



Health & Social Care Professions: Telehealth Toolkit

National HSCP Office



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Foreword



It is with great pleasure that I welcome this *Health & Social Care Professions (HSCP) Telehealth Toolkit* and its sister document, *HSCP Telehealth Practice Examples in Clinical Services*. This year has been an extraordinary year for digitally enabled care with health service staff at all levels working at pace to implement alternatives to face-to-face interventions in response to the COVID-19 pandemic. I have been particularly proud of the HSCP workforce whose leadership and person-centred approach has created the conditions for meaningful change for the people we serve.

Telehealth plays a fundamental role in all aspects of healthcare. Our collective task now is to consider the transformation and innovation needed and use technology as an enabler to delivering services as well as educating HSCP staff and students. This *Telehealth Toolkit* has been developed to provide practical guidance and assistance to health and social care professionals as they work to redesign services with an eye to the future and the shift left priorities set out in the HSE and Sláintecare goals for the years ahead. The sister document, *HSCP Telehealth Practice Examples in Clinical Services* provides experience from HSCP who have embarked on this journey and I hope it will inspire others to start their digital journey and ensure the opportunities for restoration and recovery through digital practice are embraced.

In addition to these resources, work is underway to support the development of a digitally enabled workforce. We have been fortunate to have the assistance of Siobhán Keohane and Marie Byrne as Telehealth Project Officers in the National HSCP Office for part of this year to provide the much needed focused supports for HSCP delivering telehealth services. We have been collaborating closely with the National Virtual Health Team, the National Telehealth Steering Committee and others and will continue to work together towards an integrated approach to telehealth services in Ireland.

I would like to acknowledge all HSCP who contributed to the development of both documents and I look forward to further engagement and collaboration to the benefit of those who use the health services.

I would also like to thank the members of the eHealth HSCP Advisory Group for their strategic input to eHealth advancements in HSCP clinical services, working with Alison Enright, HSCP Development Manager in the National HSCP Office.

Finally, my thanks to Marie Byrne, Siobhán Keohane and Alison Enright who have led the development of these valuable resources.

Jackie Reed

HSE National HSCP Lead
National HSCP Office

Welcome

Telehealth is a fundamental enabler of the clinical change and transformation needed to realise the quadruple aims of Sláintecare; improving patient/client experience, improving clinician experience, lowering costs and achieving better outcomes.

The context of COVID-19 has demonstrated that our health system can adapt and change quickly and the acceleration of telehealth service implementation by the health and social care professions (HSCP) is testament to this. As the second largest clinical workforce group, clear opportunities exist for HSCP to adopt digital in sustaining new ways of working.

This Toolkit provides an overview of telehealth and its practical application in supporting HSCP in the redesign of frontline services which provide alternatives or enhancement to face-to-face care. It is intended for use by HSCP, managers of HSCP services and HSCP Leads who collectively play a vital role in creating the conditions for the implementation of quality telehealth services.

The Toolkit has been developed specifically to:

1. **Contextualise new ways** of delivering telehealth services
2. Assist and support **HSCP to realise telehealth solutions** in order to improve patient/client quality of life and quality of care
3. Share **documentation and a blue print for the use of telehealth solutions** in HSCP services across hospital and community care
4. **Identify and share operational examples and case studies** which are enabling or improving care. A separate document *HSCP Telehealth Practice Examples in Clinical Services* outlining this practice is available
5. Support an **ecosystem of shared learning**

We would really welcome your interaction and engagement with this resource as well as its sister document, *HSCP Telehealth Practice Examples in Clinical Services*. These resources are designed to be interactive and broken into subsections to aid your navigation and participation with the content. They are just the beginning, with the intention to update and add to them as new research and practice emerges.

This Toolkit has been developed in line with national policy and strategy with input from the National Telehealth Steering Committee and eHealth HSCP Advisory Group. It also supports the approaches being used by colleagues and interested parties to enable telehealth solutions throughout the wider health system.



PART 1 – WHAT YOU NEED TO KNOW BEFORE YOU GET STARTED

Definition

The World Health Organisation defines telehealth as the “delivery of health care services, where patients/clients and providers are separated by distance. Telehealth uses ICT for the exchange of information for the diagnosis and treatment of diseases and injuries, research and evaluation, and for the continuing education of health professionals” (World Health Organisation, 2020). There are two main types of telehealth – synchronous and asynchronous.

- Synchronous: involves real-time interaction (that is, via the telephone or videoconferencing)
- Asynchronous:
 - Not realtime (for example using text messages, email or devices that permit store-and-forward transmission of data, for instance a home glucose metre)
 - This method (which uses store-and-forward transmission) typically involves forwarding data to a health professional who reviews it and uses their clinical judgement to make recommendations to the individual

(HIQA, 2017)

Telehealth: Background Information and Research

Public and Clinician Opinion

Both clinician and public opinion indicates a desire for incorporating telehealth into usual healthcare. In 2020, the HSE's Nursing & Midwifery Planning and Development Unit undertook evaluation of Irish healthcare professionals and patient/client experience of Video Appointments. Data has been collected and results are being collated at this time. In 2020, Scotland completed a national public engagement exercise, to understand the general public and health professionals' views on using 'Near Me' video consulting (Scottish Government, 2020). Key findings are as follows:

Table 1 Scotland Public and Clinician Consultation Findings

| | |
|---|--|
| ✓ | 87% of the public and 94% of clinicians agree that video consulting should be used for appointments |
| ✓ | Preference for use of video over phone consulting (during COVID-19 and afterwards) |
| ✓ | Health professionals identified a clear preference for using video consulting within the ongoing management of conditions, rather than in undifferentiated diagnosis |
| ✓ | Main benefits identified: improving access and convenience; reducing the risk of infection |
| ✓ | Main challenges identified: digital connectivity (and other issues relating to digital exclusion); lack of private space for video calls |

For more information, please go to: <https://www.gov.scot/publications/public-clinician-views-video-consultations-full-report/> (Scottish Government, 2020).

Additionally, significant gains have been made in the UK and Ireland in developing Remote Patient Monitoring as part of healthcare delivery for citizens. Technology Enabled Care in Scotland describes Remote Health Pathways (RHP) as the “use of digital remote monitoring technology to enable patients outside of hospitals to receive, record and relay clinically relevant information about their current health and wellbeing” (Technology Enabled Care in Scotland, 2020).

An exciting example of telehealth work that incorporates citizen engagement is the mPower project. The project is creating a cross-border service for older people (age 65+) living with long-term conditions across the Republic of Ireland, Northern Ireland and Scotland. For more information on this initiative, click on: <https://mpowerhealth.eu/> (mPower, 2020)

Research of Interest

In the current context of a global pandemic, telehealth is one way of providing and maintaining healthcare services. Some HSCP had already adopted telehealth prior to this crisis. To date, anecdotal evidence from service users and HSCP has reported positive experience with use of telehealth. However, the research on telehealth and the evidence base to support widespread implementation has been limited as technology evolves quickly and health IT interventions tend to be complex. Many studies have focused on telehealth and its application in certain conditions rather than generic telehealth. This is appropriate, as one thing is clear; telehealth will not be a replacement for some aspects of service delivery but can complement existing ways of working. See below for some relevant research findings in telehealth.

Table 2 Research of interest in telehealth

| Research of Interest | Key Points |
|-------------------------------|--|
| (Boggan JC, 2020) | <p>✓ Remote triage by telephone appears to be safe</p> <p>Triage by telephone does not necessarily reduce the burden on primary care or emergency department use</p> <p>DNA (did not attend) rates are lower and engagement is higher if patients/clients initiate their own video appointments via a self-booking option</p> |
| (Malasinghe, 2019) | <p>✓ The review shows that this emerging field of technology in remote patient monitoring is making substantial impact on society as well as the research community</p> <p>Limited evidence available regarding the security and privacy issues associated with remote patient monitoring</p> |
| (Greenhalgh T S. S.-R., 2018) | <p>✓ Video consultations (VC) are safe compared with face-to-face consultations for similar conditions</p> <p>VC were very slightly shorter, patients/clients did slightly more talking, and both parties sometimes needed to make explicit things that often remained implicit in a traditional encounter</p> <p>VC worked best with an established client-professional relationship</p> <p>Establishing VC outpatient services was more complex and time-consuming than originally planned</p> |

| Research of Interest | Key Points |
|----------------------------|---|
| (Noah, 2018) | <p>✓ Studies on remote patient monitoring: highly heterogeneous in design, device type, and outcomes</p> <p>Interventions based on health behaviour models and personalised coaching were most successful</p> <p>Significant gaps in the evidence exist and should be considered before implementation of remote patient monitoring in the clinical setting</p> |
| (Rush KL, 2018) | <p>✓ Videoconference appears to offer advantages over telephone such as improved provider diagnostic accuracy and reduced readmission rates</p> <p>Evidence showed little differences between the two modalities in terms of patient/client outcomes</p> |
| (Greenhalgh T V. S., 2016) | <p>✓ Literature on video consultations is scarce</p> <p>Such consultations offer potential advantages to patients/clients (e.g. reduced cost and inconvenience of travel) and the healthcare system (e.g. they may be more cost-effective)</p> <p>Fears have been expressed that they may be clinically risky and/or less acceptable to patients/clients or staff, while bringing significant technical, logistical and regulatory challenges</p> |
| (Viers BR, 2015) | <p>✓ No difference between face to face and virtual consultations regarding confidentiality, efficiency, and advice quality</p> |
| (Davis MM, 2014) | <p>✓ Systematic Review – RM technology in Primary Care:</p> <p>Researchers and developers must ensure clinical relevance, support adequate infrastructure, streamline data transmission into Electronic Health record systems (where available), attend to changing care patterns and professional roles, and clarify response protocols</p> <p>Critical to engage end-users in the development and implementation of RM technology</p> |

For more information on literature reviews related to telehealth which were completed by the HSE Library in response to COVID-19, please see the following:

1. [Literature reviews carried out for the National Telehealth Steering Committee April – July 2020](#) [August 13th]: [Download Full Summary of Evidence](#) (HSE National Health Library and Knowledge Service, 2020)
2. [How can telehealth best support HSCP's response to the COVID-19 patient?](#) Updated April 16 – [Download full summary of evidence](#) (HSE National Health Library and Knowledge Service, 2020)
3. [What is the potential role of post-acute telerehabilitation for COVID-19 patients?](#) Updated May 10th – [Download full summary of evidence](#) (HSE National Health Library and Knowledge Service, 2020)

Benefits and Challenges of Telehealth

As with any change in service delivery, there are potential benefits and challenges with the introduction of telehealth. These are outlined in Table 3 below.

Table 3 Benefits and challenges to telehealth

| Benefits | Challenges |
|--|--|
| ✓ Enable continuity of care | ✗ Concerns over security, privacy, and confidentiality |
| ✓ Extend access beyond normal clinic hours | ✗ Lack of evidence about impact on health care costs, utilisation, or outcomes |
| ✓ Reduce patient/client travel burden | ✗ Concerns about impacts on clinical duty to provide safe and effective care |
| ✓ Help overcome clinician shortages, especially in rural populations, which ultimately helps health systems and clinicians focus more on chronic disease management, enhance patient/client wellness, improve efficiency, provide higher quality of care, and increase patient/client satisfaction | ✗ Logistical space challenges |
| ✓ Help reduce the spread of infectious diseases | ✗ Initial cost of service set up |

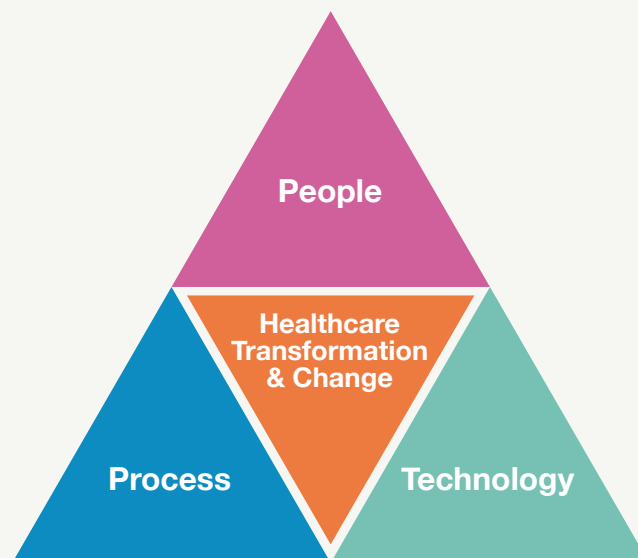
(American Medical Association, 2020);

(Department of Social & Health Services, Washington State, 2020)

Critical Considerations for Successful Telehealth

A well-established framework that may assist HSCP in their telehealth adoption is the People-Process-Technology framework (see figure below). This framework captures the three elements that are required to drive action, change and transformation within telehealth. Additionally, achieving harmony amongst these three components is where efficiencies within your healthcare service can be achieved. For more information on this framework, consider reading this webpage: <https://www.smartsheet.com/content/people-process-technology#:~:text=As%20a%20term%2C%20people%2C%20process,streamline%20and%20improve%20these%20processes> (Smartsheet, 2020).

Figure 1 People, process, technology framework



Once the People-Process-Technology framework has been reviewed, the importance of a robust and organised change management structure cannot be underestimated. In most cases, failure to follow a structured method can affect the successful implementation of a sustainable solution not getting off the ground or not being sustained. Given that a key part of change involves co-design and collaboration amongst staff, training and information sessions with a local telehealth champion is one practical way of addressing key stakeholder involvement (Department of Health & Human Services, State Government Victoria, 2020). Refer to the following link to access educational resources (including e-learning via HSELandD) on the HSE Change Guide which can be used to underpin telehealth adoption and implementation: <https://www.hse.ie/eng/staff/resources/changeguide/change-guide-educational-resources/> (HSE, 2020).

At a broader level, for any manager or clinical lead considering implementing telehealth as part of service delivery, the following are factors that need to be closely addressed to optimise success:

Table 4 Critical Considerations for successful telehealth implementation

| | |
|---|--|
| ✓ | Strong leadership |
| ✓ | Change management support for clinical teams – ensure your initiative is linked with your Organisation's central projects/aims |
| ✓ | Supporting a positive culture/attitude towards change and innovation |
| ✓ | Ensure consistent and clear information/data governance structures |
| ✓ | Dedicated positions to support the implementation and evaluation of telehealth services (telehealth leads, managers, and clinical champions) |
| ✓ | Effective planning and resources (human and financial) to enable telehealth models to be sufficiently supported |
| ✓ | Stable internet access/network connectivity |
| ✓ | Technology that is easy to use, accessible, fit for purpose, reliable, secure and cost efficient |
| ✓ | Benefit realisation for patients/clients, carers, clinicians and the health sector |
| ✓ | Consider interoperability of any new technology with existing infrastructure |
| ✓ | Mechanism for patient/clients to advocate for the services they need most |
| ✓ | National telehealth governance |

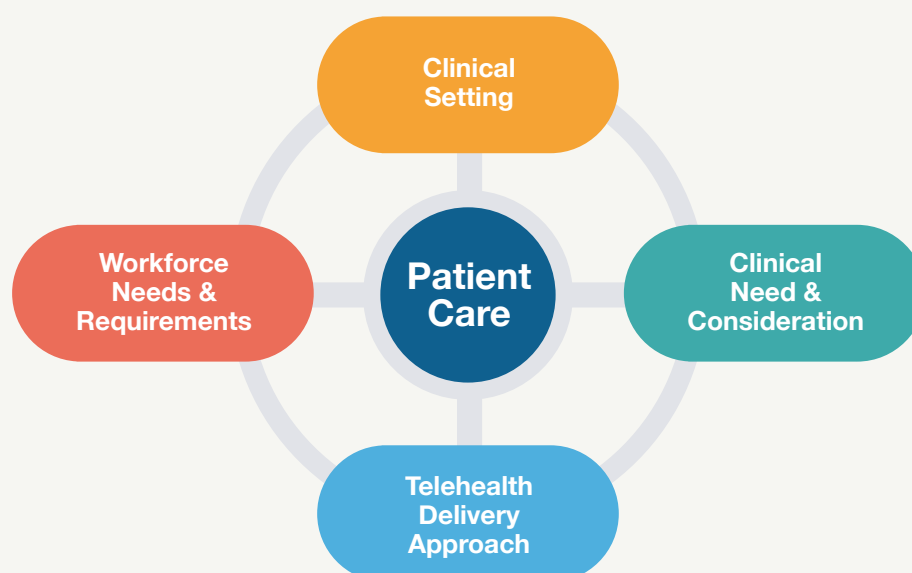
(Agency for Clinical Innovation, NSW Government, 2020)

HSCP Framework for Telehealth Adoption

When initiating any change to service delivery that includes telehealth, four key points should be considered: see Figure 2 below (Safer Care, Victoria – Victorian Agency for Health Information, 2020). The elements that should be examined include:

| | |
|---|---|
| ✓ | Clinical setting (i.e. in what clinical area can I/should I adopt telehealth?) |
| ✓ | Clinical need/considerations (i.e. will telehealth be suitable for the patient/client group I am considering?) |
| ✓ | Workforce requirements and needs (i.e. will the service adopting telehealth be supported by a single or multiple disciplines and what are the needs of those healthcare professionals?) |
| ✓ | Telehealth delivery approach (e.g. will the service be provided entirely through telehealth or blended with face-to-face contact) |

Figure 2 Safer Care Victoria Framework for Telehealth Implementation



1. Clinical Setting

Potential areas of service delivery which may adopt telehealth in inpatient, rehabilitation, outpatient, mental health, disability and primary care clinical settings include:

- Providing clinical care virtually when the patient/client is unable to attend the healthcare environment or when the clinician is unable to visit the patient/client at their location (e.g. wound assessment, therapy)
- Accessing specialist consultation/opinion, particularly in regional/rural areas (e.g. accessing specialist advice from tertiary hospital remotely)
- Connecting with carers/families who are unable to physically attend the inpatient care setting
- Collaboration with other MDT members across acute and/or primary care healthcare services

2. Clinical Need and Consideration

When considering whether telehealth will be suitable for a particular patient/client group it is suggested to:

- Review the evidence
- Look at use cases/examples of practice
- Link with colleagues
- Take a quality improvement (QI) approach mapping out your service and thinking through what the telehealth solutions are to the problem at hand
- Include the service users in designing the service

3. Workforce Requirements and Needs

Requirements

When identifying the workforce required to support service delivery, it is important to identify which of the following models is most suitable:

- A single discipline (e.g. Physiotherapy) providing standalone discipline specific input (e.g. musculoskeletal physiotherapy outpatient clinic)
- Multiple disciplines providing a multidisciplinary service (e.g. separate sessions provided by each MDT discipline such as Early Supported Discharge for Stroke)
- Multiple disciplines operating in an interdisciplinary model (e.g. single session with shared goals and a co-treatment approach (such as a joint SLT/Dietetics feeding and nutrition assessment))
- A single discipline or multiple disciplines operating in a transdisciplinary work model (e.g. an Early Intervention Team completing an 'arena' assessment, whereby professionals from multiple disciplines assess the child simultaneously with some role release)

Capabilities

Additionally, understanding the digital literacy needs of the workforce is critical to ensure success in adopting telehealth. What is Digital Literacy? Health Education England define digital literacy as, "those capabilities that fit someone for living, learning, working, participating and thriving in a digital society" (Health Education England, 2020). Additionally, HEH describe 'excellent' digital capabilities as including a positive attitude towards technology and innovation and its potential to improve care and outcomes. In order to achieve this we need to develop a digitally literate healthcare workforce. For more information on the Digital Literacy Framework and to assess your/your team's capabilities, please click here: <https://www.hee.nhs.uk/sites/default/files/documents/Digital%20Literacy%20Capability%20Framework%202018.pdf> (Health Education England, 2020).

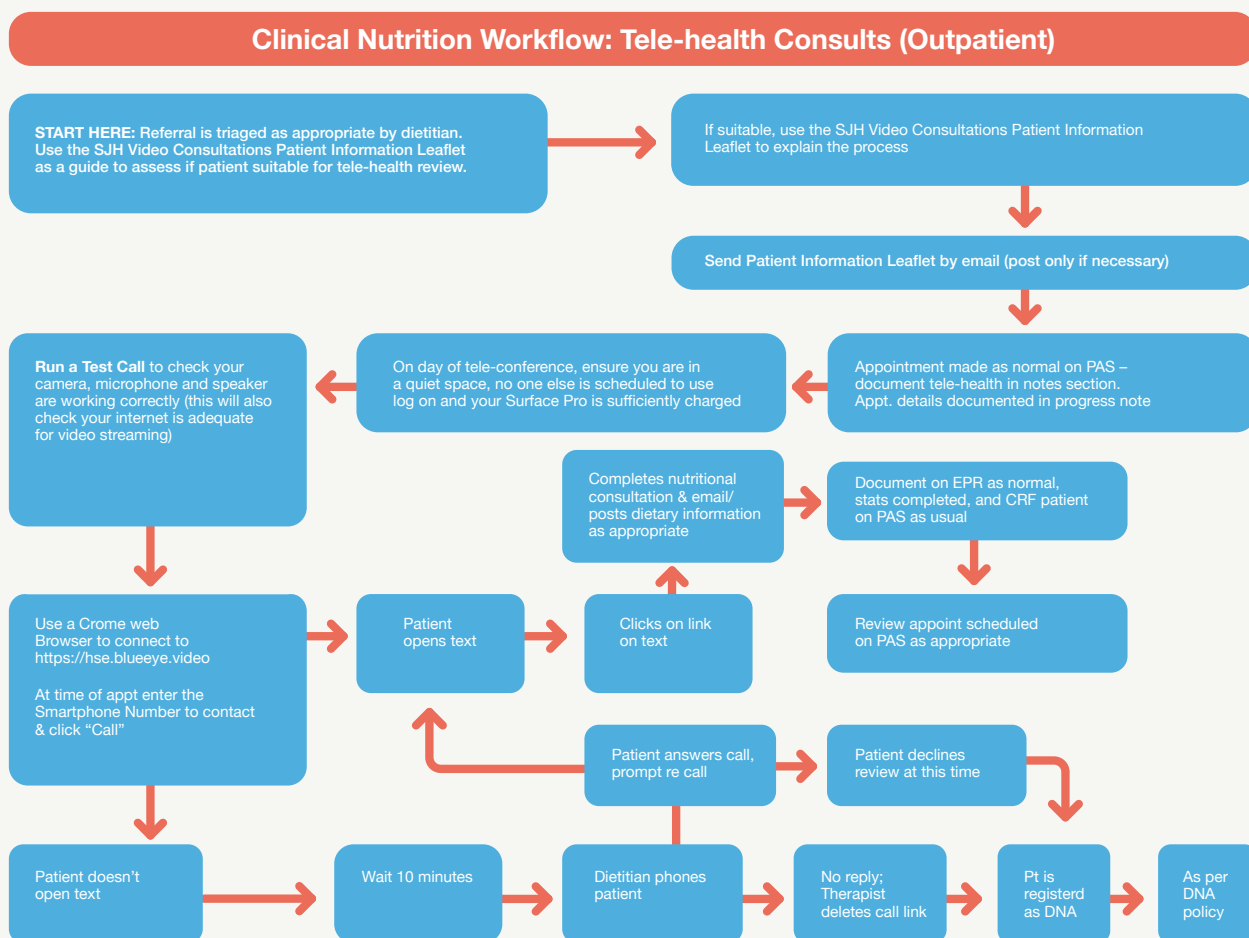
4. Telehealth Delivery Approach

Patient/Client-centred approaches may offer:

- Full substitution – clinical services via telehealth only
- Blended approach (face-to-face and virtual contacts to best meet clinical needs)
- Individual, 1:1 patient/client telehealth services
- Group telehealth services

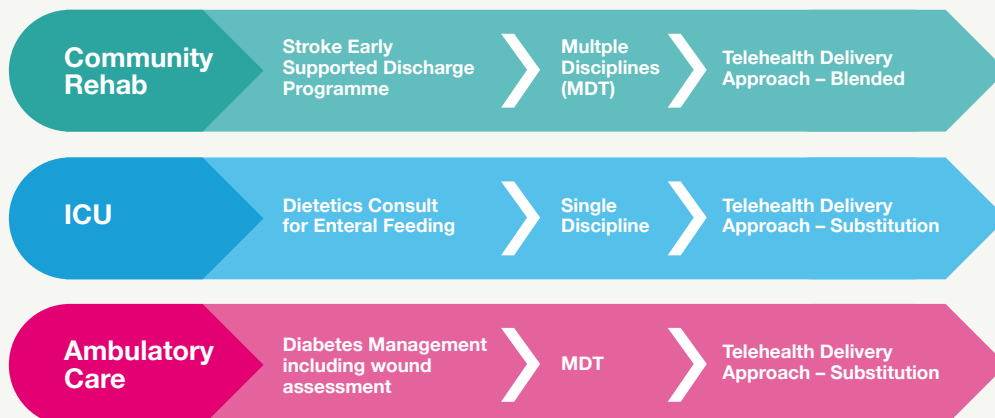
For a real-life example of a HSCP workflow which demonstrates how to incorporate telehealth into practice, see below:

Figure 3 Sample HSCP workflow adopting telehealth – with thanks to Dietetics, St James’s Hospital



The figure below demonstrates potential examples of Telehealth adoption in HSCP Services using the framework outlined:

Figure 4 Examples of Telehealth Framework and application to HSCP services



Needs and Readiness Assessment

The HSE has provided governance advice with respect to implementation of telehealth. This guidance is relevant for Community and Acute services, providing detailed information regarding elements that will need to be considered (local checklist/business process) as part of implementation. It is essential that you review the relevant governance document prior to implementing your telehealth service.

Acute: <https://healthservice.hse.ie/filelibrary/staff/telehealth-governance-acute-services.pdf> (HSE, 2020)

Community: <https://healthservice.hse.ie/filelibrary/staff/telehealth-governance-community-services.pdf> (HSE, 2020)

Make sure you carry out a risk analysis and develop contingencies to manage potential risks that may occur with telehealth practice. The HSE provides detailed guidance on how to complete Risk Assessments and provides templates for potential risk assessments: <https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safetystatementsandriskassessments.html> (HSE, 2020).

For more information on understanding the digital readiness of your service, please consider reviewing the following:

- A Digital Framework for Allied Health Professionals: <https://www.england.nhs.uk/wp-content/uploads/2019/04/a-digital-framework-for-allied-health-professionals.pdf> (NHS, 2020)
- Digital Literacy, Health Education England (including short video clip; Existing educational resource mapping and analysis; Literature Review; Responses and solutions to building a digital ready workforce; standards and framework mapping; Barriers to accessing technology enhanced learning; Digital Literacy towards definition):
 - <https://www.hee.nhs.uk/our-work/digital-literacy> (Health Education England, 2020)
- Readiness for Delivering Digital Health at Scale: Lessons From a Longitudinal Qualitative Evaluation of a National Digital Health Innovation Program in the United Kingdom:
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5334516/> (Lennon MR, 2017)

Regulatory, Ethical and Professional Considerations

Certain regulatory, ethical and professional aspects need to be considered when developing a telehealth workflow to support your service delivery. The figure below identifies the primary considerations that should be examined prior to commencing your telehealth service. HSELand training containing further information on this area is currently under development and will be a useful resource to explore when live on the HSELand website.

Figure 5 Regulatory, Ethical and Professional considerations





Use of any telehealth solution or video-enabled care must comply with the HSE IT Policy and Standards.

Use of any telehealth solution or video-enabled care must comply with the HSE IT Policy and Standards. For more information on specific IT related queries, please read I.T. Security Policies Frequently Asked Questions (FAQ), found here: http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_I_T_Policies_FAQ.pdf (HSE, 2020).

While the national HSE Consent Policy should be followed (HSE, 2020), the HSE document 'Clinical Governance Guidance on Secure Video and Audio Consultations during the Emergency Measures to address COVID 19' deals with the topic of consent and video/audio consultations in the context of the COVID-19 pandemic. It states the following:

- *"Consent should be sought before each consultation. By logging into the system implicit consent is inferred. Consent to receiving the clinical service remotely needs to be included in addition to any routine capture of consent. The clinician should repeat the request for consent, outlining that the link is secure, the conversation will not be recorded and it carries the same rules of confidentiality as all clinical consultations. The patient should be aware they can withdraw from the process at any time.*
- *Verbal consent should be obtained and documented.*
- *Additional written patient information about the remote delivery of the clinical encounter, including any potential limitations associated with not completing a face-to-face appointment, may be required. This is to support all parties to make informed decisions in relation to consenting to TH."*

Additionally, it is advisable to link with your Telehealth Lead and local Data Protection Officer with regard to any data protection or GDPR concerns when making changes to service delivery that may impact on individuals' privacy. For more reading on Data Protection Impact Assessments (DPIAs), please review (Data Protection Commission, 2020) advice <https://www.dataprotection.ie/en/organisations/know-your-obligations/data-protection-impact-assessments> and HIQA's 'Guidance on Privacy Impact Assessment in health and social care' (HIQA, 2017)

Finally, telehealth and technology is one mode of delivering healthcare. Relevant professional standards as laid out by CORU need to be upheld, irrespective of service delivery modality. These standards are available on: <https://coru.ie/health-and-social-care-professionals/codes-of-professional-conduct-and-ethics/> (CORU, 2020).

See Section 'Discipline Specific – Related Documents and Resources' for profession specific information.

PART 2 – TELEHEALTH IN PRACTICE

The following section outlines key considerations in developing and implementing a telehealth service. In addition, please review HSCP: Telehealth Practice Examples in Clinical Services for a sample of real-life examples which are focused on enabling or improving care via telehealth.

Tech Overview

Software

The HSE Chief Technical Officer and the Office of the Chief Information Officer has approved certain technological solutions, made available during the pandemic, to support communication and collaboration across the health service. Usage should comply with [HSE IT policy and standards \(PDF\)](#) and the document [Secure Video and Audio Clinical Consultations: Clinical Aspects During the Emergency Measures to address COVID 19 \(PDF\)](#) may be of use. Information on current HSE approved platforms for Telehealth is available on: <https://healthservice.hse.ie/staff/coronavirus/working-from-home/virtual-health/virtual-health.html> (HSE, 2020).

Hardware

The National Virtual Health team is committed to supporting clinicians and healthcare professionals in their adoption and implementation of Telehealth and Video-enabled care. At present, if you have specific needs around hardware (webcams, headsets, speakers), please contact your nominated Telehealth Lead. The role of the Telehealth Lead is to:

- Support the roll out of telehealth in the local CHO/Service Hospital/Speciality
- Liaise with the National Telehealth Steering Committee, the National Virtual Health team, OoCIO and local supports
- Be a super user – coordinate and provide top-up training
- Support local policy and protocol development
- Identify and address hardware and environmental factors
- Disseminate information to staff on telehealth
- Support services to apply for telehealth licences

If you are not familiar with your local Telehealth Lead, you can contact the National Virtual Health Team, virtualhealth@hse.ie, for further information. Please note laptops, monitors etc. should be requested through your usual reporting structure. For general advice on medical device and equipment management, please refer to the HSE Medical Devices Equipment Management Policy (HSE, 2020). Additionally, you can find out more about various hardware devices/peripherals that could support your telehealth service via <https://getvoip.com/blog/2017/01/11/skype-conference-call/> (Get Voip, 2020).

Safety and Emergency Plans

In the UK, the NHS England Online Consultations Implementation Toolkit (NHS England, 2020), identified that all telehealth consultations should be guided by the patient/client's individual circumstances. NHS England advises that safety in the context of virtual consultations should be considered as a feature of system processes as a whole (not just the technology). The following are critical areas of consideration for any telehealth service:

1. How will serious concerns be picked up and managed? E.g. clinical triage carried out by a qualified person; flagging systems to prioritise urgent clinical queries; accurate and timely signposting; and rapid response times, underpinned by a strict governance structure.

2. The majority of online consultation tools warn patients/clients that they should not be used in emergencies. Risk may be reduced further by:
 - a. Services operating on the basis that online consultation requests are triaged promptly (during core hours) to identify and action urgent queries so symptoms don't go ignored for long periods.

Additionally, practical safety considerations should include:

- a) Verify the patient/client's identity in line with HSE standards.
- b) Documentation and verification of contact details (mobile, landline, email).
- c) In the event that a video call is not connecting/is dropping, consider reverting to telephone contact with the patient/client to problem solve the issues and progress intervention.
- d) Awareness of patient/client's exact location (address, Eircode). Verification that the patient/client is in the jurisdiction at the start, which is important from a medicolegal perspective.
- e) Provide adequate safety netting advice for both video consultations and remote patient monitoring.
- f) Provide appropriate signposting e.g. for a face to face consultation based on presenting clinical risk or where remote care is unsuitable to meet the patient/client's needs.

Checklist for Implementing Video-Enabled Consultations

According to the National Virtual Health Team, for each healthcare area/specialty the following elements will need to be considered as part of implementation:

- ✓ Approval for telehealth has been agreed with the clinical service
- ✓ You have a process in place to identify suitable patients/clients
- ✓ You have considered how to record patient/client consent
- ✓ You have considered how to communicate the process to your patient/client in a way that they will understand
- ✓ You have identified a process to schedule the patients/clients for telehealth appointments
- ✓ You can ensure that all patient/client activity and outcomes are captured and appropriately recorded
- ✓ The process is aligned to local clinical and information governance policies
- ✓ Provision has been made for staff to be appropriately trained in the use of Telehealth
- ✓ You have considered the location(s) where Video-enabled clinics will take place, taking into consideration:
 - A private, well-lit area where you will not be disturbed during the consultation
 - Ensure background of the video call is appropriate, no visibility of sensitive information e.g. whiteboard with personal data, X-rays, personal items etc.
 - You have the appropriate hardware in place to deliver video-enabled care

Video-Enabled Consultation – How To

The HSE has created aids to assist your development and implementation of audio/video consultations. These can be found on: <https://healthservice.hse.ie/staff/coronavirus/working-from-home/virtual-health/virtual-health.html> (HSE, 2020). Additionally, NHS England provides further information on the following areas:

- Video-enabled Appointments – when to use
- Video-enabled Appointments – planning guide
- Video-enabled Appointments – carrying out the consultation
- Video-enabled Appointments – patient/client guide (please note the National Virtual Health Team has also provided detailed guidance for patients/client with regard to Attend Anywhere on their webpage)

For more information on this resource, please visit <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf> (NHS, 2020).

The following is a quick guide to Video-enabled consultations adapted from a suite of guidance resources developed by the University of Oxford and Barts NHS Trust (NHS England, 2020).

Figure 6 Preparing for a video consultation

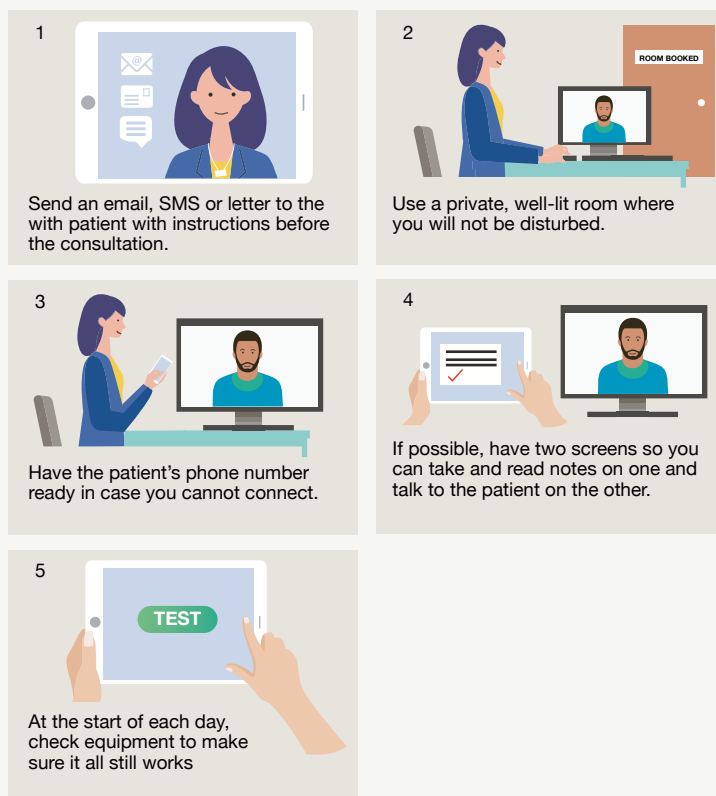
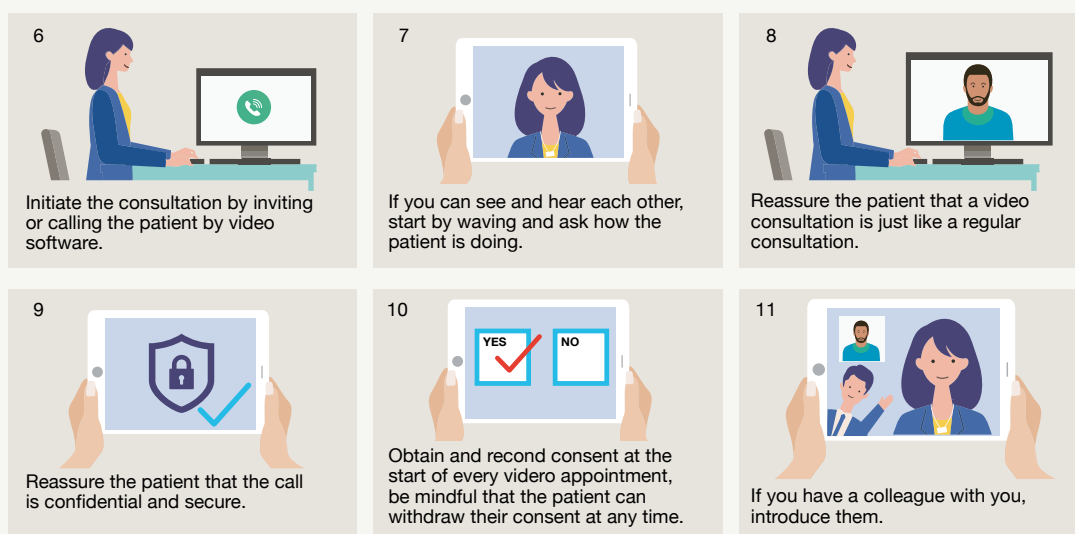
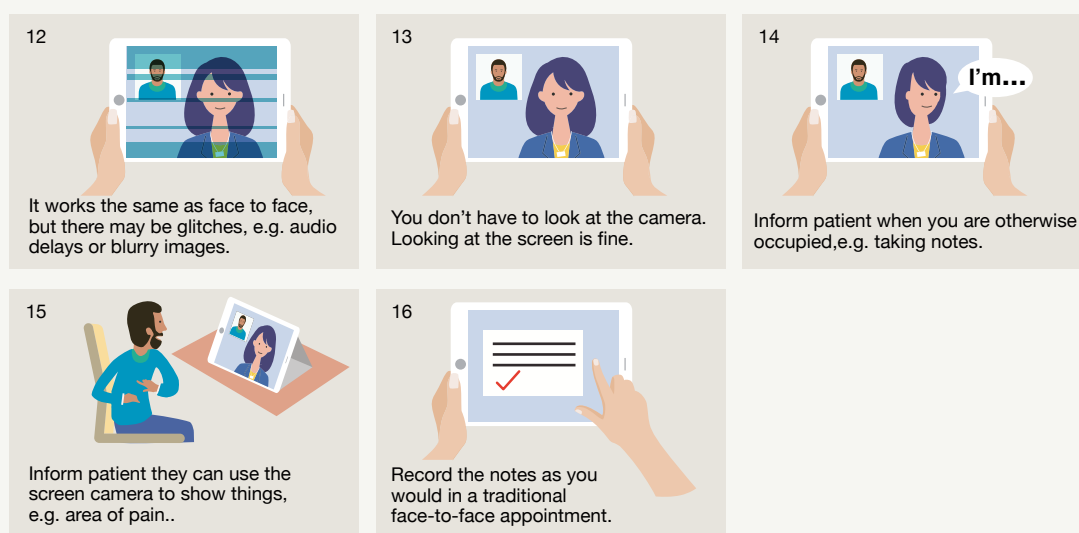
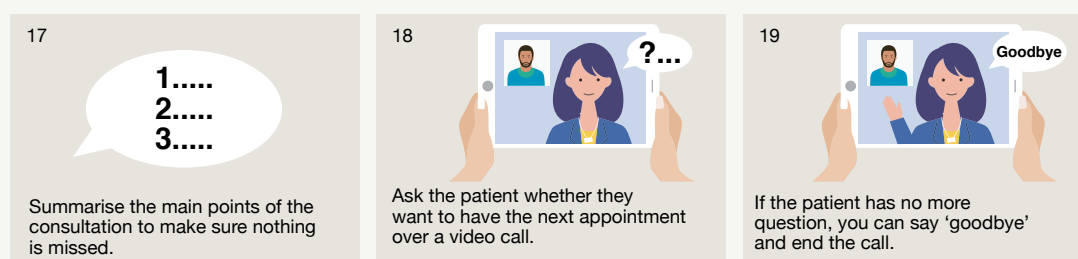


Figure 7 Starting a video consultation**Figure 8 Communicating in a video consultation****Figure 9 Closing a video consultation**

This guidance does not provide specific technical set ups as those are site and service specific. However, general advice and resources are included and the following is a dietitian's report of using a telehealth platform to adapt clinical service delivery:

<https://www.ehealthireland.ie/National-Virtual-Health-Team/Testimonials-Feedback1/>

Checklist for Implementing Remote Patient Monitoring (RM) Service

Basic Requirements

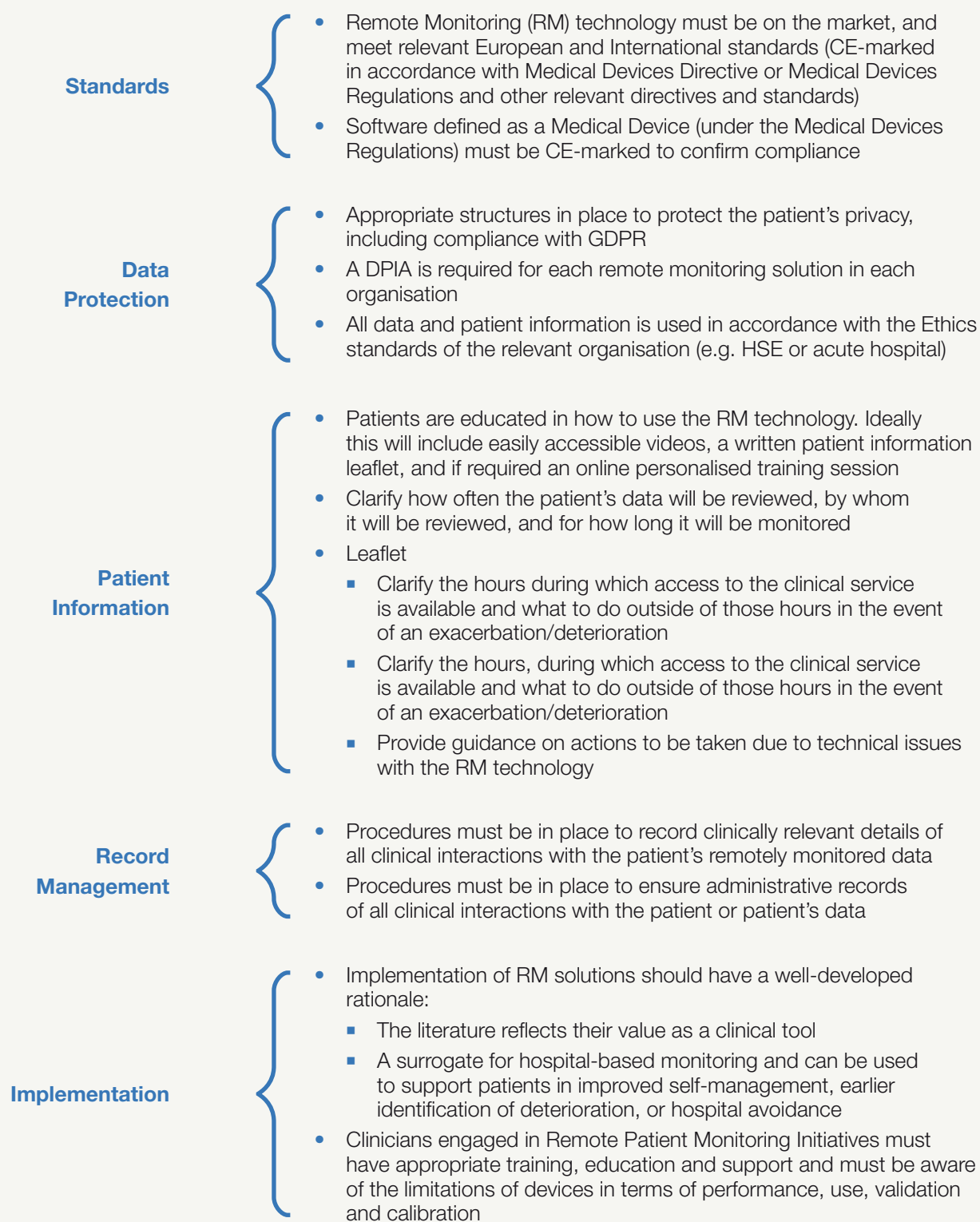
- ✓ Evidence-based selection of parameters to be monitored
- ✓ Compliance with guiding principles
- ✓ Satisfactory confirmation of all issues in Road Map to Remote Monitoring Implementation (e.g. DPIA, consent, clinical governance etc.)
- ✓ Documented workflow
- ✓ Identification of devices for monitoring based on Potential Operational Effectiveness Evaluation Report
- ✓ Access to devices
- ✓ Platform to review monitored data
- ✓ Process for Patient/Client record update
- ✓ Process for coding activity

Patient/Client Suitability

- ✓ Patient/Client is likely to have a good understanding of what is recorded and how it will be recorded
- ✓ Patient/Client has a basic understanding of privacy and consent implied by accepting remote monitoring
- ✓ Patient/Client has the home infrastructure (for example, broadband/Wi-Fi) to support remote monitoring
- ✓ Patient/Client has the technical know-how to implement the remote monitoring solution or has appropriate access to supports to implement the solution

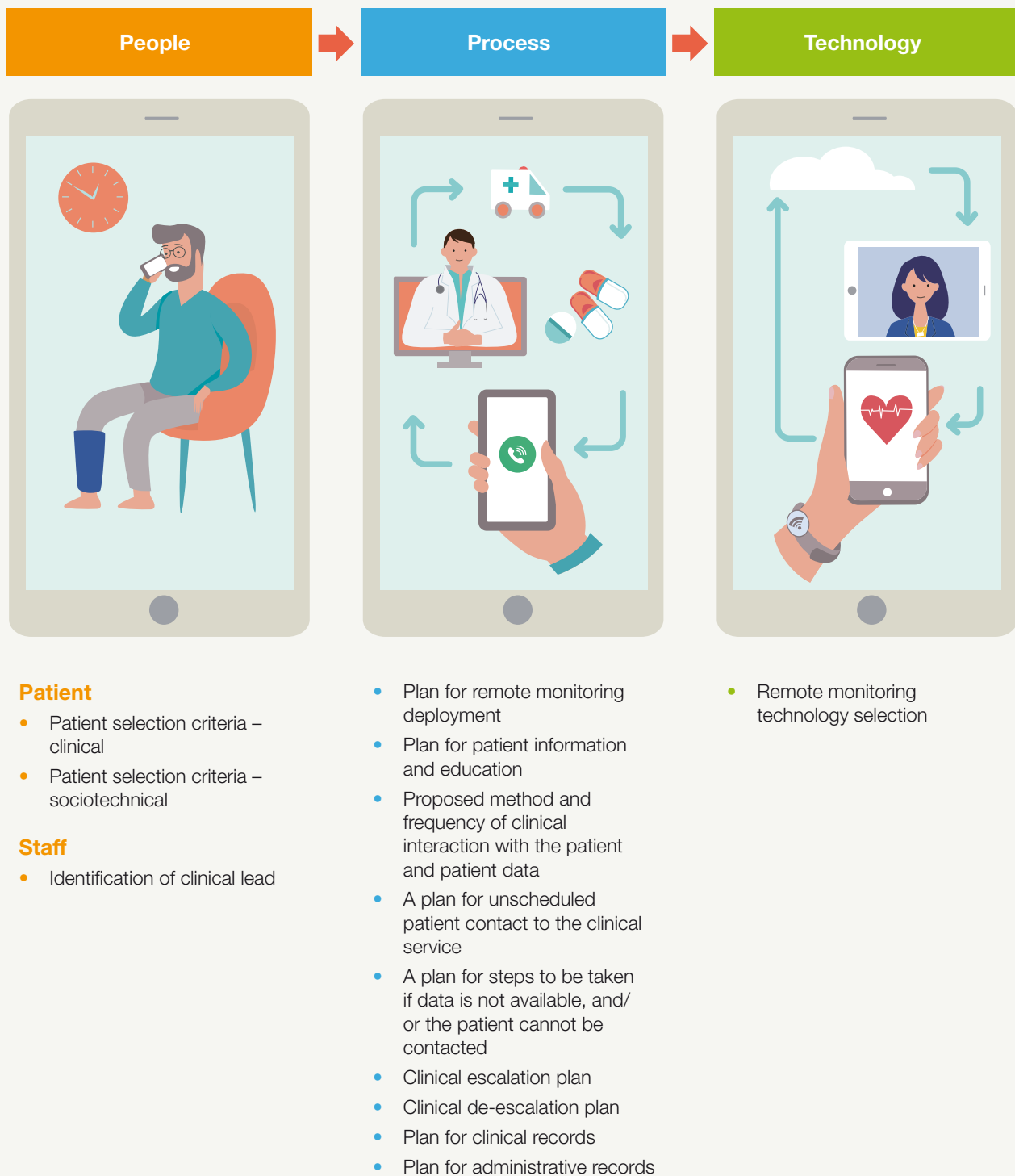
Remote Patient Monitoring Guiding Principles – How To

Figure 10 Remote Patient Monitoring – Guiding Principles, Part 1



Prior to implementation of a remote monitoring solution, there must be an agreed, and appropriately documented clinical pathway ensuring clarity around:

Figure 11 Remote Patient Monitoring Guiding Principles, Part 2 – Implementation



Remote Patient Monitoring Implementation Roadmap – How To

Table 5 Remote Patient Monitoring Roadmap

| Foundations Required | Clinical – development of new RM solution within a specialty | Clinical – routine roll-out of RM | Operational – including technical, business and administration |
|--|---|--|--|
| Agreement on remote monitoring solution; Evaluation of technology (devices and platform) | Agreed Patient/Client Governance process. | Confirm patient/client meets inclusion criteria. | Clarity around funding. |
| Review of Guiding Principles | Plan for clinical escalation, de-escalation and discharge (including triggers). This must be clarified for office hours and out of hours. | Confirm governance. | Business case development. |
| Clinical criteria for patient/client recruitment | Patient/client communications plan – from host to patient/client, from patient/client to host, from host to GP. | Confirm device availability. | Agreement on device selection, platforms (mindful of procurement and tendering regulations). |
| Socio-technical criteria for patient/client inclusion – patient/client's digital comfort level – required for this solution – how to assess | What clinical information is required prior to inclusion: bloods, diagnostic imaging, allergies, co-morbidities – where can this data be accessed and maintained? | Confirm communications plan. | Plan for technical support in device deployment, recovery and maintenance. |
| Patient/Client Information Leaflet | Agreement on how often patient/client will self-monitor. | Ensure Patient/Client Information Leaflet, training, devices are provided to the patient/client. | Plan for hygiene with respect to devices. |
| DPIA required? | Agreement on how often data will be reviewed and who will review data. | Follow communications, data capture/review, activity capture plans. | Data governance management including cloud map for patient/client data. |
| Host organisation confirmed support and mechanism to manage shared governance | Plan and schedule of how to record remotely monitored data. | | Knowledge of lifetime of devices, replacement schedule and management processes. |
| Agreed business reporting process and terminology | Hours of cover. Plan for out of hours. | | Management of app upgrades. |
| KPI, audit identification and plan (PDSA methodology) | Education and Training Plan for Patients/Clients and Clinical Team. | | Agreed process for capturing activity. |
| Patient/Client consent process | Plan for other interventions: remote consult, image sharing, visit, prescription change, bloods, diagnostic imaging. | | Support Clinical Team in the development of the Patient/Client Information Leaflet. |
| Insurance/indemnity issues closed off | | | Manage audit processes with the clinical team. |

PART 3 – EVALUATION AND NEXT STEPS

Evaluation of Your Telehealth Service

Considering how you would evaluate any new telehealth implementation is important at the planning stages so that data collection is part of all processes and as easy and time efficient as possible. Evaluation is considered in the context of our current health system so it is important to measure any quantifiable improvement in performance and/or outcomes, what effort and resources were required and what we can learn from the implementation that may benefit others hoping to do the same. Evaluation can help to identify critical success factors as well as any barriers to implementation. Some HSCP have carried out evaluations of their telehealth practice. Please refer to *HSCP Telehealth Practice Examples in Clinical Services* for more information.



Measures of evaluation may include process measures or outcome measures:


- Process measures
 - Resource inputs – clinicians, administrative and ICT time to set up and deliver telehealth
 - Number of patients/clients seen with associated demographics and conditions
 - Time spent per video consultation
 - Non-attendance rates
 - Number of active users in the service (as a % of total users)
- Outcome measures
 - Patient/client feedback questionnaires
 - Clinician feedback questionnaires
 - Clinical outcome measurement pre- and post-implementation

It is important that the measures chosen are relevant to the services being studied.

Below are some suggested areas and questions you may want to include in your patient/client feedback evaluation:

Table 6 Categories and Sample questions for Evaluation (adapted from PhysioPedia Telehealth modules)

| | | |
|---|--|---|
|  | Satisfaction | Were expectations met? Overall satisfaction and willingness to reuse telehealth to receive healthcare services can be measured. |
| Sample Question | Overall satisfaction with the service Would you reuse the service? Would you recommend the service to others? | |
|  | Experience | The focus here is on service user's experience of telehealth. |
| Sample Question | Did the appointment take place at the designated time? Do you feel your needs were sufficiently met? Would you be happy to provide your story so that we can share it with other healthcare professionals/patients/clients. | |

| | | |
|---|---|---|
|  | Technical Quality | Technology is a key aspect of telehealth service delivery. The visual and audio quality, reliability, ease of use and security should be evaluated. |
| Sample Question | Was it easy to connect? Was the system easy to use once connected? Was the Remote Monitoring device reliable? How was the quality of the audio? How was the quality of the video? | |
|  | Usefulness | The focus here is on evaluating if the service user found the service useful. Convenience, time and cost, accessibility, efficiency, acceptability, intent to use again and appropriateness are all measured in this domain. |
| Sample Question | How was the process of booking and joining? Do you feel all of your needs were met? Are you easily able to use your Remote Monitoring equipment? Was time saved – no travel/no time off work? Were there cost savings – no travel or parking expenses? | |
|  | Interaction | The focus here is to evaluate the effect of telehealth as a mode of healthcare delivery on the clinician-patient/client interaction. Effect on communication, ability to do assessment; effect of visual and non-verbal cues has to be evaluated. |
| Sample Question | Did you feel you were able to communicate everything you wanted to the health professional during your video consultation? Did you feel sufficiently prepared to use the Remote Monitoring technology? | |
|  | Effectiveness | The focus here is to assess the effect on the service user's health and/or well being. Change in knowledge, quality of life, health status, wellbeing, function etc. In addition, clinician confidence in diagnosis should be measured. |
| Sample Question | Did you discharge the patient/client? Was it possible to carry out all necessary objective measures? Did you feel all your needs were met? Did you feel this was an effective way to receive care? Did the remote patient monitoring reduce emergency department presentation? | |

(Physiopedia, 2020)

See Appendices 4 and 5 for further sample patient/client and clinician survey questions.

Scales and Measure to Assist Evaluation of Telehealth Service

1. System Usability Scale (Brooke, 2020): <https://hell.meiert.org/core/pdf/sus.pdf>
2. Telehealth Usability Questionnaire (Parmanto B, 2016): https://pdfs.semanticscholar.org/3030/c3ffe9153ac10759dbb05e2f7e5320efa3fc.pdf?_ga=2.100397015.834762717.1603403815-2113302005.1603403815
3. IT Familiarity Questionnaire (Geyer, 2020): https://www.researchgate.net/publication/273709735_Teaching_Self-Management_Skills_in_Persons_with_Chronic_Lower_Limb_Swelling_and_Limited_Mobility_Evidence_for_Usability_of_Telerehabilitation

Top Tips in Telehealth

The Clinician Guide

See @eHealthIreland Twitter page for 'Tuesday Top Tips Tweets' shared by healthcare professionals who participated in the National Virtual Health Team Video-Enabled care webinar series and shared their insights. Recordings and slide-decks of the webinars which detail presenters' top tips are also available on <https://www.ehealthireland.ie/National-Virtual-Health-Team/Video-Enabled-Care-Webinars/> (eHealth Ireland, 2020).

Figure 12 Our Top Tips



Where Can I Find Out More?

There is a range of support available to HSCP who are working to develop and implement Telehealth as part of their service delivery. Support and expert knowledge can be accessed via:

Figure 13 Additional sources of support



List of Resources and Relevant Documentation

Links to Other Relevant Webpages and Documentation

- Sample Supporting Documentation to set up your Telehealth service can be found on the HSCP Hub on HSEland. The sample document available was created by Cork University Hospital, entitled 'Guidelines for Use of Telecommunications in SLT in Context of COVID-19' and includes templates for:
 - Virtual Clinic Consultation – Patient/Client Information
 - Letter of Appointment
 - Remote Consultation SOP Checklist
 - Remote Consultation SOP Administrator Checklist
- Supporting resources provided by the National Virtual Health team are available on <https://www.ehealthireland.ie/National-Virtual-Health-Team/>. These resources include:
 - Attend Anywhere (Video-enabled care platform) information
 - Patient/Client Information, including Patient/Client Guide and Video Explainer for Attend Anywhere
 - Attend Anywhere training materials for Healthcare staff
 - Video-enabled care Webinars
 - Additional Resources and Documents
 - SOPs and Governance, including Sample SOP and Readiness Assessment Checklist
- Explainer Video for General Virtual Consultation/Virtual Healthcare, created by University Limerick Dietetics Students: <https://youtu.be/6W6CeCbGIRA>
- eHealth Ireland:
 - <https://www.ehealthireland.ie/>
- Resources to help you communicate with patients/clients and their families during COVID-19: <https://www.hse.ie/eng/about/our-health-service/healthcare-communication/nhcp-covid19-response-toolkit.pdf>
- Literature reviews carried out for the Health Service Executive National Telehealth Steering Group April-July 2020 [August 13th]: [Download Full Summary of Evidence](#)
- [How can telehealth best support HSCP's response to the COVID-19 patient?](#)
Updated April 16 – [Download full summary of evidence](#)
- [What is the potential role of post-acute telerehabilitation for COVID-19 patients?](#)
Updated May 10th – [Download full summary of evidence](#)
- National Consent Policy: <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy-hse-v1-3-june-2019.pdf>
- Framework for Improving Quality in our Health Service: <https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/framework-for-improving-quality-2016.pdf>
- Health Services Change Guide, Health Service Executive: <https://www.hse.ie/eng/staff/resources/changeguide/>
- The Leadership Development Hub, HSEland: <https://www.hseland.ie/>
- The Leadership Academy, NHS: <https://www.leadershipacademy.nhs.uk/>
- A Digital Framework for Allied Health Professionals: <https://www.england.nhs.uk/wp-content/uploads/2019/04/a-digital-framework-for-allied-health-professionals.pdf>
- Sample escalation procedure – see Appendix 1

Discipline Specific – Related Documents and Resources

1. Audiology:
 - a. Systematic Review, Telehealth & Audiology: <https://hselibrary.ie/telemedicine-chapter-2-telemedicine-and-audiology/>
2. Counselling & Psychotherapy:
 - a. IACP: Recommended Approach for Online Counselling and Psychotherapy: <https://iacp.ie/onlinecounselling>
3. Dietetics:



QUICK TIP

CTRL + Click on the image to learn more (login as guest)

4. Medical Science:
 - a. Guidance documents relating to remote reporting: <https://acslm.ie/?p=4057>
 - b. RCPATH Guidance for Remote Digital Pathology remote: <https://www.rcpath.org/uploads/assets/626ead77-d7dd-42e1-949988e43dc84c97/RCPATH-guidance-for-remote-digital-pathology.pdf>
5. Occupational Therapy:
 - a. AOTI: Practical Considerations for Occupational Therapists who are considering Telehealth: https://www.caot.ca/document/7171/Practical%20Considerations%20for%20OTs%20and%20Telehealth_covid19_March25.pdf
 - b. <https://www.aoti.ie/covid/OTA-Telepractice-guidelines-and-checklist>
6. Optometry:
 - a. Optometry Australia: <https://www.optometry.org.au/practice-professional-support/coronavirus-covid-19-what-optometrists-need-to-know/covid-19-clinical-advice/telehealth/>
 - b. The College of Optometrists, UK: <https://www.college-optometrists.org/guidance/covid-19-coronavirus-guidance-information/covid-19-in-practice-resources.html>
7. Orthoptics:
 - a. British & Irish Orthoptics Society Advice for Telephone or Telemedicine Consultations: <https://www.college-optometrists.org/guidance/covid-19-coronavirus-guidance-information/covid-19-in-practice-resources.html>

8. Physiotherapy:
 - a. Irish Society of Chartered Physiotherapists: <https://www.iscp.ie/for-the-public/Telehealth>
 - b. Physio-pedia – the Basics of Telehealth Assessment & Treatment: https://www.physio-pedia.com/The_Basics_of_Telehealth_Assessment_and_Treatment
9. Psychology:
 - a. Psychological Society – Guidelines on Use of Online or Telephone Therapy: <https://www.psychologicalsociety.ie/source/PSI%20Guidelines%20on%20use%20of%20Online%20Therapy.pdf>
10. Play Therapy:
 - a. Irish Association of Play Therapy and Psychotherapy: <https://iaptp.ie/covid-19-information-hub/>
11. Podiatry:
 - a. Australian Podiatry Association: <https://www.podiatry.org.au/documents/item/2229>
 - b. The use of telemedicine for patients during the COVID-19 Pandemic an online survey of UK podiatrists: <https://www.foot.expert/post/telemedicine>
12. Speech & Language Therapy:
 - a. IASLT Statement on Telepractice: https://www.iaslt.ie/attachments/IASLT%20Telepractice_180320.pdf
 - b. RCSLT Telehealth Guidance: <https://www.rcslt.org/members/delivering-quality-services/telehealth/telehealth-guidance>
13. Social Work:
 - a. Irish Association of Social Worker – COVID-19 resources, specifically, Procedure for Use of Audio & Video Conferencing: https://www.iasw.ie/IASW_COVID19_Resources

Relevant Webinars and Podcasts

Webinars

1. Link to National Virtual Health Video-enabled care Clinical webinars: <https://www.ehealthireland.ie/National-Virtual-Health-Team/Video-Enabled-Care-Webinars/>



QUICK TIP

CTRL + Click on the image to learn more

2. Scottish Tech Enabled Care (TEC) webinars: <https://tec.scot/webinars/2/>
3. COVID-19 Preparedness for Echo Labs: Insights from the frontline: <https://www.youtube.com/watch?v=T8AktdbozOQ&feature=youtu.be>
4. Slaintecare Webinar on eHealth: <https://www.gov.ie/en/publication/d19f8-slaintecare-right-care-right-place-right-time-webinars/#webinar-4-ehealth>

Podcasts

1. DigiListen (range of topics related to Digital content): <https://anchor.fm/scvo-digital>
2. Freakonomics "Your doctor will Zoom you now": <https://freakonomics.com/podcast/telehealth/>

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APPENDICES

Appendix 1 – Sample Escalation Protocol

Appendix 1 Sample Escalation Procedure – with thanks to Physiotherapy in Cystic Fibrosis, Galway University Hospital



Escalation Protocol for Physiotherapy Telehealth Sessions in CF Galway University Hospital

In the context of the telehealth project, patients will be followed up by the Cystic Fibrosis team delivering a telehealth session, primarily the Cystic Fibrosis Physiotherapist. In the Telehealth project PWCF will be seen in the setting of an exacerbation having been discharged on home iv's; while on oral antibiotics or having recently recovered from an exacerbation and for outpatient reviews of airway clearance and exercise regimes and clinic reviews.

As part of the initial evaluation, current symptoms will be briefly addressed. If patients feel that their symptoms have increased to a level that requires further intervention, or if deterioration in respiratory status is noted on assessment by the CF Physiotherapist, the Physiotherapist will liaise with the CF Consultant, CF Registrar or CF Clinical Nurse Specialist to review the patient via telehealth or as an out-patient in the hospital setting.

Indicators that may require medical review would include:

- A significant increase in sputum production,
- New or worsening shortness of breath,
- Haemoptysis >5mls,
- Chest pain,
- Fever,
- Rigors,
- Hypoxia,
- Fall in FEV1 of >10%
- Drop in weight.

If the patient should experience any adverse event the Physiotherapist will:

1. Contact the person identified as the patient's buddy who can come to their assistance.
2. Have the patient's eircode to hand should they need to call any emergency services to come to the patient's assistance.

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Signed off by: Dr Michael O' Mahony, Consultant in Respiratory Medicine, Lead Physician Adult CF, Catherine O Sullivan Physiotherapy Manager GUH and Irene Maguire.

Appendix 2 – Available Training and Education

Table 7 Courses and Education in Digital Health

| Short Courses and Online Learning Portals | | | | |
|---|-----------------------------------|---|--------------|---|
| HSELand Courses | | https://www.hseland.ie/dash/Dashboard | | |
| Data Protection | | | | |
| Change Guide | | | | |
| Telehealth (in development) | | | | |
| RCSI Courses | | https://www.hse.ie/eng/about/our-health-service/healthcare-communication/nhcp-covid19-response-toolkit.pdf | | |
| Communications | | | | |
| Video Consultations | | | | |
| Irish Computer Society | | https://www.ics.ie/training | | |
| Futurelearn | | www.futurelearn.com | | |
| Springboard | | https://springboardcourses.ie/ | | |
| NHS Digital Summer School | | https://digitalhealthsummerschools.com/ | | |
| | | | | |
| Further Education | | | | |
| Institution | Course Name | Discipline | Course Type | Where to find more information |
| University of Limerick | Digital Health Transformation MSc | Science & Engineering | Masters | https://www.ul.ie/gps/digital-health-transformation-msc |
| University of Limerick | Health Informatics MSc | School of Science & Engineering | Masters | https://www.ul.ie/gps/course/health-informatics-msc |
| University College Cork | MSc in Digital Health | Business & Law | Masters | https://www.ucc.ie/en/ckl54/ |
| University College Dublin | MSc in Health Informatics | | Masters | https://www.ucd.ie/medicine/studywithus/graduatestudies/healthcareinformatics/mschealthcareinformatics/ |
| GMIT (and the Irish Computer Society) | Certificate in eHealth | Nursing and Social Care | NFQ Level: 8 | https://www.gmit.ie/nursing-health-sciences-and-social-care/certificate-ehealth-spa |
| Dublin City University | Informatics in eHealth | Science and Health | Module | https://www.dcu.ie/sites/default/files/science_and_health/ns5058_application_form_11-05-20.pdf |

Appendix 3 – Sample Telehealth Prompt Tool

Telehealth prompt tool to help you with the process of a telehealth visit (adapted from Version 1. © Noah's Ark Inc. 2020)

Remember that in every other way, your work is just the same as how you work with a patient/client/family when you're in their home or in the clinic

Date:

| | |
|--|--|
| Healthcare Professional | Video Consult/Phone/Text: |
| Preparing for the initial visit | Reflections/Comments |
| 1. | Discuss with the patient/client/parent their preferred platform (Video consult platform, phone, text etc.). Document consent to a video consultation appointment. Agree a backup strategy (e.g. if using video-enabled care, moving to phone). |
| 2. | Develop a plan with the patient/client/parent about how to manage telehealth visits together. |
| 3. | Share the Explainer Video for General Virtual Consultation/ Virtual Healthcare, created by UL Dietetics Students: https://youtu.be/6W6CeCbGIRA |
| Before every visit | Reflections/Comments |
| 4. | Test IT equipment and other pre-requisites for a quality service immediately prior to the visit (e.g. background). |
| 5. | Ensure telehealth privacy requirements are met. |
| 6. | Share any required documents. |
| 7. | Review your Risk Assessment to ensure changes to circumstances are addressed. |
| During the visit | |
| 8. | At start of consultation, confirm identity and consent to proceed. Introduce everyone in the room with you and ask the patient/client/parent to do the same. |
| 9. | Clarify how the visit will be managed, including back-up plan if technology fails or if the patient/client/family circumstances change (e.g. other children home from school). |
| 10. | Confirm that the goal(s) identified at the previous visit are their current priority. If their priorities have changed re-prioritise and work on this. |
| 11. | Identify the goal and activity for the next visit and book a time that fits with the patient/client/family's routines. |
| 12. | Seek feedback from the patient/client/parent/child where appropriate, on how the telehealth visit is meeting their expectations and needs – throughout the visit and with final check-in questions. |

| After the visit | |
|-----------------|---|
| 13. | Share documents with the patient/client/family by email or Client Management System. |
| 14. | Ensure all documentation is completed, and activity and visit outcomes recorded on the patient administration system. |
| 15. | Schedule time to complete any between-visit activities. |

Appendix 4 – Sample Questions for Patient/Client Satisfaction Survey

How was the process of booking and joining your video consultation?

Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐

Did you feel you were able to communicate everything you wanted to the health professional during your video consultation?

Yes ☐ No ☐ Not sure ☐

How would you rate your experience of the virtual consultation compared with your previous experience of face to face consultation(s)?

Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐

Do you feel your needs were met as well as a face to face consultation?

A great deal ☐ A moderate amount ☐ Only slightly ☐ Not at all ☐

In the future would you be happy to have a combination of telephone, video and face to face consultations?

Yes ☐ No ☐ Not sure ☐

Would you recommend video consultations to your friends and family?

Yes ☐ No ☐ Not sure ☐

Would you typically have to take time off work/school/college to attend an outpatient appointment?

Yes ☐ No ☐

How would you typically travel to an outpatient clinic?

- ☐ Walk/Cycle
- ☐ Own car
- ☐ Receive a lift
- ☐ Taxi
- ☐ Public transport

How much time have you saved by not having to travel to your appointment at clinic?

0-30 minutes ☐ 30-60 minutes ☐ Over 60 minutes ☐

Did your virtual appointment take place at its designated time?Yes ☐ No ☐**What are the advantages for you? What are the disadvantages for you?****Anything to improve your experience of video consultation or other comments****How satisfied were you with the following aspects of the virtual appointment?**

| | Poor | Fair | Good | Excellent |
|---|------|------|------|-----------|
| The audio quality of the call. | | | | |
| Your personal comfort in using telephone to receive an appointment. | | | | |
| The length of your virtual appointment. | | | | |
| The thoroughness and skilfulness of the clinician. | | | | |
| The courtesy, respect, sensitivity and friendliness of the clinician. | | | | |
| Your overall treatment experience through telephone. | | | | |

Appendix 5 – Sample Questions for Clinician Satisfaction Survey

How satisfied were you with the following aspects of this virtual appointment?

| | Poor | Fair | Good | Excellent |
|--|------|------|------|-----------|
| Audio quality of the call. | | | | |
| Your personal comfort in using telephone to provide care. | | | | |
| Length of the virtual appointment. | | | | |
| Thoroughness and depth of care provided to the patient/client. | | | | |
| Overall experience of treating patient/client through telephone. | | | | |

Would you be happy for this patient/client to continue their care through virtual appointments?

Yes ☐ No ☐

Were you able to carry out any relevant objective measures/standard assessment with this patient/client?

Yes ☐ No ☐

Did you discharge this patient/client?

Yes ☐ No ☐

Are there any ways you feel this virtual care experience could have been improved?



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