

Information for allied health professionals

Computer: You are now entering the meeting.

Podiatrist – April: Hi Nerida.

Advanced Allied Health Assistant – Nerida: Hi April. How are you? We've got Doug.

Consumer – Doug: How you going?

Advanced Allied Health Assistant – Nerida: Okay Doug. Do you want to take a seat for me?

Acting Director of Podiatry– Sarah: As a manager of a telehealth service, we very much look to advocate and really, I guess, support staff in this change in transition. A lot of our clinicians have their mode of service delivery that they're very comfortable with, is face to face. And it is about empowering them to look at telehealth as just another way of delivering care.

Director of Social Work – Fiona: I'd like to see this as a skill set that just becomes part of how we practice.

Geriatrician – Dr. Ranasinghe: I might get Michael to talk more about it because he has done some assessment in that area.

Occupational Therapist – Michael: Having known Ken probably over a month now between our occupational therapy team, we have a pretty...

Director of Social Work – Fiona: As a manager, I think it's import that for any new skill for clinicians to provide the technology and the education and the opportunity to embed that skill.

Psychologist – Scott: Obviously, up here is the amount of activity you're putting in, in a given day or week or whatever it happens to be. Now once upon a time, from the way you tell me, is that you could do a fair bit before that pain kicked it.

Psychologist – Scott: As a psychologist, my role is to help people in a way that suits them – that meets their needs. So, I've been trying to be patient-centred in everything I do. Telehealth is another tool that lets me do that. Part of getting more comfortable using telehealth for psychologists, I think, is seeing it as a professional development activity where you just need to pick up some new skills like any other new area you're going into. Whether you're trying a new therapy or going through a new service, there's things you need to tweak about your practice and telehealth is just another one of those things.

Physiotherapy and Telehealth Coordinator – Michelle: In terms of establishing literature that hasn't existed prior to COVID-19, our experiences have shown that there are a lot of knowledge gaps and in response to that there are several new research projects that have been happening across Queensland Health to be able to fill those knowledge gaps and support clinicians in their questions that they have about the safety and effectiveness of certain clinical tests that are vital for their clinical decision making or their diagnostic accuracy as well as the overall effectiveness of care that can be delivered via telehealth.

Social Worker – Sharnia: I guess I would recommend not to discount it as a service. Often, I know that when telehealth – well for me – when I was first being introduced to telehealth, it was quite daunting thinking about having to set that up and we're not IT workers in any way. So, it was quite daunting having to learn the software but then also having to provide that education and discuss it with the family members. But the difference that it's made in your connection with the family members and being able to include them in meetings that wouldn't be able to happen if it was just over the phone is incomparable. It's a really important service moving forward to use.

Acting Assistant Director of Nutrition and Dietetics – Danielle: So, another barrier is some patients might not be very technically skilled to access telehealth. So, I have had one patient who I've been waiting for him to dial in, and he's given me a call and he's like "I've got no idea how to do this". So, via the phone, I've just talked him through how to set it up. He's successfully connected to the video conferencing, and we've been able to conduct our assessment. And by spending that little bit of time with him, I know that all of his future appointments that are delivered that way he will be able to do it easily.

Clinical Nurse Consultant – Jess: And then we'll look at doing some debridement while that's doing that, and Nerida's sizing up your foot there.

Advanced Allied Health Assistant – Nerida: At the start I think it might have impacted how we did things but once we built the rapport and trust with each other - and I think they in Brisbane could see the skills that I had - it was about then kind of streamlining what we were doing in the case of the IT not working quite right. So, the majority of the time we could get those toe pressures done or we would take photos, often we took a little video with our work phones and actually then posted those to them. So that worked as well. So, we kind of troubleshooted as much as we could. But ideally a majority of the time it worked. If not, it was the photos, emails, the little videos, those types of things and lots of phone conversations.

Occupational Therapist – Alex: Hey Wendy. It's Alex. I'm calling you from the home visit. The patient's neighbour has let me in, but I've just got a few questions, I guess, of the space. It's not exactly what the patient's explained.

Director of Occupational Therapy – Jacqui: Different staff like it, different staff don't. It seems to go in waves and becomes comfortable again. COVID definitely helped increase our comfort levels with being back on video and having ourselves doing that. The staff are very comfortable to acknowledge when they don't know things but it's a very different thing to do it in front of your patient or the consumer's family to actually ring back and say I just want to check something. But the more we've been doing it the more comfortable people are getting with it and realising that it actually makes people feel more at ease to come up with a team solution than to actually go maybe my idea is the only idea.

Occupational Therapist – Alex: I'm pretty confident with the technology now that I've used it a few times. It did take me some getting used to and problem-solving, I guess. But now that I know how to use it and I've used it a few times, it seems a lot more natural to me. So, I think telehealth is a really good tool to be able to implement into practice. There're so many benefits to it so I think it's quite important to give it a go and see if it works for you. It's not going to work in all situations, but it definitely has its place.

Psychologist – Scott: The advantage of doing the video-based telehealth for psychology, over something like phone, has really shown itself in some clinical cases and then just over the course of me practising telehealth via the internet. Because it adds this extra ability to assess the patient's mental state with the visuals to back up the audio. On the phone you have to try to guess a bit about how the patient's coping from what they're telling you and I guess a pretty important feature of some people's mental health or their coping is that the way they talk doesn't match the way they look and that's an important clinical piece of information that on reflection in some of the cases I've had video telehealth, I can see that if I was just listening to this person I couldn't get the extra information about how they're sitting or how they're struggling with their pain or their anxiety or their mood. That seems to be that extra bit. Even if the quality of the video is poor, so I've had that before where it's pretty choppy video and I always thought that wouldn't add anything, it would just be a hindrance, but it's enough sometimes even with low quality video to add a bit more clinical information, so I know how the person is going that I'm talking to on the other end.

Psychologist – Scott: So, speaking of which, it looks like I've probably kept you for long enough pinned to a chair. I feel like you're starting to get a bit worn out.

Consumer – John: Oh yeah, it's starting to hurt sitting in one spot.

Psychologist – Scott: Shall we practise what we preach and get you to finish up so you can move around again and not get stuck in a chair.

Consumer – John: No problem. Thanks for the session today. I appreciate it.

Dietitian - Kelsie: I have done quite a bit with our type 1 diabetes patients through video conference. And what is really helpful here is that often we're asking patients for their diet history, what they've been eating. And this doesn't come naturally to a lot of people to just report their whole diet history for the last week or so. However, we can then ask them to even go to their pantry or their fridge, open it, have a look, tell us what's in there. Or it can help prompt them to what they've been eating.

Speech Pathologist - Clare: So, offering care in a home environment also has many advantages; being able to see the client in their home setting and for them to feel very comfortable at home as well. A common example is in the area of paediatrics where we can see children in their own comfortable environment, in their playroom, often provides a different aspect to the session. And if they have other children at home that means the parent doesn't need to organise childcare for those children, they can just be at home in the session at that point in time as well. Ideally other carers, so other family members can also link in from other sites. They wouldn't normally need to take time off work in order to be able to attend those sessions. So, it can very much be a patient, or a client-centred and a family-centred approach to care.

Acting Director of Podiatry – Sarah: As a podiatrist and working in telehealth for foot ulcer management, there are definitely times where there are limitations to what we can deliver. I think our main premise is that we're always safe in the service delivery that we can do. So that is sometimes a limitation where we have to connect people with a local service to be able to have that provided. But based on other clinical assessments, we can normally determine whether there is anything critical or very severe at that point that would require immediate attention and then obviously arrange for that prompt follow up review to have that assessment done more thoroughly.

I think in regards to adapting, I'm always amazed by what you can do over a remote medium. Offloading is a key one for use and I think the use of visual diagrams that we sometimes draw. We often have props with us to be able to talk clinicians through areas. Wound assessment is another one. So, we can generally talk the recipient site through our wound assessment. That's in regards to looking at the depth of the wound, obviously measuring the wound, what does the wound base look like. And a lot of our recipient site clinicians that we work with, they're well adept at this and so that does make it very easy.

Hand Therapist – Amy: The other thing I love about video conferencing is you actually get to be able to be really creative as well. So, you get to use the patient and their own environment, things that they would just do normally, and you get to see how they're managing with their hand injury with the activities that they do every day.

A few other things that we have to be quite creative with is measurements and palpation and assessments as well. So, for example, with oedema or swelling management, whereas normally in the clinic we would use a tape measure and do that ourselves we can ask the patient whether they have a tape measure, and they can measure that for us with our instruction. They can use a piece of string and just mark that off as well. So, that is really helpful with oedema. We can get them to palpate. Does it feel soft? Does it feel hard? Using the post mail is very helpful. I don't think I've sent as much in the post in recent times as I ever have in my life. So, sending people a Theraputty or new straps or a compression garment that we've got them to measure and then we've chosen an appropriate size.

So, all of those things has been really helpful, even down to scars and wounds. So, getting the person to show us, getting them to feel it, asking them does it move? Is it looking raised? So, lots of description, comparison with the other hands. Use of function to measure strength. So, can they lift the milk out of the cupboard? Can they go and grab the can? Can they fit their whole hand our something in the cupboard? With the splints, they're quite tricky to get them into clinic is easier, just due to being customised. But if it's just a small little adaptation, you can give them instructions, flexing the material a bit or they can get a little bit of hot water and just smooth out an edge or two.

Director of Social Work – Fiona: Telehealth will make you work-ready on board in health. So, we see that as a skill that students will bring if we embed it as part of their education here when they're with us.

Acting Director of Podiatry – Sarah: If any service was looking at telehealth, I think openness is always the key and looking at your service delivery and where are the gaps and where are the opportunities to improve. And when you've got a key area that you recognise that there is a gap and you look to telehealth as a mode to perhaps fulfill that gap. I would definitely look at the evidence. I think there's some areas, they've got good applicable evidence, maybe not in your field but you can look at how you can translate that to your area as well. But otherwise, we're surrounded by great telehealth coordinators so I would encourage them to reach out to those people because they have seen it all and for me when we reached out, they solved a lot of problems for us. So, every hospital and health service has a telehealth coordinator and I think those skillsets are very valuable to services thinking about how they might implement telehealth.