Australasian College
for Emergency Medicine

# Interim Position Statement

## Telehealth in Emergency Medicine (S843)

The use of telehealth in emergency medicine is a rapidly evolving area of clinical practice. This document sets out an interim principles-based ACEM position, which will underpin an ongoing and more detailed College exploration of telehealth service provision, governance, and training. Telehealth can improve patient access to healthcare in specific settings. ACEM supports innovation but notes the need for a stronger evidence-base in the context of emergency care. As a training organisation ACEM must consider opportunities (and unintended consequences) that such innovations may have on patient, FACEM and trainee safety, and on equity of access.

## 1. Introduction

The use of telehealth in emergency medicine settings is an emerging and rapidly evolving area of clinical practice in Australia and Aotearoa New Zealand. The Australasian College for Emergency Medicine (ACEM; the College) notes that there is an increasing range of service providers delivering various forms of telehealth emergency care.

ACEM acknowledges that the expansion of some forms of telehealth services have been shown to be positive for increasing patient access to healthcare in specific settings. The College supports measures that improve patient access and provide high quality patient-centred care. ACEM supports innovation, however the use of telehealth in emergency medicine is in its formative stages, and as such there has been limited research and evaluation to establish a strong evidence-base for clinical practice in the context of emergency care.

ACEM has a responsibility as the training organisation of emergency medicine physicians in Australia and Aotearoa New Zealand to give due consideration to both the opportunities and the unintended consequences that innovations in the delivery of emergency care potentially may have on patient, Fellows of ACEM (FACEMs) and trainee safety, and equity of access to health care for vulnerable patient groups and people living in regional, rural and remote settings.

In recognition of the rapidly expanding landscape of telehealth services in emergency care, this document is an interim position statement on the use of telehealth in emergency medicine. The College has established a working group which is engaged in the ongoing exploration of the key domains of telehealth service provision, governance, and training, and will guide the College's engagement with the ACEM membership on the use of telehealth in emergency medicine.

**May 2022**

## 2. Purpose and Scope

This document outlines ACEM's interim position on the provision of emergency medicine telehealth services to clinicians, patients, carers and non-health professionals. It applies to all FACEMs and trainees.

## 3. Definitions

### 3.1 Telehealth

Telehealth is the use of digital information or communication technology to deliver health or medical care when the provider and receiver are not in the same physical location. Telehealth includes store and forward technologies (such as tele-radiology), mHealth (using mobile communication devices) and telemedicine (the practice of medicine using technology where the patient and clinician are at a different site). Common uses for telehealth in emergency medicine are video-based support for rural and remote emergency departments, communication with family and whanau (extended family), and networks for collegial support and education.

### 3.2 Domains of telehealth

The aforementioned definition demonstrates the breadth of activities encompassed within telehealth. ACEM recommends use of the following terminology to distinguish between the various activities contained within telehealth:

- Telemedicine. Refers to the practice of medicine via a telehealth platform.
- Tele-coordination. Refers to clinician to clinician support. Tele-coordination has a long history in emergency medicine and has been demonstrated as safe and efficient.

### 3.3 Future considerations

ACEM considers that definitions for the following terminology be developed and included in subsequent versions of this document:

- Tele-triage
- Tele-education
- Tele-supervision

## 4. Principles for the use of telehealth services in emergency medicine

The Medical Board of Australia (the Board) has developed guidelines for technology-based patient consultations which outlines the MBA expectations of registered medical practitioners who participate in technology-based patient consultations (1).

However, due consideration must be given to the potential risks and benefits of conducting telehealth services specific to emergency medicine settings.

The following details a series of high-level overarching considerations.

### 4.1 General considerations

ACEM considers that:

- Telehealth has the potential to be an important complement, but not a replacement, for locally and regionally provided comprehensive health care. Advice given by telephone/video does not constitute a comprehensive assessment.
- The expansion of telehealth services is not an appropriate solution to address health care workforce capacity and maldistribution.
- The utilisation of telehealth must not have the unintended consequence of creating additional barriers to access to emergency medical care for vulnerable patient groups.
- The utilisation of telehealth services must ensure that definitive care is not delayed, and that costs to the system are not being incurred for low value care that would not have otherwise been provided.
- The implementation of models of care that change the well-established and validated way in which emergency care is delivered requires extensive consultation with all relevant stakeholders, including emergency medicine physicians, and particularly from across the public health system before they can be operationalised and scaled.
- Targeted independent research and evaluation that builds an evidence base is required to support the use of telehealth in emergency medicine.
- The practitioner must have regard for the local context, including but not limited to, knowledge of the local population, availability of services, and patient pathways.

### 4.2 Governance framework

ACEM considers that the governance structures of telehealth need to be integrated into the wider operations of the health system, with appropriate oversight in place. The following domains should be considered within a telehealth governance framework:

#### *Clinical considerations*

Alignment with the *National Safety and Quality Health Service (NSQHS) Standards* (2) in Australia, or the Health Quality and Safety Commission New Zealand *Punaha ahuru* (3) in Aotearoa New Zealand is essential where reasonably practicable, acknowledging further considerations as they apply to the provision of telemedicine:

- Assessments and consultations should be as thorough as possible, within the limitations of telehealth, and should replicate as closely as practicable the components of an emergency medicine consultation (e.g., registration, introduction, history taking, audio-visual assessment, diagnostic and management plan, documentation and completion of the medical record).
- Practitioners should ensure that the patient's presenting problem is suitable to be assessed and managed remotely rather than activating emergency services.
- Services must ensure they have the appropriate escalation procedures in place for practitioners to activate emergency services.
- When done properly, triage results in the best outcome for the greatest number of people. The triage assessment of patients via telehealth is a critically important consideration for telehealth services and clinicians. A cautious approach to triage assessment is strongly recommended (for example, expecting deterioration following initial triage and mechanisms to ensure the deteriorating patient is cared for).
- Practitioners should take particular care when remotely assessing specific groups (for example, infants and/or the immunosuppressed) and with specific conditions that typically require a prolonged assessment (such as a mental health assessment) or a physical assessment (for example, chest pain, breathlessness).
- Practitioners should have an awareness of the relevant formal systems that respond to non-clinical patient risks (for example, housing, family violence, child protection).

***Research and evaluation***

- ACEM recognises the importance of innovations that improve access and provide patient-centred outcomes. There is an ongoing need for high-quality data and independent research to investigate and provide an evidence base to demonstrate the value of utilising telehealth in emergency medicine practice.
- It is essential that consumer representation and the consumer experience is front and centre in the evaluation of telehealth.

***Technical***

The provider must appropriately consider the suitability of the relevant technical aspects of service provision, including, but not limited to:

- Computer, internet speed, bandwidth, camera and audio of both the clinician and patient are all of sufficient quality to allow for adequate communication.
- Storage of patient records, integration with other electronic medical records (EMRs) (e.g., My Health Record, Hospital records, GP notes, District Health Boards in Aotearoa New Zealand), and accessibility by other treating medical practitioners.
- Communication process to other services, such as letters and referrals must be provided.
- Continual monitoring and active training of staff in the use of technological advancements, and evaluation of the risks and benefits of integrating new technology into consults (e.g., 'wearable' technology that can be used to monitor and transmit vital signs).

***Quality and safety***

The service provider must establish a risk management framework as part of its quality and safety measures that contains provisions including, but not limited to:

- Consultation safety (see Clinical Considerations above).
- Practitioners should be in a private area, not overheard, and that is an appropriate setting for a patient consultation. The practitioner should take reasonable steps to ensure that the patient is also in a private and appropriate area.
- Practitioners adhere to clearly defined professional standards (e.g., dress code, working environment, utilisation of appropriate technologies).
- Service providers must proactively engage in quality improvement by undertaking regular audits and implementing an adequate complaints management procedure.
- A robust process for audit, morbidity and mortality reporting and critical incident review.
- Obtaining consent to record patient consultations in line with legislative requirements and ensuring that the recordings are used only for the purposes for which consent was given.
- If the patient has family/whānau/support persons present for the consultation, practitioners must confirm their identify and record their presence in the documentation.
- Ensuring that appropriate IT security measures are in place and subject to regular reviews to protect against privacy breaches and hacking.

## 4.3 Training considerations

The provision of emergency medicine care via telehealth should be viewed as an advanced skillset. As such, consideration should be given to the integration of relevant knowledge and skill development during Training Stage 4 following the completion of the critical care requirement of the FACEM Training Program.

Specific training should also be available post-Fellowship. The College is exploring ways to provide additional support to existing FACEMs who wish to upskill in this area of emergency medicine practice.

Consideration should be given to the accreditation standards that would apply to telehealth service providers.

### 4.4 Remote supervision of trainees

ACEM recognises the potential for remote supervision of trainees to augment training in regional, rural and remote settings.

The utilisation of telehealth services by ACEM trainees must prioritise both patient and trainee safety and must not compromise supervision of trainees.

As part of exploring access to rural FACEM training opportunities, the College is establishing a pilot project to assess the feasibility of a blended supervision model, which sees traditional face-to-face clinical supervision supported with some remote clinical supervision.

The work undertaken through the pilot remote supervision project will establish the tools required to implement and sustain a blended supervision training post, which is trialled via a network of accredited rural training sites.

## 5. Related documents

- S27 – Position Statement on Access Block
- S57 – Position Statement on Emergency Department Overcrowding
- S47 – Position Statement on Hospital Bypass
- S347 – Position Statement on Ambulance Ramping
- S12 – Position Statement on the Delineation of Emergency Departments
- P31 – Policy on Patients' Rights to Access Emergency Department Care
- G24 – Guidelines on the Implementation of the Australasian Triage Scale in Emergency Departments
- P02 – Policy on Standard Terminology
- P06 – Policy on the Australasian Triage Scale

## 6. References

**1** Medical Board of Australia (2012) *Technology-based patient consultations*, available online at https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Technology-based-consultation-guidelines.aspx

**2** Australian Commission on Safety and Quality in Health Care (2022) The NSQHS Standards, available online at https://www.safetyandquality.gov.au/standards/nsqhs-standards

**3** Health Quality and Safety Commission New Zealand (2022) Punaha ahuru - System safety, available online at https://www.hqsc.govt.nz/our-work/system-safety/

## 7. Document Review

### 7.1 Responsibilities

| | |
|---|---|
| Document authorisation: | Council of Advocacy, Practice and Partnerships |
| Document implementation: | Department of Policy, Research and Partnerships |
| Document maintenance: | Department of Policy, Research and Partnerships |

### 7.2 Revision History

| Version | Date of Version | Pages revised / Brief Explanation of Revision |
|---|---|---|
| 1 | 26/04/2022 | Approved by Council of Advocacy, Practice and Partnerships |

**Australasian College for Emergency Medicine**
34 Jeffcott St
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

**acem.org.au**