

- Although highly unlikely, security can fail, causing a breach of privacy of confidential medical information.

- Remote appointments will be provided in line with best practice; however, it may not provide comprehensive assessment; however, given the current public health advice regarding COVID19 this is best alternative available at this time.

**My Rights**

- I have the right to withdraw (opt out) my consent to the use of Conference Bridge/WhatsApp®/Zoom®/Skype®/RedZinc® at any time.

- I understand that the clinician has the right to withdraw (opt out) his or her consent for the use of Conference Bridge/WhatsApp®/Zoom®/Skype®/RedZinc® at any time.

- I understand that the remote appointment will not be recorded.

- I understand that the clinician will not allow any individual who is not directly involved in my care to listen to my Conference Bridge/WhatsApp®/Zoom®/Skype®/RedZinc® session.

In exceptional circumstances if the clinician is concerned that there is a risk to your health, health of others or if there are child protection or other safeguarding concerns, information from tele-health interactions will be brought to the attention of the relevant authorities.

Service User: _____        Date: _____

On behalf of North Dublin Mental Health Services

Name: _____        Date: _____

Position: _____

### Appendix III:

## Remote appointments – Service User Information Sheet

**Why are remote appointments being introduced?**

In the light of the current health crisis (COVID19) pandemic it is anticipated that providing care remotely may be in your best interests. This is an exceptional short-term measure while the COVID19 pandemic is on-going.This initiative will provide you with easier access to the specialist services you require from the comfort of your own home.

**What is a remote appointment?**

It is a conversation that happens between you and your mental health clinician – you can see and hear each other without being in the same room or building. It uses a technology called Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® to allow you to and hear each other. This technology is used globally to facilitate communication between families and friends and is increasingly used in the clinical context.

**What are Conference Bridge, WhatsApp®, Zoom®, Skype® and RedZinc®?**

They are programmes which you can download onto your mobile phone (apart from Conference Bridge which you connect to by ringing a specific telephone number) that allow you and the clinician to hear and see each other. They are facilitated by the internet.

**Is it safe and secure?**

Conference Bridge, What's App®, Zoom®, Skype® and RedZinc® are not owned by the HSE and not HSE encrypted. We do not record appointments and no service user information will be stored by us on these platforms. These systems are used in healthcare settings around the world. As with all information transmitted across the internet, the security cannot be 100% assured 100% of the time. However, the benefits may outweigh the risks during the COVID-19 Pandemic.

**What happens if I don't want to talk to my mental health clinician in this way?**

It is your choice whether or not you want to avail of this service. If at any point you do not feel comfortable with using Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® for any reason we will arrange a face-to-face appointment (if safe to do so) or a regular telephone appointment.

**How will I be prepared for my remote appointment?**

We will arrange to contact you on Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® at a set time which will have been arranged between you and the clinician before the call is made. This will be communicated via appointment letter/email/phone call/text. When the clinician starts the online appointment with you, they will introduce themselves, check that you are happy to proceed and check your name and date of birth. At the end of the appointment they will check that you have understood the conversation and ask if you have any questions. After the appointment has finished, the clinician will write or type the outcome of the appointment in your notes in the same way as in a face-to-face appointment.

**Appendix IV:**
**Staying safe online during a pandemic**

Data Protection Commission, 26th March 2020

During the COVID-19 pandemic we have seen support being offered from all parts of society, as well as innovative solutions and tools being developed and implemented. Nevertheless, in a rapidly changing environment, it's important that we all take steps to ensure that we stay safe in our online interactions, particularly when there are so many COVID-19-related scams to trick people into sharing their personal data or to gain access to their devices.
Here are some tips on how to stay safe online and ensure that your personal data, particularly sensitive data such as health data, is only shared with or accessed by trusted recipients.
*Read more: Protecting Personal Data When Working Remotely*
Tips for Staying Safe Online

- Always consider *who* you are sharing your personal data with, and aim to limit your sharing of sensitive personal data (such as health data) with trusted recipients, such as government departments, public health officials, healthcare professionals, or other recipients suggested or endorsed by them.
- Pause and take a few minutes to read over the privacy policy or data protection notice of a service, app, or website, to be sure who your personal data is being shared with, where it will be stored or processed, and what purposes it will be used for, amongst other important information.
- If data protection or privacy policy information is inadequate or not available, you should be wary of sharing personal data with this service, app, or website, and may want to take further steps, such as contacting them, to clarify.
- Even when you are considering sharing personal data with a trusted recipient through an app, website, SMS, or email, make sure that it is actually them you are sharing the personal data with, and not just and app, website, phone number, or email address, which is disguised to look like it's theirs.
- Be wary of links that are forwarded by SMS, messaging apps, or email, particularly if you're not expecting them or you think it has been automatically forwarded, as this is a common way to spread malicious links.
- Avoid clicking links or opening attachments that you are unsure about. In particular, be wary of attachments which you were not expecting. Keep in mind that displayed text for a link can look like a legitimate URL, but the link when you click it may lead somewhere else.
- Pay attention to links in emails and on webpages that you connect to. Try hovering over the link before you click it; you should see the destination URL at the bottom right of your browser. Is it familiar to you? If not, think again about using it.
- Ensure you have up-to-date antivirus or online security software installed on all of your devices – don't forget that smartphones and tablets are just in need of antivirus and malware protection these days as laptops or desktops.

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Read more
[Data Protection and COVID-19](#)
[Common Online Risks](#)
[Guidance on Phishing and Social Engineering Attacks](#)
[Guidance on Data Security](#)

Information source: https://www.dataprotection.ie/en/news-media/blogs/staying-safe-online-during-pandemic

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**Appendix V:**

PLEASE ATTACH
SERVICE USER STICKER HERE

RECORD OF REMOTE CONSULTATION

Date: _____     Time: _____ to_____

Method used to undertake the consultation
Phone:          □
Video:          □          If so, what was the software?     _____

Location:     Clinician _____     Service user     _____

Is the service user known to you                                Yes / No
If no, document the circumstances in which remote consultation is occurring:

_____

_____

| | |
|---|---|
| Service user identification confirmed (ask for address, DOB etc.): | □ |
| Explanation given re your professional role: | □ |
| Reassurance given that clinician is ringing from a private location and, if applicable, video consultation is not being recorded or streamed : | □ |
| Advice given to the service user to ensure that their location provides privacy and confidentiality: | □ |
| Explanation given regarding the rationale for remote consultation and its risk benefit analysis: | □ |
| Confirmation that service user consented to proceed with a remote consultation: | □ |
| Advice given to service user that duration of consultation will be that of a regular review clinic appointment: | □ |
| Confirmation that clinician had access to and reviewed the Health Care Record (HCR) prior to and/or during remote consultation: | □ |
| If HCR not available to clinician, was there access to collateral information. | Yes / No |
| If yes, what source ? | |

_____

Document

1.  Clinical findings:

_____

_____

_____

_____

_____

2. Treatment plan agreed (ask the service user to repeat the plan to you):

_____

_____

_____

_____

_____

3. Medication prescribed:

_____

_____

_____

_____

_____

Confirmation service user was able to repeat treatment plan: ☐
Confirmation that prescription written: ☐

If so, indicate if sent to service user, General Practice or Pharmacy via post/fax/scanned email:
(please circle which are relevant)

Confirmation that follow-up plan was agreed: ☐

Via     'remote' consultation?     Yes / No     'face to face' consultation?     Yes / No

Date next appointment is scheduled for:     _____

Signed:     _____     Name:     _____

Job Title:     _____     Registration number:     _____

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**Appendix VI:**

## Good practice considerations when conducting teleconferencing or video-conferencing appointments

Screen service user(s) to determine whether teleconferencing or video-conferencing services are appropriate for them.
1) Consider the service users clinical and cognitive status – can they effectively participate?
2) Does the service user have technology resources for an audio or video-conference – e.g. webcam or smartphone?
3) Consider the service users comfort in using technology – can they login and effectively use the technology?
4) Does the service user have physical space for a private tele-health session?
5) Is parent/guardian permission required? If so, obtain it.
6) Consider the service user's safety (e.g., suicidality) and health concerns (e.g. viral risk; mobility; immune function), community risk, and clinician health when deciding to do tele-sessions instead of in-person.

Technology:
1) Do you and the service user have adequate internet connectivity for audio or video-conferencing?
2) Did you discuss with the service user how to login and use the technology?
3) Are you using a password-protected, secure internet connection, not public or unsecured WiFi? What about your service user? (If not, it increases the risk of being hacked.).
4) Did you check that your anti-virus/malware is up-to-date to prevent being hacked? What about your service user?

Room Set-up:
1) Is the location private? Is it reasonably quiet?
2) Make sure the room is well lit. Example: a window in front of you might cast a shadow or create low visibility.
3) To improve eye contact, position your camera (if applicable) so that it's easy to look at the camera and the service user on screen.
4) Consider removing personal items or distractions in the background.
5) Check the picture (if applicable) and audio quality. Can you see and hear each other? Make sure nobody is muted.
6) As much as possible, both people should maintain good eye contact and speak clearly.

Pre-session:
1) Discuss the potential risks/benefits of tele-health sessions with the service user(s).
2) Get informed consent from the service user(s). If the service user is quarantined, informed consent can be signed electronically or given verbally and documented.

3) Do you have a back-up plan in case of technical difficulties? In case of a crisis situation? What contact information do you have? Do you know the local resources (e.g. A&E) where the service user is?

4) In the case of minors, determine where the adult will be at that location.

Beginning of virtual session:

1) Verify the service user's identity, if needed.
2) Confirm the service user's location and a phone number where the person can be reached.
3) Review importance of privacy at your location and service user's location.
4) All individuals present for the virtual visit must be within view of the camera (if applicable) so that the clinician is aware of who is participating.
5) Confirm that nobody will record the session without permission.
6) Turn off all apps and notifications on your computer or smartphone. Ask the service user to do the same.
7) Conduct the session mostly like you would an in-person session. Be yourself.

Information source: https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist

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**Appendix VII:**

## Checklist for remote appointments

| | Checklist for the clinician | Completed |
|---|---|---|
| **1** | The service user has received an explanation of the use of Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® for a remote appointment | |
| **2** | A copy of the remote appointment information leaflet has been sent to the service user. | |
| **3** | Any concerns about remote appointments have been addressed, including if family or carer support is required. | |
| **4** | The clinician has prepared his/her office/remote working space to maximise privacy | |
| **5** | The service user is undertaking the consultation from their home or a private location | |
| **6** | On answering the Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® call, the clinician must ask whether or not the service user feels it is appropriate to undertake the consultation and clarify if family/carer support is required. | |
| **7** | The clinician will introduce themselves to the service user and confirm that the service user is happy to take part in the remote appointment. | |
| **8** | The service users identify should be checked by asking them to confirm their name, address and date of birth. | |
| **9** | The clinician must explain that if the remote appointment is insufficient to address the issues raised during the remote appointment, a repeat Conference Bridge/WhatsApp®/Zoom®/Skype**®**/RedZinc® appointment, a telephone call or a face-to-face appointment may be arranged. | |
| **10** | Prior to concluding the appointment, the clinician and service user must agree that the service user understands the outcome of the discussion and have no further questions. | |
| **11** | The clinician will record the observations and outcome of the remote appointment in the same way as a face to face appointment is recorded in the service users record. The clinician will ensure any agreed actions are carried out. | |

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