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Using Telehealth in residential aged care facilities

Telephone and online videoconferencing, known as telehealth, is a safe and effective option for residents in Residential Aged Care (RACFs). This tip sheet has been developed to provide clarity for RACFs on what care can be delivered via telehealth, what a RACF needs to do to set up telehealth consultations, and when a face to face consultation may be required.

A resident's usual GP will know their medical history, medications, goals of care and are aware of Advance Care Directives. It is always preferable to maintain continuity of care with a resident's existing GP and to involve them in decisions about their patients and any transitions to residential in-reach services or hospital.

What care can be provided via telehealth?



The majority of medical care for residents of aged care facilities can be provided via telehealth, including:

- ✓ Routine medical check ups
- ✓ Updating of resident medication charts with prescriptions sent electronically to pharmacies
- ✓ Reviewing goals of care
- ✓ Discussions on Advance Care Directives (which can be completed and signed with the use of email or fax when these discussions occur via telehealth)
- ✓ Mental health consultation and counselling

When is an onsite visit required?



- ✓ When physical examination is required and cannot be deferred to support clinical decision making
- ✓ In situations where there is any doubt about the clinical appropriateness of a telephone or video consultation, such as when a patient has dementia
- ✓ When the software and hardware used to deliver the services don't comply with applicable security and privacy laws. See [DoH privacy checklist](#).

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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How does it work?

SET IT UP - GP and patient are prepared



- ✓ The resident's GP (or their practice staff) will send a secure link to a video-conferencing platform or schedule a time for a telephone call.
- ✓ The GP may ask for some background information on the patient in advance of the telehealth appointment, such as clinical observations on weight, temperature, blood pressure. More detail on the structure of the consult is provided below.
- ✓ The facility needs to make sure a staff member is with the resident along with the technology required – a phone or tablet most often.
- ✓ Some GPs are using scheduling programs to help make it easier for facilities to keep track of telehealth appointments across all residents.

What preparation is needed before the telehealth consultation?

REVIEW the space



- ✓ A private, well-lit area where the resident will not be disturbed during the consultation, usually the resident's room.
- ✓ A good connection to the internet
- ✓ Access to a computer, laptop, tablet or phone with web access, a camera and a microphone. We recommend that each facility has some dedicated tablets and telephones for telehealth, with infection control protocols in place to clean them after each use.
- ✓ The GP and facility should discuss telehealth platform options that are accessible, easy to use and secure.

What information is needed before the telehealth consultation?

REVIEW the space



The GP will need information about the resident prior to the telehealth consultation. This should be clarified with the GP at the time of booking the telehealth appointment so that all the information is ready. It will likely include some background information, whether there are any new issues, and observations such as weight, temperature and blood pressure.

Does someone from the facility need to be with the resident?

STAFF to support the person



It is our strong recommendation that the resident is supported by a staff member.

Telehealth is an opportunity to provide better patient centred care. Having input from the facility improves the quality of the clinical interaction and helps staff get timely communication about the resident and the care plan. The staff member does not need to have access to the medical record, but it is helpful if the GP is able to access the facility's clinical system remotely.

What happens afterwards?

SHARE summary and discuss with the team



The GPs will provide a summary or copy of their clinical notes to the RACF and other members of the patient's care team as required to ensure all parties involved have up-to-date information. This summary will include key issues, assessment, outcomes of the consultation, treatment changes or advice and the future treatment plan.

It is important to note that following a telehealth consultation, GPs need to:

- ✓ meet all their usual obligations to maintain an individual patient health record containing up-to-date patient health information held by the practice
- ✓ meet their usual obligations for documenting consultations
- ✓ obtain verbal informed consent from the patient to proceed with a telephone or video consultation and document this informed consent in the patient's medical record
- ✓ record the details of any other persons present during the consultation and the patient's explicit consent for such parties to be present
- ✓ document that the consultation was conducted by telephone or video consultation
- ✓ document clinical findings, diagnosis, diagnostic investigations, procedures or medicines prescribed
- ✓ document any follow-up required
- ✓ document any technical malfunctions in the telephone call or video consultation (i.e. poor sound or image) that may have compromised the safety or quality of the consultation.

Advantages of using telehealth

CONVENIENT and SAFE




- ✓ GPs can provide telehealth services from locations outside of their practice, for example their own home, if they are in isolation or if they usually visit multiple RACFs.
- ✓ Use of telehealth helps to reduce the number of visitors to aged care facilities.
- ✓ Less disruption to residents' routine.
- ✓ Improved communication flow between the RACF and the resident's usual GP.

What happens if there is an outbreak of COVID-19?

In the event of an outbreak, telehealth is the preferred option for the delivery of medical care in most situations.

NWMPHN are encouraging GPs to plan for residents' additional medical needs with their GP colleagues and RACF staff. They may, for example, form a group where one GP continues to visit the site and performs any tasks that can't be undertaken via telehealth.



Transitions of care, for example to a residential in reach team, are high risk times for medication errors and unclear or insufficient clinical handovers. Involve GPs to provide up to date clinical knowledge and medication management.

If residential in-reach services become involved, NWMPHN can assist by facilitating joint meetings and case conferences with GPs, RACFs and local hospital in-reach to agree how best to manage COVID positive patients. Contact covid@nwmpnhn.org.au

About North Western Melbourne PHN

North Western Melbourne Primary Health Network was established by the Australian Government to increase the efficiency and effectiveness of medical services, reduce fragmentation of care and improve health outcomes for everyone, especially for the most vulnerable. Australia is divided into 31 PHNs. NWMPHN is the biggest of Victoria's six primary health networks with a catchment of about 1.7 million people covering highly diverse communities from Melbourne's CBD and inner city to the rapidly growing suburbs in the north and west. Visit our website nwmpnhn.org.au

Before you go, please consider subscribing to our [COVID-19 e-blasts for general practices](#) which will help keep you on top of the rapidly changing situation. If you need further help, please contact primarycare@nwmpnhn.org.au

