Project Brief

Implementing
Video Enabled Care
within your Service

For further information please email virtualhealth@hse.ie

Project Sponsor	Service/CHO Lead
Proposer	Site Lead
Date Submitted	

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Overview

This document will assist people undertaking this project and outlines key information. It is designed as a vehicle for communication to all key stakeholders and should be signed off by line Management prior to start of project.

Service Description

(Describe your service include speciality, bed capacity, no of patients/service users, facilities, location etc.)

Purpose

The purpose of this project is to guide healthcare professionals and administrative support staff working in this service, on the implementation of online health appointments and video communication to support the delivery of healthcare.

The overarching aim of video is to mimic as close as possible the way face to face meetings and visits happen, without the need for either the patient/service user or the healthcare professional or both, to physically attend in-person. It gives both healthcare professionals and patient/service users choices and facilitates a blended care approach to healthcare. It allows us to respond effectively to outbreaks of disease, unexpected unplanned challenges, adverse weather conditions and other instances, where face to face appointments may be impossible or inadvisable.

This project aims to support a robust implementation, ensuring readiness and embedment of online health appointments and video communication in your service while establishing long-term sustainability.

Background

Online Health appointments and video communication offer a new way of working which may suit many patients/service users and healthcare professionals to access/deliver healthcare. This will also reduce the need for both service providers and staff to travel and permit care delivery remotely. This facility also allows the possibility of many virtual interactions; MDT sessions, pre round discussions, handover meetings, staff meetings, training and many other opportunities.

Using video as a method of healthcare has been identified as a critical enabler within the HSE/governmental strategic plans; Sláintecare, HSE National Service plan and Corporate plans.

Sláintecare implementation Strategy & Action plan 2021-2023 –Implement eHealth programs
"Key critical eHealth and technology action that will support integration, keep people well in their community or at home and support better acute demand management include : Video Conferencing / Remote Consultation"
National Service Plan 2022 – Health & Social Care delivery
"Maximise the potential use of telehealth as appropriate to enhance access to services for patients and families" **Services for People Requiring Palliative and End of-Life Care** *"Build on pre-pandemic work and work accelerated by the pandemic (e.g. telehealth) to roll out new models of care focused on the individual and fundamental to addressing the demand / capacity gap and building a sustainable service longer-term. This includes significant enhancement of community based care to bring care closer to home and rolling out the integrated programmes for older persons and chronic disease"* **Integrated Operations Delivery – priorty area for action 2022** "Accelerate and expand the use of virtual and telehealth services to enable care closer to home and earlier discharge from secondary care services" **Core Primary Care Services - Priorty Areas for action 2022**
HSE Corporate Plan 2021-24 - Objective 3 - Improve scheduled care to enable more timely access and reduce the number of people waiting for services
"Virtual assessment and care will be available as part of a range of solutions to meet individual needs" **Priorities early interventions and improve access to person-centered mental health services**

Scope

(Describe the project's goals, deliverables, and the work required to create these. This should provide a common understanding of the project scope among all project stakeholders and describe the project's major objectives)

- *Significant changes to the service*
- *What is the proposed geographical scope – local, regional, or national?*
- *Any noteworthy inclusions or exclusions relating to the project*

Creation of Working Group for the life cycle of the project with ownership confirmed and transferred to site lead on implementation

Review processes currently in place and ensure they are fit for purpose and video use is embedded within.

Review of current hardware and tech equipment to ensure any gaps are addressed

Ensure adequate space is available to carry out video communication

All relevant clinical and administration support staff on the site *(approx. x nos)* will be trained to use video communication for the following purposes where appropriate:

1. 1:1 or small group calls with patient/service users or other clinicians e.g. MDT's, rehab session
2. Larger Clinical Groups e.g. Patient and Clinician education sessions/workshops, larger MDT

We envisage that X no of patients or X number of meetings will be held using video within a 6 month period

Benefit Realisation will be carried out by data reporting and feedback evaluation.

Out of Scope

Upgrades to site infrastructure are out of scope of this project.

Project Objectives

Time

- Estimated 16-week implementation
- Review 3, 6 ,12 months after project 'go live/s'

Cost

- **Licenses** – Nationally approved software licenses are centrally funded.
- **Equipment to support video** - centrally funded
- **Hardware** - any additional Laptops, PCs or tablets required to support video are centrally funded and can be ordered through normal channels Email TO.DeviceRequests@hse.ie
- **Laptop trolley(if necessary)** – costs incurred by your service
- **Room maintenance** – if rooms need to be customised for video, cost will be incurred by your service
- **Resources** –any additional staff to support video is incurred by your service

Aims

Please amend or add as necessary.

There are multiple opportunities identified from services nationally where video can help:

- Scheduled/unscheduled appointments
- MDT Interaction e.g. admissions meetings, pre round meetings
- Delivery of Group Education sessions eg pulmonary rehab
- Support assessment of patient eg community/residential to acute hospital
- Family member interactions eg visits, family meetings, providing support
- Staff Meetings, daily handover, timetabling
- Discharge preparation
- Support home visits e.g. OT, Tissue viability nurse
- HSE Staff training

Quality Improvement

Research to date and the findings from the 'National Evaluation of the use of video enabled care' presented data evidence that there is a strong desire from patients/services users nationally for video as a method of healthcare;

Link to-first-national-evaluation-of-the-use-of-video-enabled-health-care-in-ireland.html

> *"95% of patients reported that they were likely to recommend video enabled care to their friends"*

> *"80% of patient found their experience to be as good as or better than face to face appointments"*

Ongoing collation of feedback is important to help continue to improve online health appointments and video communication.

Please amend or add as necessary

As an evaluation of this project I will be gathering feedback and data evidence on the following:

- Impact on Clinical outcome of care provided
- Change in available capacity
- Change in existing waiting list size
- Admissions Rates
- Length of stay – Discharge Rates
- DNA/CAN Rates
- Service User/Patient Satisfaction
- Impact of flexible working options and work-life balance

Benefits

Video appointments are comparable to face-to-face appointments in delivering safe, secure person centered care. They can offer patient/service user the convenience of an appointment in a setting similar to their home, with a virtual interaction, building rapport and permitting healthcare professionals to see and assess visual cues that cannot be assessed with a phone consultation. These elements are all vital components in provision of quality healthcare.

Some identified benefits for the service user:

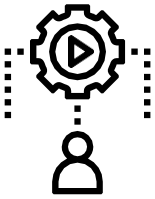
- Improved accessibility
- More choice
- Reduces transport or travel difficulties
- Less time waste, travel and carbon footprint
- Less cost
- Reduces time off work, school and other responsibilities
- Reduces further burdening to physical or mental health issues i.e. less exposure to infection risk, excessive travel, pain exacerbation

Some identified benefits for healthcare providers:

- Saves time and travel attending clinics at different sites
- Allows healthcare professionals to link up with other professionals and run multidisciplinary meetings and appointments
- Enables health care professionals to work from their own home when needed, improving work-life balance

Some identified benefits for the Organisation

- Creates Virtual Capacity
- Aids Integrated Care
- Less Hospital Admissions
- Early Discharge



Roles and Responsibilities

Role	**Reprensentative** (*please include rep name)*
Implemention Lead	
Local Digital Health Lead	

Implementation Lead

- To provide co-ordination and change management, within their service, in implementing/embedding and using video consultation platforms in line with the implementation framework.
- To empower, motivate, support, and advise staff throughout the implementation and create a sustainable model which will ensure a blended care approach to healthcare into the future.
- Gather data evidence which will become available nationally.

Working Group (Complete working group tab within timeline tool including roles within group)

Group led by the Implementation Lead responsible for making collaborative decisions and ongoing progression of the video implementation/embedding

Identify and agree appropriate processes to progress the project within the agreed timeframe

- Membership should reflect a core representation from all MDT and administrative support involved in the project implementation
- Members should actively participate through attendance, discussion, review of minutes, papers and other working group documents.
- Members should support open discussion and debate within the group and complete agreed tasks within the allocated timeframes
- Members are responsible for the dissemination of information and the positive communication of the agreed digital change projects among the staff they represent.

Local Digital Health Team (LDHT)

- To provide project management and support to Implementation Leads, in embeding, management and use of video consultation platforms, utilising the implementation plan, with post implementation project support and follow up.
- Provide advice on use of video consultation platforms and associated audio-visual hardware to enable staff to engage with both video and teleconference platforms, in light of demand for

clinics/consults/services/clinical meetings/professional development forums to be delivered remotely.

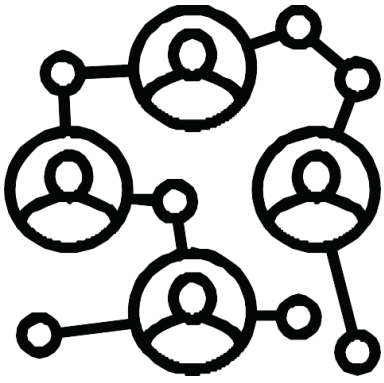
- Signpost services to required resources to enable,empower and develop local linkages ensuring shared learning
- Promoting the gathering of data evidence and use cases which will become available nationally

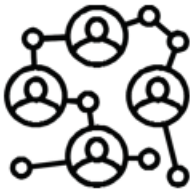
National Telehealth Programme Team– eHealth (NTPT)

- Provide assistance to the local digital health teams supporting them to deliver on video solutions within the HSE and wider healthcare services.
- Management of AttendAnywhere platform, supply of equipment to enable video enabled care and support the projects infrastructure and technical requirements.
- Provide national status reporting to the Telehealth Steering Group on all video implementations nationally.
- Facilitate and coordinate the collation of data evidence nationally and communicate to the correct stakeholders.

Nursing/Midwifery Planning & Development Unit (NMPDU)

- Engage with Nursing & Midwifery Colleagues to provide guidance on the implementation and optimisation of VEC opportunities as part of the project implementation plan
- Sign post and support educational opportunities in digital skills and VEC training such as exemplar webinars, use case sharing and research opportunities in Nursing & Midwifery
- Support the development of national resources and supports including policies, procedures, protocols, guidelines and implementation guides to support Video enabled Care implementation and sustainability
- Build communities of VEC practice and peer support to build confidence in the nursing and midwifery workforce
- Support the evaluation of the implementation of VEC , through guidance and the availability of evaluation tools





Guideline for 16 week implementation

This is only a guideline and can be tailored accordingly. Please work in line with the implementation ppt guide

- At end of each meeting clear next steps to be agreed and complete before next meeting or alternatively reschedule meeting
- Working group meetings to take place weekly throughout lifecycle of project
- Site meetings may take place throughout the project

Stakeholder Meetings

NTPT can be available outside of allocated meeting slots, if needed

NMPDU attendance at the meetings 1,3,7 reflect the support offered at key phases, engagement, implementation and evaluation, additional contact / meetings will be agreed with NMPDU as appropriate

Meeting no	Timeframe	In attendance
1	Start	LDHT, Implementation Team, NMPDU
2	2 weeks from last meeting	LDHT, Implementation Team
3	4 weeks from last meeting	LDHT, Implementation Team,NMPDU
4	2 weeks from last meeting	LDHT, Implementation Team,NTPT
5	2 weeks from last meeting	LDHT, Implementation Team
6	4 weeks from last meeting	LDHT, Implementation Team
7	2 weeks from last meeting	LDHT, Implementation Team,NMPDU, NTPT
7 meetings	**16 weeks**	

Other meetings

Shared learning sessions, wider working group presentations/meetings to support buy in

Meeting outline ***(This is only a guide and can be tailored accordingly – Christmas/Summer/Easter and other leave will push out timelines)***

Meeting 1	
Meeting Commitment	1 hour
Items to be discussed	Introductions, implementation framework presentation, role discussion/clarification, scope for video usage, shared learning, framework to gather evidence
In attendance	LDHT, Implementation Team, NMPDU
Next steps prior to next meeting	• Review and complete project brief (see attached) • Identify and engage working group (taking change management into consideration)- complete working group tab on the timeline tool attached • Review and share implementation ppt/slide deck with all necessary stakeholders (Resource links included at a click) – Find attached • Include 'video' as standing item on weekly agenda • Review relevant shared learning

A shared learning session can be arranged/recorded/shared with necessary stakeholders before next meeting

Meeting 2	2 weeks later
Meeting Commitment	1 hour
Items to be discussed	Confirm working group formed (all necessary stakeholders engaged), project brief complete, introduction to process mapping – support slides to be shared, draw.io demonstration,shared learning
In attendance	LDHT, Implementation Team
Next steps prior to next meeting	• Map existing process with working group and necessary stakeholders and identify video opportunities

	• Support maybe needed by NMPDU during processes mapping • Review relevant shared learning

Meeting 3	4 weeks later
Meeting Commitment	1 hour
Items to be discussed	• Review process map with existing process documented and video opportunities identified, discuss platforms in line with video opportunities & identify which video platform matches with each opportunity e.g. platform for small group/larger groups
In attendance	LDHT, Implementation Team, NMPDU
Next steps prior to next meeting	• Review team members who have platform/s of choice licences and identify who need licences • Contact TPT for any necessary licences and equipment

Meeting 4	2 weeks later
Meeting Commitment	1 hour
Items to be discussed	Confirm all necessary stakeholders have licences, equipment , SOPs/templates ,eligibility criteria, selected video opportunity to start with (Digital lead to share any available SOPs/templates with service)
In attendance	LDHT, Implementation Team, NTPT
Next steps prior to next meeting	• Circulate training videos/docs in line with platform of choice to team members • Train the trainer/peer to peer training approach and if additional training required for AA contact NTPT • Practice/practice and start normalising video • Draw up SOPs, amend templates in line with video

Meeting 5	2 weeks later
Meeting Commitment	1 hour
Items to be discussed	Progress update, Training progress,

	SOP/templates
In attendance	LDHT, Implementation Team
Next steps prior to next meeting	• Create awareness of video internally • Phase 1 - Go live internally – MDT, meetings, tea breaks etc

Meeting 6	4 weeks later
Meeting Commitment	1 hour
Items to be discussed	• Progress update, discuss any resistance from staff/issues, feedback on 'go live', Discuss readiness in going out to the service user (Phase 2 go live)
In attendance	LDHT, Implementation Team, NMPDU
Next steps prior to next meeting	• Eligibity Critiera agreed with necessary clinicians • All SOPS/templates finalised • Ongoing creation of awareness and normalisation of video (Internally & externally) - posters brochures, leaflets, website • Phase 2 - Go live with specific small identified cohort of servie users

Meeting 7	2 weeks later
Meeting Commitment	1 hour
Items to be discussed	Progress update go live phase 2
In attendance	LDHT, Implementation Team, NMPDU, NTPT
Next steps	• Lessons learned • Project evaluation • Data evidence review • Ongoing review

Phase 3 - Go live – scale up – ongoing in small stages

Risk Management

Risk Management includes the processes of conducting Risk Management planning, identification, analysis, response planning, and controlling risk on a project. The objectives of Risk Management are to decrease the likelihood and impact of negative events in the project.

Risks

- Lack of commitment and engagement from working group
- Resistance from stakeholders
- Resistance to change
- Technology issues/ site infrastructure
- Resource – Lack of availability of staff to support video
- Organisational risks – Lack of Senior Management Support

Constraints and Assumptions

- Clinical and business leadership
- Availability of resources to implement
- Change management and stakeholder engagement
- Current physical IT infrastructure
- Availability of Hardware
- Institutional and organisational culture and not the technology itself

Appendix 1

Clinical Governance and Guidance Documents

- https://healthservice.hse.ie/filelibrary/staff/telehealth-governance-community-services.pdf
- **https://healthservice.hse.ie/filelibrary/staff/telehealth-governance-acute-services.pdf**
- HSE (2019) Data Protection Policy: https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-data-protection-policy.pdf
- HSE (2013) I.T. Security Policies Frequently Asked Questions (FAQ) : http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_I_T_Policies_FAQ.pdf
- Health Service Executive (2014) Information Technology Acceptable Use Policy: https://www.hse.ie/eng/services/publications/pp/ict/i-t-acceptable-use-policy.pdf
- Any other policy necessary and applicable to your service

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Within your Service
V4

eHealth and Disruptive Technologies