

SBSS Telehealth Policy

Definitions

- *Video conferencing* is a technology that allows individuals in different locations to hold face-to-face meetings without having to be in a single location together.
- *Telehealth* is the provision of health care services using telecommunication technology, such as video conferencing.

SBSS Position Statement: *SBSS is committed to maintaining the health and safety of its' staff and service users. As an NDIS provider, it is SBSS's responsibility and obligation to meet the NDIS Code of Conduct and NDIS Practice Standards for the supports and services we provide. During a pandemic there are a number of risks that may compromise these requirements and therefore SBSS must adequately identify these risks and plan effective responses. SBSS is also obligated to adhere to Victorian state mandates for businesses operating during Staged restrictions in the effort to halt the spread of the Covid-19 virus.*

SBSS is committed to maintaining the quality and intensity of behaviour support to participants and service users throughout all stages of restrictions in relation to stopping the spread of COVID-19. In order to do this, alternative engagement methods will be explored for participants, including Telehealth.

Context

COVID-19 was declared a pandemic on 11 March 2020. It is highly contagious and can cause severe respiratory illness. While anyone can be infected, the elderly and those with pre-existing conditions are most vulnerable. On 3 August 2020, the Victorian Premier placed Victoria under a 'State of Disaster' and issued a series of additional restrictions defined under Stage 4.

Under Stage 4 restriction guidelines SBSS is considered a 'permitted work' (defined as a 'community-based service which is required to ensure the health, safety and wellbeing of vulnerable people'). However, as per the Victorian Stage 3 and 4 Restrictions any work that can be done from home is preferred.

In June 2020, the NDIS Quality and Safeguards Commission provided the following advice to NDIS Service Providers:

When providing a service using telehealth, with agreement from the participant, providers can:

- until 30 June 2020 use the support line items that they would normally use to provide face-to-face services
- from 1 July 2020 the price limit should be based on the location of the person delivering the support at the time of service delivery. However, participants in

remote or very remote locations can agree that price limits for remote and very remote locations can apply, if those activities are part of delivering a specific disability support item to that participant, the provider explains why they represent the best use of the participant's funds, and the provider has the agreement of the participant in advance.

Benefits into use of Telehealth

Research into telehealth has several applicable findings that can be translated into *telecare*. It provides participants the opportunity to maintain support continuity and offers a more flexible and adaptable service deliverance compared to face-to-face services.

Identified benefits for SBSS Services include:

- removal of travel time and travel costs
- NDIS funding supportive of telecare practices
- consistency of support for participants and workers
- knowledge associated with continuation of services and support leading to a stronger sense of safety, and therapeutic relationship
- natural and comfortable environment for participants to receive support in.

SBSS recognises that not all supports, and services are capable of being delivered via telecare, however, when services are adaptable, SBSS will seek to facilitate this with the knowledge that the outcomes and support are equally beneficial to the participant as traditional means.

Knowledge and Skills

Delivering telecare to participants requires an SBSS practitioner to adaptably apply skills and knowledge from face-to-face care into a telecommunication method. For telecare to be implemented and delivered successfully, SBSS Practitioner must be able to:

- clearly communicate with participants through the participants preferred communication method
- develop rapport and engagement
- be flexible and adaptable to the participants requirements.

In addition to these skills, practitioners should also actively communicate with participants and service users in ways which continue to facilitate progress towards goals and lifestyle choices through telecare. This means support workers must have adequate knowledge of the technology that will be used to support the participant.

The Practitioner providing telecare should have an understanding of:

Specialist Behaviour Support Services.

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- computers and their general functionality including:
 - videoconferencing platforms (e.g. Zoom, Microsoft Teams, Skype)
 - connecting webcams
 - microphones and sound settings
 - keyboards
 - assistive computer technology used by the participant they are supporting.
- Response Plans for the participant, for when there is an error with the technology

Supporting Participants

SBSS will support participants and service users via telecare by:

- following the principals and rights outlined in SBSS's Practice Framework and Code of Conduct, including a person-centred practice that emphasises a participants' right to exercise control and choice over their life and intervention, including methodology for engagement.
- develop innovative and continuous supports through available technology.

In the event that telecare does not provide enough support to make progress against a participant's goal or in line with their lifestyle choice, SBSS will thoroughly discuss potential alternatives with the participant, including goal variation, incorporation of secondary supports or intercommunity collaboration.

If these do not offer the participant their desired outcome, SBSS will outline and discuss the barriers to being able to support the participant in their endeavours. It will be the participant's choice to continue with SBSS under these circumstances.

Additional Consent

Use of photos, videos, and/or telecommunication methods within the provision of services requires additional and specific consent from the participant. Prior to commencing Telehealth services, SBSS Practitioners must seek additional consent from the participant and other service users to:

1. use video or phone conferencing to continue the delivery of services, that would normally occur face to face
2. for an approximate time frame
3. continue to invoice for the same amount of money from the persons' funding and support line item, that would normally be provided face to face.
4. Participants should be reminded of SBSS Feedback (Complaints) policy and their right to tell SBSS when they are unhappy with the services being provided. SBSS will endeavour to resolve the concerns from a participant as soon as possible.

Recording Consent

Given the context, consent can be provided from the participant verbally. Practitioners must record the date, time, and specific details of the consent provided as a treatment note under the person's patient file on Cliniko.

Privacy and Confidentiality

When using video conferencing, it is imperative that the privacy and confidentiality of service users are maintained. Discussions had about or between staff and service users must be kept private and on a secure data system.

SBSS utilises Microsoft Office tools as a secure cloud-based data system to manage emails internally and externally, shared folders and drives organisation wide, and video conferencing.

Practitioners providing Telehealth services must use Microsoft Teams. Teams enforces team-wide and organization-wide two-factor authentication, single sign-on through Active Directory, and encryption of data in transit and at rest. Files are stored in SharePoint and are backed by SharePoint encryption. Notes are stored in OneNote and are backed by OneNote encryption.

Within this platform, Team channels are places where everyone on the team (SBSS) can have open conversations. Private chats are only visible to those people in the chat. When providing Telehealth services, Practitioners must be aware of who is invited into the chat and ensure that everyone is aware of persons involved and listening in.

In instances that Microsoft Teams is not available, and the practitioner has been requested to attend a multidisciplinary meeting about or with a service user, then disclosure of the persons' last name should be avoided.

When Telecare is not Appropriate

Although many providers have moved to Telehealth to deliver services due to spread of COVID-19, telehealth is not always appropriate for vulnerable persons and/or to complete particular and urgent assessments.



If the participant is considered highly vulnerable, including being at risk of abuse, neglect, exploitation, or relinquishment, or poses a significant threat to others, telecare may not be deemed appropriate. Under those circumstances, the SBSS practitioner must follow SBSS Pandemic and COVID-19 Policy, and procedures associated with onsite (face to face) work in line with Victorian and Federal community mandates.