Bring Us to To Virtual Health

1.0   AIM

This document aims to provide guidance for consideration on organisational governance to support the implementation of Telehealth in community settings and to ensure readiness for Telehealth.

Please ensure that you read the document carefully and complete the details required as outlined. When completed this document should be returned to the Virtual Health Team at *virtualhealth@hse.ie.*

2.0   WHY TELEHEALTH?

The implementation of Telehealth in community services has the capability of sustaining healthcare and support for all patients, both COVID and NON-COVID positive patients during the current COVID-19 crisis. Many services may already have already implemented some form of Telehealth but if sites wish to expand services or introduce new services, then this guidance will prove useful.

Telehealth can be used to reduce exposure to coronavirus by enabling both patients and clinicians to consult while in isolation. It can also increase organisational resilience by protecting the workforce and enabling support to be provided from different geographical locations.

3.0   ORGANISATIONAL GOVERNANCE

The success of any implementation requires engagement, resources and organisational governance. Outlined below is a summary of the proposed structure and defined roles and responsibilities to successfully implement Telehealth in any community setting. A diagram is outlined in Figure 1.

4.0   SPECIFIC ROLES REQUIRED

4.1   Community Healthcare Organisation Project Lead – CHO Level

This person should have the appropriate skill set, competencies and experience to carry out this role as determined by the Chief Officer.

Key responsibility: To coordinate with Community Operations and the virtual health team to support the roll out of Telehealth across Community Healthcare Organisations.

This will be achieved by liaising with Project Managers nominated through Heads of Service and will involve:

  a)   Liaison with the National OoCIO/Community Operations team on Telehealth.
  b)   Liaison with community healthcare services to engage local Head of Service Nominees and local/national IT supports.
  c)   Supporting the coordination and communication in developing policies and protocols around use of Telehealth.
  d)   Identifying and escalation of issues around implementation and information such as, risk assessment, hardware requirements etc.
  e)   Enabling Head of Service nominees to deliver training for all staff. (Following Train the Trainer from OoCIO).

4.2   Head of Service nominee

This person should have the appropriate skill set, competencies and experience to carry out this role as determined by the Chief Officer/Head of Service.

Key responsibility: To support the roll out of Telehealth in HSE community settings

a)   Support the roll out of **Telehealth** in the community/service area

b)   Liaison with local/national IT supports

c)   Liaison with Nursing Midwifery Planning Development Unit Development Officers in identification of and support for nurse/midwife led use cases.

d)   Liaison with National Office of HSCP in identifying HSCP needs, and training and implementation supports required.

e)   Undertake to become a super user and to coordinate and provide a Train the Trainer approach at CHO/service area level.

f)   Supporting community services Telehealth rollout in developing policies and protocols around use of Telehealth.

g)   Identifying hardware requirements to roll out Telehealth and ensure they are addressed.

h)   Disseminating information to staff on Telehealth.

i)   Supporting services to apply for Telehealth licenses.

j)   Providing brief training for staff, including medical, nursing, health and social care professionals and administrative staff.

5.0   PREPARDNESS

For each healthcare area/specialty the following elements will need to be considered (local checklist / business process) as part of implementation:

a)   Approval for Telehealth has been agreed with the clinical service

b)   You have a process in place to identify suitable patients

c)   You have considered how to record patient consent where required

d)   You have considered how to communicate the process to your patient in a way that they will understand.

e)   You have identified staff to schedule the patients for telehealth appointments

f)   You can ensure that all patient activity is captured and appropriately recorded

g)   The process is aligned to local clinical governance policies

h)   Data governance elements associated with Telehealth have been agreed

i)   Provision has been made for staff to be appropriately trained in the use of Telehealth

j)   You have considered the location(s) where virtual clinics will take place, taking into consideration:
  o   A private, well-lit area where you will not be disturbed during the consultation
  o   Ensure background of the video call is appropriate, no visibility of sensitive information e.g. whiteboard with personal data, X-rays, personal items etc.

The organisational governance is outlined in Figure 1.

6.1 Chief Officer for each CHO area

The Chief Officer is accountable for ensuring that there are effective arrangements for the use of Telehealth in community settings. They are also responsible for securing hardware resources and overall operational governance and ensuring that the use of Telehealth aligns with organisational strategic priorities. The Chief Officer can delegate responsibilities to the appointed project manager, Clinical Director, CCO, CCIO, Director of Nursing, Head of Service, Clinical Risk and others as deemed appropriate.

Key Chief Executive Office delegations (in the absence of individual specific site managers)

6.1.1   Information Technology: Chief Officer/GM is responsible for ensuring that there is a resource to liaise with ICT in supporting the use of Telehealth prior to any implementation planning, to include identification of adequate hardware i.e. laptops, surface pros, mifi and equipment such as headsets and webcams for those working from PCs and generally supporting set up where possible.

Key areas of note:

- The provision of hardware is outside of the scope of this project.
- This project relates to the provision of the software solution for virtual clinics and enabling devices to support the technical element of virtual clinics and MDT meetings
- It is possible to request enabling devices such as webcam, headset in your submission
- The provision of hardware such as laptops, surface pros is outside of the scope of this project in the event that there are hardware requirements (Desktop/Laptop/Surface Pro/Smartphone), these should go through the normal processes within your organisation.
- Google Chrome should be installed on the device that you plan to use for Telehealth but <u>not</u> set as the default browser.
- You must have access to HSE network (e.g. cabled site, MIFI, HSE Smartphone) at the location where you intend to carry out a video consultation.

6.1.2   Information/Data Governance Lead: Chief Officer/GM is responsible for ensuring that there is a resource to support governance of clinical and operational information to ensure new processes required to implement the Telehealth solution and adhere to GDPR regulations.

6.1.3   Transformation Lead: Chief Officer/GM is responsible for ensuring that there is a resource to support the change management process associated with the Telehealth solution. This should include communication and stakeholder management plans that will support successful implementation and adoption of Telehealth.

6.1.4 Risk Management: Chief Officer/GM is responsible for ensuring that there is a resource to support undertaking a risk assessment to ensure any critical or major risks have been mitigated in advance of implementation. Many sites will already have in place a risk assessment framework but if required, a risk assessment template can be provided and amended as appropriate to suit local needs.

6.2   CLINICAL USERS: Executive Clinical Directors, Directors of Nursing and HSCP Leads

Each of the above leads should ensure:

- Provision is made for staff to be appropriately trained in the use of Telehealth and work within the scope of their practice.
- Appropriate policies are provided and adhered to when utilising the Telehealth process in their area and ensuring there is and mechanism to monitor same as required.
- Ensuring that there is a mechanism for patients to provide feedback in a safe manner that is followed up and addressed as needed.

7.0 READINESS

7.1   TO BE COMPLETED BY Chief Officer/GM

Confirm that your Community Healthcare Organisation will be working within the recommendations Operational Governance Guidance for Telehealth implementation documentation ☐

Confirm that you will undertake the appropriate steps in terms of preparedness for roll out of Telehealth within your service area/services ☐

Indicate CHO Project Lead (Nominated by CHO Chief Officer)	Name:
	Email:
	Phone:

Indicate the identified ICT liaison lead (where relevant) to support this process if different than above.	Name:
	Email:
	Phone:

CHO CO agreement and approval

CHO Chief Officer:
Signature:
Date:

6.2   TO BE COMPLETED BY Heads of Service/ CO

Confirm that your organisation will be working within the recommendations Operational Governance Guidance for Telehealth implementation documentation ☐

Indicate CHO Project Manager – Primary Care (Nominated by Head of Service)	Name:
	Email:
	Phone:
Indicate CHO Project Manager – Mental Health (Nominated by Head of Service)	Name:
	Email:
	Phone:
Indicate CHO Project Manager – Disability Services (Nominated by Head of Service)	Name:
	Email:
	Phone:
Indicate CHO Project Manager – Social Inclusion (Nominated by Head of Service)	Name:
	Email:
	Phone:
Indicate CHO Project Manager – Older People (Nominated by Head of Service)	Name:
	Email:
	Phone:
Indicate CHO Project Manager – Health & Wellbeing (Nominated by Head of Service)	Name:
	Email:
	Phone:

Community Healthcare Organisation CO agreement and approval

CHO Chief Officer:
Signature:
Date:

Operational Governance Guidance for Telehealth Implementation – community services
Developed during COVID-19 outbreak

April 22nd V.1

Figure 1. Organisational Governance Summary for Implementing Telehealth in HSE Community Healthcare settings.