

TELEHEALTH CLINICAL GUIDELINES

Patient Selection for Oncology Consults



Overview of Patient Suitability for a Telehealth Consult

Indication		Considerations
Purpose / Intent of Appointment	Surveillance	<ul style="list-style-type: none"> Longer time since diagnosis (i.e. 12 months + or greater) Stability on previous reviews No follow-up imaging investigations to be reviewed No known new symptoms identified before appointment
	Treatment review	<ul style="list-style-type: none"> Routine review prior to treatment Stability on current regimen of treatment No known new symptoms identified before appointment Subsequent face-to-face review can occur during treatment, if required Significant distance to travel to site for treatment – allows pre-treatment screening

Logistical Aspects	<ul style="list-style-type: none"> Significant distance / time / cost impost on patient and carer(s) Limited transport / escort options Significant patient concern regarding COVID-19 risk Planning of initial diagnostic / staging investigations May suit semi-urgent review if access is otherwise limited
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Relative Contraindications to a Telehealth Consult

- Breaking bad news – diagnosis / progression on restaging / recurrence
- Patients on annual reviews
- Treatment planning / changes
- New symptoms (if known)
- Patient's first appointment following investigations

Other Considerations

- Patients with late-stage disease or social isolation may derive greater psychological benefit from a face-to-face consultation
- Patients regularly engaging with their GP or other healthcare providers may not need regular face-to-face appointments
- Consider alternating telehealth and face-to-face consultations; may assist to overcome patient hesitancy, and reduces the perception that all face-to-face consultations are for bad news
- Patients are more accepting of the use of telehealth in place of frequent appointments rather than irregular or infrequent consultations

Clinical Guidelines to be used in conjunction with:

- The telehealth decision tool to determine suitability for telehealth consults (see appendix a)
- Grampians Region Legal and Ethics Review (see appendix b)

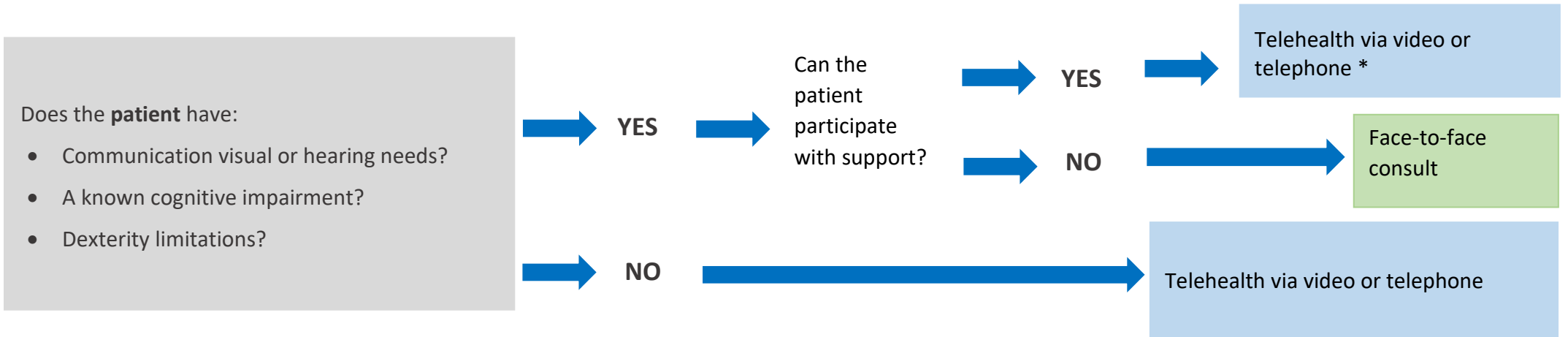
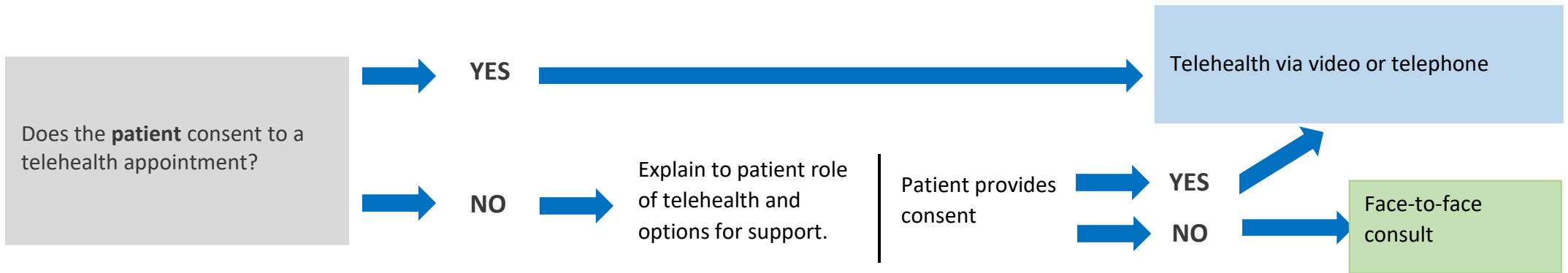
Clinical judgement and patient preference remain the best indicators of the preferred approach

Telehealth decision tool:

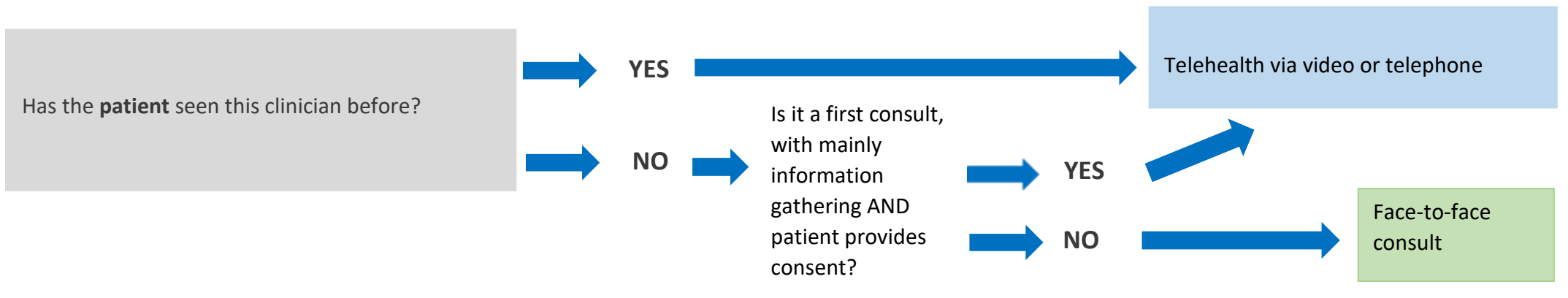
Guiding principles for using telehealth

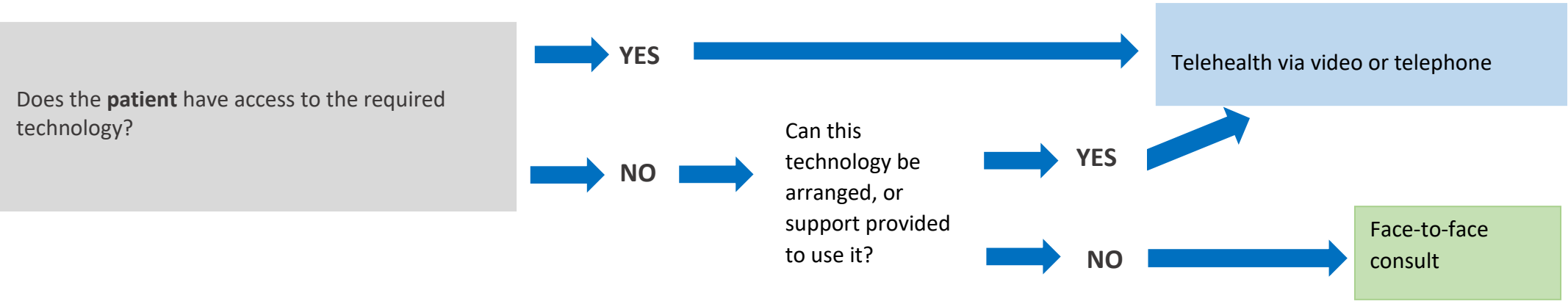
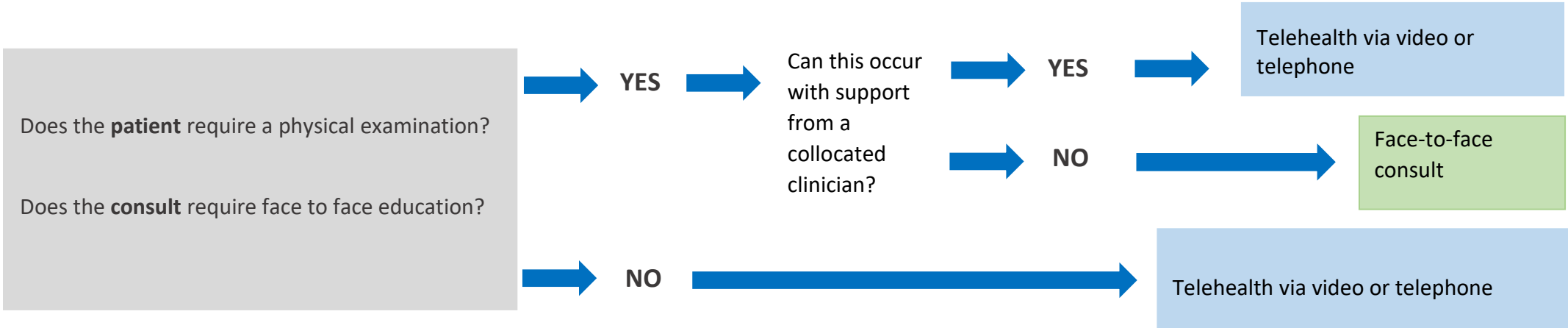
- Telehealth is not intended to replace face-to-face care in all circumstances. Instead, it provides an alternative method to provide safe, appropriate and accessible clinical care.
- At the discretion of the treating clinician, if best practice care cannot be met using telehealth, then a face-to-face appointment is required.
- Video calls should be used where possible to support clinician/patient interaction and assessment.
- Clinicians and those who support appointment scheduling should ensure the patient understands, agrees to and is comfortable with telehealth as part of their care. Ensure the patient understands it is a choice to have telehealth.
- A patient may need support (e.g. with communication or technology) to participate in a telehealth appointment. Support is best provided by a clinician or family member or carer.
- Clinicians are encouraged to consider the appropriateness of using telehealth in circumstances where a person may require face-to-face support – for example, in giving a diagnosis for a serious disease or when a physical examination is required and there are no supports available in their location.
- Standard practices around consent and patient identification checks should be completed for telehealth practice. Confirming the person's location will also support privacy checks and support escalation in the event of an incident.
- Consider privacy and confidentiality in telehealth:
 - Ensure the person is in a private and safe place and they have consented to others being present such as their carers, family members or other clinicians.
 - Have a pre-planned signal/phrase that may indicate the person is not safe.
 - Take measures to reduce the possibility of others not in view listening in to the conversation. Ask “are you in a private space where we can both speak openly today?”
- Ensure you are familiar with your agency's overarching policies, procedures and local escalation processes when using telehealth.
- Consider processes in the case of a clinical or environmental incident including how to escalate to local or internal supports.

Telehealth Decision Tool



* provide telephone or video interpreter if required





Legal and Ethics Review

GRAMPIANS REGION TELEHEALTH PROJECT



Legal Review

Each Health Service needs to be aware of, and ensure that they have, procedures that meet their legal and ethical responsibilities, specifically around telehealth appointments.

These must include:

- Informed consent
 - Substitute Decision makers
 - Diminished capacity patients
 - Medical treatment decision maker (used to be Power of Attorney)
- Licensing
 - Same as AHPRA guidelines and National Board's regulations

Legal Review

- Clinical privileges and credentials
 - Decision making triage and early medical assistance
 - Adult Retrieval Service
 - Paediatric Infant Perinatal Emergency Retrieval Service
 - Specialist emergency physician
 - Urgent Care Centres – different levels in Grampians Region
 - Scope of Practice
 - Workforce models
 - RN Led care, RIPERs, Junior Doctors, Nurse Practitioner, GP Proceduralists
 - Clinical governance frameworks
 - Procedure for escalations when GP and specialist disagree depending where the patient is located
- Internet prescribing
 - Dependent on EMR Integrations

Legal Review

- Conflicts of interest
 - Not applicable as Health Direct platform is DHHS funded
 - Not applicable for equipment as HS Purchasing Policies apply
- Professional Indemnity insurance
 - Exposure through body language, privacy, technical difficulties
 - Ensure quality record keeping
 - Risk assessment and control and response for rapidly changing regulations
- Protected health information (Privacy Act 1988)
 - Health Service Privacy Policy
 - If working from home – ensure privacy and confidentiality

Medical Ethics

- Autonomy: Patient's right to make decisions about their medical care
 - Informed Consent
 - Individual Choice
 - Independence
 - Empowerment
 - Control
 - Self-determination
- Some concerns that older or vulnerable patients may be further isolated through telehealth
- Beneficence: A provider's duty to benefit the patient in all situations
 - Provide info to empower patients to act in their own best interests
- Nonmaleficence: A provider's duty to harm neither the patient nor society during the care of that patient
 - May lead to families and carers having more and different responsibilities
 - Concern about skills required to managing crisis situations in online

Medical Ethics

- Justice: A provider's duty to ensure fairness in medical decisions, implying equal distribution of scarce resources and new treatments, and upholding applicable laws and legislation
 - Project has removed financial barriers for access to equipment and data
 - Models of care developed to include principles of human value and anti discrimination
- Professional-patient relationships:
 - Confidentiality
 - Privacy
 - Fidelity
 - Concern about creating a distance between touch and care

Legal and Ethical Review checklist

Identify legal and ethical responsibilities	Inclusions	Review Telehealth work practices	Ensure work practices meet legal and ethical responsibilities	Identify improvements to work practices	Update work practices to ensure compliance	Suggested improvements
		Exists?	Exists?	Required?	Updated?	
Legal	Process to obtain consent in telehealth					
	Licencing - same as AHPRA					
	Decision making guidelines for telehealth suitability					
	Scope of Practice includes telehealth					
	Clinical Governance includes telehealth					
	Internet Prescribing enabled?					
	Professional Indemnity Insurance checks include telehealth					
Ethical	Process for patient autonomy					
	Beneficence - info provided to patients?					
	Nonmaleficence - info about doing no harm to patient or society					
	Justice - access to telehealth equipment					
	Relationships - telehealth confidentiality					
	Telehealth privacy					
	Telehealth ensuring fidelity (trust)					