

TRAC Program Toolkit

Telehealth for Residential Aged Care Facilities Program



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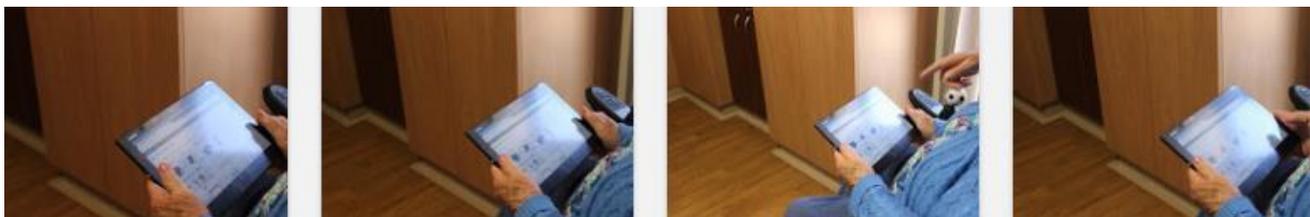
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TRAC PROGRAM TOOLKIT

General FAQs:

What is the TRAC Program?

The Telehealth for Residential Aged Care Facilities (TRAC) Program aims to support multidisciplinary care activities to assist older Australians with complex and chronic health needs who would benefit from higher levels of coordinated care and treatment.

The TRAC Program will deliver GP, Allied Health and Specialists consultations to Aged Care residents in Residential Aged Care Facilities (RACF) using video consultation and Western NSW PHN RACF Program Administrator will be responsible for service delivery of this model of care to improve access for Residents to a team of multidisciplinary clinical service providers in the region via video consultations.

The Program will also implement, maintain, administer and evaluate the TRAC Program in the following locations Broken Hill, Dubbo, Wentworth (Mildura / Merbein), Mid-Western Regional, Blayney and Parkes Local Government Areas (LGAs) and review RACFs After-Hours requirements and Clinical Handover Tool (ISBAR) for RACFs and Community Aged Care Providers in the WNSW PHN geography.

Why is there a need for a General Practitioner (GP) video consultation with residents in aged care facilities?

Appointments via a video link are particularly useful for residents in aged care facilities who have trouble getting out and about. They provide access to a General Practitioner (GP) when it might not otherwise be possible, for instance on a day that the GP isn't scheduled to visit, and a resident becomes unwell.

Video consultations will **NOT** replace face-to-face GP visits and are not suitable for all appointments. The resident's GP and / or Registered Nurse at the RACF will be able to advise when it is suitable.

Benefits of video consultations for Residents / RACF

- ✓ Reduced waiting times.
- ✓ Less distress for Residents.
- ✓ Reduced need for transport and hospital transfers.
- ✓ Easier for family and carers.
- ✓ Increased access to GPs, Allied Health Professionals and Specialists.

Benefits for GP

- ✓ GP can see the Resident in their usual surroundings.
- ✓ GP can get remunerated for a video consultation which is currently not covered by a MBS rebate item.
- ✓ Ability to get access to Patients quickly.

What are the GP Payment Terms?

GP Video consultations will **NOT** replace face to face consultations but only be used as a supplementary model of care to provide quick access for Residents between GP visits to the Nursing Homes.

Practices will be offered a GP Allowance claimable at an agreed rate as prescribed in our Terms of Engagement and based on claims made through the TRAC Post Video Consultation Survey Log and Healthdirect Video Consultation Report.

Conditions applicable:

- Residential Aged Care Facility will determine the need and suitability for the GP Video Consultation.
- Resident **MUST** be present at the time of the video call along with a RN/ EN to support GP with observations.
- Healthdirect platform (Video Call) **MUST** be used for video consultations.
- Compliance to the GP activities from the GP / Practice Video Consult Checklist (**Annexure 4**).
- Practices to designate a daily spot in GP diaries to book video consultations under the TRAC Program
- Payments are only payable for Clinical Services provided by the GP, these payments can only be claimed for the actual time spent with the resident / patient, plus ten minutes to write up notes, scripts etc.
- Payments are however not claimable for non-clinical services.
- GPs are entitled to a standard \$25.20 payment for any technology issues resulting in suspension of the video consult and inadvertent appointment booking errors by RACF resulting in loss of GP's practice time.

Who will pay for the video consultations for Residents?

The service is completely **FREE** for Residents and RACFs. Where a GP provides a video consultation which can be bulk-billed under the Medicare Benefits Scheme (MBS) including temporary COVID-19 telehealth services, the GP must not claim payment from WHAL for the delivery of that video consultation.

WNSW Primary Health Network recognise that incorporating telehealth into everyday work is a significant change from traditional practice that may affect billing, scheduling, IT systems and required additional staff training.

How will payments be made by WNSW PHN to GPs providing video consultations under the TRAC Program?

In the first week of every month following completion of GP Video Consultations, the RACF Program Administrator will issue a Statement to each Practice, along with a copy of the Healthdirect Video Consultation Report. These are to be confirmed within 7 days from the issue date and a tax invoice raised for the said amount. WNSW PHN Accounts will review and settle payments within 30 days into the nominated account for onward distribution to GPs as per internal practice arrangements.

How will payments to Allied Health Professionals and Specialists using the TRAC Video Call platform be arranged?

Payment Terms will remain unchanged for Allied Health and Specialists. This Program will only provide an additional avenue (Telehealth) where recommended, to offer services to Residents eliminating the inconvenience of travel. This not just benefits Residents that experience low mobility to save on transportation costs and the inconvenience, but the call enables better management of patient traffic at the Health Service/ Practices.

Will the service be available After Hours? (Mon–Fri: Before 8am After 6pm; Sat/Sun: 12 noon–Mon 8am Public holiday: all day)

Yes, the service is available After Hours subject to the health professional's availability. There is no additional incentive for clinicians offering video consultations during After Hours.

In the absence of a GP after hours, please feel free to call Healthdirect [Healthdirect](#) provides trusted health information and advice online and over the phone (1800 022 222), available 24 hours a day, 7 days a week. These services are funded by the Federal, State and Territory Governments.



Need to find a GP or pharmacy that is open after hours?

The [National Health Services Directory](#) allows consumers to easily search for the closest doctor, pharmacy or other health services that are **open now**, including after hours. This service is provided by Healthdirect.



After Hours' Palliative Care

NSW patients receiving **palliative care**, their carers' and families, have access to a new service for additional advice and support during the after-hours period.

PALLIATIVE CARE AFTER HOURS HELPLINE - 1800 548 225

Can a video consultation occur when resident is not present?

No, Video consultation conforms with the restrictions governing face-to-face consultations provided in residential aged care facilities, funded through the MBS by which Residents need to be present for a video consultation to be claimable by the GP under the TRAC Program. Hence, care needs of the Resident for which the payment is being claimed are in-scope, provided the Resident is present for the provision of that advice.

Can a GP video consultation occur for non-clinical reasons?

No, Clinical Service Payments are only payable for **clinical services** provided by participating GPs and these payments can only be claimed for time spent with the patient.

What is the process for delays in commencing the video consultation between RACF and GP?

If the GP is running late, Practice Staff should contact the RACF and advise revised time / date for the video call or visit. On the other hand, if there is a change required from RACF, they need to inform the Practice and seek a revised appointment time for the video consult / visit to nursing home.

GP / Resident and RN / EN will wait for no longer than **10 minutes in queue** and will terminate the video call in absence of any notification. A fresh request will be initiated via fax to reschedule the video consult via video consult / GP visit.

What is the process for GPs to claim for booking errors/ changes by RACF and technology issues resulting in suspension of the video call?

Practice Manager / GP need to fill an online claim form for **each** RACF Booking Error / Technology Issues and is payable **\$25.20** / booking:

<https://docs.google.com/forms/d/e/1FAIpQLSe9J6z7HxmV0DdobBHIRNkSmMgyR4T3HF-uQudbQ0uudUDABA/viewform>

Conditions that merit a claim:

1. RACF Booking Changes / Errors

If the Practice is not contacted by the RACF within **2 hours of the booked time**, GP can raise a claim against RACF Booking Error/ Change.

2. For Technology Issues, if any, following steps need to first be taken to resolve the issue:

- If there are technology issues, first step is to **end the video call at RACF end**
- **Reboot if it is a mobile device** at RACF and GP end
- If it is **on a computer**, **log off the clinic and “x” out from the Chrome browser** completely
- **Open a fresh Chrome browser and GP can login** into the virtual clinic
- RACF to originate a **fresh call to the GP**

3. If the above steps, does not resolve the issue, please call Michelle Squire RACF Program Administrator Desk (08) 8005 8364 OR Mobile M 0427 140 216

If despite the above two steps, the video consultation does not eventuate, the suspended video consult will be claimable

Claim Process

Claims will be processed in the **monthly invoicing cycle** and will be indicated separately in the Tax Invoice / Recipient Created Tax Invoice (RCTI) by Practices.

Patient Consent

Patient Consent is mandatory for video consultations under the TRAC Program. (**Annexure 1**).

A Patient Consent Template which needs to be maintained on the Resident's records by RACFs. Please find attached NSW Civil & Administrative Tribunal's (NCAT's)

Guardianship Division's Fact Sheet for consent to medical treatment for people who lack capacity to consent for themselves.

https://www.ncat.nsw.gov.au/Pages/guardianship/publications_resources/gd_fact_sheets.aspx

The Resident should be given the one-page guide, to provide the resident with an orientation regarding the new video consultation appointment setting (**Annexure 2**).

Who will determine if video consultation is an option for the Resident?

The GP or the RACF Registered Nurse will determine if and when a video consultation is required.

The GP is the responsible for their patient's clinical care coordination and can request a video consultation based on their clinical judgement.

The Registered Nurse can request a GP video consultation for the Resident based on a Triage assessment of the Residents symptoms to determine the priority for the GP video consult based on the clinical urgency of the Residents condition.

There are certain health conditions and situations that may be suited to a video consultation depending on the resident's presenting condition, for example (these are only guidelines):

- Residents who are immunocompromised
- Residents suffering from a debilitating illness where travel can be a physical stress on health and wellbeing. For e.g. chronic fatigue, frailty etc.
- Residents needing urgent pain relief, wounds review or falls management
- Residents receiving palliative or end of life care
- Residents who are motivated to manage self-care when diagnosed with a chronic illness
- Residents needing Care Plans
- Residents with mental health issues requiring monitoring/ care management to enable and promote their wellbeing

General Rules

- Residents have the right to choose their own doctor
- Practices to have a designated spot in the GPs diary to book video consultations

Why has Healthdirect's Video Call application been chosen as the video consultation platform for this Program?

Healthdirect's Video Call provides a set of world-class consumer video consulting tools and services, built for Australian health care delivery. In addition, Healthdirect Video Call offers the following prescribing to Australia's Privacy and Data Sovereignty guidelines:

- Video Call does not require patients to create account or share contact details
- Patients can enter a service anonymously if permitted by that service
- No patient identity information is retained in video system after call ends
- Media traffic is protected with AES 128-bit encryption end-to-end between web browsers
- If network relay is required, it is passed via Healthdirect-hosted relay servers only, which cannot decrypt, and forward encrypted media traffic as is
- All call records and related provider data within Video Call application, stay within Australian territorial boundaries.

Do I need a Provider Login to do video consultations over Healthdirect Video Call platform?

As a Health Professional, you would need to have a Healthdirect Provider ID and to process this requirement, a request needs to be sent by the Practice Manager as follows:

Details to be provided – Name of GP
GP's Email Address

Email to – Michelle Squire
RACF Program Administrator – TRAC Program
michelle.squire@wnswphn.org.au

When your Provider Login is created, you will receive a notification from Healthdirect to your email ID ([Annexure 3](#)).

Are there any tips to improve video call experience?

Yes, there are some good tips as listed below:

Environment

A quiet, private room is best for medical or otherwise sensitive meetings

- If you wouldn't hold an in-person meeting in an open environment, then it is similarly unsuitable for a video call.
- The only people who should be able to hear your conversation are the people involved in the video consultation.

Make sure that you are well-lit

- Normal room lighting is usually sufficient but avoid sitting directly beneath the light source if possible.
- Side-lighting works well.
- While many web cameras can work well in low light conditions, unless they are specifically rated for low-light environments, both frame rate and picture quality will suffer.

Be aware of incidental movement behind you

- Even if you are holding a video call from a private room, make sure that you aren't sitting in front of a window or transparent wall. People or other elements behind you can be distracting for participants.

Equipment

Ensure you are logged into the Healthdirect platform prior to accessing the links below.

Test your equipment before the call

- Take time to familiarise yourself with the equipment and software before you have to use them.
- Understand what to do if things go wrong, and how to fix basic problems.
- Know who to contact if you can't resolve any problems that do occur.
- Always be aware of current audio and video settings.
- Run a setup test if one is available or call a colleague to make sure everything works.

Making the call from a desktop or laptop computer

- Try to make sure that no updates will occur while you're in the middle of a call.
- Only run the software you need to use while in the video call: this increases the resources available to your computer.

Set up the camera in a good position

- Place the camera in a location where the participants stay within camera view.
- Position the camera at eye level where feasible, to provide the most natural call experience.
- Keep the participants centred in the camera view.
- Cameras perform better with good lighting. Even those that handle low-light conditions well perform better when lighting is like that in an office environment.

Choose microphone and speakers based on location and environment

- Laptop microphones and speakers are adequate but be aware of echo or feedback during conversations.
- Headsets work well for single-person locations.

- Use a noise-cancelling speakerphone device when multiple people are sharing the same room.
- Position the microphone so that voices are clear and neither too loud nor soft.

Etiquette

Wear appropriate clothing

- As a rule of thumb, dress as you would when holding in-person consultations.
- Wear neutral, muted solid colours where possible
- Patterns, stripes, dots, white, and red can all cause distracting screen effects, such as strobing or moiré patterns.
- If feasible, make a dummy call or equivalent to make sure that your clothing choices present well on screen.

Be mindful of body language and behaviour

- Remember that the other participants can see you. Act like they're in the room with you.
- Avoid raising your voice.
- Never shout.

Have alternative contact information available

- If something goes wrong during the video call, you may need to contact other participants by – for example – phone.

Focus on the call

- Do not check your email or phone while in a video call.
- When you talk, look at the camera, not at the screen. This helps other participants engage more effectively.

Understand the subtle differences between meeting via video and meeting face-to-face

- There is always a small amount of lag in conversations, which can make it seem like people are talking over each other when in fact, they thought they had interjected during a pause.
- Be patient and allow other participants the time to finish speaking.
- When the call ends, make sure all video and audio equipment is switched off.
- Mobile equipment like Tablets and Smartphones will need to be charged.

<https://help.vcc.healthdirect.org.au/conductvideocall>

Steps involved in setting up a GP video consultation

Please refer to GP Video Consult Checklist ([Annexure 4](#))

1. GP/ RN/ EN to determine if Resident is suitable for video consultation
2. RACF seeks documented Patient Consent for records purposes
3. Practices have a designated appointment for video consultations under TRAC Program
4. RACF places a request for a video consultation by fax ([Annexure 9](#)) or phone clearly categorising as per GP Priority Listing ([Annexure 6](#)) and in ISBAR format ([Annexure 8](#))
5. Practice confirm the appointment with Date and Time for the video consult
6. GP Logs into Healthdirect Virtual Clinic ([Annexure 11](#))
7. RACF make a video call to the GP ([Annexure 12](#))
8. Video consult occurs
9. Post call survey filled by GP and RACF
10. GP arranges to send his Progress Note / Medication Orders ([Annexure 4](#))

Steps involved to make GP Claim

1. GP needs to fill Post Video Consult Log clearly capturing actual time taken on the video call plus ten minutes to write up notes, scripts etc.
2. In the first week of the following month, RACF Program Administrator will generate a Statement by Practice based on GP video consultations.
3. Practices need to reconcile with their records and notify changes within 7 business days after which the Statement will be treated as final
4. A tax invoice needs to be raised by the Practice on WNSW PHN
5. Payment will be arranged within 30 days of raising the Tax Invoice

Technical Specifications

What equipment can be used for the video consultation?

Hardware

<https://help.vcc.healthdirect.org.au/itstaff/devicesoperatingsystems>

Equipment Guide

<https://help.vcc.healthdirect.org.au/conductvideocall/whatyouneedtomakeavideocall>

What are the Web browser requirements?

Windows, Mac PCs, and Android device

Users require one of the following web browsers to use Video Call:

- (Windows, Android, MacOS) **Google Chrome**: Version 72 or later

Important: If your workplace's policies do not permit Google Chrome to update automatically, Video Call recommends that the IT department schedule a manual update at least twice a year

- (MacOS, iOS) Apple Safari: Version 12 or later,
- (Windows, Android) Firefox Version 68 or later
- (Windows, MacOS) Microsoft Edge Version 79 or later
- (Android) Microsoft Edge Version 44 or later

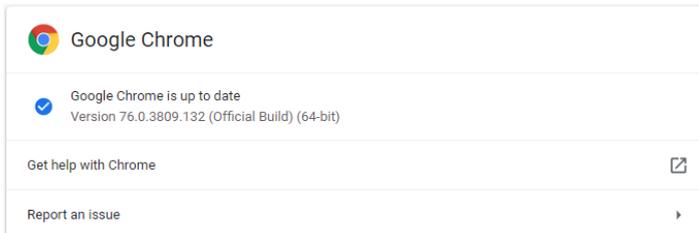
Video Call always recommends using the latest version of Chrome or Safari for best video calling performance.

To check your web browser version, go to <https://www.whatsmybrowser.org/> This website shows you the brand and version of the web browser you view it with and tells you if you have the latest version. **I don't use Google Chrome. How do I install it?**

Visit the Google Chrome website (<https://www.google.com/chrome>), and follow the instructions from there.

I'm using Google Chrome. How do I know if I have the latest version?

In the Address Bar, type: `chrome://help/` and then press the Enter key. This opens Chrome's **About** page. Text below the version number information tells you if you have the current version:



When the page first opens, Chrome checks to see if a new version is available. If there is, it updates automatically.

Internet connection requirements

When making video calls with Video Call, make sure that your internet connection meets the following requirements

Recommended latency (also called 'ping'): Less than 150 milliseconds (ms)

Minimum download speed: 0.8 Megabits per second (Mbps) - provides lower-quality video

Recommended: 1.1 Mbps or better

Minimum upload speed: 0.35 Mbps - provides lower-quality video to other participants

Recommended: 0.7 Mbps or better

Download speed, upload speed, and latency

You can test your speed and latency at <http://www.speedtest.net>.

When the test completes, the results will look something like this:



Compare your results to the minimum and recommended values above. A wired internet connection will provide best video quality, but you can also use a fixed-wireless or mobile (3.5/4G) data service.

How much internet data will I use?

Consumers don't use any data while waiting for a service provider to join them. A video consultation uses less than half of the data you would use while watching a YouTube video in High Definition*, over the same time. Data use is less on lower-speed internet connections, or if you're using a less powerful computer, tablet, or smartphone. These factors can also reduce the overall quality of the call. Data use increases when there are more than two participants in the call

Smartphone & tablet users

If you can, connect to a work or home Wi-Fi network to avoid using your mobile data allowance.

About 230 MB on a mobile device, and 450 MB on a PC for a 20-minute call, which is like Skype® or FaceTime®.

Link to Troubleshooting Poster

https://static.helpjuice.com/helpjuice_production/uploads/upload/image/5044/353877/Video_Call_Troubleshooting_Clinicians.pdf

Video Call: Troubleshooting

Issues in a call? Click refresh.



Does your device meet these minimum requirements?



Windows PC
i5 processor with 3GB of RAM Windows 7 or later



Apple Mac
i5 processor and 3GB of RAM MacOS 10.12 (Sierra) or later



Android tablet or smartphone
Android 5.1 or later



Apple iPhone or iPad
iOS 12 or later

Latest web browser?

Check version at www.whatismybrowser.com



Google Chrome Version 72+
(Windows, Android, MacOS)



Apple Safari Version 11.4+
(MacOS, iOS)



Firefox Version 68+
(Windows, Android, MacOS)

Further troubleshooting

vcc.healthdirect.org.au/makingcalls

Can't hear others?

Speakers/headset:

Volume at audible level?

(If external) Plugged in securely?

(If powered) Switched on?

Correct speakers/ headset selected?

Check correct audio output selected in computer settings.

Hearing an echo?

If using external speakers position them further away from your computer and reduce the volume. Try using a headset or headphones if the echo persists.

More: vcc.healthdirect.org.au/speaker

Can't see?

Web camera:

(If external) Plugged in securely?

Chrome using the correct camera?

Click camera icon in Call Screen's address bar; check access and selected camera.

Other software using the camera?

(Example: Skype also running)

Quit other application but may require computer reboot.

Firewall settings allow video stream?

If you are still experiencing issues speak to your IT department.

More: vcc.healthdirect.org.au/camera

Others can't hear you?

Microphone:

(If external) Plugged in securely?

Correct microphone selected?

Check correct audio input selected in computer settings.

Chrome using the correct microphone?

Click camera icon in Call Screen's address bar; check access and selected microphone.

Muted?

Either Call Screen, or device's audio settings.

Other software using the microphone?

(Example: Skype also running)

Quit other application but may require computer reboot.

More: vcc.healthdirect.org.au/mic

Poor image/sound quality?

Connection to Internet okay?

Check speed and latency at www.speedtest.net

Minimum speed is 350Kbps upstream and downstream.

Others on the network using lots of bandwidth?

(Example: other video calls in progress)

Modem/router working properly?

(Wireless network) Get closer to access point.

Ensure you have line of sight and are close to an access point.

Still having issues?

1. Contact your local support:

Enter local support contact details here

2. If issues persist local support can contact:

videocallsupport@healthdirect.org.au
Phone: 02 9263 9102

Are there any MBS RACF rebate items claimable under the TRAC Program?

This Program is independent of the MBS hence the only claims that will be processed under this Program is for GP Video Consultations with Residents in the Aged Care Facilities.

A Table of MBS Rebate items targeted for clinical services by GPs in RACFs is available separately in ([Annexure 19](#)) for your ready reference.

Decontamination Process

1. Wash your hands (as per hand hygiene protocol) <https://www.hha.org.au/hand-hygiene/what-is-hand-hygiene>
2. Put on clean rubber / plastic gloves
3. Clean and disinfect the tablet / iPad by wiping it with a Disinfectant Wipe - using a 70% isopropyl alcohol wipe or Clorox Disinfecting Wipe
4. Gently wipe the hard, nonporous surface of the iPad, such as the display, keyboard or other exterior surface including the iPad cover. Don't use bleach and avoid getting moisture in any opening, and don't submerge your iPad in any cleaning agents
5. Place the dirty wipe into the rubbish bin
6. Wipe over all cords and leads with a clean wipe
7. Dispose of dirty wipe in the rubbish bin
8. Wash your hands (as per hand hygiene protocol)

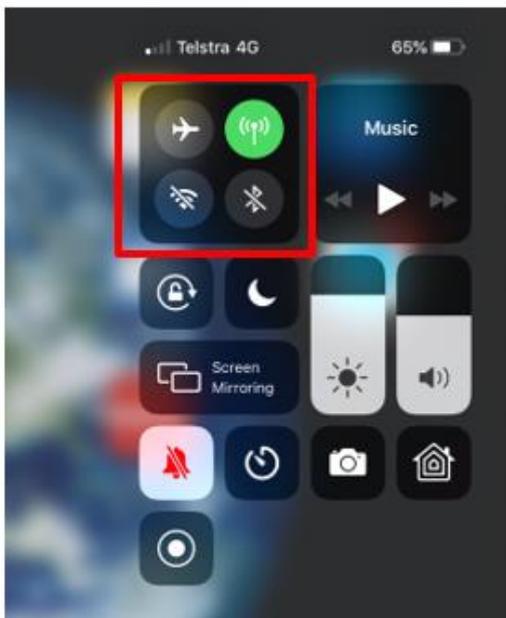
CAUTION:

- The equipment is not to be immersed in any liquid at any time
- Strong aromatic solvents, such as acetone, methylene chloride, and hydrocarbons should not be used
- Fibrous wiping materials, such as paper towels should also not be used as these materials create scratches where foreign particles and biological agents can be trapped
- Do not spray liquids on the tablets as household solvents and commercial cleaning fluids can permanently damage the tablet surface and any liquid can damage internal components on the tablet or the optional keyboard

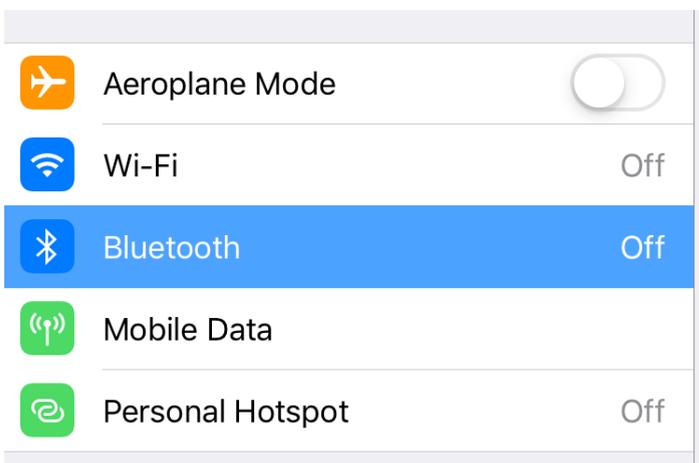
Depending on the device you are using, please see procedures below for both iPad and Tablets.

Procedure to activate 4G on iPad

Slide the iPad screen from the top right corner to show connection options. Ensure 4G is highlighted (in green) and NOT Wi-Fi.



Note that if WiFi or Bluetooth keep turning back on, go into settings and then turn each one off (as doing it in the above menu will only disable it for 24hrs)



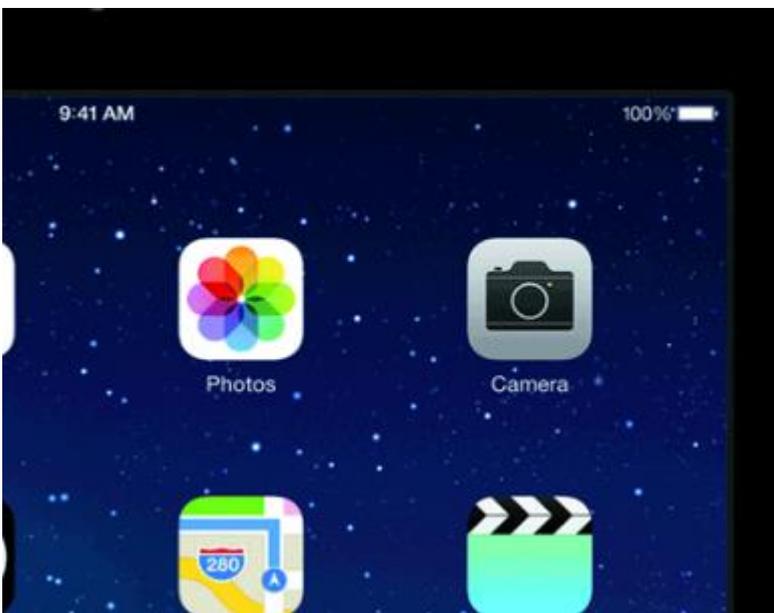
Procedure to charge the iPad:

As highlighted in the picture attached, the charger is inserted into the charger slot at the bottom of the iPad and connected to the wall to charge.



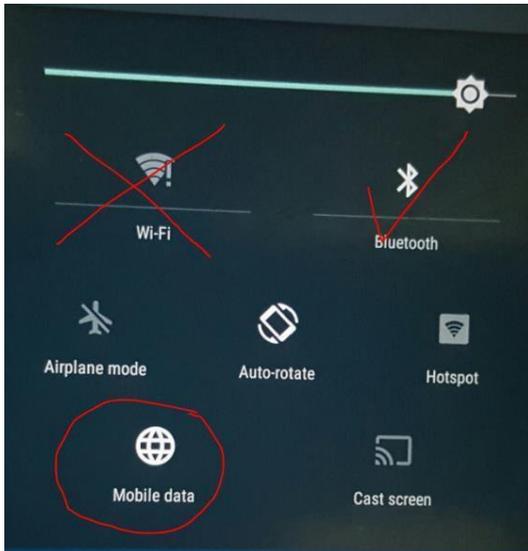
To check charge:

Please look in the top right corner to make sure the iPad is fully charged:



Procedure to activate 4 G on Sony Android Xperia Z4 Android Tablets

Slide the Tablet screen from the top twice to reveal the following Menu and ensure 4G is highlighted and NOT Wi-Fi. Selecting Bluetooth will enable you to pair your Keyboard to the Tablet.



Process to Charge Tablets and Keyboard (Sony Xperia Z4 Android Tablets)

Procedure to charge the Tablet:

As highlighted in the picture attached, the charger is inserted into the charger slot in the tablet and connected to the wall to charge the tablet.

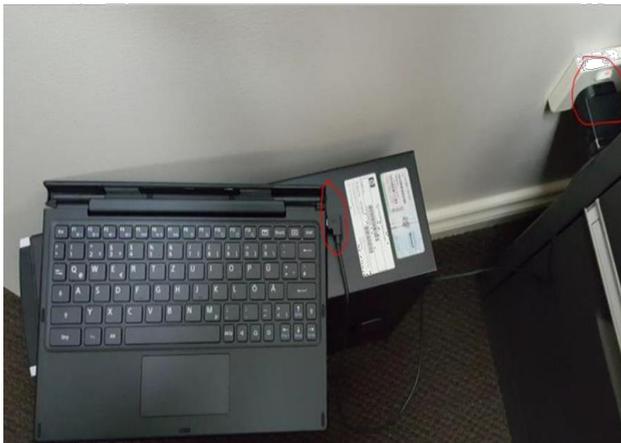


Please look for the following sign to make sure the tablet is fully charged:



Procedure to charge Keyboard

Please connect the tablet charger to the right-hand side slot as highlighted in the picture and connect it to the wall socket to charge. While the tablet is getting charged there is a LED light that gets activated



TRAC Program's Care Coordination Initiatives

Lung Foundation's Chronic Obstructive Pulmonary Disease (COPD) Action Plan

The TRAC Program will use the Lung Foundation's COPD Action Plan as a Respiratory Care Pathway for Residents engaged in the Program. **GPs are not expected to complete COPD Action Plans for Residents on a video consultation.**

The COPD Action Plan should be completed by the GP, RACF Nurse, Resident and Carer/ Family together. It guides all concerned in recognising when symptoms change and what action they should take. A copy of Lung Foundation's COPD Action Plan can be found in your Clinical System or link below (**Annexure 18**):

<https://lungfoundation.com.au/wp-content/uploads/2018/12/Information-paper-COPD-Action-Plan-Kit-Feb2019.pdf>

Annexure 1 Video Consultation Consent

I (Name of Resident) give my consent to video consultation with a Health Provider, including but not limited to my General Practitioner, Allied Health Professional or Specialist.

I understand that I may have other people present such as nurse, carer or family member during the consultation to discuss my health condition.

I understand that a limited physical examination will take place during the Video Consultation and that I can withdraw my consent to participate at any time.

I understand that I can change my mind and stop using video consultation at any time, including in the middle of a video visit.

I authorise the release of any relevant medical information about me to the consulting Health Professional and third party professionals / organisations that may require this information for continuing care.

I understand that by providing this video consultation consent, I agree to participate in Telehealth for Residential Aged Care Facilities (TRAC) Program.

I agree that participating in video consultations with my Health Professional as part of TRAC Program would involve collection, access and/ or use of my de-identified information for research purposes. However, anonymity will be maintained and at all time safeguarded. For further information, I will consult with Western NSW Primary Health Network's Privacy Policy on <http://www.wnswphn.org.au/privacy>.

I understand that Western NSW Primary Health Network cannot guarantee total protection against hacking or tapping into the recording by outsiders.

Before signing this document, I have had the opportunity to ask any questions about the Video Consultation and process.

I consent to the Video Consultation as outlined above.

Resident / Representative Signature Relationship to Resident Date

Witness Date

Withdrawal of Video Consultation Consent

I.....(Name of Resident/ Legal Guardian of Resident) wish to withdraw my consent to video consultations with the Health Provider, including but not limited to my General Practitioner, Allied Health Professional or Specialist.

Resident / Representative Signature Relationship to Resident Date

Witness Date

Annexure 2 Resident's Guide for Video Consultation

If you've been given this guide, it's because your GP/ RN has organised for you to have an appointment with your GP using a video consultation.

A video consultation is a medical appointment using video conferencing. You see and hear a GP without having to leave the facility.

What should I expect in a video consultation?

On the day of your appointment, you will be provided with various paperwork such as a Video Consultation Consent form to review and consider.

A staff member will assist you to get ready for the appointment. This might mean wearing appropriate clothing so that you can be examined if necessary. A staff member from your facility will bring equipment to your room, set it up on a table, and explain how it works to you.

For all video consultations, a Registered Nurse (RN) or Enrolled Nurse (EN) will sit in on the appointment with you. If you like, you can also have a friend or family member attend.

When the appointment starts, you will need to look at the monitor being used for the video consultation. You will be able to see and hear the GP, and they will be able to see and hear you.

You should be able to talk much the same as you do for a normal appointment.

After the appointment, your GP will write up some notes and any new medication that was prescribed for you. The RN, who was with you, will also write up some notes.

Once the appointment is finished and the staff have packed up the video equipment, you can continue your day as normal.

Questions?

If you have any other questions about the video consultation, please speak to the facility staff

Annexure 3 Health Direct Notification

Dear Dr

Michelle Squire has just added you to the TRAC Program's Waiting Area (Name of the Practice/ Health Service) as a Service Provider.

A Service Provider can view calls to their Waiting Area, join calls to the Waiting Area, and receive new call notifications from the Waiting Area.

REMEMBER: Always access the Healthdirect Australia Video Call Management Platform with a current version of Google Chrome web browser.

Message from Michelle Squire

Welcome to TRAC Program Healthdirect Video Call platform. Request you to activate your Provider Login to commence video consultations.

Thank you!

Michelle Squire
RACF Program Administrator
Email: michelle.squire@wnswphn.org.au
Mobile: 0427 140 216
Desk: 08 8005 8364

Your Healthdirect Australia Video Call sign in details

Sign in page: <https://vcc.healthdirect.org.au>

- Email address: xyz@abc.com.au
- Password: The one you set during account creation

Important: Do not share your password with anyone.

Resources

For information about setting up your device to make video calls, see:

<https://help.vcc.healthdirect.org.au/>

GP Video Consult Checklist

An Australian Government Initiative

TRAC PROGRAM GP VIDEO CONSULT CHECKLIST	
Role Area – RACF Setting up TRAC Video Consult	
1	Need and suitability for GP Video Consult Determined
2	Video Consultation Consent from Resident Captured (for first video consult only)
3	RN / EN to send Fax (Annexure 9) in ISBAR format or call Practice highlighting GP Priority category to indicate urgency for an appointment
Role Area- Practice Front Office (Admin) Confirmation of TRAC Video Consult	
1	Confirm Date and Time suitable for the GP Video Consult and return the fax through to RACF or advise over phone. PS: Mobile Telehealth Equipment need to be charged ahead of the appointment.
Role Area – GP & RACF TRAC Video Consult	
1	Check referral / Fax Template
2	GP to login into the Virtual Clinic (Annexure 11) PS: Practice to advise RACF if appointment is being delayed proactively. Abandon to call if there is a delay of over 10 minutes in receiving the call from RACF and vice versa.
3	RACF to make video call to GP (Annexure 12)
4	GP to click “Join” and receive the video call from RACF
5	GP to seek verbal consent for the video consultation prior to commencing observations. (For first video call only)
6	ISBAR Handover from RN / EN to GP and diagnostic probing by GP
7	GP completes observations in presence of Resident and Nurse (RN / EN)
8	GP to click “Disconnect Video Call” on completion of video consultation
Role Area – GP After TRAC Video Consult	
1	GP to update Post Consult Video Survey Log
2	GP writes Doctors Notes and completes Medication Order (drug, dose, route and frequency) in Medscomm adds a request to Pharmacy to “Please fax to RACF” (on same day before 6 pm or first thing next morning for After Hours video consult) and if not on Medscomm will clearly write the Medication Order (drug, dose route and frequency), note changes, signs off and arrange to fax to RACF.
3	For ceased medication, GP notes in Medscomm / Writes Medication Order and GP Progress Note and arranges to fax to RACF
4	GP to visit RACF to write up order on original Medication Chart or write “end date” for ceased medications and sign off the order.
Role Area – RACF	
1	Update RN / EN notes in Resident’s records
2	Receive GP’s Progress Note / Medication Order via fax from Practice / Pharmacy and adds to medication chart while waiting for GP to visit RACF to write up on original Medication Chart. Process for ceased medication – Phone order (if RN is available otherwise EN / Care Staff will place ceased sticker on Webster pack / Medication Chart and await order in Medscomm via fax from Pharmacy. On receipt of the same, staff write “Withheld” on Medsig and write a Progress Note “As per GP Video Consult) until written Medication Order from GP is received either through Medscomm / Fax or GP Progress Note.
3	RACF to follow up with GP to get an Original Medication Order written up or “End date” for ceased medication signed off on the GP’s next visit.
4	RACF to update clinical records.

Annexure 5 Allied Health Professional Video Consult Checklist (Dietetics – Broken Hill Health Service)

TRAC PROGRAM ALLIED HEALTH VIDEO CONSULT CHECKLIST	
Setting up TRAC Video Consult	
Role Area - RACF	
1	Requirement for Allied Health Video Consultation identified
2	Video Consultation Consent from Resident captured
3	RACF to send Fax (Annexure 9) in ISBAR format to AHP with an appointment request (GP Referral)
Confirmation of Resident GP Video Consult	
Role Area – Allied Health Professional (Admin)	
1	Confirm Date and Time suitable for the Allied Health Video Consult and return the fax through to RACF
2	Update appointments for the AHP (making the appointment as a Video Consultation) PS: Mobile Telehealth Equipment need to be charged ahead of the appointment.
TRAC Video Consult	
Role Area – Allied Health Professional & RACF	
1	Check Referral / Fax Template
2	Allied Health Professional (AHP) to login into the Virtual Clinic, 10 minutes prior to consult (Annexure 11) PS: Advise RACF if appointment is being delayed proactively. Abandon the call if there is a delay of over 10 minutes in receiving the call from RACF and vice versa
3	RACF to make video call to AHP (Annexure 12)
4	AHP to click “Join” and receive the video call from RACF
5	AHP to seek verbal consent for the video consultation prior to commencing observations. (For first video call only)
6	ISBAR Handover from RN / EN to AHP and diagnostic probing by AHP
7	Complete observations in presence of Resident and Nurse (RN / EN)
8	AHP to click “Disconnect Video Call” on completion of video consultation
After TRAC Video Consult	
Role Area – Allied Health Professional & RACF	
1	AHP to update Post Consult Video Survey Log
2	AHP to update progress notes / recommendations and fax through to RACF
3	RACF to update in their clinical records

Annexure 6 GP Priority Listing

GP notification priority list

Next 4 hours	End of day	Tomorrow	Within 24 hours
<ul style="list-style-type: none"> • Unrelieved pain with no PRN orders • Sudden change in health expected • Require urgent pain relief • Sudden change in behaviour which requires medical support • Suspected infection Need to commence palliative care/orders • Wound review e.g. cellulitis • Pathology result • S8 patch script 	<ul style="list-style-type: none"> • Suspected infection • Medication review • Wound review • Treatment direction and support for complex care • Wound review e.g. no improvement, infected, etc 	<ul style="list-style-type: none"> • Medication changes required after specialist appointment • Wound review 	<ul style="list-style-type: none"> • Renewing/revising medication orders • Medication changes after specialist appointment • Discharge from hospital medication orders required • Referral to other agency • Request for family meeting

Annexure 7 Allied Health Priority Listing (Dietetics – Broken Hill)

Dietetics Prioritisation List

URGENT (1-2 weeks)	IMPORTANT (2-6 weeks)	ROUTINE (As available)
<ul style="list-style-type: none"> ➢ Enteral Feeding problems/regimen change/start up ➢ Loss of appetite with corresponding weight loss, decreased intake ➢ Malnutrition ➢ Undesired weight loss of >5kg in 3/12 ➢ Pressure injury/sore not healing ➢ Anorexia/Bulimia (eating disorder) ➢ Diabetic-starting insulin ➢ Problems with dysphagia/chewing (<i>Speech referral needed also</i>) ➢ Newly Dx Coeliac/Inflammatory Bowel Disease 	<ul style="list-style-type: none"> ➢ Hypo/Hyper glycaemia ➢ Gastrointestinal problems(Constipation, Diverticular Dx, IBS) ➢ Post MI ➢ Needing Weight loss with > 2 chronic conditions being affected by excessive weight ➢ Hepatitis C ➢ Anaemia/iron deficiency ➢ Recent Admission to hospital needing Dietetic plan review (May have been requested by Dietitian on D/C) ➢ At Risk of malnutrition ➢ Renal/ Liver disease ➢ Food Allergy/intolerance ➢ Newly diagnosed Diabetic 	<ul style="list-style-type: none"> ➢ Hypertension ➢ Dyslipidemia ➢ Diabetes –general review ➢ Needing weight loss-general ➢ Gout ➢ Impaired glucose tolerance ➢ Care plan review

❖ If you are unsure what priority your client would fall under, please ring the Dietetics Department: 80801397

Annexure 8 ISBAR Handover Tool

ISBAR COMMUNICATION GUIDE

INTRODUCTION	CLINICAL DETERIORATION	CLINICAL HANDOVER
	Identify self: state name, position, location Identify resident: name, DOB, location	Identify resident
SITUATION	State the reason for the call "the reason I am calling is....." If urgent, say so "this is urgent because....." Explain what happened to trigger this conversation/your concern	Symptoms/problem; state the immediate clinical situation; any particular issues, concerns/risks; identify risks – deteriorating, falls risk, allergies, NFR order/palliative
BACKGROUND	Tell the story, current problem Relevant examination; management so far If urgent – relevant observations, current management	Provide relevant clinical history (refer to notes if needed) including allergies, medications, advanced care plan/goals of care.
ASSESSMENT	Explain what you think the problem is e.g. "the resident is febrile and"; Current observations/vital signs; state what you have done for the resident so far. If urgent – "the resident seems to be deteriorating, I think"	Refer to observations (TPR, BP, PS02, BGL, U/A) and physical assessment, medications and other charts; summarise current risk management strategies
RECOMMENDATION	State your request e.g. "I'd like you to review the resident via video consult..." Or "I need your help urgently, are you able to consult via video?" Seek GP's recommendation "I need you to review this resident..." provide a time frame (urgent, non-urgent, within 24hrs)	Recommendations for the shift, what further assessments and actions are required by whom and when; state expected frequency of observations (if required); Day/Time of Video consult if booked

Annexure 9 RACF Fax Template

FAX REQUEST

RACF FAX NO.: _____

TO: DOCTOR _____ FAX NO: _____

REQUEST DATE: __/__/____ FROM: _____

RESIDENT NAME: _____ DOB: __/__/____

<input type="checkbox"/> Urgent – next hour	<input type="checkbox"/> Next 4 hours	<input type="checkbox"/> End of day	<input type="checkbox"/> Tomorrow	<input type="checkbox"/> Within 24 hours
---	---------------------------------------	-------------------------------------	-----------------------------------	--

Introduction:

Situation:

Background:

Assessment:

Observations: Temp _____ Pulse _____ BP ____/____ Resp. _____ SPO2 _____ BGL _____

Pain Scale _____

Recommendations

GP PRACTICE RESPONSE:

Video Consultation Appointment booked: Day _____ Time _____

Annexure 10 Allied Health Fax Template (Dietetics – Broken Hill)



SOUTHERN CROSS CARE (BROKEN HILL) LTD.

Caring for the Aged

**FAX REQUEST FOR RESIDENT
DIETITIAN/DIETETICS VIDEO CONSULT**

- ST. ANNE'S NURSING HOME PH 8080 1850 LANGFORD FAX. 8080 1880
 COBB FAX 8080 1879
 MC CLURE FAX 8080 1878
 CENTENARY FAX 8080 1877
- HAROLD WILLIAMS HOME PH 8080 1850 FAX. 8088 5836
 ARUMA LODGE PH 8088 1630 FAX 8087 1425

TO: Broken Hill Hospital Dietitian/Dietetics

FAX NO: 08 8088 5960

REQUEST DATE: ___/___/___ FROM: _____

RESIDENT NAME: _____ DOB: ___/___/___

<input type="checkbox"/> Within 1-2 weeks (Acute - Urgent)	<input type="checkbox"/> 2 - 6 weeks (Important)	<input type="checkbox"/> As available (Non-Urgent/Routine)
--	--	--

Introduction:

Situation:

Background:

Assessment: Current Weight: ___kg Ht: ___ cm Weight history: _____

Bowels e.g. constipation/diarrhoea _____ Current Diet: _____

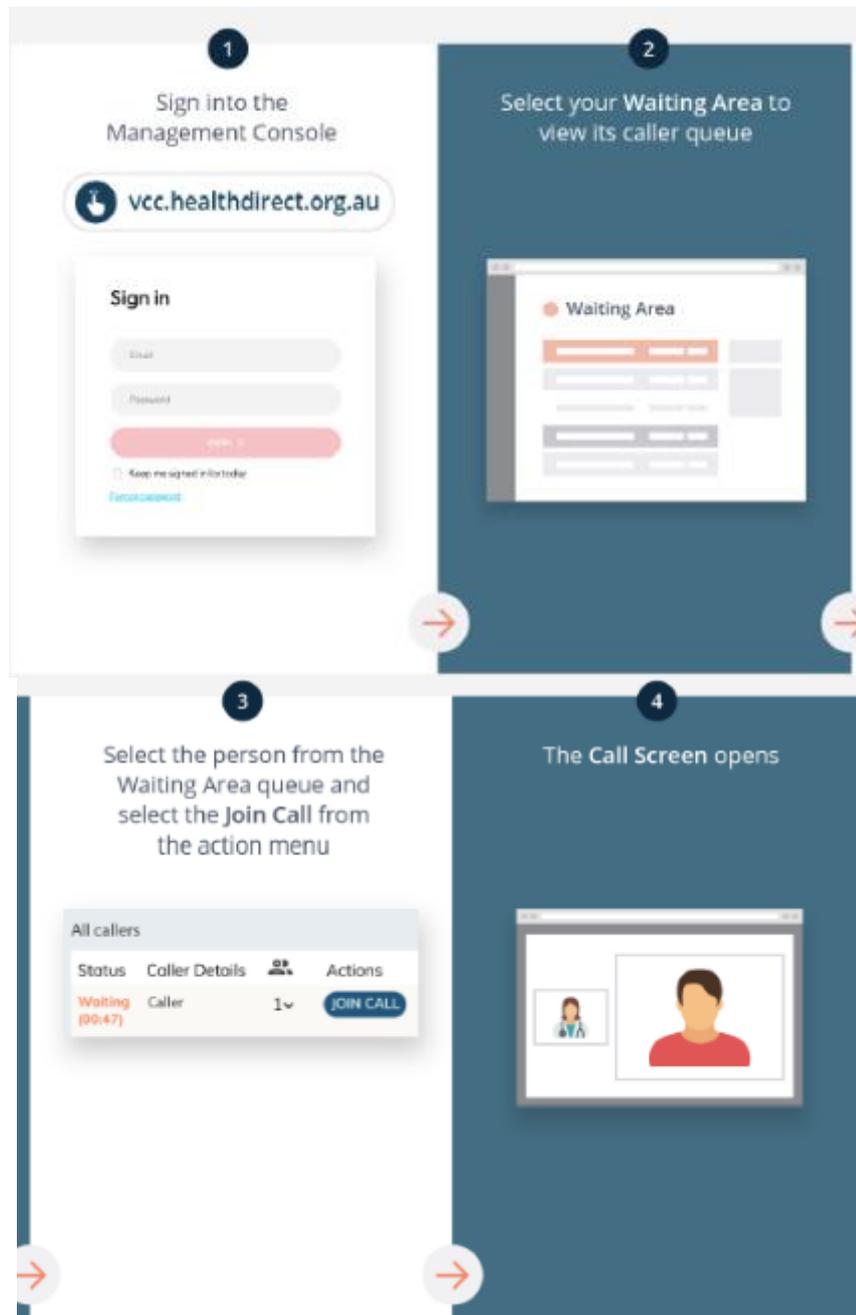
Attachments: Summary Care Plan Biochemistry/Pathology (if available/relevant)
 Food Record (if available) Nutrition Screening Tool Score (if available)

Recommendations:

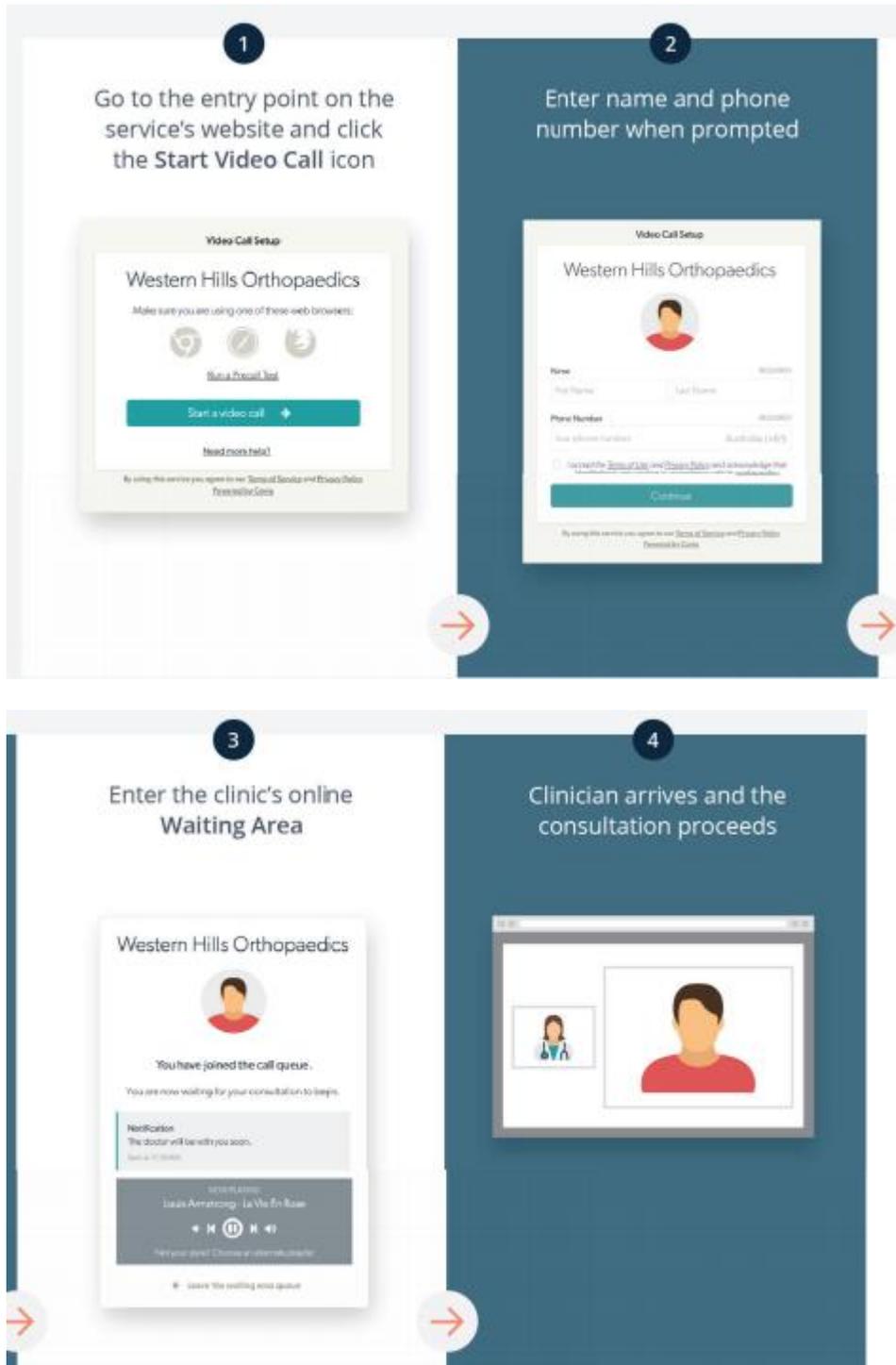
Dietitian RESPONSE: Video Consultation Appointment booking

Date ___/___/___ Time _____

Annexure 11 Health Provider Login Process – Begin the consultation



Annexure 12 RACF Process to Make a Call to Health Provider



Annexure 13 Post Video Consult GP Log

TRAC Program - GP Video Consultation Log

This form is being collected to process GP Claims under the TRAC Program and capture de-identified data to support reporting requirements to the Program Sponsors - NSW Rural Doctors Network (RDN) Outreach Services and the Western NSW Primary Health Network's GP After Hours Programs. GP Payments for video consultations fall outside the scope of MBS hence are claimable exclusively under the TRAC Program.



Name of GP *

Name of GP is requested to process claim for the GP engaging in video consultation

Resident's Location

- () Blayney, NSW
- () Broken Hill, NSW
- () Canowindra, NSW
- () Dubbo, NSW
- () Mudgee, NSW
- () Parkes, NSW
- () Peak Hill, NSW
- () Wentworth, NSW

RACF Name *

Please indicate name of the participating RACF hosting the video consultation.

- () Lee Hostel - Blayney
- () SCC – St Anne’s – Broken Hill
- () SCC - Aruma Lodge – Broken Hill
- () SCC - Harold Williams – Broken Hill
- () Moyne Aged Care - Canowindra
- () Bracken House – Dubbo
- () CHC - Holy Spirit - Dubbo
- () CHC - St Mary's – Dubbo
- () Kintyre Lodge - Dubbo
- () Opal Aged Care - Dubbo
- () Orana Gardens - Dubbo
- () RFBI Masonic Village – Dubbo
- () RSL LifeCare – Bill Newton VC Gardens – Dubbo
- () Kanandah Hostel – Mudgee
- () Pioneer House – Mudgee
- () Opal Aged Care – Mudgee
- () BaptistCare Niola Centre – Parkes
- () Parkes SCC – Parkes
- () Frazer Court – Peak Hill
- () Murray House - Wentworth

Duration of Consult (hh:mm) *

Please indicate exact time when video consultation commenced with Resident.

Does this classify as a Clinical Service during After Hours? *

Mon-Fri: before 8 am/after 6 or 8 pm; Sat: before 8 am/afternoon or 1 pm; Sun/Public holiday: all day.
Selection of this option will have no corresponding impact on billing methodologies but is purely for reporting purposes

- () Yes
- () No

Was this video consult within the guidelines of the TRAC program?

- Was the resident / patient present for this consult?**
- () Yes
- () No

Was this consult requested by the RACF?

- () Yes
- () No

Patient Need *

Please indicate reason for the GP Video Consultation

- () Ongoing/ Chronic Health Issues
- () Episode/ Event Based Care
- () Falls Management
- () Wound Care
- () Care Planning
- () Palliative Care
- () Referred to Specialist
- () Referred to Allied Health Service Provider
- () Referred to Other Health Service Provider
- () Urgent request from RACF via Phone, SMS or Fax

Consultation Type *

This is a general indicator of the type of consultation the GP will provide (Where the consultation type is described as "Other", please provide a short description of the consultation under comments).

- () Initial Consultation
- () Follow Up Consultation
- () Progress Review
- () Medication Review

Has this TRAC consult avoided the resident being sent to hospital?

- () Yes
- () No

Has this TRAC consult avoided the resident being admitted to hospital?

- () Yes
- () No

Did you encounter technical issues during the video consultation? *

Please indicate if you encountered any technical issues during the video consultation.

- () Yes
- () No

If you answered Yes to the above question, please indicate nature of the technical issue faced.

- () Unable to connect
- () Audio issues
- () Video distortion
- () Video Call drops
- () End user issue (Includes Equipment battery not charged)
- () Technology Outage – Finished call via phone

Quality of video consultation compared to face to face consultation *

This is a general indicator of the quality of the video consultation based on the environmental factors associated with this type of service. This item is looking at the utility of the video conference experience relative to a similar consultation provided face-to-face. Its not intended to reflect on the service provided.

- () Better than face to face consultation
- () Equal to face to face consultation
- () Sufficient for the need
- () Less than adequate
- () Unsuitable
-

Did this appear to be a positive care experience for this resident? *

Health Service Provider to indicate on behalf of the Resident if it was a positive experience overall with the video consultation service provided.

- () Yes
- () No

Comments

Annexure 14 Allied Health Post Video Consult Log

TRAC Program - Allied Health Video Consultation Log

This form is being collected to process GP Claims under the TRAC Program and capture de-identified data to support reporting requirements to the Program Sponsors - NSW Rural Doctors Network (RDN) Outreach Services and the Western NSW Primary Health Network's GP After Hours Programs. GP Payments for video consultations fall outside the scope of MBS hence are claimable exclusively under the TRAC Program.

Resident's Location *

- () Blayney, NSW
- () Broken Hill, NSW
- () Canowindra, NSW
- () Dubbo, NSW
- () Mudgee, NSW
- () Parkes, NSW
- () Peak Hill, NSW
- () Wentworth, NSW

RACF Name *

Please indicate name of the participating RACF hosting the video consultation.

- () Lee Hostel - Blayney
- () SCC – St Anne's – Broken Hill
- () SCC - Aruma Lodge – Broken Hill
- () SCC - Harold Williams – Broken Hill
- () Moyne Aged Care - Canowindra
- () Bracken House – Dubbo
- () CHC - Holy Spirit - Dubbo
- () CHC - St Mary's – Dubbo
- () Kintyre Lodge - Dubbo
- () Opal Aged Care - Dubbo
- () Orana Gardens - Dubbo
- () RFBI Masonic Village – Dubbo
- () RSL LifeCare – Bill Newton VC Gardens – Dubbo
- () Kanandah Hostel – Mudgee
- () Pioneer House – Mudgee
- () Opal Aged Care – Mudgee
- () BaptistCare Niola Centre – Parkes
- () Parkes SCC – Parkes
- () Frazer Court – Peak Hill
- () Murray House - Wentworth

Patient Need *

Please indicate type of Allied Health Video Consultation (General category for eg.: Pharmacy, OT etc.)

Consultation Type *

This is a general indicator of the type of consultation the GP will provide (Where the consultation type is described as "Other", please provide a short description of the consultation under comments).

- () Initial Consultation
- () Follow Up Consultation
- () Progress Review
- () Medication Review
- () Other:

Did you encounter technical issues during the video consultation?*

Please indicate if you encountered any technical issues during the video consultation.

- () Yes
- () No

If you answered Yes to the above question, please indicate nature of the technical issue faced.

- () Unable to connect
- () Audio issues
- () Video distortion
- () Video Call drops
- () End user issue (Includes Equipment battery not charged)
- () Other:

Quality of video consultation compared to face to face consultation *

This is a general indicator of the quality of the video consultation based on the environmental factors associated with this type of service. This item is looking at the utility of the video conference experience relative to a similar consultation provided face-to-face. Its not intended to reflect on the service provided.

- () Better than face to face consultation
- () Equal to face to face consultation
- () Sufficient for the need
- () Less than adequate
- () Unsuitable

Did this appear to be a positive care experience for this resident? *

Health Service Provider to indicate on behalf of the Resident if it was a positive experience overall with the video consultation service provided.

- () Yes
- () No

Comments

Annexure 15 Specialist Post Video Consult Log

TRAC Program - Specialist Video Consultation Log

This form is being collected to process GP Claims under the TRAC Program and capture de-identified data to support reporting requirements to the Program Sponsors - NSW Rural Doctors Network (RDN) Outreach Services and the Western NSW Primary Health Network's GP After Hours Programs. GP Payments for video consultations fall outside the scope of MBS hence are claimable exclusively under the TRAC Program

Resident's Location

- () Blayney, NSW
- () Broken Hill, NSW
- () Canowindra, NSW
- () Dubbo, NSW
- () Mudgee, NSW
- () Parkes, NSW
- () Peak Hill, NSW
- () Wentworth, NSW

RACF Name *

Please indicate name of the participating RACF hosting the video consultation.

- () Lee Hostel - Blayney
- () SCC – St Anne's – Broken Hill
- () SCC - Aruma Lodge – Broken Hill
- () SCC - Harold Williams – Broken Hill
- () Moyne Aged Care - Canowindra
- () Bracken House – Dubbo
- () CHC - Holy Spirit - Dubbo
- () CHC - St Mary's – Dubbo
- () Kintyre Lodge - Dubbo
- () Opal Aged Care - Dubbo
- () Orana Gardens - Dubbo
- () RFBI Masonic Village – Dubbo
- () RSL LifeCare – Bill Newton VC Gardens – Dubbo
- () Kanandah Hostel – Mudgee
- () Pioneer House – Mudgee
- () Opal Aged Care – Mudgee
- () BaptistCare Niola Centre – Parkes
- () Parkes SCC – Parkes
- () Frazer Court – Peak Hill
- () Murray House - Wentworth

Patient Need *

Please indicate type of Specialist Video Consultation (General Category For eg.: Cardiology)

Consultation Type *

This is a general indicator of the type of consultation the GP will provide (Where the consultation type is described as "Other", please provide a short description of the consultation under comments).

- () Initial Consultation
- () Follow Up Consultation
- () Progress Review
- () Medication Review
- () Other:

Did you encounter technical issues during the video consultation? *

Please indicate if you encountered any technical issues during the video consultation.

- () Yes
- () No

If you answered Yes to the above question, please indicate nature of the technical issue faced.

- () Unable to connect
- () Audio issues
- () Video distortion
- () Video Call drops
- () End user issue (Includes Equipment battery not charged)
- () Other:

Quality of video consultation compared to face to face consultation *

This is a general indicator of the quality of the video consultation based on the environmental factors associated with this type of service. This item is looking at the utility of the video conference experience relative to a similar consultation provided face-to-face. Its not intended to reflect on the service provided.

- () Better than face to face consultation
- () Equal to face to face consultation
- () Sufficient for the need
- () Less than adequate
- () Unsuitable

Did this appear to be a positive care experience for this resident? *

Health Service Provider to indicate on behalf of the Resident if it was a positive experience overall with the video consultation service provided.

- () Yes
- () No

Comments

Annexure 16 RACF Video Consultation Log

TRAC Program - RACF Video Consultation Log

This form is being collected to capture your valuable feedback and suggestions on the video consultations under TRAC Program

Name of Nursing Home

- () Lee Hostel - Blayney
- () SCC – St Anne’s – Broken Hill
- () SCC - Aruma Lodge – Broken Hill
- () SCC - Harold Williams – Broken Hill
- () Moyne Aged Care - Canowindra
- () Bracken House – Dubbo
- () CHC - Holy Spirit - Dubbo
- () CHC - St Mary's – Dubbo
- () Kintyre Lodge - Dubbo
- () Opal Aged Care - Dubbo
- () Orana Gardens - Dubbo
- () RFBI Masonic Village – Dubbo
- () RSL LifeCare – Bill Newton VC Gardens – Dubbo
- () Kanandah Hostel – Mudgee
- () Pioneer House – Mudgee
- () Opal Aged Care – Mudgee
- () BaptistCare Niola Centre – Parkes
- () Parkes SCC – Parkes
- () Frazer Court – Peak Hill
- () Murray House - Wentworth

Was this video consult within the guidelines of the TRAC program?

Was the resident / patient present for this consult?

- () Yes
- () No

Was this consult requested by the RACF?

- () Yes
- () No

Has this TRAC consult avoided the resident being sent to hospital?

- () Yes
- () No

Has this TRAC consult avoided the resident being admitted to hospital?

- () Yes
- () No

Did you encounter technical issues on the video call? *

Please indicate if you encountered any technical issues during the video consultation.

- () Yes
- () No

If you answered Yes to the above question, please indicate nature of the technical issue faced.

- () Unable to connect
- () Audio issues
- () Video distortion
- () Video Call drops
- () End user issue (Includes Equipment battery not charged)
- () Other:

Did this appear to be a positive care experience for this resident? *

Health Service Provider to indicate on behalf of the Resident if it was a positive experience overall with the video consultation service provided.

- () Yes
- () No

Comments

Annexure 17 Submitting more than one Post Consult VC Log or Editing Submitted Log

How to submit more than one Post Video Consult Survey Log or Edit a log after submission

At the end of every Post Video Call Survey Log following, there is an option to '**SUBMIT**' and once you click this option the following screen will appear:



Submit another response or Edit a Response - GP/ Allied Health Professional/ Specialist:

If more than one video consult occurs in an appointment session, the Practitioner can select the link "**Submit Another Response**" after submitting the first Post Video Consult Log. Clicking on this link will populate another blank Log form to be filled in by the Practitioner. The Practitioner can also Edit response by clicking on the Option "**Edit your Response**"

Annexure 18 COPD Action Plan

MY COPD ACTION PLAN

Your doctor, nurse and other members of your healthcare team can help you fill in your COPD Action Plan. Review it each year, and also after a flare-up.

MY DETAILS

Name

Date of birth

Date of influenza immunisation (annual)

Date of pneumococcal immunisation

MY HEALTHCARE TEAM

Doctor

Phone

Other members of your healthcare team

Name

Profession

If I am unwell, I can call on for after hours advice.

I have a usual amount of phlegm/shortness of breath. I can do my usual activities.

ACTION: Take your usual COPD medicines.

My FEV₁ is I retain CO₂ Yes No Unknown

Medicine	Inhaler colour	Number of puffs	Times per day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I need to use home oxygen on setting or L/min for hours/day.

I am coughing more. I have more phlegm. It is harder to breathe than normal.

ACTION: Take your flare-up medicines. Monitor your COPD symptoms closely. Call your doctor.

Take puffs of (reliever) times every hours / A.M. / P.M. (circle)

Use a spacer

I have taken my extra medicines but I am not getting better.

Take action now to manage your symptoms. Call your doctor.

Shortness of breath or wheeze	Phlegm has changed colour or fever
ACTION: Take <input type="text"/> prednisolone tablets (1mg, 5mg, 25mg (circle)) <input type="text"/> times per day for <input type="text"/> days.	ACTION: Take <input type="text"/> antibiotic tablets <input type="text"/> times per day for <input type="text"/> days. Antibiotic name <input type="text"/>

My COPD symptoms have changed a lot. I am worried.

Difficulty sleeping/woken easily Blood in phlegm or swollen ankles.	Very short of breath/wheezy High fever or confusion Chest pain or slurred speech.
ACTION: Call your healthcare team <u>today</u> .	ACTION: Call 000 <u>now</u> .

CAUTION: Ambulance/Paramedics: Oxygen supplementation to maintain SpO₂ 88 - 92% to reduce risk of hypercapnia.

Health professional authorisation

This COPD Action Plan was prepared on / / by in consultation with the patient.

Signature:

Profession:

Authorised by (if prepared by a non-prescriber):

Signature:

Entered into recall system

 **Lung Foundation Australia**

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Get to know your baseline

Your baseline is when you feel your usual self. You may have one or more symptoms at your baseline. Think about:

- How breathless you feel at rest
- Your usual amount of phlegm
- The colour of your phlegm
- How well you sleep
- How far you can walk.

Know your COPD medicines and inhalers

Your COPD medicines help control your symptoms, such as breathlessness, and reduce the risk of flare-ups. Take your COPD medicines as prescribed by your doctor. Use your inhaler device correctly to get the most benefit from your medicine.

You can reduce the risk of a flare-up

COPD flare-ups are serious health events. There are things you can do to reduce the risk of a flare-up, including:

- Quit smoking
- Exercise daily
- Join a pulmonary rehabilitation program
- Get influenza and pneumonia immunisations
- Take your COPD medicines daily, as prescribed by your doctor.



Relievers	Maintenance		
<p>SABA: Short-acting beta₂-agonists</p>  <p>Ventolin® MDI</p>  <p>Asmol® MDI</p>  <p>Airomir™ Autohaler®</p>  <p>Bricanyl® Turbuhaler®</p> <p>SAMA: Short-acting muscarinic antagonist</p>  <p>Atrovent® MDI</p>	<p>LAMAs: Long-acting muscarinic antagonists</p>  <p>Spiriva® HandiHaler®</p>  <p>Spiriva® Respimat®</p>  <p>Incruse® Eliпта®</p>  <p>Seebri® Breezhaler®</p>  <p>Bretaris® Genuair®</p>  <p>Seretide® Accuhaler®</p>  <p>Breo® Eliпта®</p>	<p>LAMA/LABA combinations</p>  <p>Ultibro® Breezhaler®</p>  <p>Spiolto® Respimat®</p>  <p>Anoro® Eliпта®</p>  <p>Brimca® Genuair®</p> <p>ICS/LABA combinations</p>  <p>Symbicort® Rapihaler™</p>  <p>Symbicort® Turbuhaler®</p>  <p>Seretide® MDI</p>  <p>DuoResp® Spiromax®</p> <p>ICS/LAMA/LABA combination</p>  <p>Treligy® Eliпта®</p>	<p>LABAs: Long-acting beta₂-agonists</p>  <p>Onbrez® Breezhaler®</p>  <p>*Foradil® Aerolizer®</p>  <p>*Oxis® Turbuhaler®</p>  <p>*Serevent® Accuhaler®</p> <p>ICS: Inhaled corticosteroids (for patients with COPD and Asthma)</p>  <p>*Flixotide® MDI</p>  <p>*Flixotide® Accuhaler®</p>  <p>*Alvesco® MDI</p> <p>ICS/LABA combination</p>  <p>*Pulmicort® Turbuhaler®</p>  <p>*QVAR® MDI</p>  <p>*Flutiform® MDI</p>

Learn how to use your inhaler device by watching our helpful videos.

1. Download ZAPPAR from Google Play or iTunes app store.
2. Open the app.
3. Scan this page.
4. Choose the inhaler device video.



Annexure 19 RACF Medicare Billing

RACF care and Medicare billing overview

phn
WESTERN NSW

An Australian Government Initiative

This quick guide is to assist general practice in understanding the Residential Aged Care Facility (RACF) and Medicare Benefits Schedule (MBS) items and incentives.

The full item descriptor and information relating to RACF attendance items can be found on the MBS website here > www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home

RACF CONSULTATIONS – GP	FEE	ITEM
General practitioners can charge item number 90001 call-out fee \$55 for initial attendance, on one occasion, applicable only to the first patient seen. GPs are then able to claim a Level A to D items for each RACF resident attended.		
Brief (Level A)	\$17.20	90020
Standard (Level B)	\$37.60	90035
Long (Level C)	\$72.80	90043
Prolong (Level D)	\$107.15	90051

RACF AFTER HOURS CONSULTATIONS NON-URGENT	FEE	ITEM
Fees based on one patient seen. For more than one patient or non-vocationally registered item numbers, refer to MBS.		
Mon–Fri: before 8am and after 6pm; Sat–Sun: 12noon–Mon 8am; public holiday: all day		
Brief	\$75.70	5010
Standard	\$95.70	5028
Long	\$130.65	5049
Prolonged	\$164.45	5067

RACF CONSULTATIONS – MEDICAL PRACTITIONER MM1	FEE	ITEM
General practitioners can charge item number 90002 call-out fee \$40 for initial attendance, on one occasion, applicable only to the first patient seen. GPs are then able to claim a Level A to D items for each RACF resident attended.		
Brief (Level A)	\$8.50	90092
Standard (Level B)	\$16.00	90093
Long (Level C)	\$35.50	90095
Prolong (Level D)	\$57.50	90096

RACF AFTER HOURS CONSULTATIONS URGENT	FEE	ITEM
For non-vocationally registered item numbers, refer to MBS.		
Mon–Fri: 7am–8am, 6pm–11pm; Sat: 7am–8am, 12 noon–11pm; Sun/public holiday: 7am–11pm		
Urgent after hours	\$129.80	585
Between 11pm and 7am		
Urgent unsociable hours	\$153	599

RACF CONSULTATIONS – MEDICAL PRACTITIONER MM2–7	FEE	ITEM
General practitioners can charge item number 90002 call-out fee \$40 for initial attendance, on one occasion, applicable only to the first patient seen. GPs are then able to claim a Level A to D items for each RACF resident attended.		
Brief (Level A)	\$13.75	90183
Standard (Level B)	\$30.10	90188
Long (Level C)	\$58.25	90202
Prolong (Level D)	\$85.70	90212

RACF COMPREHENSIVE MEDICAL ASSESSMENT (CMA)	FEE	ITEM
Undertake CMA on admission for new residents, or for existing permanent residents.		
Frequency: either once per 12 months, or significant change in condition or treatment (e.g. palliative care).		
Brief	\$59.35	701
Standard	\$137.90	703
Long	\$190.30	705
Prolonged	\$268.80	707

Western NSW Primary Health Network acknowledges the Traditional Custodians of the lands on which we live and work, and pay our respects to Elders past and present.

Current as at 01/04/19

RACF care and Medicare billing overview (continued)

RESIDENTIAL MEDICATION MANAGEMENT REVIEW (RMMR)	FEE	ITEM
A RMMR is a review of medications in collaboration with the pharmacist report, for residents at risk of medication-related problems or significant change in medical condition. GP initiates RMMR with an accredited pharmacist for permanent residents (new or existing)	\$106	903

RACF TELEHEALTH PRACTICE NURSE OR ABORIGINAL OR TORRES STRAIT ISLANDER HEALTH WORKER ON BEHALF OF A GP	FEE	ITEM
Professional attendance for clinical support on behalf of and under the supervision of a medical practitioner and participating in an eligible MBS video consultation with a specialist or consultant physician.	\$32.40	10984

GP CONTRIBUTE TO OR REVIEW A MULTIDISCIPLINARY CARE PLAN	FEE	ITEM
Requested to contribute to eligible multidisciplinary care plan, prepared by RACF or other provider. GP's contribution is to give advice, prepare part of the plan or amendments to the plan, and add a copy to the resident's medical records. Where clinically indicated, on submission of item 731 claim, residents may be eligible to access five allied health services in addition to those funded by RACF. Frequency: every three months, recommended every six months.	\$70.40	731

RACF TELEHEALTH NURSE PRACTITIONER	FEE	ITEM
Professional attendance for Clinical Support and participating in an eligible MBS video consultation with a specialist or consultant physician. Only 85% of MBS Schedule Fee claimable		
less than 20 mins	\$24.10	82223
less than 40 mins	\$45.65	82224
at least 40 mins	\$67.15	82225

RACF CASE CONFERENCING			
Resident's GP organises and coordinates case conferencing for patients with chronic or complex needs, with at least two other healthcare providers whom provide different care or services. Resident/family may be involved/present but are not counted as care providers If organising and contributing to a case conference, both items can be claimed.			
ITEM	FEE	ITEM	CONTRIBUTE TO
735	\$70.65	747	\$51.90 15-19 mins
739	\$120.95	750	\$89.00 20-39 mins
743	\$201.65	758	\$148.20 >40 mins

GENERAL PRACTICE AGED CARE ACCESS INCENTIVES (ACAI)	FEE
PIP GP Aged Care Access Initiative payments are based on a GP providing and claiming a required number of eligible MBS services in RACFs in a financial year. Eligible GPs can receive two payments totalling \$5000 for the financial year. The payments are in addition to the consultation fee.	
Tier 1 *SIP (60 services)	\$1,500
Tier 2 *SIP (140 services)	\$3,500

RACF TELEHEALTH	FEE	ITEM
Fees based on one patient seen. For more than one patient, refer to MBS. Professional attendances by a general practitioner at a residential aged care facility with an RACF resident, providing clinical support during an MBS eligible video consult with a specialist or consultant physician.		
at least five mins	\$69.60	2125
less than 20 mins	\$96.65	2138
at least 20 mins	\$143.55	2179
at least 40 mins	\$189.20	2220

Further information

Bulk bill incentive items 10990 or 10991 may be billed in conjunction with the Medicare Benefits Schedule (MBS) items if applicable.

Other enhanced primary care items may be suitable but are not RACF specific and have not been included.

For a comprehensive explanation of each MBS item number, please refer to the MBS online at www.health.gov.au/mbsonline

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Dubbo | Bathurst | Orange | Broken Hill



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