Victorian Virtual ED - Residential Aged Care FAQ

Providing the Right Care, at the Right Time, at the Right Place

1. What is VVED?

The Victorian Virtual Emergency Department (VVED) is a video telehealth medical consultation service which connects residents to emergency physicians from the comfort of their residential aged care home. Residents presenting with acute health issues receive timely clinical assessment, medical advice and, where required, early treatment and referral to appropriate services for ongoing management.

2. What are the benefits of VVED for residents of Residential Aged Care Homes (RACHs)?

The Emergency Department (ED) has often been the default destination for aged care residents presenting with lower acuity medical issues. However, residents and/or their families often prefer medical care to be provided at home when this can be done safely and effectively.

Transfer to hospital is not always the safest and best option for aged care resident as it is linked to a higher risk of delirium and healthcare acquired trauma, infections, and mortality.

It is highly recommended that residents with lower acuity presentations be referred to Residential In-Reach or, if unavailable, be referred to VVED for timely medical assessment and care planning that is best aligned with the resident's goals of care. With the support of these services many residents can safely and effectively receive the care they need from the comfort of their home.

3. Is the VVED service available state-wide?

Yes. VVED is a free service that is available 24/7 for everyone across the state. GPs, AV paramedics and triage practitioners, nurses, and other healthcare professionals can refer residents or residents can refer themselves.

VVED is available for anyone who would otherwise present to a Victorian ED, this means that those that live across the border in NSW and SA who would access Victoria-based care are able to access VVED support.

4. Who staffs the VVED service?

The service is led by senior emergency physicians with other specialist clinicians including paediatric emergency specialists, geriatricians, specialist older person and palliative nurse practitioners.

5. Is consent required?

Yes, consent is required. If the resident does not have capacity to provide consent, then consent should be obtained from their Advance Care Directive (instructional) or Medical Treatment Decision Maker.

6. Are interpreting services available?

Interpreters are available, and you can nominate the resident's preferred language in the registration form and request an interpreter at the start of the consultation process.

7. When should a resident be referred to VVED?

VVED is not intended to replace existing health care services such as Residential In-Reach and other specialist providers but provide supplementary pathways during times where existing services or specialists are not available (e.g. overnight). Therefore, it is strongly encouraged that staff continue referring directly to the local Residential In-Reach and other specialist providers (where available) during their operating hours and VVED after hours which allows 24-hours access to senior medical hospital staff.

8. What technology is required for a VED consult?

- A device (tablet, laptop or mobile phone) that has a camera and connects to the internet (click here for web browser information). It is ideal if the device is located on a mobile workstation (e.g. trolley).
- A mobile phone to receive the one-time password code for registration verification. This mobile does not need to belong to the resident.
- A phone number for the RACH in case VVED need to contact staff after the initial consult.
- A central email address for the RACH (that multiple staff can access) to receive the VVED discharge summary and medication chart/prescription (where required).
- Each Primary Health Network (PHN) in Victoria have funding grants available for RACHs to obtain additional telehealth devices and/or get an upgrade to their internet capability.

9. What is the Registration Process for residents of RACHs?

To register a resident, go to vved.org.au and select the 'Aged Care Service' tile or click here for the registration form weblink.

Once the electronic registration form is completed a weblink to the telehealth consult waiting room will be sent to the registered consult mobile phone number and email address. This weblink does not change so the process can be made more efficient by saving the registration weblink and the telehealth consult weblink to the RACH's devices so that staff do not have to retrieve the weblink sent via SMS and email each time they register a resident.

When the consult begins, the video will go to full screen. The attending GP and/or RACH nurse **must** remain with the resident during the consult to provide handover and assist with further assessment and development of the shared care plan.

Click here to view a video demonstration of the registration and consult process. It is recommended you 'bookmark' the registration weblink and telehealth consult waiting room weblink to your RACH devices as these weblinks don't change and if saved can improve the efficiency of the process for RACH staff. For advice on this email ED.VirtualTriage@nh.org.au.

10. Does the RACH Registered Nurse have to refer the resident to VVED or can another staff member refer?

This may vary from facility to facility but it is expected that a health care professional will action the referral to VVED so that an assessment of the resident's medical condition and handover is completed. The health professional is to remain with the resident during the VVED consult as they may be asked to assist with further assessment and/or treatment.

11. In what order are residents seen? Is it based on severity of symptoms?

Residents referred by healthcare professionals are streamed to a different virtual waiting room to residents who refer themselves. Upon registration the resident is placed in a virtual queue based on the time of registration and will be seen in that order. Importantly, if the referrer is disconnected from the telehealth consult waiting room, their place in the queue will not be lost, they simply need to re-join the consult waiting room.

12. How long will I have to wait for a consult?

The current average wait time is less than 15 minutes however in times of increased demand this may be slightly longer. The telehealth on-screen 'chat box' function can be used to communicate with the VVED ANUM regarding expected wait times.

The wait time for a consultation is often much quicker when compared to waiting for a GP/Locum or ambulance response.

The benefit of using a mobile, laptop or tablet device is that you can continue to be mobile around the RACH whilst you wait for the consultation to start. This also allows opportunity for the RACH nurse to gather resident information and/or contact the resident's Medical Treatment Decision Maker, or to attend to other residents if needed.

13. How can I contact the VVED if I am experiencing technical difficulties during the registration and/or consult process?

The VVED ANUM can be contacted via phone on **0459 847 364** if you are experiencing an issue with the registration form. If you drop out of the waiting room, simply click on the same consult waiting room link again to re-connect (you will not lose your place in the queue).

14. What if the resident become more unwell whilst waiting for a VVED consult?

If a resident deteriorates whilst waiting for consultation, the RACH nurse should call the VVED ANUM on **0459 847 364** to discuss a timeframe for consultation. If the resident deteriorates to the point that they require an emergency ambulance, the RACH nurse should prioritise calling Triple Zero (000) and then call the VVED ANUM to cancel the referral when time allows.

15. How do I cancel a VVED consultation?

The VVED referral may need to be cancelled because the resident's conditions changes or the resident withdraws their consent. In these circumstances notify the VVED ANUM by either:

1. Typing a message into the chat box on the teleheatlh waiting room screen. Do not disconnect until you have received confirmation the ANUM has received the message, or
2. Calling the VVED ANUM on **0459 847 364**

If the VVED ANUM is not notified they will assume you are having technical difficulties and will continue making attempts to contact and reconnect.

16. Can family members and GPs be included in the telehealth consult?

Communication with the resident and their family is especially important, particularly for residents who do not have capacity to make their own decisions. The VVED will contact the resident's Medical Treatment Decision Maker by telephone where needed and can include them in the video consult if the family member has access to a device.

When a GP has requested ambulance attendance but the GP has not had opportunity to assess the resident in person the attending paramedic crew may refer the resident to VVED following their assessment. In this circumstance, the VVED clinician will attempt to contact the GP to include them in the consult. The VVED recognise that when the resident, their family and their health care team openly communicate with each other they achieve the best possible outcomes.

RACH staff and/or VVED staff can send family members, the GP or other relevant stakeholder/s the weblink to the consult waiting room (via email or SMS) so they can join the consult.

17. Can VVED provide a medication order and/or prescribe medication?

Yes, the VVED clinician can provide an initial verbal medication order for RACH nursing staff to administer required medication/s. A copy of the authorisation will be provided in writing, in the form of an interim medication chart. This will be emailed to the RACH.

The VVED clinician can also provide an electronic prescription to the RACH or local pharmacy.

If any prescriptions are required the VVED can send an electronic prescription to the RACH (where possible) or directly to the closest pharmacy. The pharmacy dispensing the prescription will be responsible for the management and clinical governance of the dispensation.
If there are any pharmacies refusing to dispense from the information provided by VVED, email the VVED pharmacist at ED.VirtualTriage@nh.org.au so the can liaise directly with pharmacy.

Many RACH's have an in-house electronic pharmacy management system. However, given the multiple different applications available in the sector VVED cannot send medication information directly to the individual RACH's electronic pharmacy management system as they would have to register all their physicians to each system, which is not feasible.

18. Does VVED provide a discharge summary to the RACH following a consult?

The VVED physician will provide a copy of the discharge summary and other relevant treatment information to the RACH. Currently this is sent via email so it is important that the RACH has a central email address setup that all key staff can access 24/7 if needed.

19. After a consult how can I contact VVED if I have a follow-up clinical question or documentation hasn't been received?

The VVED ANUM can be contacted via phone on **0459 847 364** if you have a clinical question.

The VVED clerical team can be contacted via phone on 9485 9070 or ED.VirtualTriage@nh.org.au if you have any documentation (prescription or discharge summary) questions.

20. What are the some of the common conditions managed by VVED?

- Post falls assessment, including head strike +/- anticoagulant/antiplatelet (such as aspirin, warfarin, apixaban)
- Acute infections; urinary, pneumonia, gastroenteritis, influenza, cellulitis, COVID
- Nausea, vomiting, diarrhoea
- Non-severe exacerbation of chronic disease; COPD/CCF/Diabetes/HT
- Acute confusion or delirium
- Non-severe pain and discomfort
- Dizziness or faint
- Dehydration
- Urinary issues
- Challenging behaviours
- Functional decline
- Abnormal blood tests
- Complex wounds
- End of life care (in the absence of an available palliative health team)

21. The RACH policy states Triple Zero (000) must be called when a resident who is on an anticoagulant/platelet medication has a fall with headstrike. Can a referral to VVED replace the need to call Triple Zero (000) in these circumstances?

If a resident presents with a high acuity emergency (taking into consideration their advance care directive) or they have a bone fracture or severe pain then Triple Zero (000) should be called. After applying first aid, if the resident has sustained minor or no obvious injury then Residential In-Reach or VVED can be contacted in the first instance, ahead of Triple Zero (000).

The In-Reach or VVED clinician will conduct an assessment and advise of the treatment options available including the risks and benefits of each option. Although imaging is the standard assessment for people with head strike who are on anti-platelet and/or anti-coagulant therapy, the resident's level of frailty and goals of care must be considered. Not all residents who sustain a head strike will have imaging and/or monitoring undertaken at hospital. The decision to transport is based on several factors and the risks (including risks associated with transfer to hospital) need to be weighed against the likely benefits.

Healthcare professionals have a responsibility to inform the resident or their Medical Treatment Decision Maker (if they don't have capacity) of the options for care to ensure they have the necessary information to make an informed decision regarding transport to hospital for imaging. Our experience is that residents and their Medical Treatment Decision Makers most often prefer to be monitored at the RACH and not have imaging with the option to re-evaluate the care plan if deterioration commences.

Therefore, RACH policy should include the option to refer to Residential In-Reach and VVED and not simply a blanket rule for ambulance transport to hospital for all residents.

22. What about if the family insist on transfer to hospital?

Resident centred care is focused on the resident's values and preferences and supporting their decisions in relation to the care they receive and where they receive this care. Many factors must be considered when developing a care plan and determining if transport to hospital is to occur. Such factors include the clinical needs of the resident, their level of frailty, the content of a valid instructional advance care directive, the resident's goals of care and whether the treatment they require can be provided at the RACH.

Following a comprehensive assessment of the resident and consultation with the attending healthcare professional/s, the VVED clinician will make a recommendation of the care options available, including risks and benefits of each. These options will be openly discussed with the resident, their Medical Treatment Decision Maker (if required), RACH staff and GP (if available) to determine how to best meet their care needs. Transfer to hospital will not always be the preferred option for the resident as does come with risk such as a higher risk of delirium and healthcare acquired trauma, infections and mortality.

If the resident has capacity to make their own decisions, then their informed decision will be supported. A resident cannot be transported or receive medical treatment against their will. In circumstances that the resident does not have decision making capacity the VVED clinician will invite the engagement of the Medical Treatment Decision Maker to provide consent for treatment in circumstances that the information is not contained in an instructional advance care directive. If the resident's goals of care include transfer to hospital, then this will be supported except in circumstances where transfer to hospital for medical treatment is considered futile by the VVED clinician.

23. What if our resident requires IV antibiotics can VVED organise AV to attend to administer?

VVED will recommend the most appropriate service to deliver the most appropriate care to the resident. AV does carry an antibiotic for intramuscular or intravenous administration, however, the VVED clinicians will seek to use local services where available for administration of antibiotics if AV are not already onsite. When local services are not available then AV will be requested to transport the resident to hospital for this treatment. In certain circumstances the attending AV crew may conduct a second VVED consult if there is potential that they can provide the necessary treatment to the resident when they are on site at the RACH and avoid an unnecessary transport.

24. What if the resident become more unwell after the consult from VVED has ended or the plan put in place has been unsuccessful? Can we contact VVED again?

If a resident does not respond as expected to the plan developed by the VVED clinician, or the resident develops different or worsening symptoms you can register the resident to VVED again and complete a second consult. There is no limit to using VVED.

If the resident deteriorates to the point that they require an emergency ambulance, the RACH nurse should call Triple Zero (000). This advice is given as part of the safety netting plans by VVED clinicians during all consultations. In an emergency, you can always call Triple Zero (000).

25. RACHs are sometimes referring residents to VVED during the operating hours of the Residential In-Reach. When should I refer to VVED in preference to In-Reach?

The VVED does not replace the valuable services provided by GPs, Residential In-Reach and other community services such as local palliative care services. Instead, the VVED supports RACH's when these services are unavailable in an area or it is outside their hours of operation.

Therefore, RACHs should refer residents to the local services during their operating hours and VVED outside of their operating hours or when the local service does not have availability to assess the resident in the required timeframe.

GUIDE FOR RESIDENTIAL AGED CARE HOMES

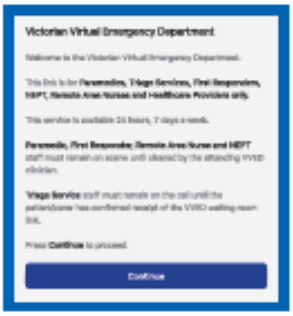
Healthcare Professional Registration

VICTORIAN VIRTUAL EMERGENCY DEPARTMENT
Northern Health

Telehealth Consult Platform

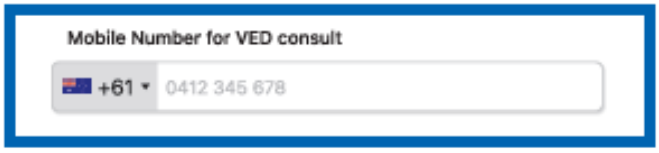
1 Go to vved.org.au and select 'Aged Care Service'

2 Start the registration form*



3 Complete the verification process

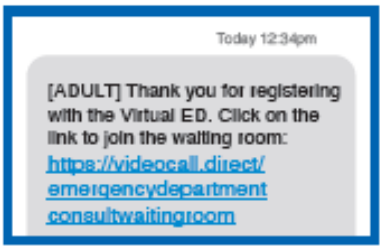
Enter a mobile number to receive a one-time password to proceed.



4 Complete the remainder of the form and submit

5 Enter Telehealth Consult Platform*

Weblink sent to mobile phone and email address recorded in registration form.



6 Enter patient identifiers

Enter patient's name. Phone number can be mobile or landline - must be available to answer if VVED need to call whilst waiting.

7 Wait for consult to start

- If disconnected, re-enter using same consult weblink (position in queue will remain the same)
- If experiencing wait time > 15-minutes use 'chat box' on screen to message ANUM
- If required, call VVED ANUM 0459 847 364 (to cancel or request consult more urgently)

Tips

* Have registration form and telehealth consult weblinks 'bookmarked' to RACH devices

- Do not enter consult waiting room without first completing the registration form.
- Discharge summary and medication chart sent to registered RACH email address.
- For document queries contact VVED clerical: ED.VirtualTriage@nh.org.au or 9485 9070