

REPORT

Telehealth innovations

Improving physiotherapy access using telehealth

Murrumbidgee Local Health District



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**CLINICAL
INNOVATION**

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Kathy Farlow	Acting Facility Manager, Hay Health Service
Jodi Anderson	Allied Health Assistant Trainee, Hay Health Service
Elizabeth Mathews	Hay Local Health Advisory Council (community representative)

Patients and carers

Henry Gifford	Patient
Loreen Gifford	Carer
Anthony Ellis	Patient
Tracy Ellis	Carer

Contents

Section 1	Introduction	1
	Benefits	1
	Key elements	1
	Services	2
	Physiotherapy patient flow in Hay	2
Section 2	Making it happen	3
	Local Planning, Service Design and Governance	3
	Building engagement with primary healthcare	4
	Workforce and Resourcing	5
Section 3	Benefits of the model	6
	Benefits	6
	Monitoring and evaluation	6
	References and links	7

Introduction

This document outlines the physiotherapy telehealth model at Murrumbidgee LHD, which connects a senior physiotherapist with the patient and an allied health assistant, allowing physiotherapy consultations to be held with patients remotely.

A telehealth extension to the existing physiotherapy service was introduced, connecting a senior physiotherapist in Griffith (base site) to the patient and an allied health assistant in Hay (recipient site).

A 1-day per week face-to-face outreach physiotherapy service operates from Griffith Base Hospital to Hay District Hospital. Significant demand for this outreach service, resulted in a 6-month waiting list for physiotherapy patients in Hay.

Consultation with the local community indicated the strong preference of Hay residents to receive physiotherapy locally, rather than travel 90 minutes to Griffith Base Hospital.

The introduction of telehealth was not designed as a comprehensive stand-alone physiotherapy service, but rather, an enhancement to the existing service for physiotherapy patients in Hay without severe impairment.

Benefits

Patients

- Improved access to physiotherapy services.
- Positive patient experience.
- Reduced travel time and cost.

Health professionals

- Strengthened capacity of local care teams.
- Supports collaborative team-based care.

Health services

- Extends physiotherapy services to local community.
- Better utilisation of health service resources.

This model demonstrates that through the use of telehealth, allied health assistants can work effectively with physiotherapists to deliver safe and person centred physiotherapy in regional and remote communities.

Allied health assistants work under the direct supervision of healthcare professionals to provide therapeutic support in areas such as occupational therapy, physiotherapy, podiatry, speech pathology and nutrition.

There are significant disparities in physiotherapy access and outcomes for people living in regional and rural areas.

– Staff member

Key elements

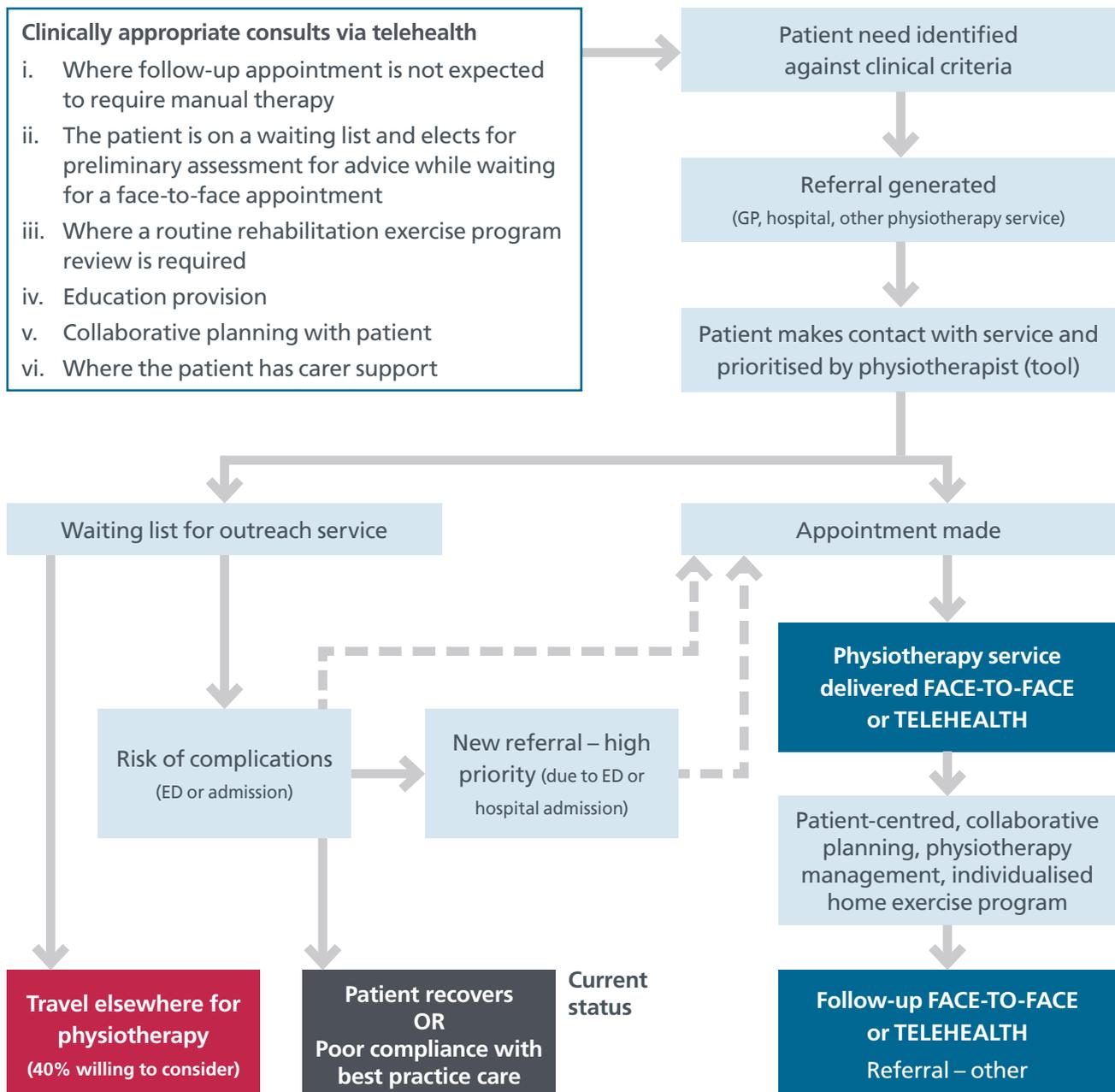
Element	Detail
Patient population	Physiotherapy patients without severe impairment (sensory, cognition or recent major trauma, illness or surgery) and not requiring specialised manual assessment and therapy
Referral pathway	Local physiotherapy service referral: via general practitioner, hospital or other physiotherapy service
Healthcare team	<ul style="list-style-type: none">• Senior physiotherapist• Allied health assistant• Nursing staff
Technology platform	<ul style="list-style-type: none">• Webcam and laptop• Cisco Jabber™ (initially), Skype® for Business (initially), Pexip® (currently)

Services

The following services are available, which can be delivered face-to-face or via telehealth consultation:

- Physiotherapy collaborative care planning.
- Physiotherapy management.
- Individualised home exercise programs.
- Follow-up and referral.
- Prior to consultation (based on referral), equipment likely to be needed for consult is requested by physiotherapist.
- Physiotherapist undertakes assessment of suitability for telehealth.
- Telehealth consult is conducted with the patient and allied health assistant.
- Physiotherapist develops care plan with patient and carer and faxes or emails to Allied Health Assistant (for the patient).
- Follow-up appointments made according to care plan.

Physiotherapy patient flow in Hay



Making it happen

This section outlines key enablers and challenges identified by those involved in implementing this model. Addressing these factors effectively has been critical to successful implementation and these learnings can be used by other health services in the development of local models.



Local planning, service design and governance

The Murrumbidgee LHD telehealth enhancement was based on the following.

Establish the evidence base

- Review of best practice evidence and data for model being considered.¹

Understanding of local community needs

- Assess local patient and community needs.
- Identify other local health and support services available to patients.
- Explore different service models to best address the needs of the local community. Murrumbidgee LHD trialled other solutions such as extra days of outreach, but these were not sustainable.

Strong local decision making

- Early identification of key stakeholders and their required involvement in the model.
- Establish local governance with staff from both base and recipient sites, cross-disciplinary and community representatives.

Structured processes and clinical protocols

- Apply clinical practice improvement methodology to guide the service redesign (see ACI guidelines for the use of telehealth).
- Undertake a clinical and operational risk assessment of the proposed model.
- Establish patient safety protocols, patient consent processes, procedural checklists and undertake contingency planning.

Considerations for implementation

- Undertake planning to mitigate impacts on clinical workload, particularly if there is no dedicated position to manage the service set up.
- Murrumbidgee LHD designed and conducted a community survey before introducing telehealth to understand the needs and preferences of local patients.
- Murrumbidgee LHD used the Organizational Telehealth Readiness Assessment Tool ([see the ACI Guidelines for the use of Telehealth for Clinical and Non Clinical Settings in NSW](#))²
- Be open to using different software platforms, however check with the information technology manager how the software integrates with the LHD's broader clinical information systems. Ensure the agreed solution meets the service need (user case).

Telehealth is a tool in the toolbox ...and like any tool, you need to practice using it first.

– Physiotherapist



Building engagement with primary healthcare

Investing time to build strong relationships and ownership within the health service, across care teams and with the community enabled success.

Trusted relationships

- Establish professional trust within the care team, particularly between the senior physiotherapist and the allied health assistant.
- Engage local staff through one-to-one meetings as well as team meetings with all staff and community representatives.
- Requires a strong relationship between the care team, the patient and their carer(s).
- Build relationships with patients by describing the process, keeping patients informed throughout, outlining face-to-face options if needed.
- Strong relationships between the health service, referrers and the broader community through to foster acceptance of the model.
- Build relationship with referrers and community through one-to-one meetings, outlining the process, need for the service, highlighting adaptability of the model to meet patient needs.

Staff ownership and engagement

- Build support with management and engage clinical and non-clinical team members across disciplines.
- Raise awareness of the value of physiotherapy and the allied health assistant role among the broader clinical teams.
- Pilot the model first to demonstrate benefits, raise awareness and build support and then build on this.

Considerations for implementation

- Invest the time and resources needed to build support within the health service and local community.
- Acknowledge that some people may have concerns about a new modality of care delivery.
- Address perceptions that telehealth modality involves more risk than face-to-face delivery.
- Identify any patient concerns with telehealth consultations early (such as inability to see or hear over the screen) so adjustments can be made and patients have confidence in the service.

I was in pain and it was important that I knew what to start with (for rehabilitation). This (telehealth service) meant I could get the advice I needed sooner.

Henry (patient)



Workforce and resourcing

Utilising allied health assistants to support telehealth consultations was a core feature of this model.

Allied health assistant competencies

- The [NSW Health Allied Health Assistant Framework](#) provides guidance in designing roles, employing and working with allied health assistants, including scope of practice, skills and competencies, and supervision guidelines.³
- An allied health assistant competency framework was developed to facilitate and guide an allied health assistant consultation, including role play and opportunity to practice, gradual increase in tasks complexity with allied health assistant and allied health professional confidence and competence, adequate supervision and de-brief opportunities, and allied health assistant competency assessment through TAFE.
- Build awareness of the allied health assistant role within the health service.

Dedicated positions

- Senior physiotherapist with appropriate skills and experience
- Allied health assistant with appropriate competencies and a defined scope of practice
- Responsibility for coordinating and scheduling appointments and consultations clearly agreed
- All staff trained in the technology and competent to provide required support

Training and development

- Undertake team training and roleplay (simulation). Two roleplays were conducted to test equipment and procedures, train staff and improve the competency and confidence of staff and management
- Physiotherapist to provide a mentoring and supervisory role for the allied health assistant
- Support for reflective practice and continuous improvement

Considerations for implementation

- Address low levels of awareness of the allied health assistant role and capabilities
- For outreach telehealth, it's important a district wide approach is in place to prioritise patients as part of routine practice
- Test the technology first and use it in role plays (simulation) to build the confidence of the team, before patients are involved
- Monitor the need and use of telehealth and be willing to adapt the service and the use of telehealth as demand or needs change

Benefits of the model

Benefits



Improved access to physiotherapy services in Hay from 60% to 80% of the time (over 12 months from March 2015–March 2016)



Reduced travel time for patients as well as out-of-pocket costs from an estimated \$445 per to \$10 per physiotherapy consultation



Provided a positive patient experience and empowered the patient and carer to manage rehabilitation confidently in their own community



Strengthened capacity of the local care teams, particularly the competencies of the allied health assistants to support best practice care



Provided efficient use of health service resources with each telehealth consultation costing MLHD / NSW Health \$125 (plus initial set up costs e.g. 2 webcams \$300)

Monitoring and evaluation

Murrumbidgee LHD applied the principles of continuous improvement to understand the impact of the telehealth enhancement service and identify areas for improvement.

This included:

- cost analysis of physiotherapy consultations pre and post telehealth service
- measuring changes to physiotherapy service availability over the 12 month period
- qualitative patient experience and feedback.

I thought it (telehealth) was great. I felt that if he didn't have it, he would be missing out on so much.

– Tracy (carer)

It's much easier to have the service here in town. It's hard to have a physio appointment and have a long journey home when you are sore. (With telehealth) you are less worn out and can recuperate.

– Anthony (patient)

References and links

References

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2. NSW Agency for Clinical Innovation. Guidelines for the use of Telehealth for Clinical and Non Clinical Settings in NSW. Chatswood: ACI; 2015. Available from: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0010/258706/ACI-telehealth-guidelines.pdf
3. NSW Ministry of Health. Allied Health Assistant Framework (GL2013_005). North Sydney: NSW Health; 2013. Available from: http://www1.health.nsw.gov.au/pds/pages/doc.aspx?dn=GL2013_005

Links

Supporting tools and documents available from the ACI website

www.aci.health.nsw.gov.au/make-it-happen/telehealth

Guidelines for the use of Telehealth for Clinical and Non Clinical Settings in NSW

www.aci.health.nsw.gov.au/__data/assets/pdf_file/0010/258706/ACI-telehealth-guidelines.pdf

Information on the Telehealth Capability Interest Group

www.aci.health.nsw.gov.au/make-it-happen/telehealth/telehealth-capbility-interest-group

The ACI partnered with staff from local health districts, primary health networks and consumers to document this telehealth innovation series. The four sites are listed below.

Site	Description
Mid North Coast and Northern NSW LHDs	Supporting patients to access follow-up cancer care at home in partnership with their primary care team.
Murrumbidgee LHD	Using technology to link remote patients and an allied health assistant to a senior physiotherapist.
Western NSW LHD	Using technology to effectively manage life threatening and time critical patients to coordinate inter-facility transfers between rural and referral hospitals.
St Vincent's Hospital Sydney	Enhancing clinician capacity to manage older patients living with mental health issues in partnership with a specialist multidisciplinary team.