WA GP SPECIAL INTEREST PANEL CARE OF THE OLDER PERSON

MEETING COMMUNIQUE

TELEHEALTH GROUP PANEL DISCUSSION

JULY 2022

WAPHA Aged Care

OUR PANEL

To inform the design and delivery of the PHN Aged Care Program

This month, the WA Primary Health Alliance (WAPHA) GP special interest panel met virtually to discuss the Aged Care Program activity, "use and availability of telehealth in Residential Aged Care Facilities (RACFs) to support residents' access to virtual consultation."

The discussion was attended by the telehealth working group and the key themes highlighted in the session will guide further project planning with regard to building RACF video telehealth capacities through RACF staff training, equipment packages and education on maintaining digital medical health records.

This project is funded by the Australian Government Department of Health and Aged Care and will be delivered over the next two years. The initial consultation will inform the allocation of telehealth funding and guide the equipment and software selection most appropriate to conducting efficient telehealth consults.

The initiative will support timely access to primary health care professionals for residents' of RACFs and encourage enhanced and integrated health care planning, including care in the after-hours period.

Learn more about WAPHA's Aged Care Program

WAPHA Aged Care

TOPIC ONE

Use and availability of telehealth in Residential Aged Care Facilities (RACFs)

Timely access to primary health care professionals, whether through face-to-face consultation or telehealth, is recognised as an issue for many RACFs, that in some cases can lead to potentially preventable hospitalisations. RACFs require adequate telehealth facilities to support access to virtual consultations for their residents. We've heard some RACFs may not have existing telehealth equipment or procedures for their staff to offer telehealth consultation to residents.

PRACTICAL FACTORS AND LIMITATIONS OF TELEHEALTH FOR RACF RESIDENTS

Coordinating with carers of group homes residents' is often challenging. Telehealth enables the patient to be seen quicker without the hassle of logistics. All consults are done through the carers phone.

No travel is required especially for patients that might have mobility issues or are bed bound. Ensuring clinical handover happens is important, ensuring nurses or support staff are present during the consult. Telehealth enables same day appointments rather than waiting for your day to go visit the nursing home so you can offer more timely care.

Defining telehealth is a challenge as it has progressed from telehealth by phone to video/audio telehealth. I can complete up to 13 telehealth consults in a day (3 of which are via SMS on iPhone), so it's important to ensure the definition of available equipment is clear.

Medication prescription or re-orders through telehealth are efficient but pose the issue of whether the patient should be present.

RACFs use mobiles due to practicality. New equipment would be challenging due to high staff turnover and inadequate training. RACFs struggle to have a nurse present during GP rounds. This idea of a booking system, I don't think really works for many people in nursing homes, we get an afternoon slot and see whos on the list.

Continuity of the patient being able to see the doctor who normally looks after them. Highlighting history is key to future care. Wi-Fi capabilities within facilities is also a major factor, often a room can have little to no connectivity, so staff have to leave the room to log important information. This will be fundamental to a successful telehealth project and building infrastructure.

Panel members discussed the moral dilemmas of RACFs becoming sub-acute wards and the challenges posed to GPs to consult by telehealth without formally meeting a patient in their care.

"Residents are so sick that nursing homes have become sub-acute wards and the people in them get very sick very quickly. Consideration needs to be made to seeing to Dementia patients/liaising with their carers, as we are not funded to talk to family."

"Learning the patient history comes down to whether a carer or staff member is available to explain. I support use of video telehealth due to phone and picture limitations ie. issues can worsen over a day between appointment and follow up and needs may change."

QUOTE FROM CHAT

"The software program I use at work is the IPN in house IT program."

TOPIC TWO

Use and availability of telehealth in the after-hours period

RACF residents can experience deterioration in their health during the after-hours period, but immediate transfer to hospital is not always clinically necessary. Lack of awareness and utilisation of after-hours services provided by GPs and other health professionals leads residents to unnecessary hospital presentations.

OPTIONS TO MANAGE AFTER-HOURS CARE AND BOOKING TOOLS

> Night arrangements include me being emailed requests to follow up on the next day. I support hands free Mobile phone use. I'll encourage them to take a picture and send to me by SMS or e-mail of the concerns particularly skin related. For video, I don't see any benefits from that except a bit better billing when you have a 4 minutes consult. We don't have a dedicated after-hour number, if urgent care is required RACFs call the hotlines ie. My Emergency Doctor.

> I think protocol methods need to be addressed in RACFs, for example adopting "iSoBAR" (identify–situation–observations–background–agreed plan–read back). RACFs are not able to manage appointments due to resource limitation.

> We have remote access to best practice and RACF software from clinic, and this is our way of maintaining accurate records.

If I was properly trained as a doctor to use a new telehealth equipment or software I would be willing and I think in some rural communities, telehealth has been used and depended on quite a lot.

We don't have any appointments systems, but I offer the nursing home to contact me in the after-hours if it's a palliative care patient. I don't often answer my phone in the after-hours, and want to set the precedent for the project that it is not necessary to be on-call but still offer telehealth. Most GPs in RACFs are bulk billing because it is a nightmare to try and do it as a private billing practice due to administrative back log.

The Serious Incident Reporting System (a response from the Royal Commission), has caused an overload of work in RACFs. I acknowledge that observers in RACFs are not qualified health professionals.

QUOTE FROM CHAT

"I use a triage system ""inform only" vs "actual issue" vs "urgent" for those problems like falls. It tends to work well and doesn't distract us every 3 seconds."

QUOTE FROM CHAT

"we have remote access to best practice + RACF software."