

Information for consumers

Social Worker – Vicki: My name's Vicki. I am a social worker at Ipswich Hospital, and I have been doing telehealth for about a year now.

Speech Pathologist – Clare: My name's Clare. I'm a speech pathologist at the Royal Brisbane and Women's Hospital and I've been providing telehealth for the last ten years.

Occupational Therapist – Michael: So, I'm Michael. I'm an occupational therapist.

Physiotherapist – Michelle: So, my name's Michelle. I am a physiotherapist.

Dietician – Kelsie: So, hi, my name is Kelsie. I'm a dietitian here at Toowoomba Hospital.

Podiatrist – Sarah: My name's Sarah and I'm a podiatrist.

Advanced Allied Health Assistant – Nerida: My name is Nerida. My role is an advanced allied health assistant, which mostly works with the podiatry team.

Speech Pathologist – Clare: So when we use telehealth, what we're wanting to do is provide a similar service to what you would be coming into the facility to see your clinician. So, obviously having that audio visual link with you at home or wherever you are linking in from is really important and that's what videoconferencing can provide. We can see, hear and do things with you in a very similar way to what we would be doing in person and that's really what we're trying to aim for as best practice in our services.

Client – John: Hello.

Psychologist – Scott: Hi John. Can you see and hear me?

Client – John: Yep, no problem.

Psychologist – Scott: No one else around at the moment – we've got some privacy?

Client – John: Yep, yep. No problem.

Physiotherapist – Michelle: Telehealth is traditionally thought of as something that should only be appropriate if you live a long distance away from the service, but we know that that's not the case. Sometimes it's very difficult to access these large metropolitan hospitals even if you live close by. The cost of parking and transport can also be prohibitive and if you work full time. So, telehealth is very much being used within our physiotherapy department for patients who do work fulltime, and they do their appointments in their lunch breaks, in their office.

Consumer – Charlie: The environment at home is just a lot more comfortable than kind of a patient at a doctor's office. It just feels better.

Consumer – Mark: The relaxed manner that we're able to sit around the table and just talk without rushing around all day and getting in the traffic. And the three o'clock to five o'clock traffic is just awful around town here.

Speech Pathologist – Clare: Using video conferencing to link between the client and also the clinician means that they have that convenient opportunity to be able to access care wherever they are.

Consumer – Doug: I would have had to go to Brisbane just for bloody half an hour's conversation and then come back again, but you know. I have to drive down. I have to get my Missus to drive me down so, and that's bloody six hours down and six hours back and you have to get accommodation down there.

Advanced Allied Health Assistant – Nerida: Being in a rural area, it's actually quite diverse so we have a lot of different areas that I cover. So, as I said, predominately I do a lot of podiatry. However, I do work with cardiology, physiotherapy, speech pathology, occupational therapy, and wound care. They see the tasks that I could actually do and I kind of do those tasks as delegated to me.

Podiatrist – April: I was wondering if you can do toe buttress a little bit in between. Say he has this - just build up a little bit of felt around it.

Advanced Allied Health Assistant – Nerida: Okay, so putting some felt along this end?

Speech Pathologist – Clare: So ideally telehealth can be provided in what we call a hybrid model of care. And hybrid means a combination of in person care, coming into the facility to see that clinician in person, and also via telehealth. Telehealth can encompass telephone, so talking to them over the phone, or also videoconferencing too. So, hybrid is a combination of those three different components really. And it would be up to you and your clinician as to what mode of interaction you want per session. You might do a first assessment in person when you come into the session, and we do that together. So, overall, it provides a more convenient opportunity for you to link in with your care with all the other things that you need to do as part of your health service.

Social Worker – Sharnia: I'll introduce everyone. So, my name's Shania. You've spoken to me on the phone, Sonia. I'm the social worker who's been involved with Ken and the family.

Occupational Therapist – Michael: So, we started telehealth about a year ago on our ward, primarily to optimise the access that patient's families had to allied health in particular.

Social Worker – Vicki: Most people these days will have a smart phone, even our older cohort. We can send them through a link that they click on the one link and it's all up and running.

Speech Pathologist – Clare: One of the things that we really want to try, and access is the flexibility around providing care. So, if there is someone there locally in your home, a family member or a carer that can come and assist you during that session in order for you to access that service via telehealth, then we absolutely will advocate for that and discuss those options with you. So, we can make sure that together we can look at all options and ensure that the care that we are going to provide to you is best practice.

Psychologist – Scott: Compared to getting patients into the clinic in person, the psychology telehealth has the advantage that people who are either - their own anxiety which could be the reason you're seeing them, or their pain, or health condition - make it hard for them to get into the clinic. And that means I get access to the patient at a time where they're struggling to maybe help them through that. Whereas, they would have probably called and cancelled in the clinic. And that's

even for the metro patients who are close to other services, let alone of course people who don't have any local services to travel to anyway.

Director of Occupational Therapy – Jacqui: And it is very much at different levels so that different people need different amounts of support. It can be just a phone call and we send out an information pack. It could be that they might need some information specifically on where to buy equipment where they're fine to organise it themselves. Or they might need an occupational therapist to come out for a home visit and our therapy assistant actually coordinates that as part of an outpatient service. She contacts them and it's then a conversation of "What do you need? What would you like from us? How can we help you look after your health?" So, it's very much the consumer being empowered, not us telling the consumer what they need to do to come into hospital to get out of hospital fast.

Social worker – Vicki: So as a social worker, patient centred care is a priority. And to me, telehealth is a way of providing that care. The range of services which are available to be offered by via telehealth can only continue to grow.

Psychologist – Scott: It's not a perfect solution, but it certainly gives us another option when we're trying to make sure patients don't miss out.

Consumer – John: A lot of people out here just won't get the help because of the distance that they have to travel. And by bringing the telehealth into their home a lot more people will get the help they need. And that's the biggest thing - is getting people the help they need.