

Telehealth Benchmark Survey

Telehealth Victoria Community of Practice

June 2022



Objectives

Context	Members of the Victorian Telehealth Community of Practice (COP) commonly seek the same or similar benchmarking information from the group. Benchmarking can help health services determine how to shape their business-as-usual model (BAU) and/or develop business cases to support resourcing and models of care.
Trigger	Peninsula Health planned a benchmarking exercise to aid in their development of a BAU model. Given the common interests of the COP this was seen as an opportunity to broaden the scope and undertake this as a COP activity. After an initial scoping survey was completed by the COP the survey was open to all COP members to participate.
Question	How have the various health services operationalised telehealth?

This document aims to:



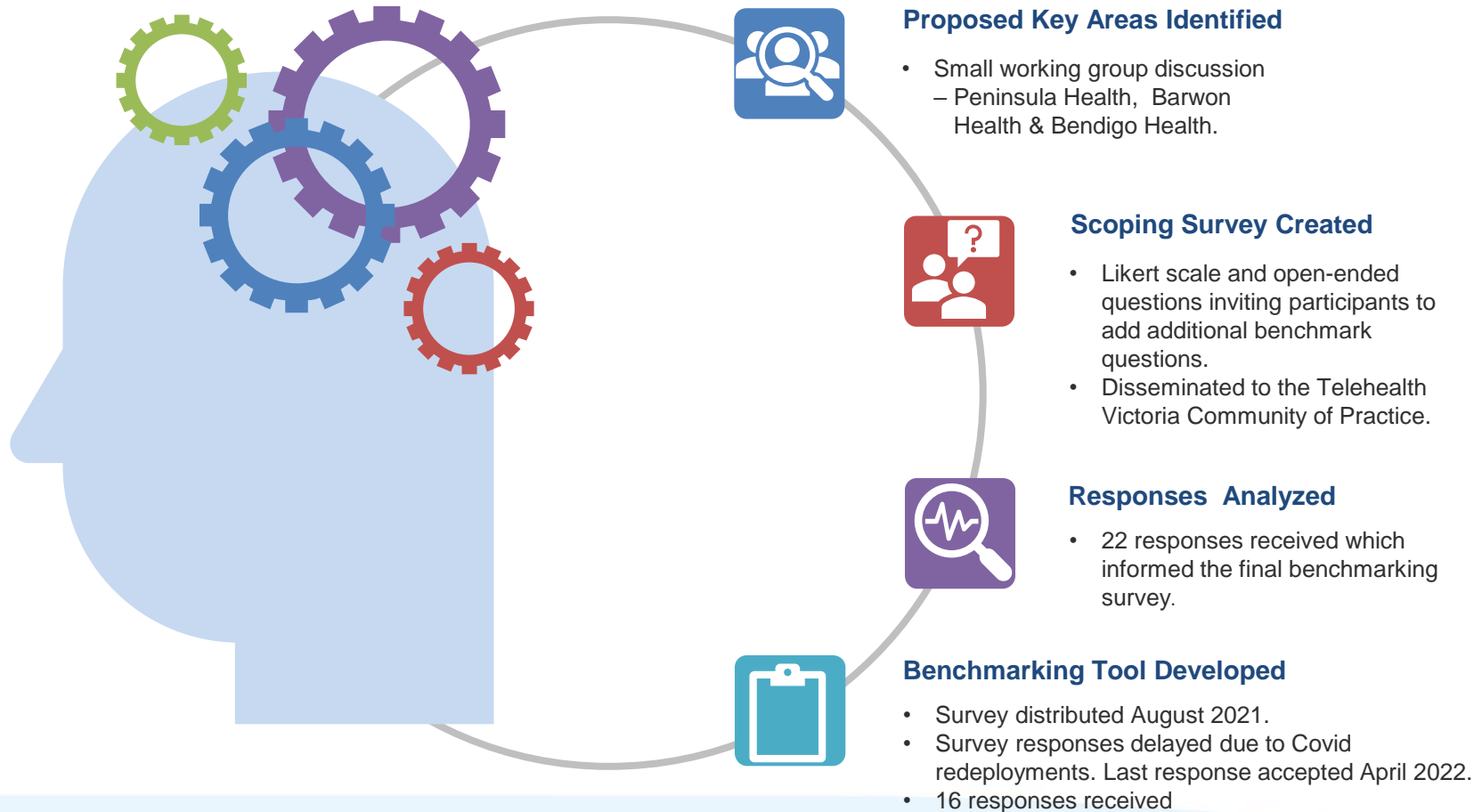
- 1 Present the survey results**
- 2 Identify any trends, commonalities and differences in telehealth implementation across the organisations**
- 3 Be useful to organisations in terms of planning and business case development**

Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

A Collaborative Approach Was Used To Develop The Benchmarking Survey

The survey design was informed by Telehealth Victoria Community of Practice



Telehealth Victoria Community of Practice

The Telehealth Victoria COP was initiated with support from the Department of Health and Human Services (DHHS). The intent is to provide a knowledge hub to support health services in developing consistent practice in the integration and delivery of telehealth across Victoria.

The COP provides a forum for collation of ideas and input, that can be shared with the DHHS to help inform and support development of telehealth practice, policy and direction. Further to this the COP works closely with healthdirect Video Call to improve the telehealth Video Call experience for key stakeholders.

All survey respondents are active members of the COP

The resulting benchmark survey consisted of 7 sections

Health Services completed as much information as possible. It was understood that some of the information may not be known or recorded in a way that extraction for the purposes of the benchmarking survey was problematic or not possible

Organisational
General
Information

Organisational
Telehealth
Profile

Organisational
Telehealth
Activity

Telehealth
Models of Care

Organisational
Telehealth
Governance &
Planning

Consumer
Engagement in
Telehealth

Telehealth
Resource Profile

Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	General Health Services Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

16 Health Services responded to the benchmarking survey

Contributing health services were assigned “Health Service Identifiers” to maintain service anonymity and allow for benchmarking comparisons across the survey sections

Legend: NP

In some graphics throughout the slide deck, you will note the abbreviation **NP** (Not Provided). This indicates that the health service did not provide an answer to that survey question.



Health Service	Health Service Identifier
[Health Service Name]	A - Metro
[Health Service Name]	B - Metro
[Health Service Name]	C - Metro
[Health Service Name]	D - Metro
[Health Service Name]	E - Metro
[Health Service Name]	F - Reg/Rural
[Health Service Name]	G - Reg/Rural
[Health Service Name]	H - Reg/Rural
[Health Service Name]	I - Reg/Rural
[Health Service Name]	J - Reg/Rural
[Health Service Name]	K - Reg/Rural
[Health Service Name]	L - Reg/Rural
[Health Service Name]	M - Reg/Rural
[Health Service Name]	N - Reg/Rural
[Health Service Name]	O - Reg/Rural
[Health Service Name]	P - Reg/Rural

General organisational information provides means of scale & comparison

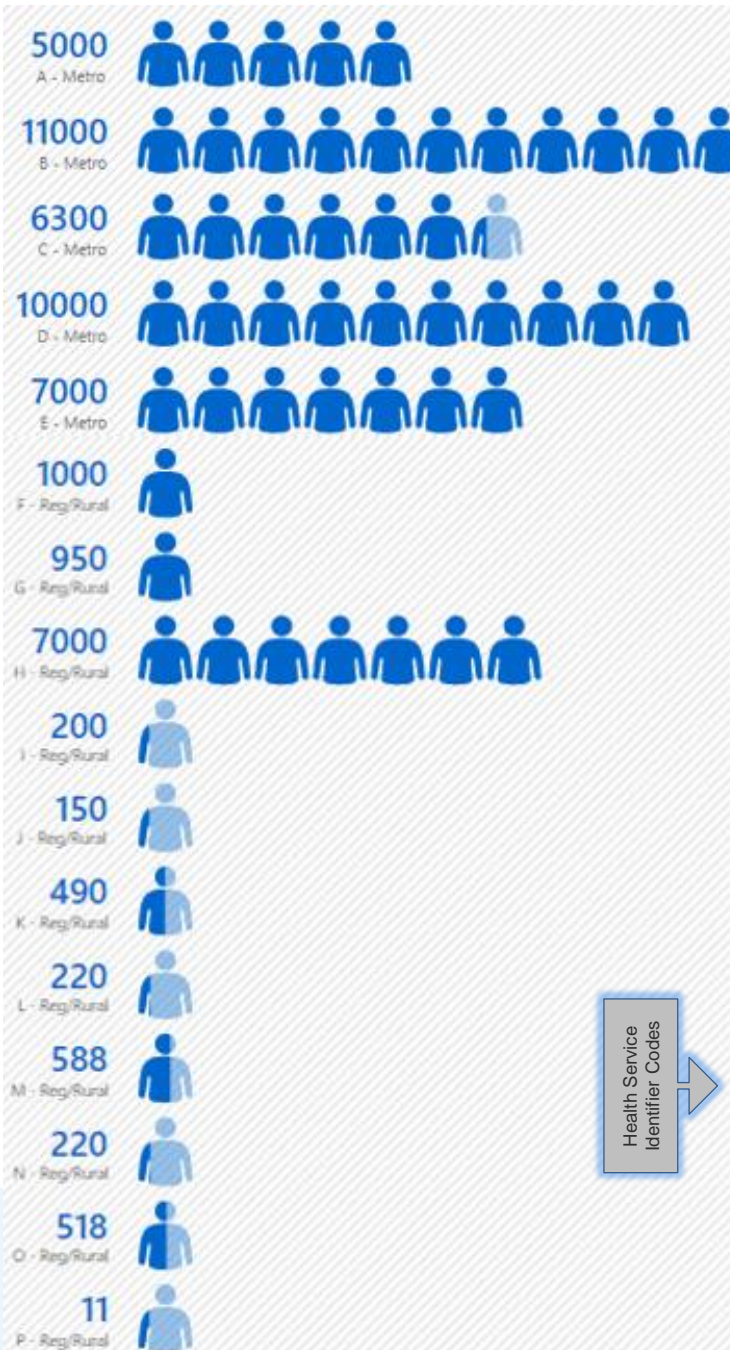
The data reported is the 2020-2021 FY*

Service Catchment Information: Services provided a description of their catchment size. Catchment size ranged from one local government area to multiple states. For some services this was difficult to define. Subsequently this information is not included for comparison. However collectively the health services cover a large proportion of Victoria as well as servicing patient cohorts from Queensland though to South Australia.

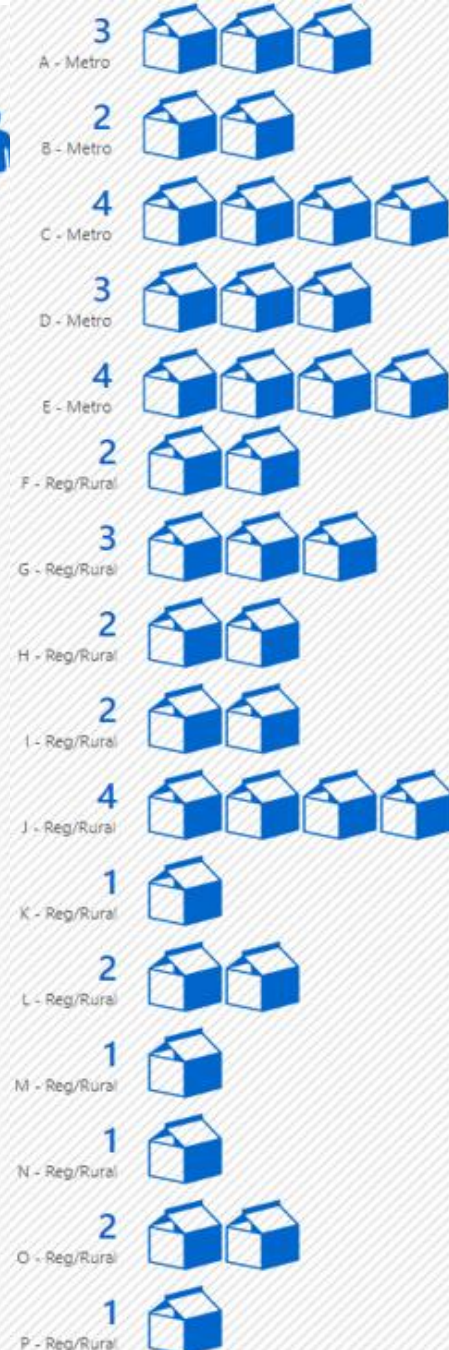
Explanatory Notes:

1. * F – Reg/Rural reported Outpatient appointments for 2019-2020 as 2020-2021 FY not available
2. ** K – Reg/Rural & L – Reg/Rural reported outpatient appointments in hours not per appointment
3. Metropolitan and Regional/Rural are grouped together throughout the slide deck

No. of Staff Employed by the Organisation



No. of Main Campuses



No. of Outpatient Appmts



Health Service Identifier Codes

Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

Organizations have rolled out telehealth services across all areas of health care

This may indicate wide acceptability of the video consultation as a mode of providing health care delivery in Victoria

Health Service	Outpatients	Community Health	Sub Acute Ambulatory Care	Inpatient	Mental Health	Other
A - Metro	Blue	Blue	Blue	Blue	Blue	Blue
B - Metro	Blue	Blue	Blue	Blue	Blue	Grey
C - Metro	Blue	Blue	Blue	Blue	Blue	Blue
D - Metro	Blue	Blue	Blue	Blue	Blue	Blue
E - Metro	Blue	Grey	Blue	Blue	Grey	Grey
F - Reg/Rural	Blue	Blue	Blue	Blue	Blue	Grey
G - Reg/Rural	Blue	Blue	Blue	Blue	Grey	Grey
H - Reg/Rural	Blue	Blue	Blue	Blue	Blue	Blue
I - Reg/Rural	Blue	Blue	Grey	Grey	Grey	Blue
J - Reg/Rural	Blue	Blue	Grey	Blue	Grey	Blue
K - Reg/Rural	Blue	Blue	Blue	Blue	Blue	Blue
L - Reg/Rural	Blue	Blue	Blue	Blue	Blue	Blue
M - Reg/Rural	Blue	Blue	Blue	Blue	Blue	Blue
N - Reg/Rural	Grey	Blue	Grey	Grey	Blue	Blue
O - Reg/Rural	Blue	Blue	Blue	Blue	Grey	Blue
P - Reg/Rural	Grey	Blue	Grey	Grey	Grey	Blue

Explanatory Notes:

- Services were asked to 'check' the box if they provided telehealth Video Consultation in Outpatients, Community Health, Sub Acute Ambulatory Care, Inpatient, Mental and Other area (where they had the option to provide examples).
- No information was gathered about reasons why when the box was 'not checked' (e.g., don't provide the service, do provide the service but no telehealth offerings)
- Examples of 'Other' include Virtual ED, Family Meetings, Community Nursing, Correctional/Legal Services, Personal Alarm Services, Regional Partnerships, Aboriginal Health Services, Breast Screen Victoria, @Home services, Allied Health and Interpreting Services

Legend: Video consultations ARE provided

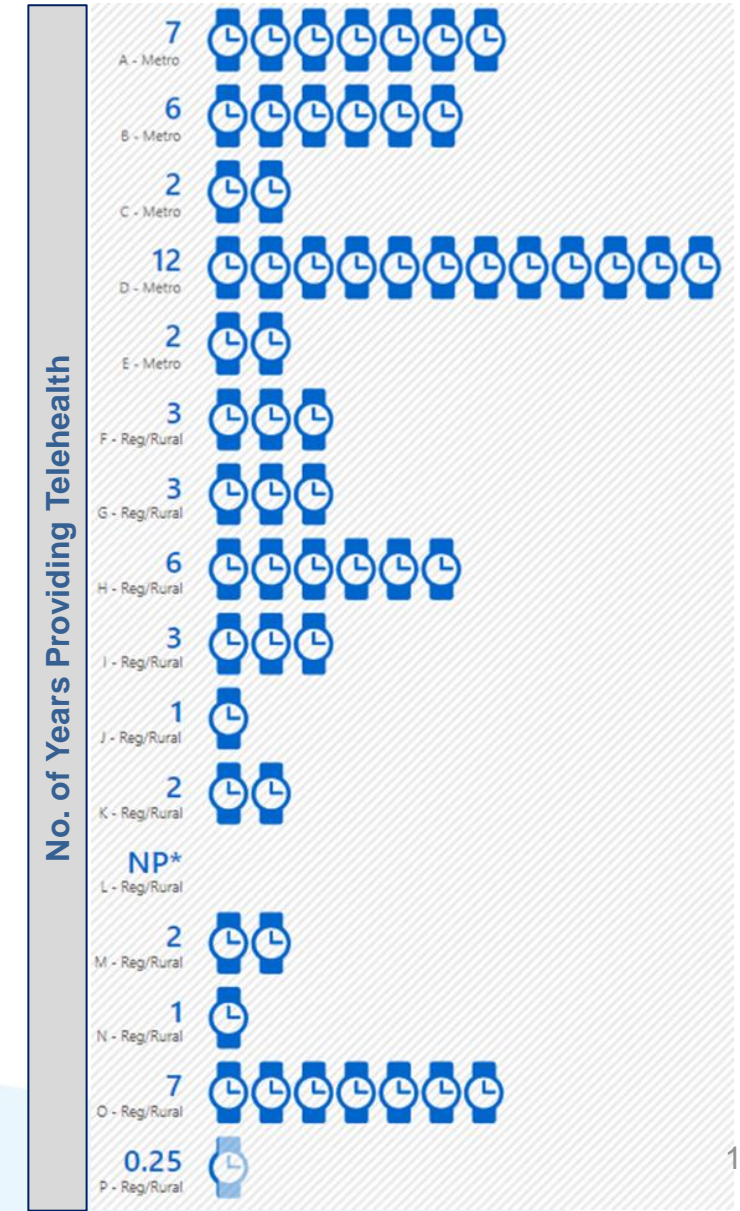
Video consultations are NOT provided

Organizations self rated their level of telehealth maturity using the Telehealth Victoria Community of Practice Framework

No. of years providing telehealth does not always equate to higher levels of telehealth maturity

Health Service	Self Rating	Description
	Advanced/ Innovating	Trailblazer: Widely recognized as innovators and trailblazers in the delivery of diverse digitally enabled care delivery. Goals, activity and performance measures are well defined and fully integrated into regular pan-organisational reporting.
A - Metro B - Metro	Consolidating/ Leading	Leader: Consistent organisation-wide approach to the delivery of digitally enabled care. Strong track record with continued evolution of digital models of service delivery. Fully sustainable .
D - Metro I - Reg/Rural	Refining	Gaining Momentum: Working towards a consistent organisation-wide approach for telehealth and/or other digitally enabled service delivery. Some areas need support or training to refine capability.
C - Metro E - Metro F - Reg/Rural G - Reg/Rural J - Reg/Rural O - Reg/Rural P - Reg/Rural	Building/ Evolving	Potential: Evidence of telehealth or other digital models of care delivery in some areas, but with little consistency across the organisation. Some infrastructure in place.
	Foundational	Limited Capability: No clear indication that telehealth or digital health supports strategic priorities. Little capability to deliver telehealth or other digitally enabled services.

Explanatory Notes: Reg/Rural Services H, K, L, M, & N did not complete the Telehealth Maturity self rating tool.



Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

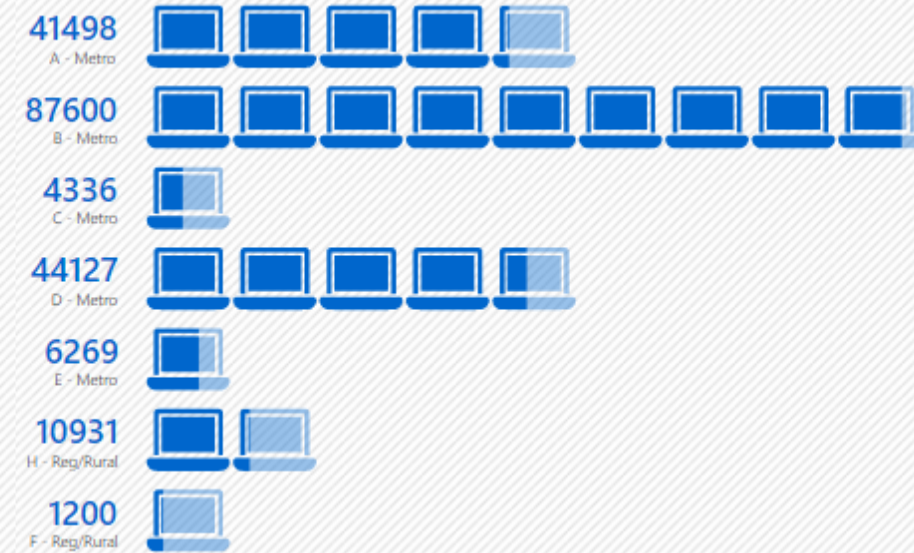
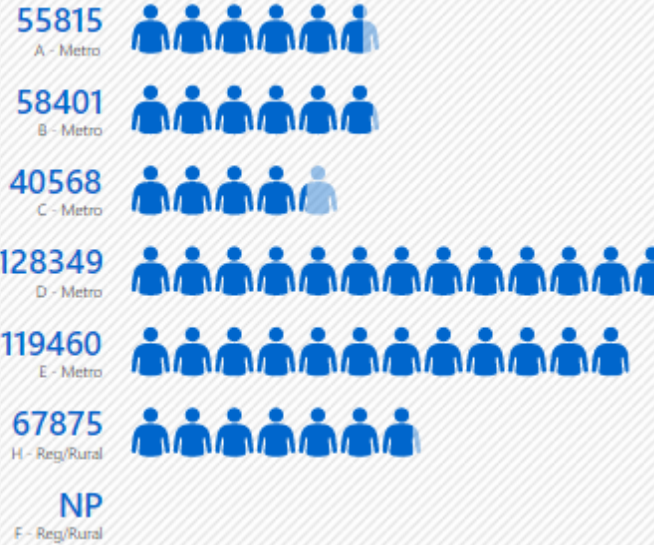
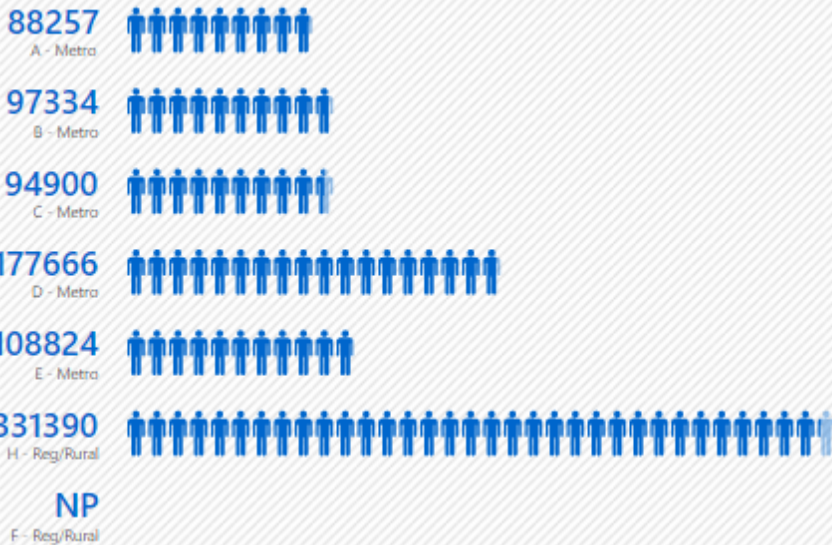
2020/2021 FY - Outpatient activity by mode indicated video consultation was significantly less than phone with one exception

Caution: Not all health services were able to provide this data, those that could are included here. Most services noted difficulty obtaining accurate data from their Patient Administration Systems.

In Person

Telehealth – Phone
























Telehealth – Video



Explanatory Notes: All health services reported similar difficulties obtaining accurate data from Patient Administration Systems. Most systems were not automated to report this and/or relied on clinician input to record mode of outpatient delivery. Because of this there will be a discrepancy with the number of calls reported in HealthDirect which will be higher than what the Patient Administrations Systems report.

To understand the scope of telehealth activity, services were asked to provide data for other areas of their health service by mode

While it is difficult to draw any conclusions from this data, it is clear that video is used across a plethora of services with room to expand

	In Person	Phone	Video	Other Telehealth
A – Metro Contracted Gov. Service	1182 A - Metro 	84 A - Metro 	2036 A - Metro 	NP A - Metro
B – Metro AH / External Services / Community Health	NP B - Metro	NP B - Metro	20643 B - Metro   	NP B - Metro
C – Metro Community Health	86450 C - Metro 	40596 C - Metro 	5810 C - Metro 	NP C - Metro
Sub Acute Ambulatory Care	30623 C - Metro 	7662 C - Metro 	1200 C - Metro 	NP C - Metro
Mental Health Services	50741 C - Metro 	88837 C - Metro 	19245 C - Metro 	NP C - Metro
Personal Alarms Services	0 C - Metro	65208 C - Metro 	0 C - Metro	70000 C - Metro 
Aged Care Assessment Services	NP C - Metro	NP C - Metro	973 C - Metro 	NP C - Metro
D – Metro Dental, Gen Med, Pre-Admission, Psychiatry, Rehab	8597 D - Metro 	1349 D - Metro 	351 D - Metro 	NP D - Metro
Internal Telehealth	N/A D - Metro	NP D - Metro	10000 D - Metro 	NP D - Metro
E – Metro Video - Type of Service Not Indicated	NP E - Metro	NP E - Metro	2990 E - Metro 	NP E - Metro

Explanatory Notes: There was little consistency in the information provided. This may be because there is significant variation in how health services are structured, variability in service definitions (e.g., some services may include Pre-Admission and/or Allied Health in Outpatients service activity) while other services experience inability to separate/match data in patient administration systems.

Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

Services were asked to list the top ten speciality users

Of those services that provided this information Allied Health, Endocrinology and Gastroenterology specialities were identified as high users of healthdirect Video Call



	A - Metro	B - Metro	C - Metro	D - Metro	E - Metro	F - Reg/Rural	G - Reg/Rural	K - Reg/Rural	M - Reg/Rural	O - Reg/Rural
1	Gastroenterology	Respiratory & Sleep	Occupational Therapy	Child Youth Mental Health Services	Virtual ED	Counselling	Allied Health	Endocrinology	Social Support Group	Allied Health
2	Neurosurgery	Gastroenterology	Physiotherapy	Epilepsy	Paediatrics	Covid HITH	Consulting Rooms	Diabetes Education	Physiotherapy	Paediatric Outpatients
3	Endocrinology	Endocrinology	Endocrinology	Cystic Fibrosis	Gastroenterology	Allied Health - Speech Therapy	Hospital in the Home	Paediatrics	Pre Admission Clinic	Youth Health Hub
4	Dermatology	Dermatology	Oncology	Community Adult Mental Health Clinic	Gastroenterology IBD	Allied Health - Social Work	Pain Management Clinic	Physiotherapy	Continence	Alcohol and/or Other Drugs
5	Liver	Infectious Diseases	Plastic Surgery	Physiotherapy	General Medicine	Alcohol and other Drugs	Pulmonary Rehabilitation	Dietetics	Dietetics	Child and Family Counselling
6	General Surgery	Rheumatology	Cardiology	Lung Transplant	Allied Health - Physiotherapy	Diabetes Education	Planned Activity Groups	Counselling	Diabetes Education	Community Nursing
7	Nephrology	Allied Health	Dietetics	Inflammatory Bowel Disease	Antenatal	Cardiology	Cardiology	HARP	Exercise Physiology	The Orange Door
8	Orthopaedics	Genomics	Infectious Diseases	Renal & Haematology	Allied Health - Speech Therapy	Haematology	Respiratory	Palliative Care	Occupational Therapy	Family Violence
9	Plastic Surgery	Neurology	Paediatric Medicine	Multiple Sclerosis	Allied Health - Occupational Therapy	Midwifery	-	Speech Therapy	-	Pharmacy
10	Rheumatology	Pre-Admission	Pain Medicine	Endocrinology	Allied Health General (mixed)	Maternal & Child Health	-	Exercise Physiology	-	Lactation Consultant

Explanatory Notes: As noted many services were unable to access data. L- Reg/Rural was not using healthdirect in 20/21.

Services were asked about specialist and novel models of care

Specialist Clinics deployed telehealth video consultation in similar ways however there were some varied novel models. However not all services were able to provide this information

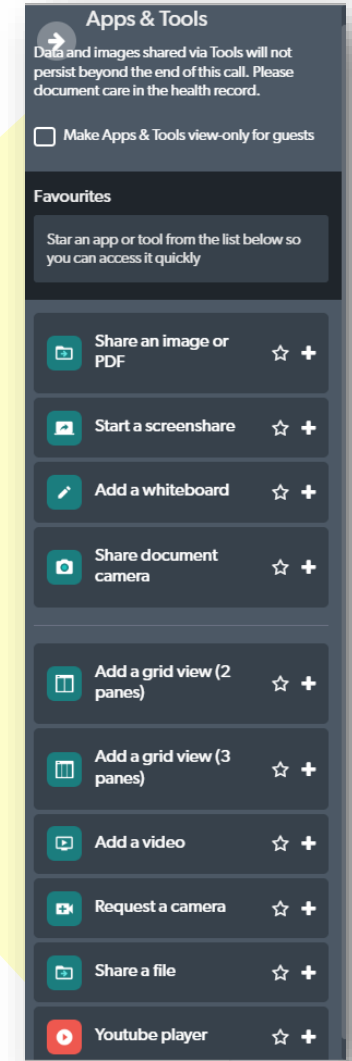
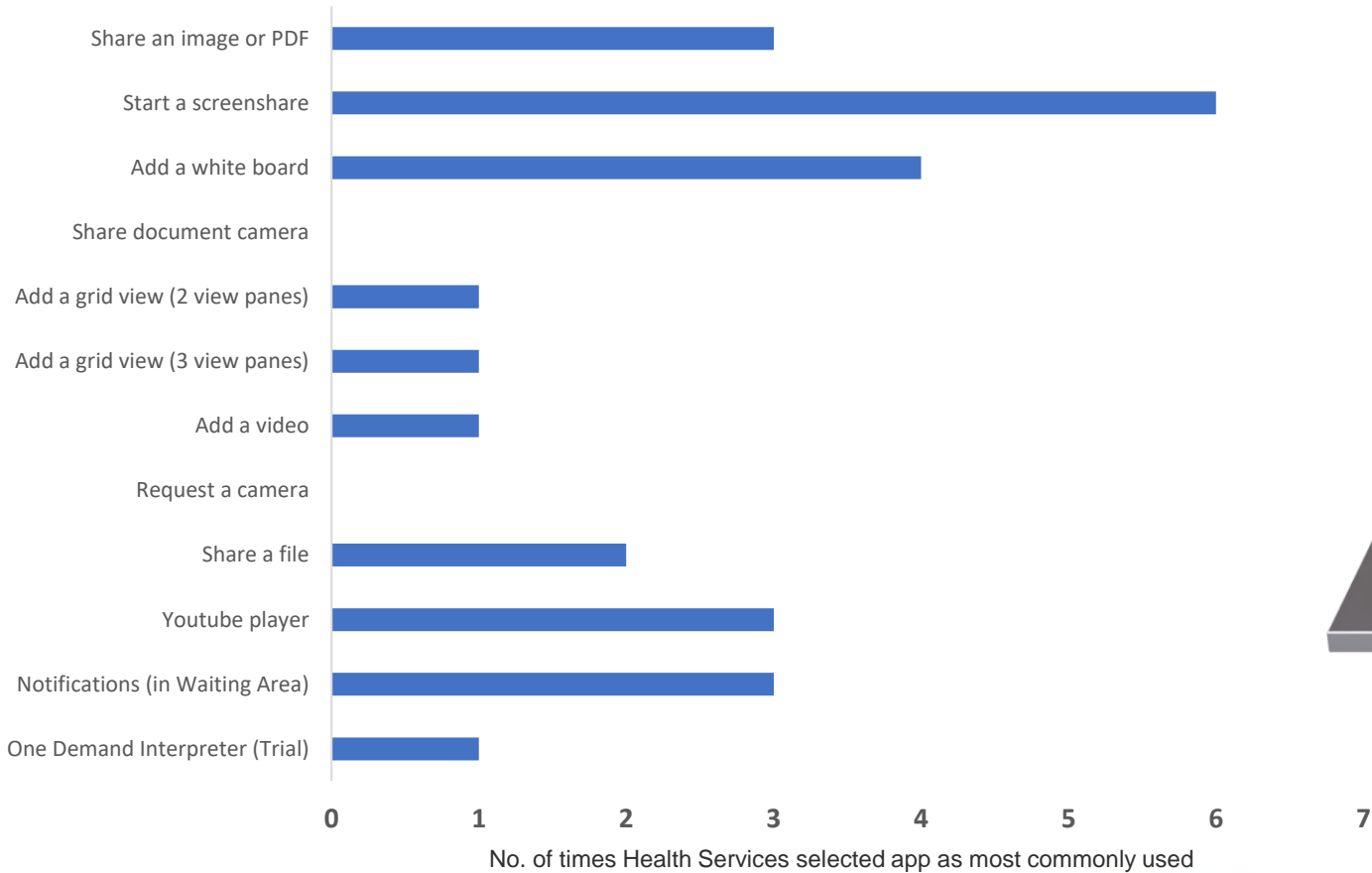


	Examples of telehealth models of care used by Specialist Clinics	Novel examples of how your services use telehealth
A - Metro	Contracted Health Service; Multidisciplinary Clinics; Individual consultations; Inclusion of Interpreter services (incl Auslan); Regional/Rural partnerships.	Contracted Health Service (reduces patient transportation needs, security risk & improves attendance); continuity of service delivery when staff furloughed; inpatient telehealth (reducing clinical exposure to staff; engaging of family members due to visitor restrictions; reducing staff numbers on ward rounds with 'virtual rounds'); remote interpreting using in-house staff; patients attend regional clinic for video consultation with A - Metro clinician as part of regional partnerships.
B - Metro	Outpatients Specialist appointments (new, review, assisted by GP or unassisted), Education, Group sessions, Hospital in the home.	Video-interpreting, remote carer support, First Nation and remote dermatology clinics, critical care.
C - Metro	Outpatients Individual Consultations – new and review, Multidisciplinary Clinics, Coaching & Education, Allied Health Therapies, Group sessions.	Multidisciplinary young adults diabetes evening clinic translated well to the telehealth environment. Enables each discipline to consult with patient sequentially or jointly in single telehealth session. Benefits for clinicians and patients included being able to see into the patient's fridge and give practical support and advice. Specialist children's teams undertook resource drops to families that contained activity packs that provided structure to and supported the telehealth interventions. Internal/Inpatient Consultations by Specialist services avoiding unnecessary transfer of patients between sites, video interpreting, remote carer support, virtual visiting, care & discharge planning meetings.
D - Metro	Mainly Reviews & Follow Up appointments.	PACs clinics utilising the system across multiple clinical teams in 1 day for patient. Dermatology has taken to telehealth with the telehealth team assisting with creation and loading of images in the EMR that then assist with telehealth consultations.
E - Metro	Hybrid model of care e.g. some participants will be face to face or the interpreter may be virtually etc.	Inpatient virtual visiting, Virtual ED, virtual patient education & monitoring.
F - Reg/Rural	In development.	COVID HITH.
G - Reg/Rural	Consulting suites have private telehealth clinics operations, e.g., Cardiology patients utilise regularly. HITH use telehealth for Covid positive patients. Allied Health use telehealth to delivery a range of therapies.	Bush Nurses have been using a mixed reality headset for enhanced telehealth consultations. This is achieved through satellite communications with consultants across Victoria in a range of disciplines from post op reviews to ED assessments, with consumers from paediatrics to geriatrics.
H - Reg/Rural	Elective Surgery Access Unit, Diabetes Referral Centre, Endocrinology.	Virtual Visiting, Audiology Outreach Service including collaboration with First Nation's Gathering Place, Consumer Experience Virtual Visiting.
I - Reg/Rural	Not provided.	Allied Health clinicians offering virtual appointments when travel or physical capability is a barrier for consumers, ease of use for team meetings within organisation due to healthdirect meeting facility.
J - Reg/Rural	Allied Health, Social Work.	District Nursing Service travel to patient home with a telehealth enabled device to enable virtual attendance with Melbourne based specialist.
O - Reg/Rural	Paediatrics-Audiology, Orthopaedics, Allied Health.	All post orthopedic surgery follow up from one surgeon (based in regional city) is completed at local site with Physiotherapist/Allied Health Assistant in attendance to support client.

Services were asked what telehealth in call apps or tools are commonly used by clinicians?

Sharing functions were the most popular apps/tools in use

Popular Healthdirect Apps and Tools



Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

Services were asked about telehealth organisational governance & clinical leadership interface

Responses were varied, but there seems to be some governance alignment with Outpatients/Specialist services but no standard clinical leadership/interface models



	Where does telehealth sit in Organisational Structure?	How do telehealth resource staff interface with clinical leadership?
A - Metro	Under Directorate of Acute Services; Access & Imaging; predominantly reporting to Operations Manager of Specialist Clinics.	Representation at Specialist Clinics Governance Committee; represented due to reporting lines.
B - Metro	Outpatient Specialist clinics / Better at home.	B – Metro has a clinical lead(medical). Outpatient governance forums which include members of the telehealth team. Reporting to Executive via General Manager.
C - Metro	Reports to the Outpatients Operational Director who also has responsibility for the Better At Home portfolio. Day to day support & management is provided by the Improvement & Innovation team.	Member of the Acute Outpatients Advisory Committee, represented via upline Managers, other engagement as required such as telehealth project support.
D - Metro	Outpatient Programme.	Often at this stage in an ad-hoc informal basis.
E - Metro	Digital Health Division.	Through Quality and Risk Committee meeting.
F - Reg/Rural	To be determined.	On an as need basis.
G - Reg/Rural	Sub-Regional Partnerships & Innovation.	Telehealth resources engage with leadership when an area has been identified which would benefit from telehealth integration, as well as monthly telehealth project reporting.
H - Reg/Rural	Directorate of Public Health Unit and Health Service Partnership.	Specialist Clinical Governance Committee, Regional Advisory Groups (Urgent Care).
I - Reg/Rural	Community Service directorate.	1:1 meetings with clinical.
J - Reg/Rural	Service/Program level.	Direct via email or phone, regional champions network.
K - Reg/Rural	Not listed in structure.	Telehealth coordinators meet regularly with Clinical Leadership staff to discuss all things Telehealth and advise how we can all achieve the Health Service Partnership Regional Telehealth strategic plan.
L - Reg/Rural	Not provided.	Telehealth coordinators meet regularly with Clinical Leadership staff to discuss all things Telehealth and advise how we can all achieve the Health Service Partnership Regional Telehealth strategic plan.
O - Reg/Rural	Service/Program level.	Direct via email or phone, regional champions network

The survey asked how telehealth is included in organisational plans

The responses to some degree reflect the different levels of telehealth maturity across the health services




	How is telehealth included in Strategic Planning?	How is telehealth included in Service Planning?	How is telehealth included in Clinical Planning?
A - Metro	Mentioned in first Strategic Commitment of Strategic Service Plan 2017-25.	KPIs set regarding number of TH appts to be achieved in certain areas.	Incorporated modality for new clinics; included in position descriptions.
B - Metro	B – Metro to become a digital health service.	Workforce planning and dedicated staff. Throughput KPIs. Proactive design planning for the new precinct to embed telehealth as business as usual.	Staff training (mandatory as of 2022).
C - Metro	Operational Director reports to the Digital Health Governance group which leads the organisation to embed the Digital Health Strategy. This includes telehealth.	By invitation to contribute to development of Models of Care & via development and /or contribution to key support documents.	Local teams incorporate it into position descriptions, existing models of care have been updated to include telehealth, new and emerging models of care are being developed with telehealth as key component of care delivery, indirect contribution through the development of training resources and guidelines.
D - Metro	TH Governance reports to hospital Executive Committee.	Sporadically included in Service Planning.	Influenced by the department head.
E - Metro	Telehealth is in the Strategic Plan and a Digital Health Strategy has been developed in 2022 which contains telehealth.	Telehealth is in our service plan and considered for all new services to offer patient's a choice of modality and to maximise efficiency and patient experience.	Telehealth is included in clinical planning where it is appropriate to offer patients.
F - Reg/Rural	Included as E – Health.	Included as Foundational.	Not evident.
G - Reg/Rural	Strategic plan to be developed specifically for the telehealth uplift in G – Reg/Rural area, which supports and aligns with the service Telehealth strategy..	To be identified within the G – Reg/Rural telehealth strategy.	To be identified within the G – Reg/Rural telehealth strategy.
H - Reg/Rural	The 12 Health Services & 2 Bush Nursing Centres in the H – Reg/Rural Health Service Partnership have developed a unique Regional Telehealth Strategic Plan.	TH team invited to service planning meetings.	TH team available to support with any clinical planning.
I - Reg/Rural	Strategic Direction 2016-2020: Vision Statement: 3. Travelling for healthcare is the exception.	Telehealth Champion, participation in regional champion's network.	Telehealth enabled spaces for clinicians/consumers.
J - Reg/Rural	Strategic Plan 2017-2020 Vision 1. As a leader in the community, it is incumbent upon J – Reg/Rural to foster innovation & challenge the status quo..... Objective1. Create and implement innovative service models responsive to changing community needs.	Telehealth Champion, participation in regional champion's network.	Clinicians may include in service delivery.
L - Reg/Rural	Virtual care co-commissioning services to deliver improved patient care through great collaboration.	Priority Six: Enabling our future health services – digitally enabled health. The Service Plan 2020-2025 sets a strategic direction and service priorities for the delivery of health services unique to the changing needs and health status of the L – Reg/Rural community over the next five years.	Not provided.
O - Reg/Rural	Region Telehealth Strategic Plan contributor and member, Strategic Priority stated in 20/21 Annual report.	Managers may include and trial this option in certain care delivery models.	Clinicians may include in service delivery.

KPI's, targets and reporting questions were asked

With one exception (for gov. contracted health service) there were no external measures, reporting or funding body requirements in telehealth*

Explanatory Notes*: MBS changes had not come in play at the time of the survey



	What telehealth targets or KPI's have you set?	What monthly reporting &/or stats does the telehealth resource staff generate?	How is this shared with the organisation &/or clinicians?
A - Metro	30% of outpatient appts conducted via telehealth.	Organisational TH Attendances; TH Attendances Specialist Clinics; TH Attendances Correctional; Daily numbers of telehealth calls booked; collection of TH calls that are converted to phone/face-to-face; numbers of staff utilising TH; Healthdirect user reports; Gov. contracted health service data requirements.	Data dashboard circulated daily to key stakeholders; email.
B - Metro	40/50 % of all OP appointments as telemodality (of those 80% are video). 80% of all OP appointments as telemodality during COVID peak.	TH bookings across the whole org and number of enabled services / video vs phone across Outpatients.	Weekly telehealth meeting with exec and weekly telehealth trend across the org, & daily exec huddle for OP bookings modalities.
C - Metro	Nil set – awaiting direction from DHHS.	Fortnightly meetings with the Operational Director. Activity reports to the Operational Director bi-monthly for Digital Health Steering committee. There is also an automated online Telehealth report that relevant staff can access which shows telehealth activity – there are some improvements that need to be made to this.	Reporting via Operational Director to the Digital Health Steering Committee.
D - Metro	With Covid we have just been busy to support all the activity. But some of our own KPIs have been to get 1. Single Sign On, 2. Train everywhere and 3. produce an organised coherent policy for Telehealth.	Monthly figures for all the associated clinics and waiting areas with additional information about phone telehealth totals and some feed back on on-going projects.	Currently this is only shared with the Governance committees.
E - Metro	Specialist Clinic Services are currently working on this.	Specialist Clinic Services generate this.	Via Specialist Clinic Services Quality & Risk meeting.
F - Reg/Rural	In development.	Healthdirect activity reporting and education of Telehealth.	Through a sub-regional Telehealth Working group.
G - Reg/Rural	KPI's will be developed within the Strategic plan.	Monthly reporting is limited to the community services area, further capture mechanisms and systems will be needed to expand reporting capability to services providing telehealth.	Monthly reporting is provided to the executive leadership and through internal business intelligence dashboards.
H - Reg/Rural	None yet.	As requested only.	Currently through org newsletters, SharePoint site.
I - Reg/Rural	None.	4 systems.	No Provided
J - Reg/Rural	None.	As requested.	Reports via email, newsletters, network.
O - Reg/Rural	None.	As requested.	Reports via email, newsletters, network.

The survey asked about business as usual & expansion support

All health services are working towards sustainability and growth



	How is telehealth embedded in Business-As-Usual?	How does your organisation resource & support telehealth expansion through ongoing scaling & implementation	How does your organisation resource & support telehealth expansion through Innovation & new Initiatives?
A - Metro	Embedded in organisational policies; included in models of care; endorsed by government contracted health service as safe delivery model for their patient cohort.	Conversion of contract EFT to permanent EFT.	Flexibility of TH team.
B - Metro	Standard inclusion in position description/training. Telehealth video-call included in regular visit type options.	Ongoing funding.	3.1 EFT for Telehealth team ongoing plus COVID emergency funding. Grant funding DHHS and The B – Metro Foundation.
C - Metro	Starting to see inclusion in PD's, Models of Care etc. Somewhat hampered by access to suitable telehealth enabled spaces. Staff training packages available on LMS, Policies and Guidelines embedded into Quality Assurance system. Governance Frameworks in place.	Project worker is building capacity with Team Administrators locally to onboard new staff and provide support as required. Project work is being undertaken to determine the ongoing resources required to support sustainable and cohesive scaling and implementation.	Currently in project phase – Project worker resources departments/teams to formulate and implement Telehealth into MOC workflows.
D - Metro	Telehealth option in all D - Metro clinics but implementation is depending on the skills or aptitude of the “on-ground” staff.	Through up grading of equipment and increases of staff EFTs.	Creation of a TH help desk and introduction of Patient Portal which is a web skin for the EMR.
E - Metro	Incorporated in models of care.	Business cases are submitted.	Business cases and ideas lab.
F - Reg/Rural	Expectation that telehealth will increase as part of BAU.	Development of Implementation plan for each health service in the sub-region.	As per regional Health Service Partnership.
G - Reg/Rural	Generally, telehealth is embedded where resource availability is limited, scarce or unavailable. Telehealth has been a lever to provide access to those limited resources for consumers to receive care.	To be identified within the G – Reg/Rural telehealth strategy.	To be identified within the G – Re/Rural telehealth strategy.
H - Reg/Rural	Allied Health procedures.	Health Service Partnership.	Not Provided .
I - Reg/Rural	Currently add a note to the appointment system.	Embedding telehealth champion to monitor and promote telehealth usage throughout organisation.	Grants, implementation of community telehealth hubs, increased training and resource availability for clinician uptake of virtual health.
J - Reg/Rural	Included in written procedures and guidelines where telehealth is the main care delivery option, webpage provides access to clinics which offer telehealth, telehealth service delivery options added to patient administration system resource schedule.	Not Provided.	Not Provided.
L – Reg/Rural	Unprecedented growth in demand for web and mobile based videoconferencing software and associated support was a feature of this year, with the introduction of virtual platforms as an alternate way to run our business and connect with colleagues. Connecting our residents with their loved ones virtually has proven a great success and we continue to utilize a range of social media platforms, like FaceTime and Skype.	Not Provided.	Not Provided.
O - Reg/Rural	Included in written procedures and guidelines where telehealth is the main care delivery option, webpage provides access to clinics which offer telehealth.	Not Provided.	Regional Network, research opportunities. 23

Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

Services were asked about consumer support & participation

The level of consumer engagement and support provided correlates with the level of telehealth staff resources as evidenced by the health services B- HSM & D- HSM vs remaining health services



	What level of support do telehealth resource staff provide to consumers?	Describe the level of consumer participation in telehealth service design
A - Metro	Ad-hoc troubleshooting; developed patient information sheets in multiple languages; video instructions for starting call; indirectly through education to wider staff.	Consumer representative in design of telehealth service model for Specialist Clinics; consumer surveys (feedback has helped service provision improvement initiatives).
B - Metro	Three phone lines, email, daily test call allocations, over 60-year-old pre-calls, interpreter support for CALD patients, engagement with community health practitioners.	Consumer advisory committee key members are part of Telehealth Steering committee and involved in service design. Consumer feedback available in post-call survey.
C - Metro	Indirect support via patient information sheets, telehealth instructions on C - Metro website.	Adhoc consumer feedback via written mediums and clinicians collated and actioned as appropriate, consumer surveys.
D - Metro	We help consumers from both a Helpdesk staff of currently 4 staff to three on ground staff that also cover both staff issues and referred patients who need help. We have a pre-call list that the Help desk phone the day before and see if the patient has capacity for a Video Call and if we can assist.	Patient survey running through RedCaps at the end of the sessions. We take note of any and all consumer comment or complaints that come through to us directly or in-directly via other consumer focused groups within the hospital.
E - Metro	Consumers are offered to take part in tests calls and troubleshooting. Specialist Clinics have an admin team that are able to respond to patient requests for telehealth.	We had 2 consumers who were involved in the Telehealth Governance Committee and helped to co design the telehealth service. They were amazing.
F - Reg/Rural	Sharing of handouts and resources, consumer choice.	Some consumer involvement.
G - Reg/Rural	Patient administration staff provide limited troubleshooting support directly to consumers.	Telehealth Project Team engaged with consumers to collect feedback relating to their experience, this information has then been used to inform the telehealth development within G – Reg/Rural. Consumer feedback is also collected in person and through consumer feedback BAU channels.
H - Reg/Rural	Phone support available for consumers Monday-Friday 0800-1700 hrs. Support requests received by email that have been submitted by staff on behalf of consumers are also responded to within these hours.	<p>Health Services H - Reg/Rural to P - Reg/Rural share telehealth resource staff. Undertakes consumer consultation for various activities, currently visiting all Consumer Advisory Groups in region for input.</p>
I - Reg/Rural	No direct support as yet. Planned community engagement sessions for community members provided by telehealth support staff.	
J - Reg/Rural	Phone support available for consumers Monday-Friday 0800-1700 hrs. Support requests received by email that have been submitted by staff on behalf of consumers are also responded to within these hours.	
K - Reg/Rural		
L - Reg/Rural	Regional team provides phone and email support available for consumers Monday-Friday 0800-1700 hrs.	
M - Reg/Rural	Support requests received by email that have been submitted by staff on behalf of consumers are also responded to within these hours.	
N - Reg/Rural	Telehealth support officers sit within the Regional network so will reply to requests in a swift and timely matter.	
O - Reg/Rural		
P - Reg/Rural	Telehealth Support worker works on site, offering support whenever it is needed. Also travels to regional sites to support the Telehealth Champions. Other support as indicated above.	

Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

All services have a telehealth coordinator/manager role & many have administrative support roles for patients and staff

There is no standardized staffing model across the health services with mixed Permanent and Fixed Term / Contract employment contracts

A – Metro 1.6 EFT

- 1 EFT
Organisational Telehealth Coordinator
Permanent
Nursing 4B
- 0.6 EFT
Telehealth Officer
Permanent
Nurses & Midwives Award YU11 or Allied Prof. Award HS4, VC1

B – Metro 4.1 EFT

- 0.1 EFT
Clinical Lead
Permanent
HN3
- 1 EFT
Telehealth Coordinator
Permanent
HS3
- 1 EFT
Telehealth Senior Support Officer
Permanent
HS2
- 2 EFT
Telehealth Support Officer
Permanent
HS1

C – Metro 0.8 EFT

- 0.8 EFT
Telehealth Program Development Coordinator
Fixed Term/Contract
HS5

*D – Metro 7.8 EFT

- 0.8 EFT
Manager – Telehealth & Patient Portal Support
Fixed Term/Contract
HS5
- 2 EFT
Telehealth Officer
Fixed Term/Contract
HS3
- 1 EFT
Telehealth Support Team Supervisor
Fixed Term/Contract
HS2
- 4 EFT
Telehealth Support Team Officer
Fixed Term/Contract
HS1

E – Metro 2 EFT

- 1 EFT
Telehealth Coordinator
Permanent
Nursing Grade 5
- 1 EFT
Telehealth Admin
Permanent
Award – unsure

F – R/R 0.6 EFT

- 0.6 EFT
Telehealth Project Officer
Fixed Term/Contract
Award Not Provided

G – R/R 1 EFT

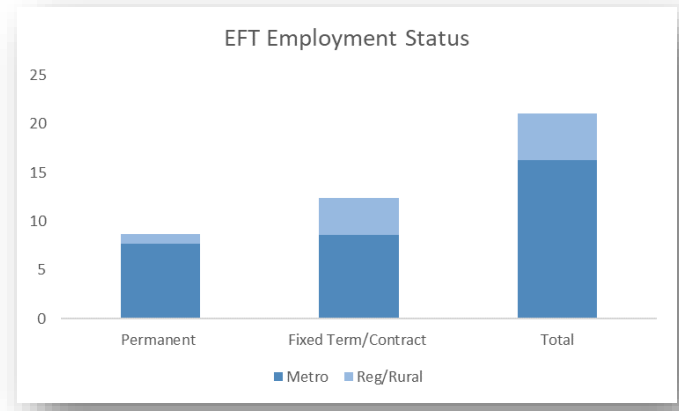
- 1 EFT
Project Lead
Fixed Term/Contract
Award Not provided

*H to P - R/R 4.8 EFT

- 1 EFT
Telehealth Program/Project Lead
Permanent
G6E
- 1.6 EFT
Telehealth Coordinator
Fixed Term/Contract
G4B
- 2.2 EFT
Telehealth Support Officer
Fixed Term/Contract
G3E

*** Explanatory Notes**

- D-HSM staff provide support to telehealth service and another digital platform
- Health Services H through to P Reg/Rural share EFT to support the regions telehealth services

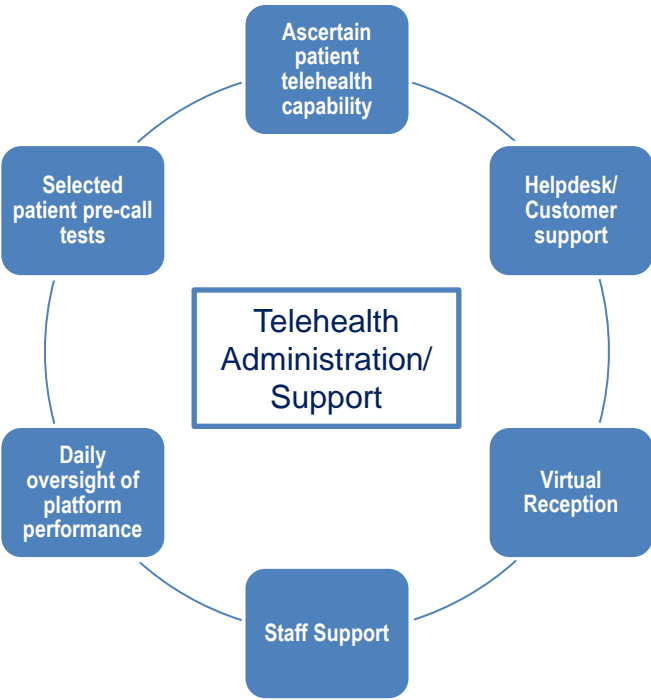


The 4 role types identified have different but complementary functions

The main functions are identified here



All organisations have Organisational Lead



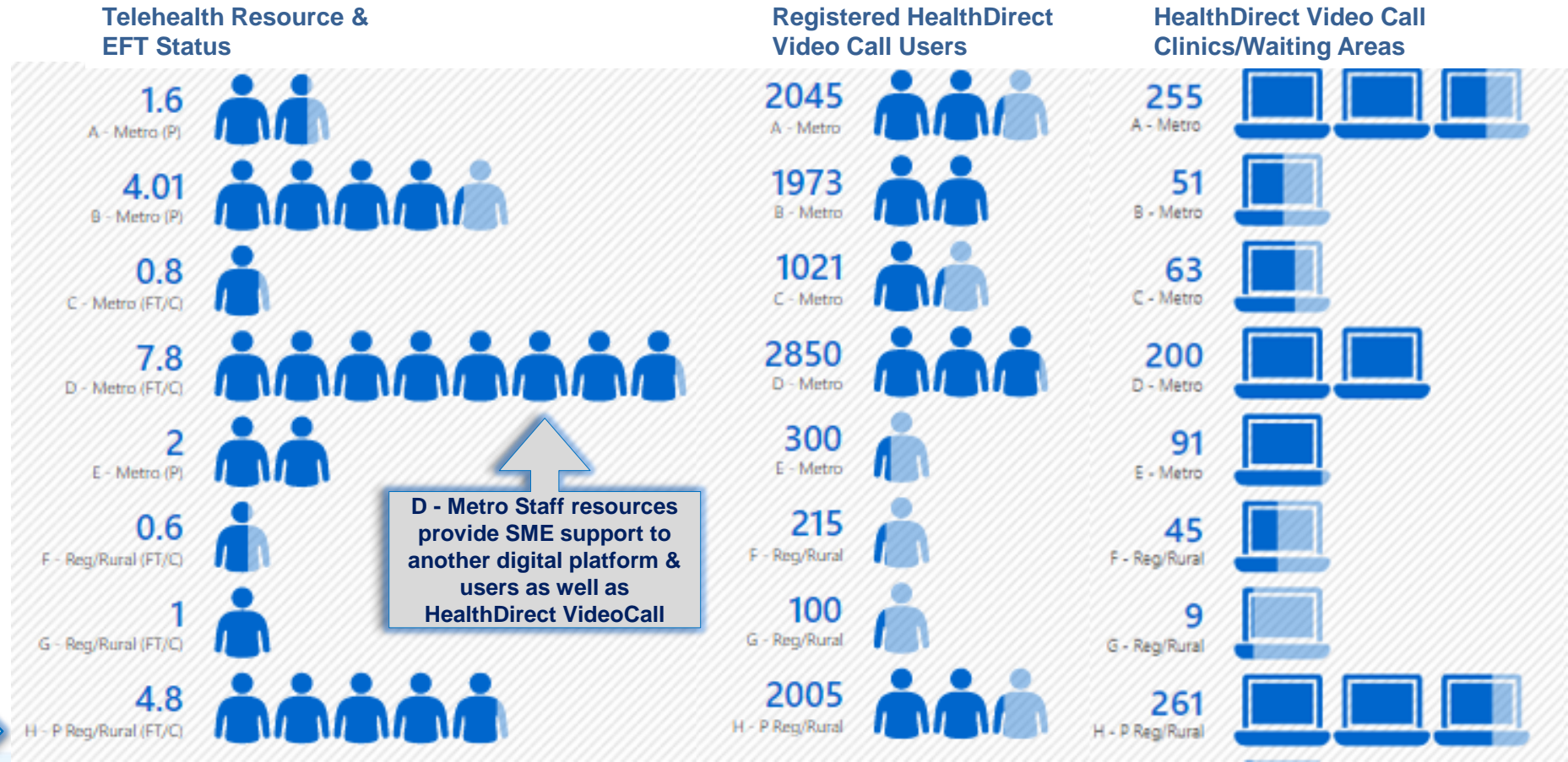
In general, those organisations with the highest level of telehealth activity have the largest Administration EFT



Telehealth resource staff manage varying volumes of telehealth staff and waiting areas

This is important in terms of considering workload implications which may increase as the numbers of registered users and waiting rooms increase

Explanatory Notes:
The benchmarking survey collected the number of registered HealthDirect Video Call users. However, this data should be used with caution as it will likely include staff who no longer use the platform and/or have left the organisation.

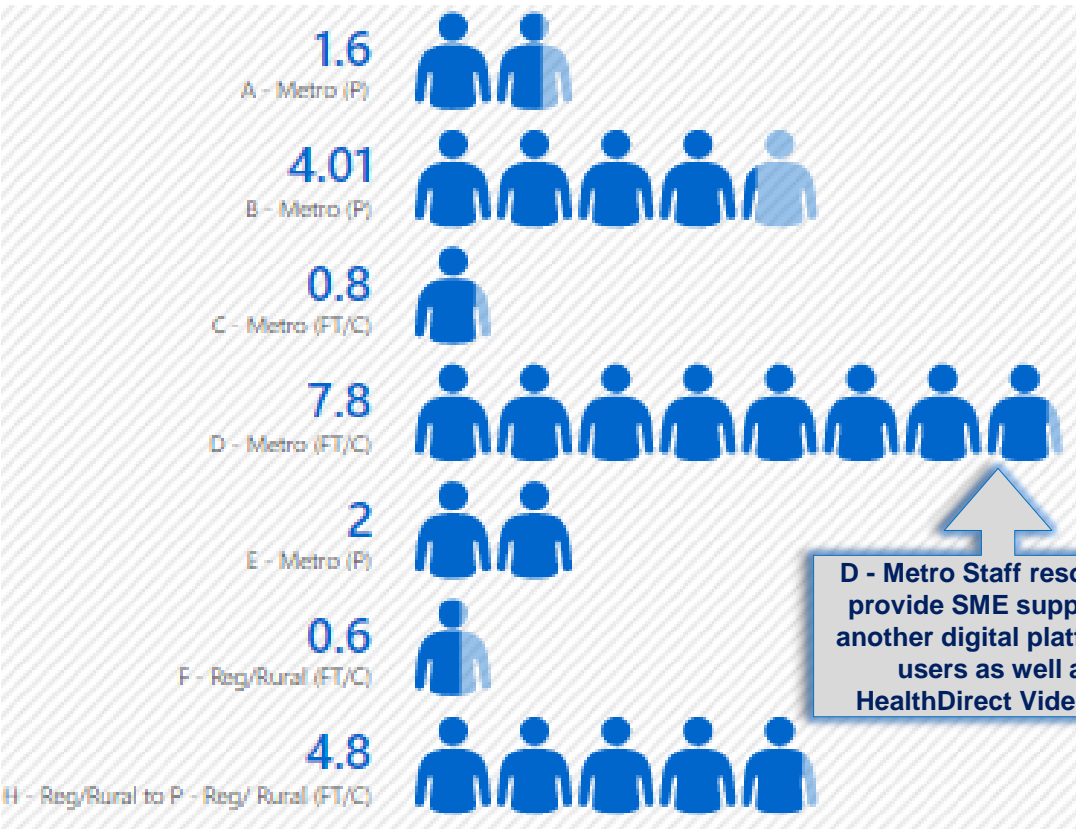


Health Services H - P Reg/Rural share 4.8 EFT telehealth resource staff

Staff resource EFT appears to correlate with more telehealth activity

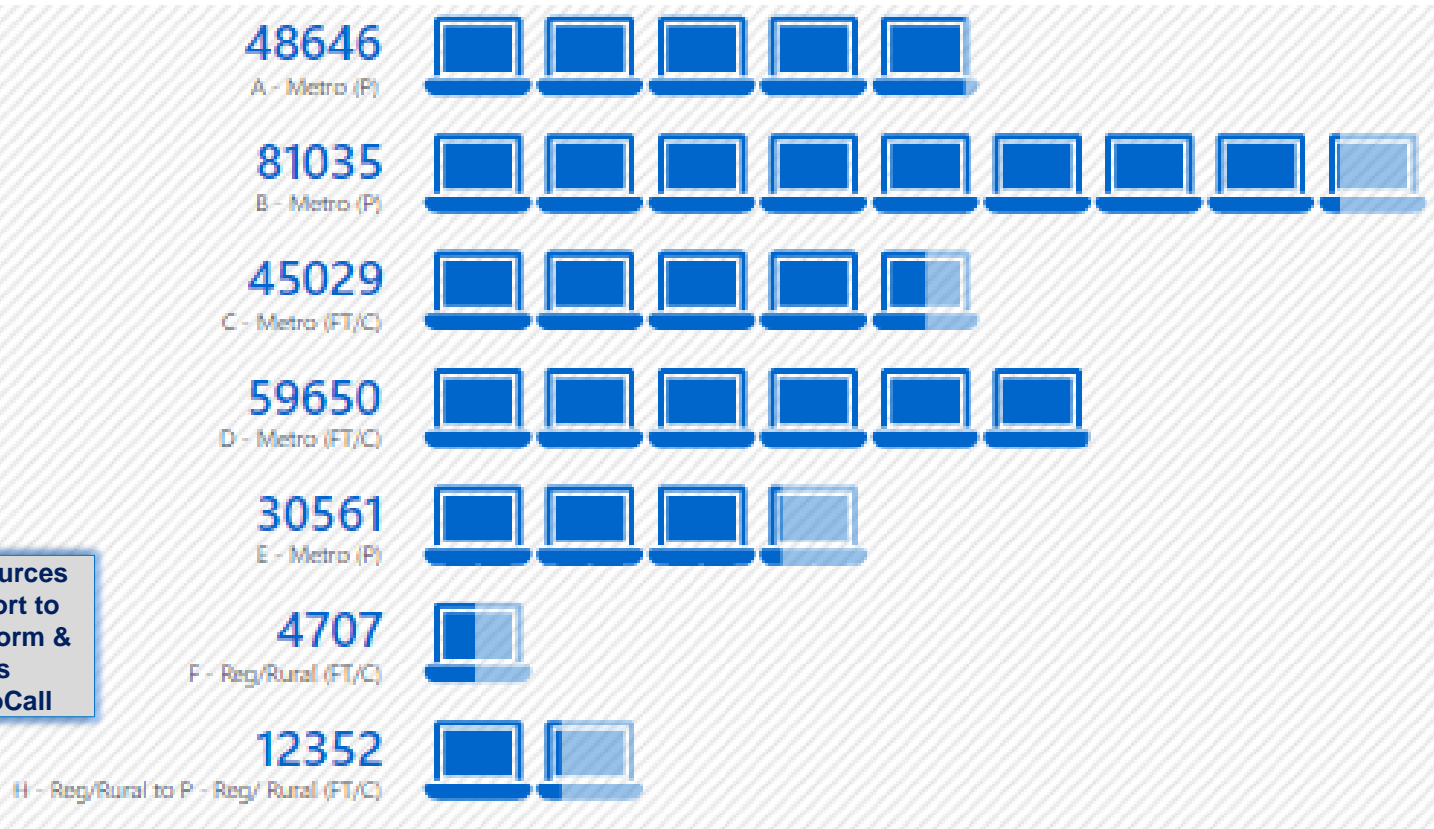
Those services with higher administration support provide active consumer engagement such as help desk and patient practice calls

EFT Per Organisation



D - Metro Staff resources provide SME support to another digital platform & users as well as HealthDirect VideoCall

All Organisational Telehealth Video Consultations 2020-2021



Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

Benchmark survey contact details

For any queries or information about the benchmarking survey please contact:

Shona Callum	Telehealth Victoria Community of Practice
Telehealth Project Officer	www.telehealthvictoria.org.au
scallum@phcn.vic.gov.au	contact@telehealthvictoria.org.au

Contents

1.	Benchmarking Survey Development	p. 4 - 5
2.	Health Services General Information	p. 7 - 8
3.	Health Services Telehealth Profiles	p. 10 - 11
4.	Health Services Telehealth Activity	p. 13 - 14
5.	Health Services Telehealth Models of Care	p. 16 - 18
6.	Health Services Telehealth Governance and Planning	p. 20 - 23
7.	Health Services Consumer Engagement in Telehealth	p. 25
8.	Health Services Telehealth Resourcing	p. 27 - 30
9.	Benchmarking Survey Contact Details	p. 32
10.	Appendices	p. 34 - 43

Appendix 1

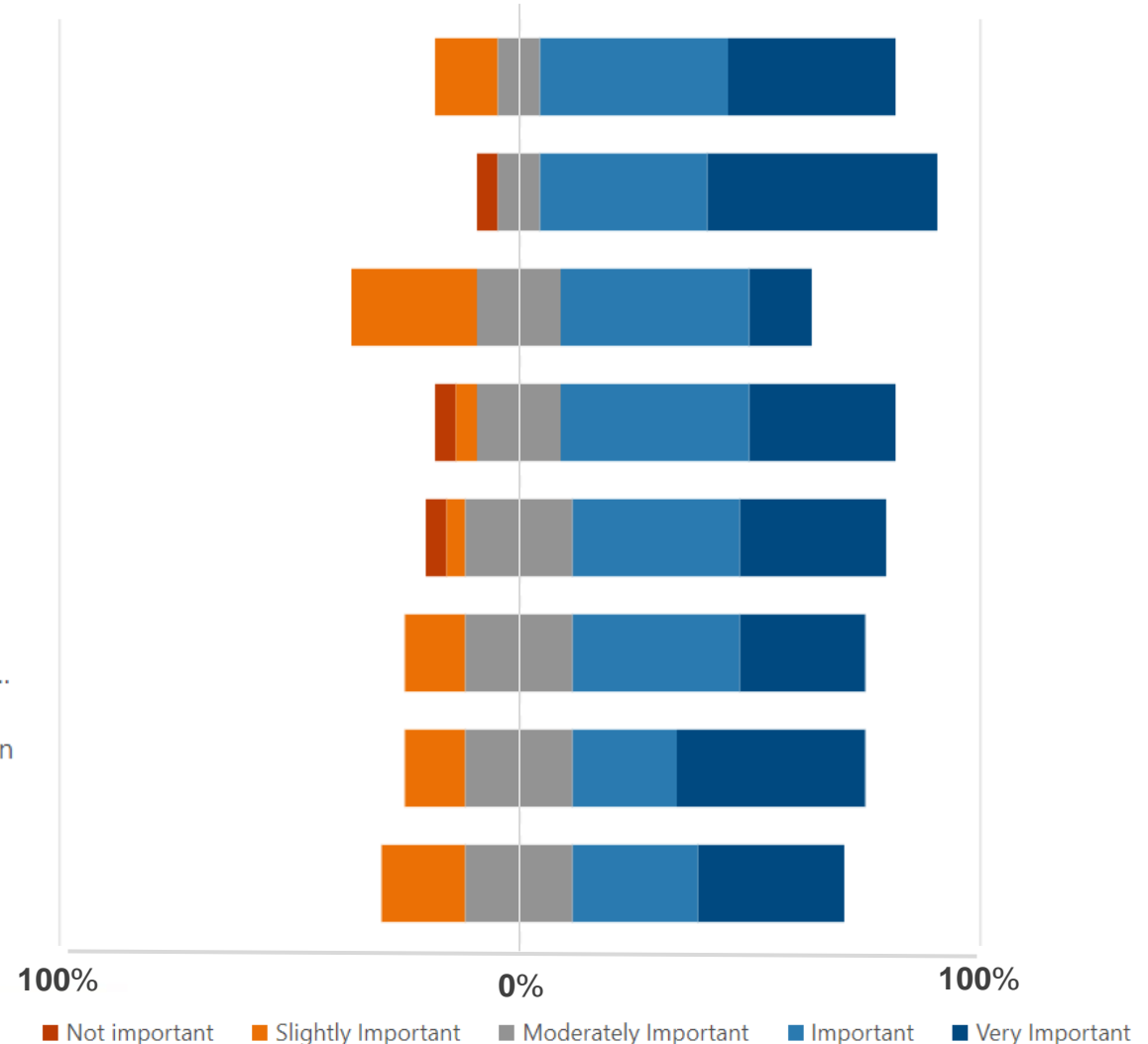
Scoping survey responses and analysis



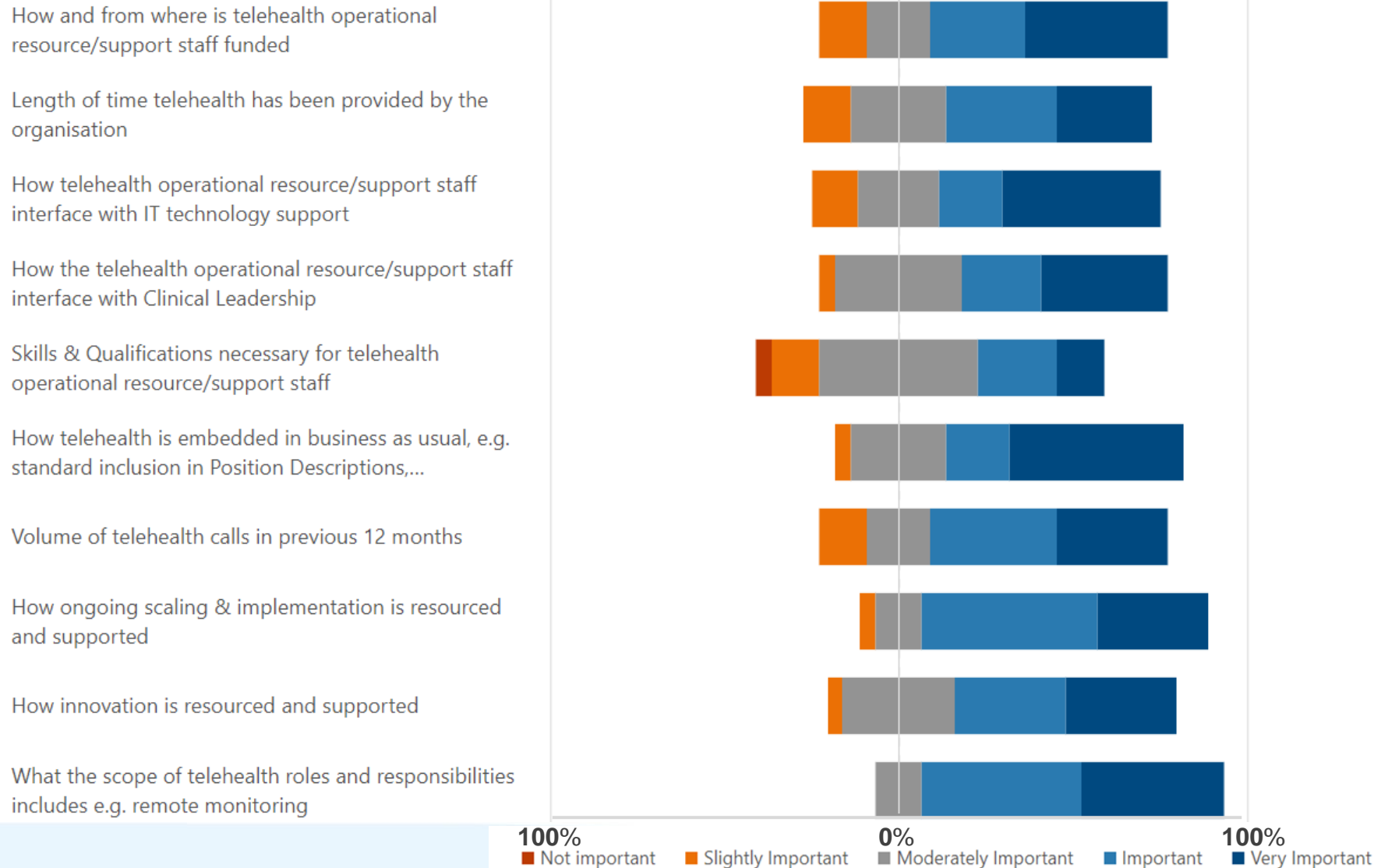
22 Responses were received rating 18 statements

Ratings was done by a 5-point Likert scale from 'Not Important' to 'Very Important'

- No. of FTE recurrent telehealth operational resource/support staff
- Tasks/Roles performed by telehealth operational resource/support staff
- Associated Awards & Grades telehealth operational resource/support staff are employed under
- No. of telehealth clinicians supported by telehealth operational resource/support staff
- No. of telehealth clinics telehealth supported operational resource/support staff
- Geographical spread & no. of physical locations supported by telehealth operational resource/suppo...
- If the health service is a rural, regional or metropolitan service
- Where telehealth sits in the organisational structure



Responses continued.....



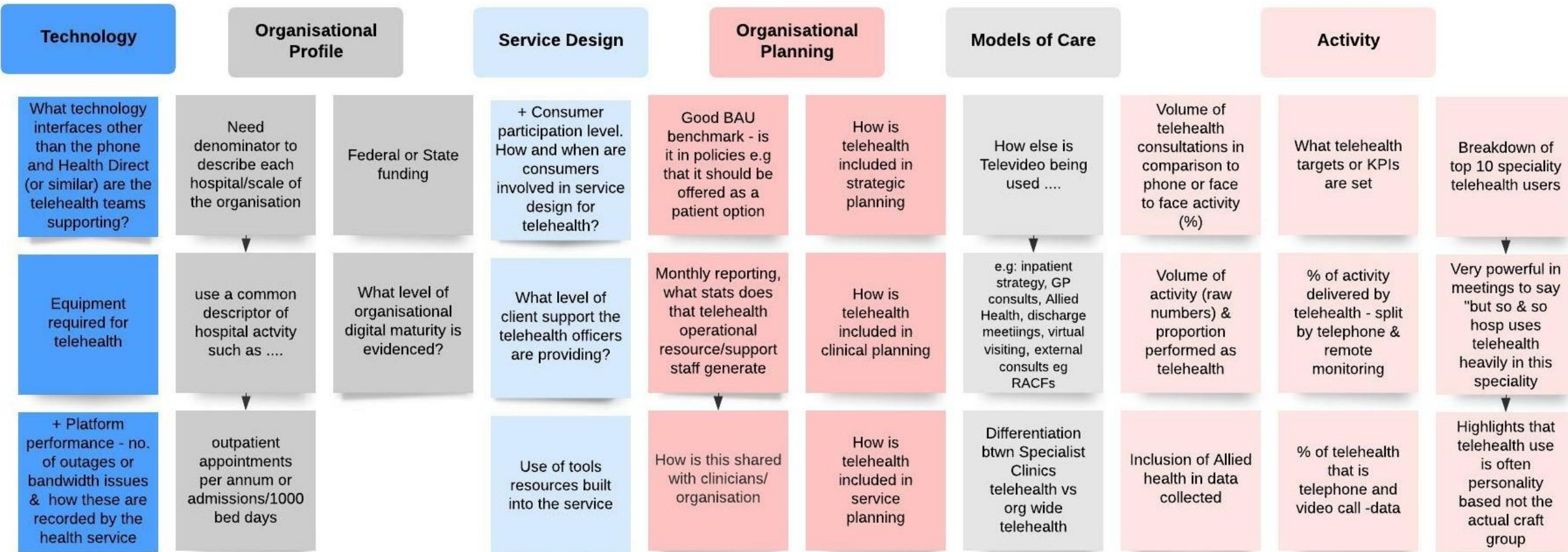
Roles, Responsibilities & Resourcing were ranked most important ...

Highest and Lowest ranking order...

Rank	Highest Ranking Order - Important plus Very Important	Percentage		Lowest Ranking Order - Not Important plus Slightly Important
1	What the scope of telehealth roles and responsibilities includes e.g., remote monitoring	86.4	27.3	Associated Awards & Grades telehealth operational resource/support staff are employed under
2	Tasks/Roles performed by telehealth operational resource/support staff	86.4	18.2	Where telehealth sits in the organisational structure
3	How ongoing scaling & implementation is resourced and supported	81.8	18.1	Skills & Qualifications necessary for telehealth operational resource/support staff
4	No. of FTE recurrent telehealth operational resource/support staff	77	13.6	No. of FTE recurrent telehealth operational resource/support staff
5	No. of telehealth clinicians supported by telehealth operational resource/support staff	72.7	13.6	How and from where is telehealth operational resource/support staff funded
6	How telehealth is embedded in business as usual, e.g., standard inclusion in Position Descriptions, incorporated into models of care etc.	68.2	13.6	Volume of telehealth calls in previous 12 months
7	No. of telehealth clinics supported by telehealth operational resource/support staff	68.2	13.6	Geographical spread & no. of physical locations supported by telehealth operational resource/support staff
8	How and from where is telehealth operational resource/support staff funded	68.2	13.6	How telehealth operational resource/support staff interface with IT technology support
9	Volume of telehealth calls in previous 12 months	68.2	13.6	If the health service is a rural, regional or metropolitan service
10	Geographical spread & no. of physical locations supported by telehealth operational resource/support staff	63.7	13.6	Length of time telehealth has been provided by the organisation
11	How telehealth operational resource/support staff interface with IT technology support	63.7	9	No. of telehealth clinicians supported by telehealth operational resource/support staff
12	How innovation is resourced and supported	63.6	9	No. of telehealth clinics supported by telehealth operational resource/support staff
13	If the health service is a rural, regional or metropolitan service	63.6	4.5	Tasks/Roles performed by telehealth operational resource/support staff
14	Length of time telehealth has been provided by the organisation	59.1	4.5	How ongoing scaling & implementation is resourced and supported
15	Where telehealth sits in the organisational structure	59.1	4.5	How telehealth is embedded in business as usual, e.g., standard inclusion in Position Descriptions, incorporated into models of care etc.
16	How the telehealth operational resource/support staff interface with Clinical Leadership	59.1	4.5	How innovation is resourced and supported
17	Associated Awards & Grades telehealth operational resource/support staff are employed under	54.5	4.5	How the telehealth operational resource/support staff interface with Clinical Leadership
18	Skills & Qualifications necessary for telehealth operational resource/support staff	36.3	0	What the scope of telehealth roles and responsibilities includes e.g. remote monitoring

Additional areas were suggested for benchmark inclusion

Affinity Diagram for initial grouping of comments ...



Appendix 2

Telehealth Community of Practice Maturity Model

Telehealth Maturity Organisational Self Assessment Tool - Guide

Developed by Telehealth Victoria Community of Practice, organisations use domain scoring sheets to calculate the level of maturity

What level is your organisation at in relation to the key enablers of telehealth?

Key:

<p>Widely recognised as innovators and trailblazers in the delivery of diverse digitally enabled care delivery. Goals, activity and performance measures are well defined and fully integrated in to regular pan-organisational reporting.</p>	<p>Trailblazer Advanced / innovating</p>	<p>5</p>
<p>Consistent organisation-wide approach to the delivery of digitally enabled care. Strong track record with continued evolution of digital models of service delivery. Fully sustainable.</p>	<p>Leader Consolidating / leading</p>	<p>4</p>
<p>Working towards a consistent organisation-wide approach for telehealth and/or other digitally enabled service delivery. Some areas need support or training to refine capability.</p>	<p>Gaining momentum Refining</p>	<p>3</p>
<p>Evidence of telehealth or other digital models of care delivery in some areas, but with little consistency across the organisation. Some infrastructure in place.</p>	<p>Potential Building / evolving</p>	<p>2</p>
<p>No clear indication that telehealth or digital health supports strategic priorities. Little capability to deliver telehealth or other digitally enabled services.</p>	<p>Limited capability Foundational</p>	<p>1</p>

Organisation systems and structures domain

Telehealth Victoria Community of Practice Telehealth Maturity Self Assessment Tool Domain: Organisation

Here are some areas for you to consider when deciding which level your organisation is at with respect to its telehealth, and thinking longer term – digitally enabled health – capability. Give yourself one point for each statement that aligns with your organisation – the tally per column will help you decide where your organisation sits and what your priorities might be.

	1 Foundational	2 Building	3 Refining	4 Consolidating	5 Advanced
Organisational systems and structures					
Leadership and direction	There are some individuals within our organisation interested in or using digitally enabled service delivery.	Our organisation's leadership has identified specific areas for digital health implementation and has allocated staff and leadership to drive this.	Our organisation's leadership can articulate the need and reasons for introducing digitally enabled health. People are working collaboratively across the organisation to implement a coordinated approach to digitally enabled health.	Digitally enabled care is written into the organisations strategic plan and direction with allocated Executive leadership and support.	Telehealth and digitally enabled service delivery is included in contract negotiations and service agreements to enable innovation and research into new models of care.
Governance	There is no governance around the delivery of telehealth or digitally enabled care.	Digital and telehealth models of care are built in to relevant policies, standards or procedures.	Digital and telehealth goals, activity and performance are regularly reported to and monitored by Executive.	Digital and telehealth activity and performance forms part of Board updates and annual organisational reporting. Executive take responsibility and provide support for implementation and growth.	Organisation members participate in and contribute to the strategic direction of digital health care delivery via State / National / peak agencies
Sustainable business processes	Digitally enabled service delivery relies on ad hoc or 'workaround' business processes.	Some systems enable digitally enabled delivery of health care to be identified. Some resources and documentation are in place to support digital access.	Digitally enabled delivery of health care is routinely managed within standard clinical systems. Common processes and resources in place to enable and support digital access.	Service review, planning and design include digital health requirements that enable the operating environment to adapt to future digital needs	Digital health is embedded into service requirements and design with sufficient flexibility to support rapid clinical change
Sustainable financial / resource models	Digitally enabled service delivery can be trialled in a limited capacity through additional and non-sustainable staffing or funding.	Some parts of the organisation are delivering an ongoing and sustainable digitally enabled service.	The clear financial benefits and costs of digitally enabled health are understood by the leadership of the organisation, including funding sources and costs saved.	Telehealth activity data is used to demonstrate where applicable efficiency and effectiveness – including for example identified unmet needs, equity and access.	Efficiencies in digitally enabled service delivery has enabled additional resourcing, capacity and innovation.
Measurement and reporting	None	Some reporting structures are in place to monitor telehealth activity. There is ongoing review and evaluation of telehealth in some areas.	Measurements of telehealth used are standardised across the organisation. Continuous monitoring, review and evaluation of telehealth activity informs and refines KPIs	Telehealth activity is monitored and measured at multiple levels in the organisation in a structured manner Telehealth KPIs are part of service and organisation wide KPIs	Telehealth KPIs and activity form a part of standard reporting to government
Total (Organisation)					

Workforce readiness, capacity & capability, consumers input & capabilities domains

Telehealth Victoria Community of Practice Telehealth Maturity Self Assessment Tool Domain: Workforce & Consumers

	1 Foundational	2 Building	3 Refining	4 Consolidating	5 Advanced
Workforce readiness, capacity and capability					
Telehealth support	Individual providers are responsible for their own technical and practical support in implementing digital models of care.	Requirements for the support needed for sustainable digital health are being defined.	Provision of appropriate support to enable digital care delivery is clearly defined within dedicated or existing roles where required.	Administrative, technical or program support is fully funded within operational budget and provided across all relevant parts of the organisation as required.	Digital health is seen as an organisational priority with technical and program support available and sufficiently agile to support rapid initiation of innovative and new digitally enabled models of care.
Engagement	Clinical and administrative stakeholders are non-approachable and have a pessimistic view of digital technologies.	Key clinical and administrative champions are located in some clinical areas.	There are active approaches from staff to utilise telehealth as an option to provide access to their services	Telehealth is considered BAU in most clinical areas.	Administrative and clinical staff are engaged and actively promote and support telehealth access.
Uptake	Some individual clinicians or clinical teams have some capability to trial some digitally enabled care delivery.	Some individual clinicians or clinical teams have embedded digitally enabled care delivery into their current practice.	Digitally enabled care is being embedded in clinical practice broadly, not specific to individual clinicians.	Clinical staff are identifying new opportunities for providing digitally enabled care and implementing this.	Clinicians across the organisation provide leadership and mentoring to their peers internally and externally in delivery and uptake of digitally enabled care.
Training and professional development	Some individual clinicians or clinical teams have some skills in utilising some form of digital health.	There are some digital health and telehealth training and upskilling resources available without widespread uptake	Role-specific digital health training is a part of the staff orientation and upskilling	Clinicians and others provide leadership and vision in upskilling and enabling the healthcare workforce to provide digitally enabled care.	Clinicians and others are collaborating with professional bodies and universities to deliver digital health and telehealth skills development as part of future workforce education.
Total (Workforce)					
Consumer input and capabilities					
Consumer centred	Digital health initiatives may be informed by ad hoc patient feedback	Digital health initiatives seek consumer input to service planning and design.	Digital health initiatives routinely include consumer representatives who contribute to service planning, design and implementation	Consumers are supported in using digital health access to care and have the opportunity to provide timely feedback on the quality of the services	Digital health is delivered across the organisation in a way that successfully ensures equity of access to care for all
Engagement	Individual consumers have used some digital access to care, but it is not widely understood in the community	Information about telehealth and digital access to care is available to our consumers, but not widely promoted	Telehealth and digital access to care is promoted and supported	Consumers understand and initiate requests to access care via telehealth and digital health technologies	Consumers are engaged in designing, promoting and using digital access to care
Total (Consumers)					

Environmental & infrastructure domain and organisational self assessment score

Telehealth Victoria Community of Practice Telehealth Maturity Self Assessment Tool Domain: Environment.
Column with highest total score denotes Telehealth Maturity rating

	1 Foundational	2 Building	3 Refining	4 Consolidating	5 Advanced
Environment and infrastructure					
Technology infrastructure	Organisational network may support ad hoc use of digital health services, but has not been designed for digital health requirements	Reliable network and bandwidth, and firewall/port configuration, to deliver defined digital health services.	Sufficient network capabilities to deliver an uninterrupted range of digital health services.	Network (including Wi-Fi) infrastructure planning and design include ongoing investment and support to ensure operating environment adapts to future digital needs	Digital health is embedded into the core infrastructure environment of the health service with sufficient flexibility to support rapid technology developments
Standard desktop / clinical devices	Some limited and ad hoc access to technology to deliver digital health services	Digital health technologies are able to be accessed on supported desktops / devices	Standard desktop and device environments (SOEs) are designed and supported to enable digital health technologies	User devices and standard desktop and device environments (SOEs) are fit for digital health purposes, interoperable, and available across the organisation	Digital health is embedded into the standard computer operating environments of the health service with sufficient flexibility to support rapid technology developments
Spaces	Telehealth and digital access to care is provided in ad hoc spaces not designed for telehealth	Some rooms and equipment is available to enable telehealth and digital health access, primarily for staff	Spaces within the health service are set up to enable telehealth and digital access Consumer accessible spaces are available for supported telehealth	Dedicated spaces within the health service are configured to enable flexible use of digital access by both staff and consumers	Digital health is embedded into building and infrastructure planning with the ability to support future models of care
Technology support	Digital technologies are supported and managed locally, within roles and responsibilities of clinical service staff.	There is an understanding that digital health technologies are a business requirement that require some level of IT support.	Digital health technologies and their support roles and responsibilities are clearly defined for relevant areas	Digital health technical support is embedded into IT service desk and IT service catalogue	Digital health technical support is agile to support rapid initiation of innovative and new digitally enabled models of care
Total (Environment)					
TOTAL SCORE:					
ORGANISATIONAL SELF-AESSEMENT:	1 Foundational	2 Building	3 Refining	4 Consolidating	5 Advanced