

Supporting virtual visiting

Stay Connected Program - Maintaining a positive human experience

It is important for patients to stay connected to families and carers for their social and emotional wellbeing. This guide outlines how the **Stay Connected Program** is involving family members as virtual partners in the care of their loved ones. It aims to facilitate virtual visiting for many circumstances, including when family members cannot travel.

Patient feedback tells us that people have better healthcare experiences when carers and family members are involved in their care. It also positively influences clinical quality and safety.

The Agency of Clinical Innovation and the Ministry of Health have partnered to promote the **Stay Connected Program** – a way to support health staff to partner with, and involve, carers and families in the care of their loved one when they cannot be physically present.

Supporting virtual visiting

The Stay Connected Program provides health staff and patients with guides to support virtual visiting.

This involves the use of technology to connect health staff and patients in a hospital setting with family members and carers outside of the hospital. This may be for a patient's social wellbeing, or to involve family and carers in care decisions.

The diagram on pg 2 outlines the steps health staff can take to help facilitate virtual visiting.

Who will be involved to support virtual visiting?

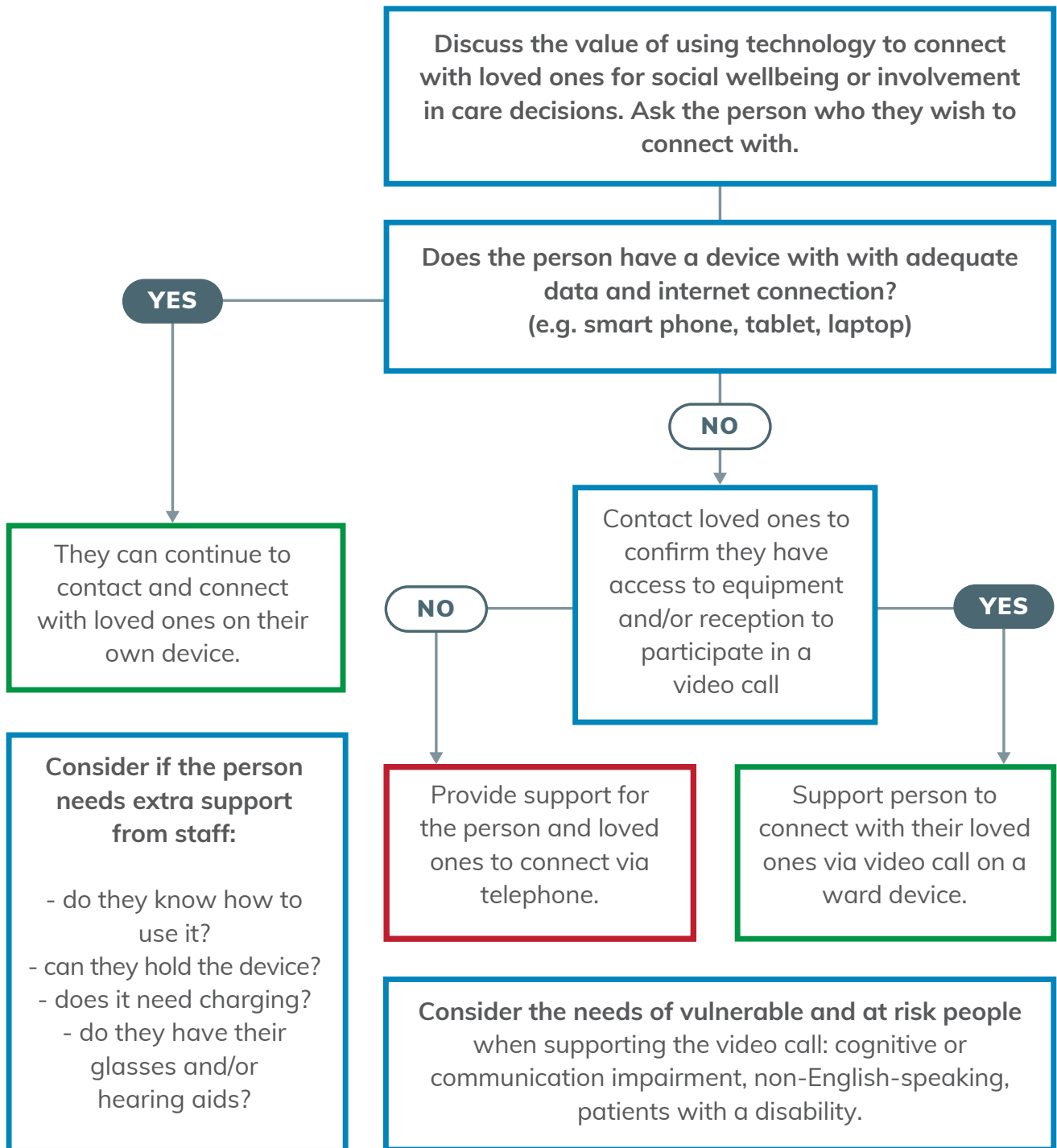
Successfully implementing technology into busy and stressful ward environments can involve a range of staff, including:

- telehealth or virtual care managers and leads
- nursing staff
- medical staff
- patient experience officers and managers
- Aboriginal health workers
- patient liaison officers
- carer managers
- social workers
- diversional therapists
- clinical informatics
- information and communication technology (ICT) professionals.

Deciding who needs to be involved will be a local decision, but help is available.

Contact details for local telehealth or virtual care managers can be found on [Virtual Care Central](#), a central information hub about virtual care, accessible by NSW Health staff.

How to facilitate virtual visiting



Technology

The technology you use will depend on what is available and the platform you are using. The three main options for hardware are:

- computer or workstation on wheels
- videoconferencing Cart (Pexip only)
- tablet (mobile device)



Computer or workstation on wheels

If your ward or department has a computer or workstation on wheels, it can be enabled for videoconferencing by adding a webcam and speakerphone. Talk to your local ICT service to identify what hardware is available to support virtual care.

If your computer does not have a webcam, you can purchase a USB webcam. Check on local processes and ordering with your telehealth manager (some LHDs require ICT to install webcams on computers or workstations on wheels).

If you plan to use the equipment for clinical care as well as patient and family interactions, discuss the most appropriate camera with your [telehealth or virtual care manager](#).

The use of inbuilt speakers in computers or laptops is not recommended for virtual care because of poor sound quality (including echo). A USB speakerphone will minimise echo and allow all participants to be heard clearly.



Videoconferencing cart

If your service has access to a videoconferencing cart, it may work best with the Pexip platform. Noting, you will need to enter the virtual meeting room (VMR) number and pin each time you start a conference. Liaise with your local telehealth/virtual care manager on the best way to use these carts.

More information can be found in the document from eHealth NSW: [Cisco Pexip Host Controls](#).

Tablets (mobile devices)

Several hospital wards and departments have tablets that can be used for virtual visiting. Your telehealth or virtual care manager may be able to assist with locating these.

Things to consider

- Ensure you have the device connected to the NSW Health Corporate internet (free patient or guest wi-fi will not facilitate a video call).
- Work with your telehealth or virtual care manager or ICT service to have the devices registered with Mobile Device Management. This helps to ensure they can be traced or wiped if they are lost.

Follow local infection control procedures for all equipment used in virtual visiting.

Videoconferencing platforms

Two platforms can be used in an inpatient setting to connect patients and clinicians within the hospital, with family members, loved ones and carers outside of the hospital, via a video connection.

- [Pexip](#)
- [myVirtualCare](#)

If devices are connected to the NSW Health network, it ensures strong connectivity and avoids firewall issues.

Training on both platforms is available on [My Health Learning](#).

Pexip

Pexip can be set up to have an automatically locked Virtual Meeting Room (VMR) for each ward or device, when a clinical VMR is requested.

A link can be created for the VMR which brings the device directly into the videoconference as a host. eHealth Conferencing support can assist to create these links once a VMR has been created.

- This means staff only need to click one link and then 'admit' family or friends into the conference. The conference is automatically locked once you click the link to begin the conference.
- Family members need to be provided with the VMR and time of the conference before it starts.
- As VMRs will be used by multiple people, **all VMRs must be locked to ensure security** (this approach is used in outpatient clinics where one clinic uses the same VMR.)
- It is recommended that individual devices use a unique VMR to ensure that different visits are not trying to use the VMR at the same time. Your telehealth or virtual care manager can assist with setting this up.

myVirtualCare

myVirtualCare is a web-based clinical videoconferencing platform used extensively with outpatients. It can also be used for virtual visiting in an inpatient setting.

You will need to discuss the best way to set up a room with your local telehealth or virtual care manager if one does not already exist (this may be at the facility, division or ward level).

All staff who will be connecting patients and family members will need to be added as a member to a room to be able to initiate a virtual visit.

There are two ways family members can connect using myVirtualCare.

1. Using a patient link where participants join the waiting room and are then added to the consultation by a clinician.
2. Using the direct call function, which sends a text message or email link to family members so they can come directly into the conference.

Multiple family members can be connected into the call using either connection.

Related resources

Refer to the below resources for further instructions for health staff and patients to support virtual visiting.

- [Virtual visiting using Pexip: inpatient staff guide](#)
- [Virtual visiting using a Videoconference Cart: inpatient staff guide](#)
- [Virtual visiting using myVirtualCare room link: inpatient staff guide](#)
- [Virtual visiting using myVirtualCare direct call: inpatient staff guide](#)
- [myVirtualCare user guide for patients and carers - direct calls](#)
- [Virtual Care in Practice Guide](#)

Document information	
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