



SERVICE PROFILE

Providing healthcare into correctional facilities via Telehealth

by Karen Lucas and Megan Auld

Designing and delivering health care services in a correctional facility is an extremely complex task.

Each prison has a small primary care team, with Queensland Health nurses and nurse practitioners providing the majority of patient care. GP VMOs offer limited hours per week for prisoner consultations. If prisoners need access to specialist care, they are then referred on to the Princess Alexandra Hospital Secure Unit, known as SECU.

SECU is the only tertiary health care facility for all prisoners in Queensland. It has a 12 bed inpatient ward and ability to house up to 25 prisoners a day for outpatient appointments.

With these limited resources you can imagine patient lists for SECU are difficult to coordinate. Aside from their medical condition, a prisoner's gender and security level have to be considered for both transportation to SECU and accommodation while housed within the unit. Widely used in the USA, Telehealth is becoming more common for delivering prison

healthcare in Queensland. Providing services, when clinically appropriate, via telehealth has a number of benefits:

- Reduction in prisoner transportation, easing the burden on the QCS Transportation and Escort Service
- An increase in the number of prisoners attending their health care consultations
- Clinicians can provide telehealth services from their OPD areas, offices, or the Telehealth Centre, it doesn't need to happen in the SECU or in set clinic slots.
- Local prison Nurses and Nurse Practitioners are upskilled and can implement recommended treatment changes immediately
- The potential to reduce emergency transports through telehealth models like TEMSU.

Just like telehealth specialist consultations for the community, telehealth for prisoners is organised exactly the same way. Because Prisoners are not being transported, the need for secrecy is removed, so patients can be scheduled in advance into ESM. To ensure smooth transitions between in person and telehealth appointments, the SECU unit is kept informed of all

prisoner telehealth via email.

A small number of services have been conducting telehealth consults to Prisons for some years now, such as Gastroenterology, Hepatology, Diabetes and Endocrinology. Since June 2019, Infectious Diseases, General Medicine, Neurology, NeuroSurgery, General Surgery, Cardiology and Oncology have commenced services.

In addition, two tele-mentoring (case conferencing with education) services are also running for Hepatitis C treatment and Pain Management.

More recently West Moreton HHS have employed a telehealth nurse coordinator who has been helping to resolve technology, process and scheduling issues to ensure telehealth runs smoothly and that the prisons can provide the necessary space and clinicians to support consultations.

Queensland Corrective Services and the Prison health teams are keen to keep expanding the options for prisoners to be seen via telehealth. We hope to see a range of addition specialties come online within the next 6 months.



RESEARCH PROFILE

Dementia experience shared in Brisbane workshop

by Anthony Smith

The Centre for Online Health (COH) recently hosted a four day workshop for Aboriginal and Torres Strait Islander health service staff to learn about dementia and telehealth. The workshop was associated with the DREAMT project – which is a telehealth project involving communities in Cherbourg, Cunnamulla, Charleville and in the Torres Strait. One of the DREAMT funded services offered through the PAH Telehealth Centre include telehealth consultations with a geriatrician, to help support Indigenous people living with dementia.

Some of the workshop learning activities took place in the PAH Telehealth Centre and other venues throughout the PAH. The four day practical workshop was

developed for health staff to learn about dementia, and how to provide dementia related services in the community. Practical activities related to dementia screening, interviewing and preparing cases for telehealth were offered during the week. UQ Professor of Telemedicine and COH Director Anthony Smith, said “the workshop has been an excellent opportunity for everyone to come together to share their experience... There have been plenty of stories which have helped everyone understand the importance of caring for a person with dementia, and the challenges of delivering specialist services throughout the community”.

“The DREAMT project is empowering communities to lead efforts to inform people about dementia, to identify the

early signs of dementia, and to help improve access to specialists using telehealth” Professor Smith said.

According to Auntie Mischa Fisher, one of the health workers attending the workshop from Cherbourg – “dementia services are really needed in our community”. “This workshop made the assessment process much clearer for me”. “Telehealth is something we want to use more so that our people don’t have to travel so much to Toowoomba and Brisbane. Telehealth gives our families the chance to have their appointment in the community health centre, which is close to home and also in a familiar environment with people they know”.

The DREAMT project has been funded by the Dementia and Aged Care Services, Commonwealth Department of Health.

#SFT19

SUBSCRIBE FOR EVENT UPDATES
AT SFTCONFERENCE.COM

**SUBMIT
ABSTRACTS
NOW**

**SPONSOR
OR EXHIBIT
NOW**

**SFT-19
AUSTRALIA**

19th Successes and Failures in Telehealth Conference 11th Annual Meeting of the Australasian Telehealth Society

21-23 OCTOBER 2019 | GOLD COAST, AUSTRALIA



AN INITIATIVE OF



Centre for
Online Health



SUPPORTED BY



SERVICE PROFILE

Preadmissions clinic Telehealth

by Anesce Stapelberg

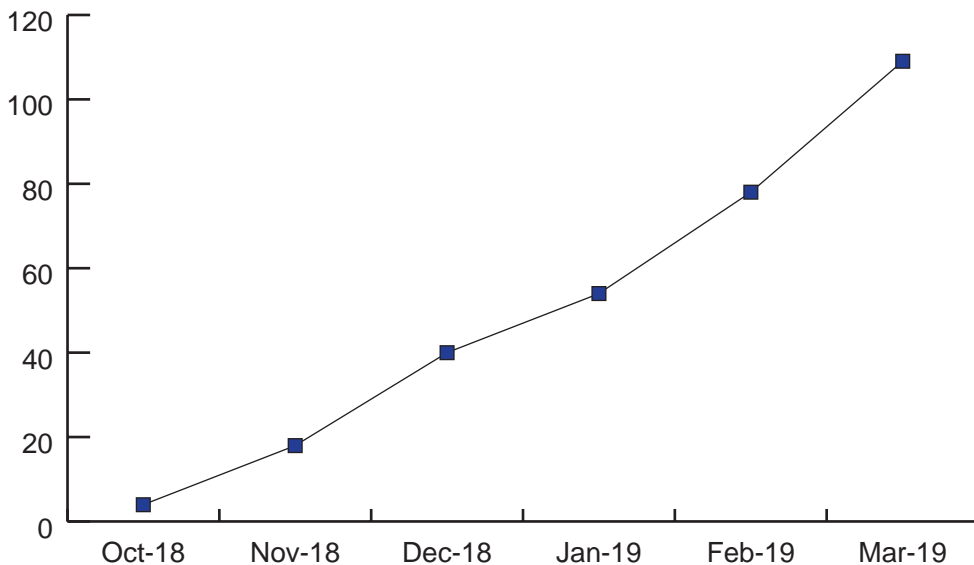
The new PAH Pre-Admissions Telehealth Clinic has hit the ground running with an awe-inspiring 303 telehealth consultations between October 2018 and March 2019. The telehealth clinic offers rural and remote patients the opportunity to conduct their pre-admissions interviews from their closest hospital, seeing multiple specialties including a doctor, pharmacist, and specialty nurses.

Telehealth appointments are made in a timely manner allowing clinicians the ability to ensure optimisation of patients. This could avoid any necessary

postponement or cancellation of surgical procedures providing a win/win situation for the organisation, the patients and their families. This new service is growing rapidly, delivering patient centered care to patients who would otherwise have to travel great distances to their appointments.

As a result of their tremendous efforts, the Telehealth Support Unit has procured an additional 5 Jabber accounts complete with webcam and speaker set to enable growth of the clinic. This opportunity paves the way for exponential growth of pre-admissions telehealth and is a great example of what can be achieved with a motivated team.

Preadmissions Clinic Telehealth Appointments



Team Member Profile

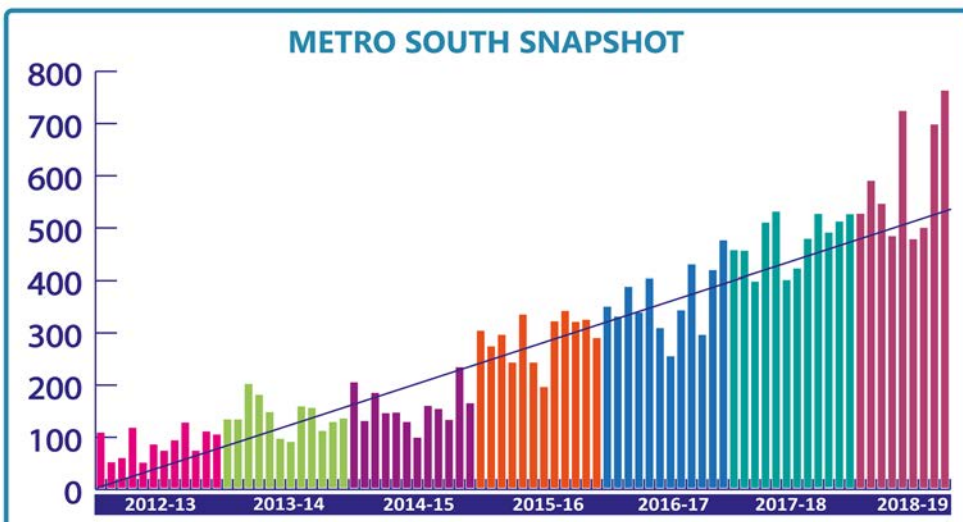
Megan Auld

Specialty Outpatients
Telehealth Nurse Coordinator

After Graduating with a Bachelor of Nursing, Megan specialised in Critical Care. She has experience in Emergency, Cath Lab and Anaesthetics and has got extra qualifications in each of these areas.

With this background knowledge she has been successfully developing and expanding a Telehealth model of service in Ground C Outpatients since April 2017. With the success of this Telehealth service in Outpatients she has started to take this groundwork over to Corrections and currently does Telehealth appointments for all correctional facilities across Queensland. This is an extremely complex task but since starting in June 2018 many issues have been resolved and progress is being made.

Celebrating 6000 Telehealth Appointments in Metro South HHS!



Windows 10 and the impact on Telehealth

by Anesce Stapelberg

The arrival of Windows 10 in Metro South has been an exciting one, with a large percentage of computers being replaced with new micro form machines. These new machines offer much more memory than their predecessors and a better user experience however they do come with a drawback from a telehealth perspective.

The new machines only have 5 USB ports which, in some instances means, all the required peripheral devices needed for normal operation plus telehealth cannot be connected simultaneously. There are two solutions to solve this problem, the first being

utilising the extra USB ports on your screen or using a USB HUB that will provide additional ports.

Utilising the screen USB

Please contact the windows 10 replacement team and advise them that you need more USB ports and would like to use the screen ports. The Windows 10 replacement team will attend your location with special cables that enable the use of the screen USB ports.

Utilising a USB HUB

If your area is yet to be upgraded please advise the Windows 10 replacement scout that you require additional USB ports and would like a HUB with every telehealth enabled machine. If you

purchased telehealth equipment after a new machine was allocated your department will have to purchase a USB HUB through a generic IT support job.

Jabber

Windows 10 machines come preinstalled with the new version of Cisco Jabber (Blue icon). The new version of Jabber can only be used with named accounts ie. "Jo.Bloggs". If your department uses generic Jabber accounts ie. "PAH Telehealth" you must download the old (legacy) version of jabber from the Software Centre by searching "MOVI".



Legacy



Next-Gen

RESEARCH PROFILE

Home-based telerehabilitation is not inferior to a centre-based program in patients with chronic heart failure: a randomised trial

Rita Hwang ^{a,b}, Jared Bruning ^c, Norman R. Morris ^{d,e,f}, Allison Mandrusiak ^b, Trevor Russell ^{b,g}

^a Department of Physiotherapy, Princess Alexandra Hospital, Metro South Health, Brisbane; ^b Physiotherapy, School of Health & Rehabilitation Sciences, The University of Queensland, Brisbane; ^c Department of Physiotherapy, Heart Failure Support Service, The Prince Charles Hospital, Brisbane; ^d The Menzies Health Institute Queensland, Griffith University, Gold Coast; ^e The School of Allied Health Sciences, Griffith University, Gold Coast; ^f Allied Health Research Collaborative, The Prince Charles Hospital, Brisbane; ^g Centre for Research Excellence in Telehealth, The University of Queensland, Brisbane, Australia

Question: Is a 12-week, home-based telerehabilitation program conducted in small groups non-inferior to a traditional centre-based program in terms of the change in 6-minute walk distance? Is the telerehabilitation program also non-inferior to a centre-based program in terms of functional capacity, muscle strength, quality of life, urinary incontinence, patient satisfaction, attendance rates, and adverse events?

Design: Randomised, parallel, non-inferiority trial with concealed allocation, intention-to-treat analysis and assessor blinding.

Participants: Patients with stable chronic heart failure (including heart failure with reduced or preserved ejection fraction) were recruited from two tertiary hospitals in Brisbane, Australia. **Intervention:** The experimental group received a 12-week, real-time exercise and education intervention delivered into the participant's home twice weekly, using online videoconferencing software. The control group received a traditional hospital outpatient-based program of the same duration and frequency. Both groups received similar exercise prescription.

Outcome measures: Participants were assessed by independent assessors at baseline (Week 0), at the end of the intervention (Week 12) and at follow-up (Week 24). The primary outcome was a between-group comparison of the change in 6-minute walk distance, with a non-inferiority margin of 28 m.

Secondary outcomes included other functional measures, quality of life, patient satisfaction, program attendance rates and adverse events.

Results: In 53 participants (mean age 67 years, 75% males), there were no significant between group differences on 6-minute walk distance gains, with a mean difference of 15 m (95% CI -28 to 59) at Week 12. The confidence intervals were within the predetermined non-inferiority range. The secondary outcomes indicated that the experimental intervention was at least as effective as traditional rehabilitation. Significantly higher attendance rates were observed in the telerehabilitation group.

Conclusion: Telerehabilitation was not inferior to a hospital outpatient-based rehabilitation program in patients with chronic heart failure. Telerehabilitation appears to be an appropriate alternative because it promotes greater attendance at the rehabilitation sessions.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/28336297>