

# Making the Move to Telehealth

## Changes to workflow

### 1. Meet as a team and agree:

- which presentations require video, phone or face-to-face consultation, and
- which trigger referral to ED, a COVID-19/Fever Clinic (LHD) or a Respiratory Clinic.\*

Make sure the process is clear to the team and someone senior is on hand to deal with unclear or complex situations. Visit [www.bit.ly/PHN-triage](http://www.bit.ly/PHN-triage) to read Prof. Trisha Greenhalgh BMJ article on assessing COVID-19 remotely.

### 2. Agree what technology will be used. North Coast PHN can help you set up the 'healthdirect' Video Call service. Visit [www.bit.ly/PHN-telehealth](http://www.bit.ly/PHN-telehealth) for more details.

### 3. Ensure each clinician has the correct technology and training (get them to make a test call).

### 4. Set up new booking, clinician triage and consultation workflows including:

- diversion from reception to clinician triage for in-depth questioning on the suspect case
- referral to COVID-19/Fever Clinics (LHD) or Respiratory Clinics\* where indicated
- process for dealing with scheduled and unscheduled appointments
- method for providing prescriptions (email is permitted) and pathology requests that does not require the patient to come into the practice
- maximised use of My Health Record


### 5. Train reception staff on the new triage and appointment flow and provide a script for explaining the new system to patients if necessary.



\*Visit [www.bit.ly/PHN-triage](http://www.bit.ly/PHN-triage) for new patient triage example

# Making the Move to Telehealth

## Remote consultation quick guides

- Confirm the patient can see (if using video) and/or hear you clearly.  
-----  
Ask the patient for their phone number so you can call them back if the videolink or the phone call fails. If using healthdirect's Video Call you are automatically provided with the patient's number when they log into your virtual waiting room.  
-----
  - Reassure the patient that the consultation is similar to a face-to-face consultation, and that it is confidential and secure.  
-----
  - Ask for consent from the patient that the Medicare benefit be paid directly to the practitioner (i.e. bulk billed) and record their verbal consent in the medical record.  
-----
  - Be aware that remote communication may feel a bit less fluent to you and that it is also unfamiliar to the patient.  
-----
  - Make sure you are in a quiet space with no background noise. If using video ensure the space is well-lit and alter the set up if there is glare on the clinicians face.  
-----
  - If you need to look or move away, let the patient know what you are doing first.  
-----
  - Make written records as you would in a standard consultation.  
-----
  - At the end, be particularly careful to summarise and ask if the patient needs any clarification. Tell the patient you are closing and say goodbye before hanging up or closing the connection.
-  Visit [www.bit.ly/PHN-telehealth](http://www.bit.ly/PHN-telehealth) for more info