NSW Health

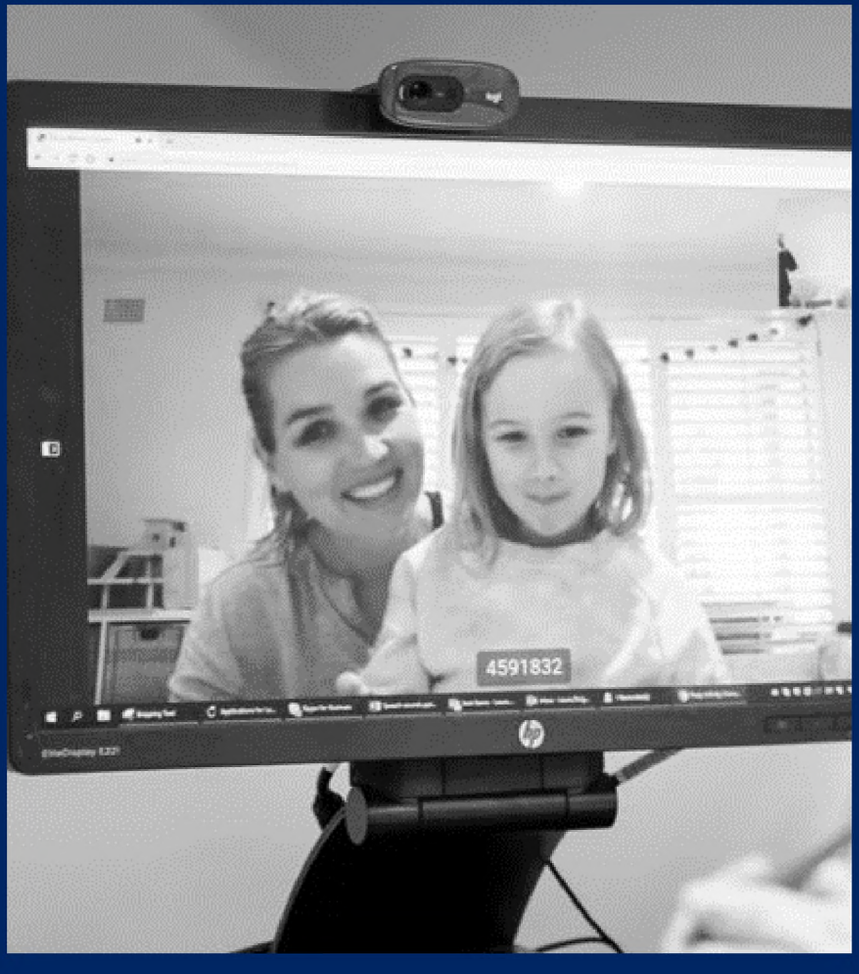
Establishing and Implementing Virtual Care Services

Guide

From investigating, to planning, implementing, and evaluating

May 2023

www.health.nsw.gov.au/virtualcare



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Part 1: Virtual Care in New South Wales

Background and strategic context

The NSW Virtual Care Strategy 2021-2026 works towards the Future Health Strategy for NSW Health: A sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness, and is digitally enabled. The NSW Virtual Care Strategy has been developed to support a coordinated and consistent state-wide approach to sustainably scale virtual care.

The Strategy aims to achieve key outcomes, including:

- Safe, appropriate, and equitable access to care
- Positive patient, carer, and family experience
- Positive clinician experience

The implementation of the NSW Virtual Care Strategy, being led by the NSW Virtual Care Taskforce, has shown that Local Health Districts (LHDs) and Speciality Health Networks (SHNs) in New South Wales are at varying stages of capability and maturity in virtual care service delivery across a continuum of service offerings.

While Virtual Care in NSW is not new, this document seeks to provide consistent state-wide guidance to enable a coordinated, consistent, and integrated approach to implementing virtual care services.

Vision and purpose of the guide

This guide aims to:

- Align with the NSW Virtual Care Strategy 2021-2026
- Outline an implementation approach for LHDs and SHNs to establish virtual care services, and/or integrate virtual care delivery options into existing services.
- Ensure that virtual care is integrated into existing health service safety and quality systems and clinical governance processes.

Scope and audience of the guide

This guide applies to the planning, implementation, evaluation, and monitoring of virtual care services, with explicit acknowledgment that LHDs and SHNs are at varying levels of maturity and capacity in the delivery of virtual care. The delivery of virtual care could include embedding virtual care into existing services and/or implementing new virtual care service models.

This guide can be used by LHDs and SHNs anywhere along the continuum of virtual care service provision, including those:

- With existing operational virtual care services to confirm that their models of care align with the statewide guidance.
- Who are in the process of embedding or establishing virtual care services, to guide their processes.
- Who are yet to embed or establish virtual care services into standard operations, to provide guidance and tools to assist with the operational planning process.

Principles and definitions of the guide

Defining Virtual Care

Virtual Care is Care. We use technology as an enabler.

NSW Health, in the Virtual Care Strategy 2021-2026 has defined virtual care as “any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies”. Simply put, virtual care is a way of providing healthcare. Like any care delivery method, virtual care should meet best practice healthcare principles, be embedded into safety and quality systems, be patient-centred, and focus on the clinical care of patients rather than the technological aspects of the model.

Virtual care uses the systems and resources of hospitals or health services to:

- Provide assessment, treatment, and multidisciplinary care for community dwelling patients (i.e., patients at home, in a Residential Aged Care Facility, patients admitted under a Hospital in the Home - HITH model etc) and/or
- Provide multidisciplinary clinician to clinician consultation for facility inpatients (inpatients who are physically located in an inpatient facility) and community dwelling inpatients.

Services that use virtual care aim to improve health outcomes, increase patient and clinician access, improve patient, family, carer and clinician experience, increase service efficiencies, and reduce costs to the health system.

Principles of virtual care delivery

All virtual care service delivery provided by LHDs and SHNs in NSW should aim to uphold the principles of value-based healthcare, through:

- Providing safe and clinically appropriate care that delivers high quality health outcomes, and positive experiences for patients, carers, families, and clinicians
- Enabling equitable access to services for patients
- Ensuring the provision of patient and family centred care including individualised care planning
- Providing integrated care that is seamless, effective, and efficient and reflects the whole of a person's health needs
- Developing scalable and sustainable virtual care service models

Virtual care modalities

Virtual care is an overarching term encompassing a range of modalities used to provide healthcare where technology is an enabling tool. In NSW, virtual care can be delivered in different ways, including:

- Telephone – an audio connection between two or more people
- Video conference – video connection of two or more people allowing all participants to speak to each other, see each other and in some cases exchange data simultaneously
- Remote monitoring – using technology to collect and send medical data to an app, device or service. Remote monitoring can include:
  - Wearable devices
  - Mobile equipment and devices that include peripherals.
  - Smartphone apps that are used to collect patient measures.
  - Online portals used to enter personal health data.
- Store and forward – where a patient allows clinical information to be securely collected and sent electronically to another person or site for evaluation or management.
- Apps and websites, which are available to support forms of virtual care functionality, including secure messaging, phone calls, videoconferencing, remote monitoring, and educational information.

Benefits of virtual care

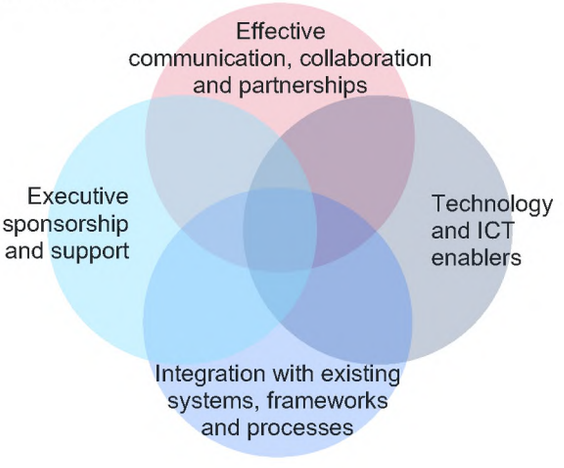
Virtual care that provides facility level care in the community can result in benefits for services, healthcare professionals, patients, and their families and carers. These benefits have been outlined by the Agency for Clinical Innovation and example models of care with virtual service delivery, and include:

For Services	Alleviated ED pressures, addresses ED avoidance Prioritised movement based on clinical need Decreased lengths of stay Improved safety and quality of care Supports models that promote integration across healthcare
For Healthcare Professionals	Enhanced clinical support to clinical staff A digitally capable workforce Opportunity to retain workforce and support professional development resulting from increased flexibility and efficiency, reduced unnecessary travel time, and improved clinical networks and collaboration Timely access to specialist clinical advice and care coordination for both patients and clinicians Early detection and timely intervention to avoid deterioration through virtual support
For Patients & Families/Carers	Care can be provided close to home, minimising unnecessary transfers and delay to treatment, and helping patients remain with their families or carers The opportunity for better coordinated care and more equitable and timely access to care Patients can receive care close to home and on country

Critical factors for the successful implementation of virtual care services

This guide was developed through extensive stakeholder consultation where the critical factors for the successful implementation of virtual care were identified as:

- Executive sponsorship and support
- Effective communication, collaboration, and partnerships
- Reliable technology and ICT enablers
- Integration with existing systems, frameworks, and processes.
- These factors are highlighted for reference and explored further through the guide.



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Part 2: Guided Virtual Care Implementation

Investigate, Plan, Implement and Evaluate a Virtual Care Service

Guide at a glance

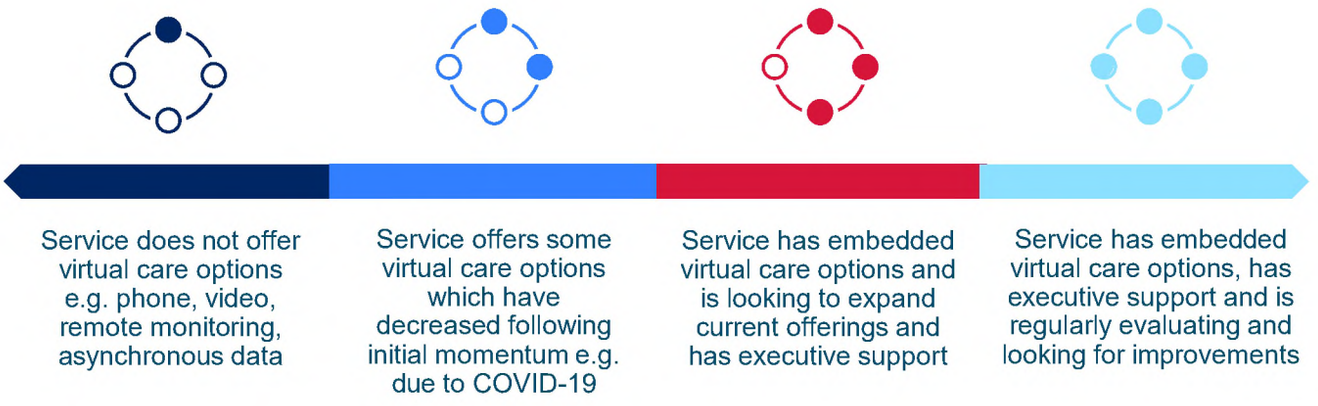
	Actions	Outcomes	Resources
01 Investigate	Describe the current state and determine your direction Understand your context and build a case for change Create a vision for what the change will be Seek executive sponsorship Define the virtual service scope Identify list of stakeholders to input into and do the work Outline a budget and identify potential funding source. Determine your readiness for implementation	Current state and case for change documented Executive support sought Future virtual service scope defined Team formed Funding source determined. Readiness for implementation determined	Examples of virtual care in models – spotlight models Examples of virtual care in models – register of services One-pager project summary for executive sponsorship Readiness Self-Assessment All editable templates are saved here
02 Plan	Outline the future service model and develop any required key documents: Develop/Update the Service Model/Model of Care Operational Procedures: policies, procedures and guidelines related to virtual care. Business Case (if required) to describe the changes needed to get from the current to the future. Safety & Quality Guidance Frameworks applied to virtual care models Communication Strategy Develop a Decision-Making Flowchart Evaluation Tools Performance Reporting Guidelines and Schedules Identify the key risks and issues	Required key documents identified. Required key documents developed	Model of Care Considerations and Blank Word Template LHD/SHN specific Business Case CEC Embedding Virtual Care in safety and Quality Frameworks Communications resources Appendix A: Decision making flowchart example ACI Risk Register Template
03 Implement and Evaluate	Pilot, implement evaluate and scale the changes Outline the Patient Journey Communication, consultation, and engagement strategy Pilot OR roll out the virtual care service: equipment, workforce, change management, patient recruitment, evaluation. Evaluate the pilot/service implementation and plan the next steps Plan the future of virtual care in your LHD	Patient Journey is documented. Changes are communicated. Equipment is procured. Workforce is recruited. Staff are ready to implement the changes. Patient explores virtual care options in partnership with staff.	Appendix B: Patient Journey Example HETI education framework Communications resources Change management & re-design resources and factsheets

1 Investigate: describe the current state and determine your direction

a. Understand your context and build a case for change

   i. Determine the current context for virtual care in your LHD/SHN:

Virtual Care Continuum: Where are you?



   ii. Describe the current state and explain why change is needed.

b. Create a vision

   i. Create a vision of what an ideal future state with virtual care looks like.

   - Examples of virtual care in models – spotlight models
     Examples of virtual care in models – register of services

c. Seek executive sponsorship

   i. Seek executive sponsorship by communicating the strategic alignment, benefit, and case for change. Refer: executive summary page template.

Click here to go to executive summary page template

d. Define the service scope

   i. Identify what are your service needs, what are your community requirements, and what are your patient profiles/preferences

   ii. Consider current examples of virtual care delivery options in action

   iii. Map your patient journey through your ideal future service – be open to ideas

   iv. Set parameters and boundaries for the vision. For example, does the ideal service contain synchronous, asynchronous, combination of both care?

e. Form the team

   i. Identify the stakeholders that should be involved in the design, management and implementation of the virtual care service: this could be a Working Group and/or Steering Committee, and could be comprised of Project Managers/Officers, Subject Matter Experts, staff, consultants, clinicians, patient and carer representatives. Outline clear roles and responsibilities, terms of reference for the group/committee, and determine the communication methods and timeframes (e.g. meeting frequency).

ii. Commence consultation for an Aboriginal Impact Statement, and consider planning and impacts on any other relevant vulnerable cohorts.

f. Outline a budget for virtual care service implementation and identify/secure a sustainable funding stream, if required

g. Determine your readiness: what do you have, what do you need, what are the gaps, how will you get there? An online version of the self-assessment checklist is accessible here as a template, and is shown on the next page.

	Not required at our pilot site	Not available or not achievable	Requires additional work	Ready for implementation	Already implemented	Action Plan/Next Steps
Videoconferencing capability						
Remote monitoring capability						
Workforce adjustments						
Trial implementation champion identified						
ICT support, reliability availability						
Physical space e.g., equipment, furniture						
Training staff in use of platforms/s e.g., videoconferencing						
Training staff in use of remote monitoring kit and platform						
Staff support of offering appropriate virtual care options						
Executive support to make service changes if needed						

2 Plan: outline the future service model and develop any required key documents

a. Determine the need for and develop key documents that define the future:

i. Outline the Service Model or Model of Care. This may be a new document for a new service, or updated document integrating virtual care delivery into existing models. A guide to developing a model of care that includes virtual modalities can be found further in the document and a blank model of care template in word document format can be found here.

ii. Gather or develop operational procedures information to inform the Service Model/Model of Care, including policies, procedures and guidelines related to existing care provision and virtual care

iii. Develop a Business Case if required to support the service model and describe the changes needed to get from the current to the future state

iv. Embed Safety and Quality Guidance Frameworks in virtual models as per guidance from the Clinical Excellence Commission. It is expected that virtual care is embedded within existing clinical governance frameworks where possible.

v. Develop a Communication Plan/Strategy, including strategies for engaging CALD communities, LGBTIQA+ communities, disadvantaged and vulnerable communities and relevant services.

vi. Continue consultation for an Aboriginal Impact Statement

vii. Develop Evaluation Tools that outline how data will be collected, analysed and communicated – including Patient Reported Measures of Experience and Outcomes (PRMs), and clinician experience and feedback, and service outcome measures.

viii. Performance Reporting Guidelines and Schedules – outline your local reporting requirements and ensure adherence to NSW Health reporting requirements.

ix. Develop a Decision-Making Flowchart to identify when and how patients could access virtual care.

x. Identify the risks and issues associated with implementing a virtual model of care, and develop a Risk Register for continued use throughout the service implementation.

3 Implement: Pilot, evaluate and scale the changes

a. Define the changes needed to get from where the service currently is, to the future vision.

   i. Outline the Patient Journey

   ii. Identify a potential pilot site/facility/service where the virtual care patient journey could be embedded or implemented

   iii. Identify enablers and barriers and if any can be overcome

Click here to see example patient journey

b. Communication, consultation, and engagement and change management:

   i. Consider partnership or collaborations with other LHDs/Networks for resourcing opportunities (such as Community of Practice)

   ii. Ensure regular and ongoing stakeholder engagement with a focus on partnerships and collaboration.

   iii. Communicate the proposed model, including using key messages for different target audiences. This may be in the form of newsletters, media, scheduled events, yarning circles, and community group announcements.

Click here to go to virtual care communication resources

   iv. Continue consultation for an Aboriginal Impact Statement, and engage with relevant CALD communities, LGBTIQA+ communities, disadvantaged and vulnerable communities.

   v. Outline the change management process required.

c. Pilot the solution locally OR roll out the virtual care service:

   i. What equipment is required?

   ii. What workforce is required?

   iii. What is the change readiness of the staff? For example, have staff been notified of the change and upskilled in preparation?

   iv. Have you clearly defined the roles and responsibilities for the pilot/implementation?

   v. How will patients and carers be recruited for the pilot and communicated with?

   vi. How will you test and evaluate the pilot/service implementation?

Click here to go to pilot timeline template

d. Evaluate the pilot/service implementation and plan the next steps:

   i. Evaluate the outcomes of virtual care on the service, healthcare professionals and/or patients using your identified evaluation tools.

   ii. Determine the appropriateness, transferability and readiness for wider implementation and scaling across the LHD/SHN.

   iii. Ensure that the model is agile and flexible to local changes.

   iv. Understand and keep connected to NSW ICT and integrated system solutions, including coordinating with state-wide integrated systems.

   v. Determine when, where and how ongoing evaluation will occur.

e. Plan for the future sustainability of virtual care:

   i. Plan to make the virtual service model sustainable – environmentally, socially, and financially.

   ii. Continuous staff training and patient/carer/community awareness.

   iii. Ongoing plan, do, study, act to continuously improve.

More information on re-design and implementation can be found through ACI

Guide to developing a model of care with virtual delivery modes

This information refers to using the provided model of care template for services including virtual care delivery, and should be applied in conjunction with the ACI Virtual Care in Practice Guide.
Unique needs: Not all elements of this template may be applicable to all services or models. In some sections it may be more appropriate to list examples and principles.
Length: 6-12 pages is an approximate total page length.

1.Introduction

Purpose of document including a description of the service. A brief paragraph could also be included to describe context and case for change.

2.Aim of Model of Care

State the aim of the virtual model of care and the key benefit measures and outcomes.

What is the aim of this model of care?

Example: The core aim of the model of care is to enable community dwelling patients to receive safe and clinically appropriate hospital level care via virtual modalities.

What will it aim to achieve for organisations, patients, carers and staff?

Virtual care services should aim to improve health outcomes, increase patient and clinician access, improve patient and clinician experience, and reduce costs to the health system. e.g.,

- Reduced lengths of stay
- Reduced bed block
- Impact on weekend discharge rates
- Reduced hospitalisations
- Reduced re-admissions
- Reduced hospital avoidance
- Alleviating ED pressures
- Increased patient and clinician access
- A digitally capable workforce
- Increased patient and family satisfaction
- Increased clinician satisfaction

How will the service know if the model has achieved its aim/s?

Describe measurable outcomes based on the aims of the model of care.

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Model of Care Template Structure

3. Scope of Service

3.1 Patient inclusions/exclusions

Define who is being treated under this model of care, and contrastingly, are there any patient exclusions (e.g., presentations, age, cohorts, disease types, specialties).

- Consider patient cohorts and clinical presentations where virtual care is a safe, viable and appropriate service option.
- Identify exclusion criteria.
- Patient and family centred care and informed patient choice is integral to virtual services. The provision of virtual care should be discussed with patients to help to manage their expectations, increase awareness, and provide flexibility and choice of access, where available. There may be instances where a patient's choice may be to receive care virtually, face-to-face, or to receive no care – patients must always be placed at the centre of their care and staff must ensure that patients are informed and educated with regard to service options.
- Ensure equity of access to virtual care, and that access is enhanced rather than inadvertently restricted due to lack of risk management.
- Consideration of Aboriginal communities, CALD communities, LGBTIQA+ communities, disadvantaged and vulnerable communities.
- Patient factors for consideration include but are not limited to:
  - Demographic factors e.g., age, cultural and linguistic diversity, location.
  - Physical, mental, cultural, social, and cognitive factors
  - Factors pertaining to the social determinants of health
  - Risk factors e.g. clinical risk, psychological risk, domestic/family violence risk – staff must be able to identify whether engaging in virtual care will place a patient at risk of harm or other adverse outcomes, and adjust care plans accordingly
  - Availability and access to support (where required), reliable internet capability and connectivity, devices, software, and appropriate environments
  - Health and ICT literacy of patients and carers

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3.2 Service scope inclusions/exclusions

State what is the service delivering, and contrastingly, are there any service exclusions? (e.g., specific procedures)

For example (non-exhaustive):

- Remote monitoring of community dwelling inpatients e.g., for blood pressure, heart rate, oxygen saturation (SaO2), Blood Glucose Level (BGL), weight loss or gain, heart conditions, chronic obstructive pulmonary disease, sleep apnea, asthma etc.
- Remote monitoring of inpatients to support early recognition of clinical deterioration and appropriate escalation.
- Provision of virtual consultant-level advice to bedside (for facility inpatients) or remote virtual clinicians (for community dwelling inpatients)
- Virtual pre- and post-surgical consultations
- Virtual Allied Health Consultations for community dwelling inpatients and facility inpatients
- Virtual Ward Rounds
- Virtual Morbidity & Mortality Meetings
- Coordination of inter-facility transfers of acute patients requiring specialist and post-specialist care, including logistics planning and tasking
- Outpatient appointment, patient education and review of continuous blood glucose levels data via videoconferencing and online dashboard

3.3 Networking with other services, transfers, etc

Summarise the cases in which the service will network with other services or providers (e.g., are patients transferred to or accepted from other hospitals, districts, specialty networks; shared care linkage).

Example service providers (non-exhaustive):

- Inter LHD/SHN hospitals and services
- Intra LHD/SHN hospitals and services
- Ambulance
- Community General Practitioners, Medical Specialists and/or Allied Health Professionals

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- Private Health Facilities
- Residential Aged Care Facilities
- Primary care, social services, etc

4. Care Delivery - Principles

List the care principles for the service.

5. Care Delivery - Patient Pathway

5.1 Patient Journey

Summarise the ideal patient journey, including where the patient and their family/carers are involved in care choices.

Including a patient story can be a good way to support this information.

5.2 Referral, Assessment, Management, Escalation, Review & Discharge

Describe the referral and assessment approach, as well as the management, review and discharge approaches.

Operational processes can be referred to, where known, however this document does not need to describe operational processes in detail.

Describe how virtual care can be used as a care delivery option for this model, for example:

- When virtual care may be appropriate
- When and how virtual care may be offered
- How the decision to deliver part/s of care virtually is made and how patient choice and experience factors into decision making
- How different care elements can be delivered virtually.
- What virtual approaches will the model use and when? For example, videoconferencing, interactive assessments, virtual health education, self-service navigation, digital health collaboration, virtual assessment and treatment, digital care planning and coordination, remote patient monitoring

5.3 Clinical and non-clinical support

Describe the clinical and non-clinical support services which would have relationships with the service

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6. Care Delivery - Team

List the roles and staffing arrangements required to support the model of care.

This may be where the requirement for additional workforce in certain clinical scenarios or settings may be considered.

State any involvement of non-LHD staff such as NGOs and GPs.

6.1 Workforce Design and Planning

For consideration:

- LHDs and SHNs should, wherever possible, embed agility and flexibility into the virtual care workforce through careful and considered workforce design.
- LHDs and SHNs should ensure the sustainability of the funding model underpinning the virtual care workforce.
- Virtual care requires a multidisciplinary clinical team with strong communication skills and core values to align objectives and build strong working relationships with all partners.
- Virtual Care Delivery Team design should carefully consider:
  - The clinical staff required to safely deliver the virtual care service e.g., Medical; Nursing; Allied Health; Pharmacy.
  - The support staff to enrich the patient and clinician experience e.g., Hospital Navigators, Patient Liaison Officers, Cultural Liaison Officers, Aboriginal Health Liaison Officers.
  - The administrative, logistics and transport support required to operationalise the virtual care service e.g., Administration Officers, Transport Officers.
  - Opportunities for diversified and innovative role definitions that are driven by the skillset of the workforce rather than traditional qualifications and role delineation e.g., remote monitoring that can be provided by various staff.
- Care Delivery Team design should consider the need for collaboration, communication, negotiation, and partnerships with internal and external stakeholders that will enhance service provision, clinician, and patient outcomes – the workforce should be able to work collaboratively with a range of stakeholders and should be supported to be knowledgeable regarding referral pathways (when to refer and who to refer to).
- It may also be relevant to note training and development, leadership, and other considerations.

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Model of Care Template Structure

6. Care Delivery – Team continued

List the roles and staffing arrangements required to support the model of care.

This may be where the requirement for additional workforce in certain clinical scenarios or settings may be considered.

State any involvement of non-LHD staff such as NGOs and GPs.

6.2 Workforce Training & Support

- The Care Delivery Team must be trained in using virtual care platforms and equipment, have access to timely technical support, and be supported to become confident users of virtual care.
- The Care Delivery Team must be trained and supported to adapt, and problem solve in real time, and be able to implement a secondary plan if technical issues arise prior to, or during, any aspect of virtual care provision.
- The Care Delivery Team must be confident to identify and manage patient deterioration and to escalate to a face-to-face service wherever in-person consultation is required, and to apply incident procedures where required.
- The Care Delivery Team must be confident to abort a consultation when they cannot continue to deliver care virtually because of assessment or patient needs, or where the technology is not fit for purpose.
- Consideration in the implementation of virtual care needs to ensure that it is culturally safe for the Care Delivery Team as well as for patients.
- The Care Delivery Team should be supported by effective change management processes.

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7. Elements which support service delivery

Note the operational context of the model such as key safety or risk management considerations, technology, and governance structures.

Highlight where virtual care plays a role in these elements – for example, it is expected that if virtual care forms an option for care delivery, it is embedded within existing clinical governance processes as would any other care delivery method.

7.1 Service Administration Components

System guidance will be provided by the Ministry of Health in relation to inpatient virtual care activity capture and virtual inpatient bed type classifications.

For local performance consideration:

- How will virtual care services be mapped to existing service units within LHDs/SHNs?
- How will the virtual care service be mapped in the Patient Flow Portal?

7.2 Safety and Risk Management (consider deteriorating patient if applicable)

For consideration:

- Safety and quality systems in virtual care service options should be integrated with governance processes to manage and improve the safety and quality of healthcare provision.
- This includes undertaking risk assessments, mandatory reporting requirements and reporting of incidents into the NSW Health Incident Management System, and reviewing quality and safety intelligence data
- Virtual care requires clear role delineation and responsibility: Who has a duty of care to monitor the patient? Who holds ultimate responsibility for the patient?
- Virtual care requires specific and careful consideration, planning, and documentation of escalation plans and contingency plans to maintain patient safety at all times.
- Escalation plans and pathways must be clearly defined, documented, and provided for every patient receiving virtual care.
- Contingency plans for compromised connectivity, equipment failure etc must also be clearly and thoughtfully defined, documented, and provided for every patient receiving virtual care.
  - How will the data be stored?
  - How will it be kept secure?

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  - Who will have access to the data?
  - What will the data be used for?
- Privacy and Clinical Documentation systems in virtual care service options should replicate those of any traditional healthcare service option:
  - The Electronic Medical Record (eMR) is upheld as the single source of truth.
  - Virtual Care Delivery Teams will ensure that clinical information is always secure and entered into the eMR at the point of care, to ensure continuity of care and a well-documented care plan.
  - If working remotely or offsite from an LHD/SHN facility, Care Delivery Teams will provide virtual care using LHD/SHN server access i.e., via secure networks.

7.3 Technology & Information Security

Virtual care hardware and software must meet the needs of the service:

- What are the technology and hardware requirements for the model?
- Are any additional technologies (platforms, devices, equipment) required? Or are any changes required to existing technologies, e.g. for functionality or reliability?
- How do you envisage using technology for the patients of the virtual service?
- How will you support patients to utilise the technology as part of their care?
- Are there additional costs for use of or purchase of software or hardware?
- Does the ICT require a procurement process?
- Is there any infrastructure required – e.g., room or fit out required?
- What ICT and technical support is required?
- What safety mechanisms or 'fail safe' strategy do you need if there is an IT failure?

Virtual care technology needs to be accessible to patients, families, carers and the Care Delivery Team:

- What is the digital literacy and needs of your cohort, and how will these be addressed?
- Who are the key stakeholders when considering ICT model requirements?
- Are there any endorsed 'out of the box' solutions to suit, or are additional functionalities required?

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7.3 Technology & Information Security cont.

Virtual care equipment, technology and data must be secure:

- Have you consulted with your ICT Team to ensure that devices, firewalls, and virtual private networks (VPN) are updated with the latest security patches?
- Has privacy and security assurance framework (PSAF) and penetration testing been conducted and will continue to be conducted to ensure security expectations are met?
- Is appropriate anti-virus and malware software used?
- Have you ensured that all virtual care consultations will take place in suitably private at all points of connection?
- Does your model require integrated capability between primary care and the LHD/SHN? If so,
  - Where will the data be stored?
  - How will it be kept secure?
  - Who will have access to the data?
  - What will the data be used for?

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7.4 Governance Models and Accountability Frameworks

Note the operational context of the model such as key safety or risk management considerations, technology, and governance structures.

Highlight where virtual care plays a role in these elements – for example, it is expected that if virtual care forms an option for care delivery, and that it is embedded within existing clinical governance processes as would any other care delivery method.

Assign accountability for maintaining and improving the effectiveness of the model of care

For consideration:

- For solely virtual services, where does the virtual care service sit in the organisational structure?
- Is the virtual care service effectively integrated with existing clinical governance systems?
- Do the virtual care service governance frameworks:
  - Identify clear lines of responsibility and accountability for clinical care, effective and efficient communication, and the development of strong and effective partnerships between clinicians and managers.
  - Align with the core components of the National Model Clinical Governance Framework including the ACSQHS National Safety and Quality Health Service (NSQHS) Standards, and the CEC Embedding Virtual Care in Safety and Quality Framework.
  - Include Incidents and Complaints; Clinical Performance; Incident Management and Root Cause Analysis; Safety Alerts and Produce Recalls; and Open Disclosure.
  - Align with the priorities, business rules, policies, and procedures of the LHD or SHN, NSW Ministry of Health, and pillar organisations.

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7.5 Integration

Describe the mechanisms through which the virtual care service will be integrated with existing services.

- Integrate virtual care services with existing clinical service delivery pathways e.g., Hospital in the Home, Community Nursing Services, Allied Health, Mental Health etc, to ensure clear clinical pathways and service collaboration.
- Integrate virtual care services with existing models of care that are in-person, virtual, or hybrid, so that patients experience seamless transitions where required.
- Integrate virtual care services with existing policies and procedures.
- Integrate virtual care services with the internal and external services, networks and facilities that they will interact with most often. This could include primary care, aged care facilities, ambulance, networked service providers, intra and inter LHD/SHN services. Communication and documentation procedures should replicate those of traditional in-person services.

7.6 Enablers & Challenges

Describe the enablers which would support implementing the model of care, along with the challenges, to address in order to support implementing the model of care.

- What are the enablers and barriers to successful implementation of virtual care?
- What are the enablers and barriers to equitable access to virtual care, especially for Aboriginal and Torres Strait and CALD communities and disadvantaged and vulnerable groups?
- How can the service reduce/mitigate barriers to virtual care options?

7.7 Change Management

Describe the change management items that will support implementing the model of care, for example

- Robust leadership structures
- Identifying champions of change
- Developing internal and external communication approach
- Awareness of, and strategies and evidence to address assumptions related to virtual care

7.8 Accountability

Assign accountability for maintaining and improving the effectiveness of the model of care.

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8. Monitoring and Evaluation

Add detail regarding benefits, measures, and the approach to monitoring and evaluation.

For consideration:

- Monitoring and evaluation in virtual care service options should reflect those of any healthcare service option.
- There should be an established process to evaluate the outcomes of the virtual care service.
- Monitoring and evaluation of virtual care services should support an understanding of:
  - Whether the model is clinically safe
  - Consequences to performance if no changes were made to current service delivery
  - Costings and value associated with the new or modified service
  - Ongoing learning opportunities for both clinicians and patients/carers
  - Considerations to support scaling and sustainability
- There should be a process outlined for the collection and monitoring of outcomes including:
  - Activity data collected by the service which could include occasions of service and clinical outcome measures such as re-admission rates, mortality rates, length of stay etc.
  - Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs)
  - Capturing patient stories
  - Staff experience surveys
- Consideration should be made to monitor and utilise data to undertake continuous quality improvement.
- Reporting requirements and timeframes for reporting must be outlined.
- Evaluation and findings should be communicated effectively e.g. via a report.
- The service model should be reviewed and updated according to monitoring, evaluation and feedback
- Commitment should be made amongst LHDs and SHNs to share service outcomes and innovations that have been realised with the addition of virtual care services.

NSW Health Virtual Care
Model of Care Template Structure

9. Appendix: Strategic Alignment

Briefly identify how the model of care aligns with relevant strategic priorities and initiatives at a local district, state and national level. An example format has been included.

Strategic Document	Strategic Priority	Model Alignment
e.g., Local Strategic Plan	Specific priority, initiative or aim in local clinical strategic plan	How this model of care aligns with strategic priority
NSW Virtual Care Strategy 2021-2026	Specific priority, initiative or aim in document	How this model of care aligns with strategic priority
NSW Health: Future Health Strategic Framework	Specific priority, initiative or aim in document	How this model of care aligns with strategic priority

10. Appendix: Context, where applicable

Summarise current models and key changes to current approach.

Summarise previous work which has assisted in developing the model of care, for example:

- Literature review
- Case for change
- Cost-benefit analysis
- Research or pilot projects

Briefly summarise opportunities to extend the model.

11. Appendix: Related Policies, Processes and Procedures

List the relevant policies, processes, and other documents.

12. Appendix: Acknowledgements

Identify services, sites and individual key contributors.

NSW Health Virtual Care Model of Care Template Structure

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Part 3: Virtual Care Service Resources

References and Links

This guide should be used in conjunction with national, state, or locally developed clinical standards, protocols, policies, and procedures for the provision of care, along with documents specifically related to the implementation of virtual care including:

- NSW Virtual Care Strategy 2021-2026
- NSW Ministry of Health: Virtual Care
- Virtual Care in NSW: For Patients, Carers, Families and the Community
- NSW Agency for Clinical Innovation: Virtual care in practice March 2021
- NSW Agency for Clinical Innovation: Virtual care - Embedding safety in practice
- NSW Agency for Clinical Innovation: Virtual care - Implementation checklist
- NSW Health Admission Policy
- NSW Health Adult and Paediatric Hospital in the Home Guideline
- NSW Health Outpatients Services Framework

Safety & Quality Standards and Frameworks for utilisation include:

- ACSQHS National Safety and Quality Health Service (NSQHS) Standards
- CEC: Embedding Virtual Care in Safety and Quality Frameworks November 2022
- NSW Health Patient Safety and Clinical Quality Program
- Australian Commission on Safety and Quality in Health Care: National Model Clinical Governance Framework

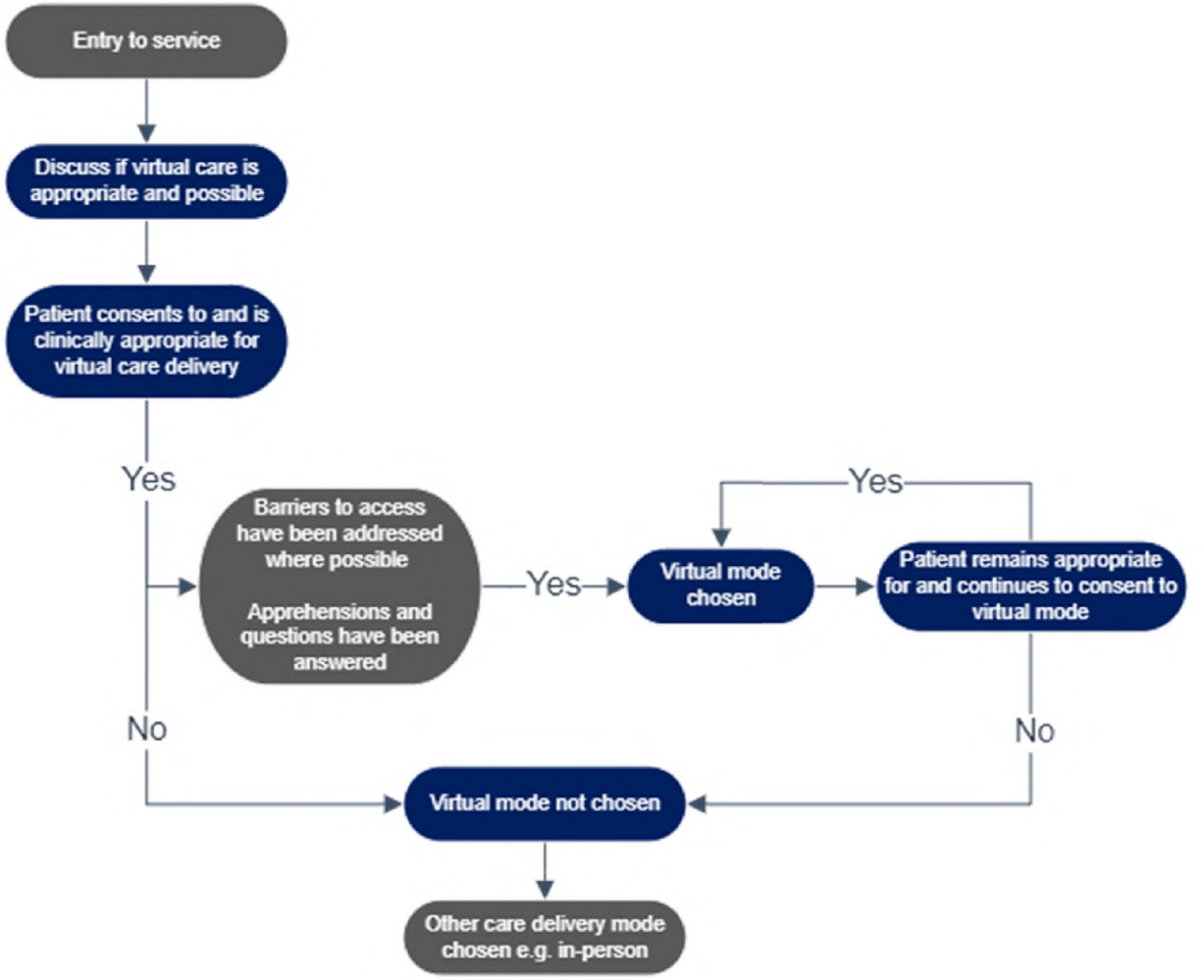
Implementation of safe, innovative virtual clinical models should be supported by resources including:

- NSW Agency for Clinical Innovation: Implementation Guide Putting a model into practice
- NSW Agency for Clinical Innovation: Clinical Innovation Program models
- NSW Agency for Clinical Innovation: Accelerating Implementation Methodology
- NSW Agency for Clinical Innovation: Redesign Project Overview
- HETI Accelerating Implementation Methodology (AIM) Course

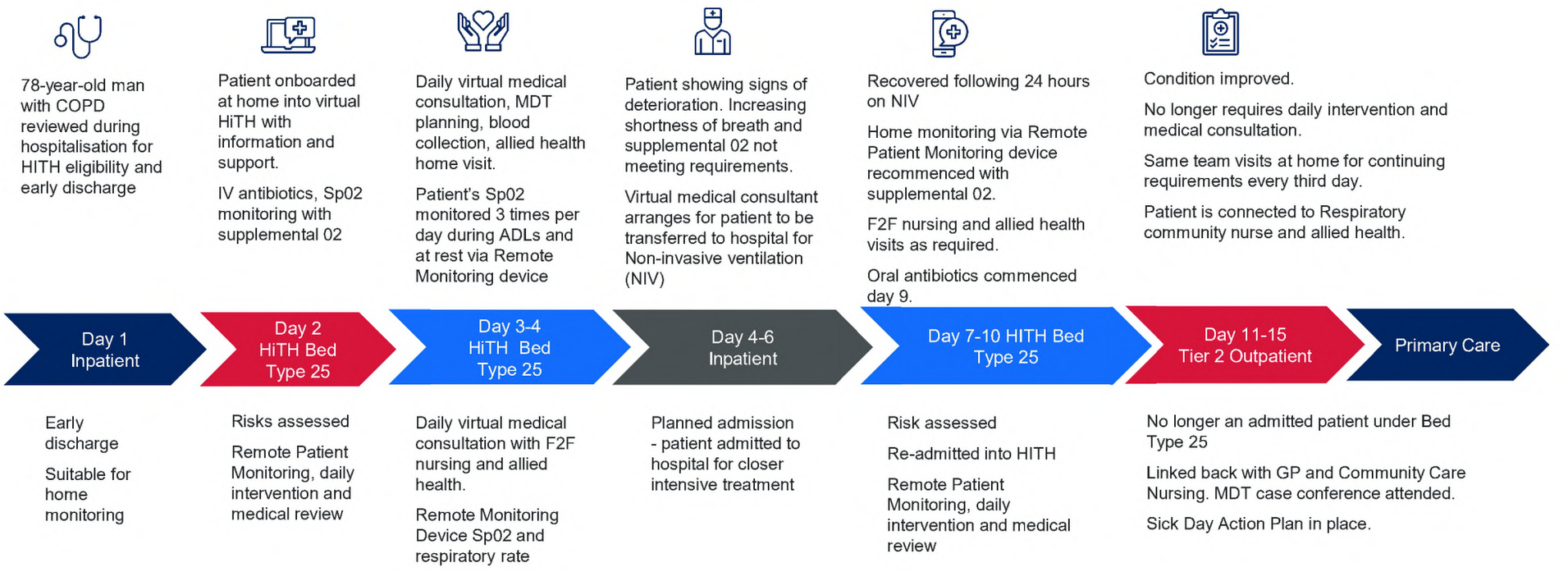
Examples of operational Virtual Care Services across NSW include:

- Virtual Generalist Service
- rpavirtual
- Remote Monitoring Nursing Service
- Virtual Allied Health Service
- Virtual Pharmacy Service
- Virtual Kids
- Telestroke
- Virtual Multidisciplinary Feeding Clinic
- Virtual Care Spotlight

Appendix A: Decision Making Flowchart – example for determining care delivery mode



Appendix B: Virtual Patient Journey Example



Appendix C: Potential Stakeholder List for Virtual Care Implementation

Stakeholder Group	Required?	Identified Stakeholders (list names)
Executive Sponsorship	☐Yes ☐No	
Senior Management and Governance Leads	☐Yes ☐No	
Project Manager Lead	☐Yes ☐No	
Service Managers	☐Yes ☐No	
Clinicians	☐Yes ☐No	
Consumers/carers	☐Yes ☐No	
Community groups	☐Yes ☐No	
Aboriginal groups	☐Yes ☐No	
Diverse community groups	☐Yes ☐No	
ICT Leads	☐Yes ☐No	
State bodies/groups	☐Yes ☐No	
Primary care	☐Yes ☐No	
eHealth	☐Yes ☐No	
Ministry of Health	☐Yes ☐No	

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W: www.health.nsw.gov.au/virtualcare

NSW GOVERNMENT