An operational guide to applying the CEC's "Embedding Virtual Care in Safety and Quality Frameworks"

This resource is designed to support health services implement the Clinical Excellence Commission's Embedding Virtual Care in Safety and Quality Frameworks.

What is virtual care?

Virtual care is "any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies" (see NSW Virtual Care Strategy 2021-2026).

Virtual care is *not* an isolated method of care delivery – it is one modality of providing health care. Throughout their journey, patients may receive their care face-to-face, via virtual modalities, or via a combination of both.

Your organisation's clinical governance framework (or equivalent) should encompass the introduction and monitoring of any model or service that utilises virtual care modalities. All models and services should report as per the clinical governance framework, just as your organisation would for any face-to-face care.

How to use this document

This resource lists topics to consider and additional resources that *may* be applicable to a model or service that utilises virtual care. You can choose to use this document to guide in the planning or self-assessment of models or services that include the use of virtual care modalities, or that are solely virtual-care focused.

You should note, however, that there may be *additional* safety and quality considerations specific to your model, service or organisation, and that it is also possible that there are items in this document that are *not* applicable for your model, service or organisation.

You should consult with your local director of clinical governance if you have any queries related to this document and how it may apply to your model, service or organisation.

The guide is arranged in the following components:

- governance, leadership and culture
- patient safety and quality monitoring system
- clinical performance and effectiveness
- safe environment for the delivery of care
- partnering with consumers.

Governance, leadership and culture

- ☐ Any specific responsibilities and requirements for virtual care are included in the organisation's current clinical governance framework.
- ☐ Services that may deliver care via virtual modalities have clear clinical and operational reporting structures.
- ☐ Leaders and staff involved in virtual care have defined responsibilities.
- ☐ Local processes are established to monitor the completion of any action arising from the review of virtual care safety and quality reports.
- ☐ Relevant peak governance committees have oversight of virtual care service safety and quality (this may include "virtual care" as a standing agenda item).
- ☐ Reports are produced that monitor safety and quality for patients who receive care via a virtual modality (and these are tabled at an appropriate body for review and action).
- ☐ The organisation includes delivery of health care via virtual modalities in service-planning and infrastructure-planning processes.
- ☐ Documentation in patient records clearly identify both the delivery of face-to-face and virtual care services.
- ☐ Staff providing care can review notes from face-to-face and virtual care encounters to assist with clinical decision-making.
- ☐ Staff and patients understand the purpose of the virtual care, and how the patient's journey will include face-to-face and virtual care services.
- ☐ When new guidance regarding virtual care is released, it is considered in the local context for application.
- ☐ When planning and implementing virtual care services, existing applicable guidance is reviewed and implemented.
- ☐ The organisation's policy team has processes to ensure distribution of NSW Health virtual care safety guidelines.
- ☐ There is access to resources and subject matter expertise on virtual care clinical service provision.
- ☐ Consider relevant communication and networks, such as NSW Health's Virtual Care Connect SharePoint and the Agency for Clinical Innovation's (ACI) Virtual Care Exchange Forum.

Patient safety and quality monitoring system

- ☐ Staff who deliver health care via a virtual modality understand that any incident must be reported in ims+ (as they would for face-to-face care).
- ☐ Staff working with virtual care understand *how* to record an incident in ims+. This includes identifying the correct location for the incident, when to flag that virtual care contributed to the occurrence of the incident, and adding eHealth visibility if appropriate.
- ☐ Incidents involving virtual care are managed as per NSW Health Incident Management Policy Directive (PD2020_47), as they are for all incidents.
- ☐ Multidisciplinary clinical reviews are performed following relevant incidents
- ☐ Staff are encouraged to participate in a culture of "being a voice for safety" to support learning.
- ☐ Data is collected on services where care is delivered via a virtual modality. This includes patient safety, clinical effectiveness, patient outcomes, and staff and consumer experience.
- ☐ There is a documented process that includes:
    - details of the data that will be collected, that is, data definitions
    - where, when and how the data will be reported
    - indicators for service performance/ underperformance/escalation points
    - a mechanism for changes to be made using information and decisions arising from this data collection (for example, where an emerging trend or a risk is identified).[1]
- ☐ Data reports are reviewed and are tabled at appropriately governed local bodies that are authorised and enabled to make changes based on the information gathered from reporting (that is, the data and information is used in continuous quality improvement).
- ☐ The data that is collected:
    - is accurate
    - is able to be organised into meaningful reporting formats relevant to the audience
    - is updated regularly – as close to "real time" as possible
    - is accessible by the relevant staff
    - can be applied to predictive functionality.
- ☐ Virtual care is included as a standing agenda item at relevant safety and quality meetings.

[1] The CEC's Safety Intelligence team is working on developing recommended standard safety and quality metrics for virtual care.

Clinical performance and effectiveness

- ☐ The local workforce team (or equivalent) is aware of the existing and planned care that is delivered via a virtual modality and the impact this may have.
- ☐ Any changes to an existing role that will require changes arising from the introduction or performing of virtual care are reflected by updating the relevant position description.
- ☐ Position descriptions of new roles include virtual care expectations.
- ☐ Orientation for staff who will be involved in delivering care via a virtual modality receive appropriate induction that includes education on safety and quality, roles and responsibilities, and knowledge and skills – as they are relevant to the local models. Available training includes:
    - My Health Learning Course Code 487522974: Establish a confident telepresence in a virtual care environment
    - My Health Learning Course Code 487521515: Introducing virtual care in consumer conversations.
- ☐ Consider steps to identify capability gaps and needs, workforce planning and recruitment, and professional development plans to support virtual care capability development.
- ☐ Ensure staff providing care via virtual modalities understand where they may receive clinical support in delivering virtual care.
- ☐ Consider establishing local virtual care leads or champions.
- ☐ Consider introducing reflective practice tools for those involved in virtual care.
- ☐ When planning and implementing new services, consider changes to practice that include human factors and impacts on staff involved. Complete process mapping before and after to understand the changes. Refer to the ACI's Virtual Care in Practice resource.
- ☐ Create a change management plan with the relevant staff. Consider allocating a change management lead to minimise impact and support the ease of integration as well as reduce the impacts of variation.
- ☐ Optimise integration where possible and minimise deviation from existing best practice, where possible.
- ☐ Develop a clear reference guide for staff to follow and ensure this is easily accessible for staff when completing tasks.
- ☐ Ensure contact details for real-time troubleshooting are available for staff.
- ☐ Ensure contracts with third-party providers include clear and consistent safety and quality indicators.

Safe environment for the delivery of care

- ☐ Virtual care will have some specific requirements. The director of clinical governance and local service managers should liaise with local ICT, local capital works, eHealth, Health Infrastructure, as appropriate.
- ☐ Has the director of clinical governance been consulted regarding data security requirements including consideration of privacy, storage, integrity, and so forth?
- ☐ Each model, where care may be delivered via a virtual modality, should include a process to identify patient safety risks, such as:
    - a risk assessment of those who is considered appropriate to enter into virtual care (to determine where a patient may not safely enter into virtual care / is at too high of a risk to receive care virtually)
    - mechanisms to appropriately monitor the patient receiving care virtually and assess ongoing appropriateness of virtual care
    - ability to identify emerging patient risk or deterioration
    - escalation and updating the patient's care plan (including potential transfer to face-to-face care) where the patient is at risk of clinical deterioration.
- ☐ Establish links with local and existing education resources.
- ☐ Staff to complete training regarding aggression management and de-escalation.
- ☐ Staff are aware that incidents of aggression should be reported in ims+ and understand how to escalate aggression experienced during a virtual care encounter.
- ☐ The environment from which staff provide virtual care includes the necessary:
    - IT requirements, such as computer, camera, tablet, smartphone, headset, microphone, software platforms, internet/network connection, and so forth
    - physical surroundings (for example, a private space to deliver care separated from other staff).

Partnering with consumers

- ☐ There is a defined provider for audio and visual interpreter services. The provider is able to access and participate in virtual care platforms.
- ☐ The contact details for interpreter services are communicated to all staff, and easily obtainable for staff in real-time.
- ☐ Staff utilise communication training, such as the Teach Back method.
- ☐ Materials are available for staff to support patients (and their family and/or carers) in accessing their virtual care (for example, appointment cards, "how to" guides, video instructions, and a contact list). Ideally, these would be available in a range of languages, in plain English, and include accessibility for computer readers.
- ☐ Staff ensure that the patient has received or has access to all equipment required for virtual care, such as remote patient monitoring devices.
- ☐ Staff ensure patients (and their family and/or carers) are comfortable with accessing their virtual care *before* any scheduled appointment.
- ☐ There is a mechanism for patients to contact the service in the event they are experiencing difficulties in accessing their care (for example, a telephone number).
- ☐ A list of resources is available for staff to access, including how consumers may access further information.
- ☐ Patients are able to choose virtual care where it is clinically safe to do so, *and* the patient accepts this modality. This means that patients are able to choose to receive care face-to-face if they prefer, however, clinicians may make a clinical assessment that a patient is *not* suitable to receive virtual care.
- ☐ All patients participating in virtual care provide an alternative set of contact details and/or emergency contact person details.
- ☐ In the event that a patient is not able to be contacted for their virtual care session, a procedure is in place to ensure alternative contact methods are available, emergency contact person details are available, escalation can be initiated, and a note can be documented in their health care record.
- ☐ Models of care, using virtual care as a modality, have documented processes to refer patients to additional social services, and how this is documented in their medical record.
- ☐ All patients, their families and/or carers are able to provide feedback on their virtual care experience.
- ☐ Patient experience data and other feedback is incorporated into the review and redesign of virtual care.
- ☐ Specific instructions are provided to all patients, their families and/or carers in the event they are concerned about the clinical condition of the patient and how to escalate these concerns.
- ☐ As in face-to-face care, virtual care services should be recorded in patient information systems and should be covered by the same governance, including privacy/confidentiality.