

Allied Health Telehealth Capacity Building Project

Progress Report
August 2016

Overview

The [Allied Health Telehealth Capacity Building Project](#) is a joint initiative of the Allied Health Professions' Office of Queensland, Department of Health and the Cunningham Centre, Darling Downs Hospital and Health Service. The implementation plan was approved by the sponsors on 11 May 2015. The project will develop, implement and evaluate strategies designed to support increased use of telehealth for the delivery of allied health clinical services in Queensland Hospital and Health Services (HHSs).

Aim

1. Support the expansion of allied health telehealth-supported clinical services in Queensland HHSs through coordinating collaborative activities by key stakeholders including AHPOQ, Cunningham Centre, Healthcare Improvement Unit and HHSs.
2. Develop, implement and evaluate telehealth capacity building strategies targeting high demand service areas, particularly those relevant to rural and remote communities. Strategies will primarily focus on the development of practical, work-relevant training programs and supporting resources.

Objectives

1. Generate/collate, pilot and evaluate products/programs and resources to support the development and implementation of allied health telehealth services. Training and resource development will focus on service and clinical aspects of telehealth services.
2. Develop, implement and evaluate allied health telehealth collaborative networks that support peer learning, reduce duplication and enhance dissemination of information and resources between teams and clinicians statewide.
3. Develop and disseminate resources that support robust evaluation of current and emerging telehealth services.

Deliverables

1. Training programs/products and supporting resources related to service and clinical redesign for telehealth implementation for a range of allied health professional service needs.
2. Allied health telehealth collaborative network/s to support dissemination of successful service models.
3. Evaluation resources and support structures for existing and new allied health telehealth services.
4. Completion report outlining project performance, deliverables and outcomes, and recommendations for ongoing allied health telehealth capacity building requirements.

Progress report 2015-16

Project progress and performance

Status

Project status at 31 August 2016 is 'on track'.

Information on the outputs and activities completed, in progress and planned are presented for objectives [1](#), [2](#) and [3](#) on the following pages.

Changes to the Allied Health Telehealth Capacity Building Implementation Plan in 2015-16

The project term at the outset was May 2015 to June 2016. An extension of the completion date to 30 June 2017 was approved by the Steering Group in March 2016. The extension was prompted by advice regarding instructional design availability and timeframes for the development of online education resources and also allows for a longer period of testing of the collaborative network objective.

Governance and project management

The project is jointly sponsored by the Chief Allied Health Officer, Allied Health Professions' Office of Queensland (AHPOQ), and the Executive Director of Allied Health, Darling Downs Hospital and Health Service. The project steering group terms of reference (TOR) were approved by the sponsors on 11 May 2015. The TOR was reviewed and approved by sponsors on 20 June 2016. The group's membership includes representatives from the Cunningham Centre, the AHPOQ, Healthcare Improvement Unit (HIU) and the allied health member of the Statewide Rural and Remote Clinical Network. The Steering Group met six times between May 2015 and June 2016.

A working group comprising AHPOQ and Cunningham Centre staff responsible for completing the project activities meets approximately monthly. The working group met thirteen times between April 2015 and August 2016.

Risks and risk mitigation

Risk	Risk rating	Comment
Duplication of activities with other groups (e.g. HIU, HHSs, universities)	Medium	Risk managed through ongoing consultation and collaboration with key stakeholders including staff from Centre for Online Health, Healthcare Improvement Unit, HHSs and others.
Low interest and engagement from allied health workforce in outputs and low translation to telehealth implementation	Medium	Strong engagement has been observed in training module reference groups and through the Allied Health Telehealth Network activities. No formal evaluation of translation to implementation. Continue engagement strategies in 2016-17, including planning the launch of training modules.
Scope or schedule creep, delays	Medium	Significant timeframe creep for education modules in 2015/16 was managed by adjusting the project term and planning for a staged piloting of modules. Monitoring and reporting to the Steering Group on this risk will continue in 2016-17.

Objective 1: Training programs and resources

Generate/collate, pilot and evaluate products/programs and resources to support the development and implementation of allied health telehealth services. Training and resource development will focus on service and clinical aspects of telehealth services.

Status: On track for completion 30 June 2017

Activities completed 2015-16

Output	Activities completed
Management of training program development	Framework for training products developed and approved by Steering Group. Existing programs / resources identified.
Engagement and advisory groups	Working groups formed for 6 education program topics. Working groups include members with clinical, telehealth, service development and implementation expertise relevant to the training program topic. Meeting schedule established and actioned: approximately monthly meetings during the design phase, with reduced frequency moving into instructional design phase.
Training program structure and content	Draft structure and content for training resource completed and endorsed by working groups. Service topics: <ul style="list-style-type: none">a) Telehealth service modelsb) Telehealth technologyc) Telereadiness and managing changed) Managing riske) Funding and activity reportingf) Schedulingg) Considerations for particular client groupsh) Conducting telehealth consultations Clinical examples including video demonstrations and interviews with clinicians: <ul style="list-style-type: none">a) Diabetes management for allied healthb) Paediatric therapy for allied healthc) Hand therapy, burns management and compression garmentsd) Home assessment and prescriptione) Mobility and exercise programs Note: Telehealth-supported dysphagia management was identified in the Implementation Plan as a clinical example for inclusion in the training resources. However, this work is being undertaken in conjunction with a multi-site research project lead by Metro North HHS and so was not commenced by the Cunningham Centre. The Cunningham Centre has maintained engagement with the research team during 2015-16. Opportunity arose in late 2015/16 for sections of the Compression Garment redesign trial education resources to be featured in the training program. This topic has been added to the clinical examples in the program.

Output	Activities completed
	<p>Agreement negotiated with Centre for Online Health to allow inclusion of relevant ProAct telehealth education content in service redesign modules.</p> <p>Video resource production: taping and editing completed June 2016.</p> <p>Instructional design options have been reviewed and the platform selected.</p> <p>Service redesign modules have been reviewed by the content validation committee.</p>

Planned activities in 2016-17

Output	Activity	Comments
Engagement and advisory groups	Maintain engagement and meeting schedule	Meetings to be scheduled at critical points in the instructional design process.
Training Modules	<p>Instructional design completed</p> <p>Hosting arrangements finalised</p> <p>User testing completed</p> <p>Piloting with AH teams</p> <p>Evaluation and review of pilot completed</p>	Moodle training to commence for project officer and administration officer September 2016

Objective 2: Networking and collaboration

Develop, implement and evaluate allied health telehealth collaborative networks that support peer learning, reduce duplication and enhance dissemination of information and resources between teams and clinicians statewide.

Status: Development and trial period completed August 2016, with transitioning of operational management of the network membership and presentation series to the Cunningham Centre to be completed by November 2016. Development of a telehealth QHEPS page is outstanding.

Strategy:

The Allied Health Telehealth Network (AHTN) was formed in 2015. The three primary structures of the network were determined through a needs assessment of potential members and are:

- a) **Opt-in email group**
The email group is coordinated by the AHPOQ. The purpose is to provide a mechanism for information sharing on telehealth topics relevant to Queensland Health allied health professionals such as education / training, resources, and opportunities for collaboration. Members of the email group are encouraged to use it to share resources, request advice from peers and source collaborations for multi-site projects. There has been very limited use of the email group by members, with information tending to flow from AHPOQ to members only.
- b) **Intranet (QHEPS) and internet page**
Work has not progressed beyond publishing of a small number of key documents including the Implementation Plan. The QHEPS page development will be examined in line with the transition of Network coordination to the Cunningham Centre in 2016 and the finalisation of the education modules in 2017.
- c) **Presentation series**
A videoconference presentation series on allied health telehealth services implemented in Queensland HHSs (and other agencies if relevant) and other telehealth topics commenced in late 2015. Topics were selected from feedback in the needs assessment survey and also form periodic contact with stakeholders and suggestions from members. Opportunistic topics were also identified such as sourcing presenters of allied health papers delivered at telehealth and allied health conferences. Presentations were of 30-60 mins in duration. Most presentations were recorded and made available on QHEPS for a fortnight after the session to support access for busy clinicians. Information on upcoming presentations was distributed via the AHTN email group and through the Allied Health E-News. A list of presentations is provided in Appendix 2.

Activities completed 2015-16

Output	Activities completed
Awareness raising and member recruitment	A Network expression of interest and needs assessment survey was completed in August 2016. It was open for 3 months and promoted through allied health and telehealth email channels, Allied Health E-news, and meetings.
Needs assessment and network structure formed	The needs assessment survey (incorporated into an expression of interest – see above) provided data on high priority networking strategies that were presented at an Allied Health (AH) Telehealth Network “start-up” meeting on 14 October 2015. Primary network structures (above) were agreed by members on 21 October 2015 following in-principle endorsement by the project steering group on 3 September 2015.

Output	Activities completed
Network implemented	The AHTN commenced in October 2015.
Network evaluation	A survey was released to all members of the AHTN and all site contacts for the presentation series in August 2016.

Indicators

- 112 AHTN members (i.e. members of the opt-in email group) at 31 August 2016. The profile of the members is shown in Appendix 1.
- Six sessions provided in the presentation series between Nov 2015 and August 2016
 - 1 presentation available via on-demand recording only
 - 2 presentations available via scheduled VC session only (no recording)
 - 3 presentations available via the scheduled VC session and recording
 Further information on the presentation series is provided in Appendix 2.

Evaluation

An online survey was developed based on a survey used to evaluate other allied health training and support programs. An invitation to participate was provided by email to all members of the AHTN and all site contacts for the presentation series in 2016 (n=170). Site contacts were encouraged to distribute the survey to colleagues who had participated with them in an AHTN presentation series session. There were 19 (11%) responses. The survey results are shown in Appendix 3.

Key findings:

- The presentation series and network information were viewed reasonably positively by respondents.
- Priority topics for 2016/17 presentation series relate to practical applications and examples of the clinical use of telehealth and telehealth service models. Telehealth administration and more generic change readiness topics are lower priority.

Outcome and action:

- The network and presentation series require relatively low resource investment to maintain now they are established and are largely administrative in their operation.
- The administration and coordination of the network and presentation series to be transitioned to the Cunningham Centre in 2016-17.

Planned activities in 2016-17

Output	Activity	Comments
Network membership management	Maintain rolling recruitment survey and member list Awareness raising activities including E-News articles and QHEPS-presence	Transition to Cunningham Centre November 2016.
Presentation Series continued	Presenter recruitment; participant and event management for VC sessions	Feedback from August 2016 feedback survey to guide priority topics for 2016-17 presentations.
Presentation series and network feedback and evaluation	Feedback survey to be conducted late 2016-17	

Objective 3: Evaluation resources

Develop and disseminate resources that support robust evaluation of current and emerging telehealth services.

Status: All activities for this objective have been completed

Strategy:

The purpose of this objective was to draw together resources relevant to the evaluation of allied health telehealth services. Preliminary scoping of this work also indicated that resources and guidance regarding planning an evaluation would also be valuable.

Activities completed 2015-16

Output	Activities completed
Evaluation resources compiled	Evaluation resources were compiled from the published and grey literature. An evaluation resource guide was drafted and reviewed by advisors and provided to the AHTN for feedback.
Engage advisors (researchers)	Individuals with a research profile in telehealth and/or allied health service evaluation were recruited to support the project and contribute feedback and recommendations during the drafting stage.
Publish / disseminate evaluation resources	The evaluation resource guide was approved by the steering group.
Collaboration strategies	Specific collaboration strategies were not prioritised by stakeholders in the needs assessment survey that preceded the formation of the AHTN. The purpose of the network developed primarily as an information sharing group, rather than a formal collaboration.

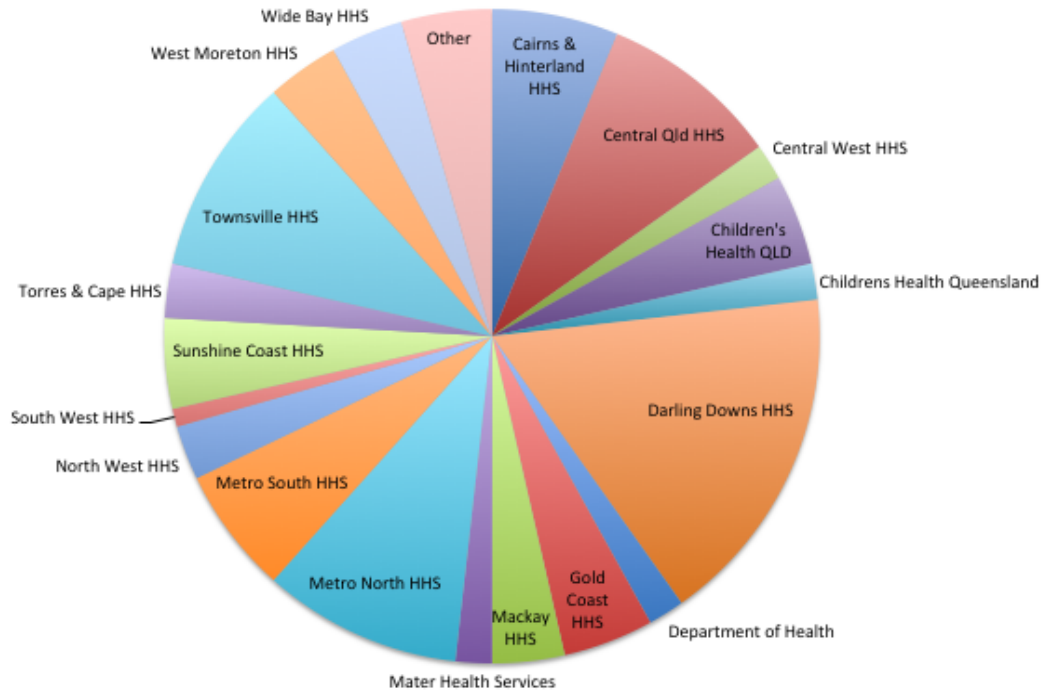
Planned activities in 2016-17

Output	Activity	Comments
Publication of Evaluation Resource Guide	AHPOQ to publish guide to the internet in September 2016	Document for review in 24 month as per AHPOQ publication review cycle.

Appendix 1 Allied Health Telehealth Network

Allied Health Telehealth Network members registration information compiled on 31 August 2016

Figure 1 Allied Health Telehealth Network members: organisation (n=112)



Five members are from organisations outside Queensland Health including non-government healthcare providers and universities.

Figure 2 Allied Health Telehealth Network members: profession / workforce group (n=112)

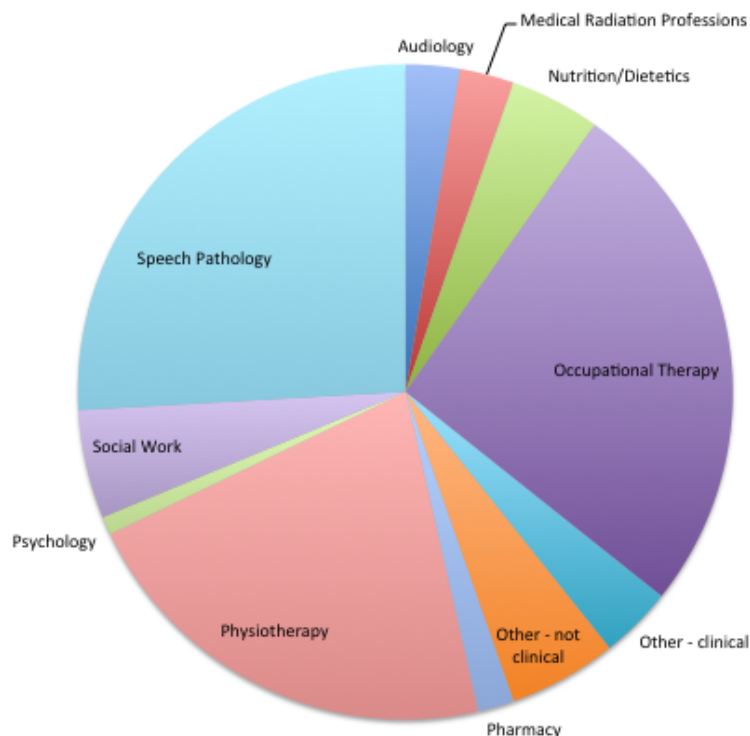
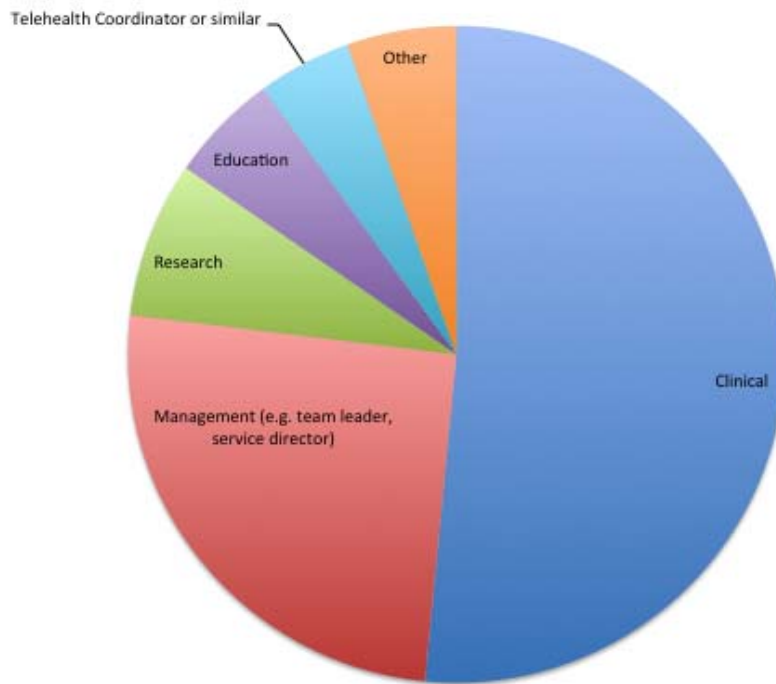
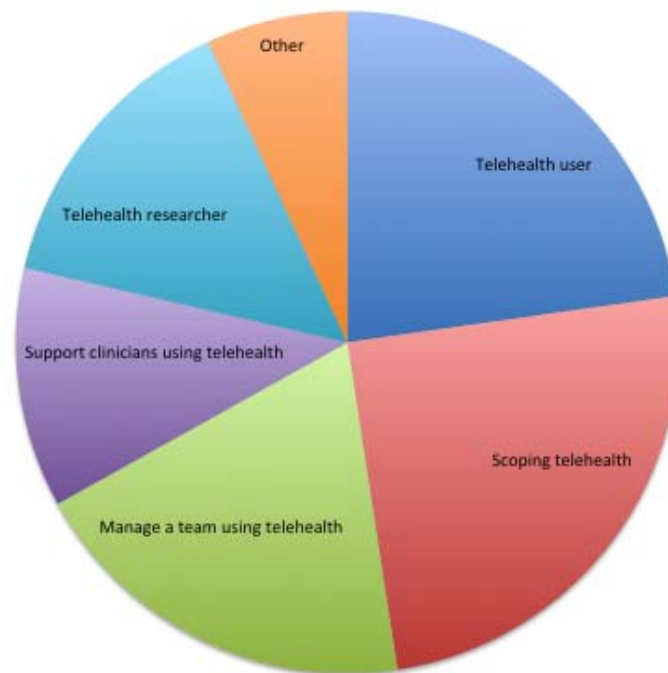


Figure 3 Allied Health Telehealth Network members: work role, August 2016 (n=130) *



* Some positions have a dual role, generally a combination of clinical and management

Figure 4 Allied Health Telehealth Network members: involvement in clinical use of telehealth (n=112)



Appendix 2

Allied Health Telehealth Network Presentation Series

Presentations

Date	Presenter	Topic	Registered VC sites	Number accessing recording
Nov 2015	Assoc Prof Trevor Russell, UQ	eHab information session and demonstration	Nil – recording only	27
12/2/16	Lisa Dunn, DDHHS	Clinical applications of iPads	34	Nil – no recording
29/2/16	Cathy LaRiviere, MHHS	Telehealth Scheduling - process mapping and improving systems	13	Nil – no recording
15/3/16	Jacqueline Nix, MNHHS	Telehealth supporting Occupational Therapy acute services	21	11
26/5/16	Natasha Moller, WMHHS	Establishing a Rural Telehealth Service for Treatment of Voice Disorders in Parkinson's Disease	13	9
22/8/16	Gayndah allied health team	Telehealth-supported delegation	19	12
Total (all presentations Nov 2015 – August 2016)			101	59

Registered videoconference sites for presentations (all presentations)

Site registration for the video-conference (VC) presentation sessions was through an online registration page that collected basic descriptive information on the site and site contact/organiser. Actual attendance per site was not captured. Some sites had a single participant and others had ten or more.

Figure 5 VC site: HHS / organisation

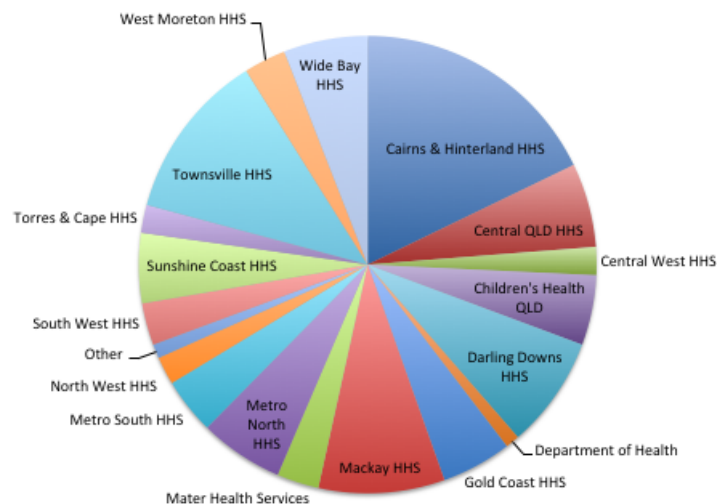
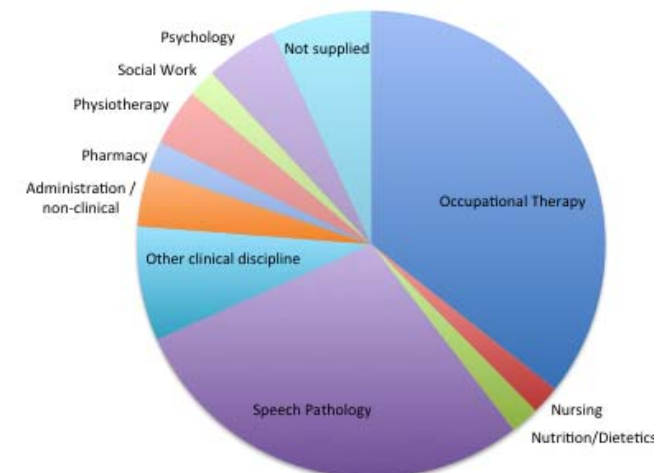


Figure 6 VC site coordinator: profession / workforce group



Recorded presentations

Individuals accessing the presentation provided some limited information for evaluation purposes prior to receiving the link to the recording. Recordings were available through QHEPS for 14 days after the presentation date. Two sessions were unable to be recorded for technical reasons.

Figure 7 Recorded presentation access: HHS / organisation

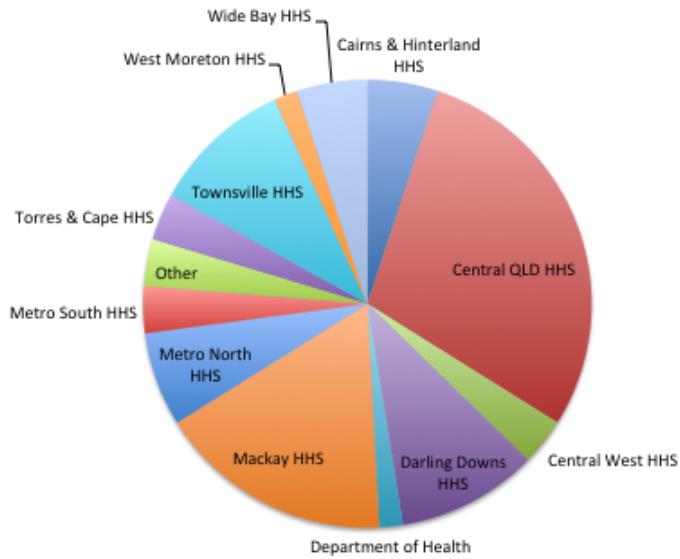
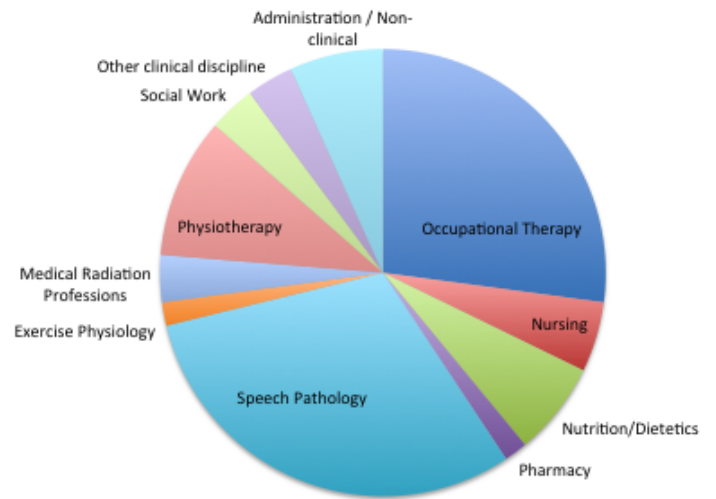


Figure 8 Recorded presentation access: profession / workforce group



Appendix 3 Feedback survey August 2016

Survey

A survey was developed based on one used by the AHPOQ for eliciting feedback on other workforce development strategies. The survey was peer tested prior to distribution. An invitation to contribute to the online survey (Survey Monkey®) was distributed to all Allied Health Telehealth Network members and all site contacts for any session in the 2015-16 Allied Health Telehealth Presentations Series. Surveys were distributed to 170 email addresses. Recipients were requested to forward the survey to any colleagues who had attended a presentation at their site.

Respondents

Nineteen responses were received (11%). Most were network members. Respondents had attended an average of 2.6 presentations.

Profession / Group	Total
Nutrition/Dietetics	3
Occupational Therapy	5
Pharmacy	1
Physiotherapy	2
Social Work	4
Speech Pathology	2
Administration / non-clinical	1
Other clinical discipline	1
Total	19

HHS	Total
Cairns & Hinterland HHS	3
Central West HHS	1
Children's Health QLD	1
Darling Downs HHS	3
Gold Coast HHS	2
Mackay HHS	1
Metro South HHS	1
South West HHS	1
Sunshine Coast HHS	1
Townsville HHS	5
Total	19

Satisfaction with Allied Health Telehealth Network & Presentation Series

Network communication frequency was considered appropriate by the majority of respondents.

Relevance of presentations	% Total
Highly relevant	32%
Moderately relevant	37%
Minimally relevant	5%
Not applicable or no response	26%

Value of presentations	% Total
Highly valuable	26%
Moderately valuable	42%
Minimally valuable	5%
Not applicable or no response	26%

Information priorities

Figure 9 Priority topics for the presentation series or distribution of information through the network

