
Metro North Health Telehealth Co-design Project

Initiative Type

System Improvement

Status

Sustained

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URL

<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/metro-north-health-telehealth-co-design-project>

Summary

Previous evaluations acknowledge that consumers are often not aware or are unable to advocate for telehealth as part of their healthcare journey. To address this, a multi-stage co-design project was undertaken to be able to further understand barriers to consumer choice and advocacy throughout their episode of care, and to subsequently co-design solutions and recommendations that would

address these challenges.

Key dates

Mar 2022

Jul 2023

Implementation sites

Across Queensland

Partnerships

Metro North Health Excellence and Innovation and CEQ Telehealth

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Aim

To co-design a solution(s) to improve consumer awareness and choice in accessing telehealth (video call) as part of their healthcare journey.

Benefits

- Provides detailed understanding of the challenges that consumers currently face in understanding and accepting telehealth as part of their healthcare journey.
- Solutions and recommendations were co-designed by consumers and service providers, increasing the likelihood of successful implementation.
- Solutions and recommendations have the capacity for scale and spread across Queensland.

Background

This project follows on from the findings of a mixed-methods evaluation and concept mapping of priorities to improve and sustain telehealth following the COVID-19 pandemic response (See *Further Reading*). Concept mapping with key stakeholders (inclusive of management, clinical and administrative staff, and consumer representatives) identified strategies addressing consumer feedback, consumer awareness, resources tailored to consumers' needs and consumer advocacy and support as top priorities to improve the sustainability of telehealth.

Solutions Implemented

Using a multi-methods, experienced-based co-design methodology, the aim of this project was to discover and co-create the solutions required to be implemented. We achieved this over three stages:

- Stage 1: Workflow mapping with eleven Metro North health services (with established telehealth services) and interviews with 33 users of these specific services.
- Stage 2a: Further informal community consultation took place with priority groups (Aboriginal and Torres Strait Islander Elders, culturally and linguistically diverse, people with disability and LGBTQIA+ community representatives).
- Stage 2b: A co-design team comprised of 20 members (10 consumers, nine health service staff, one academic partner) came together over four workshops to co-design solutions and recommendations.

Evaluation and Results

The solutions prioritized to improve consumer awareness and choice in accessing telehealth are:

? Telehealth Assist: a model of care with a patient-facing telehealth nurse (or inter-professional clinician) to coordinate care, and an upskilled administration team, aimed at improving the telehealth experience and outcomes for consumers.

? Digital Resource and Online Information Hub: consumer-facing information and resources about telehealth that is presented in an inclusive and accessible way.

? Waiting Room Video: a video developed by consumers for consumers to understand the problem, solution, how telehealth works and its potential benefits.

? System flexibility and support: improving choice for consumers on how they attend appointments can be supported through integrated referrals, greater choice and changing mode of appointments, greater flexibility in accessing appointments supported by the workforce and community hubs with telehealth capacity.

The four solutions, above, were prototyped and refined throughout the workshops, along with supporting recommendations that centered around (i) education and information; (ii) Telehealth Assist, and (iii) system support.

Lessons Learnt

Ensure that your consumers are representative and inclusive of the broader population. More informal engagement approaches, outside of a standard research paradigm were subsequently required throughout this project to ensure all voices could be heard.

References

Cottrell M, Burns CL, Jones A, et al. Sustaining allied health telehealth services beyond the rapid response to COVID-19: Learning from patient and staff experiences at a large quaternary hospital. *Journal of Telemedicine and Telecare*. 2021;27(10):615-624. doi:10.1177/1357633X211041517Burns CL, Cottrell M, Jones A, Foley J, Rahmann A, Young A, Cruickshank M, Pateman K. Prioritising enhancements across allied health telehealth services in a metropolitan hospital: Using a concept mapping approach. *J Telemed Telecare*. 2022 Dec;28(10):740-749. doi: 10.1177/1357633X221122106

Further Reading

[Sustaining allied health telehealth services beyond the rapid response to COVID-19: Learning from](#)

[patient and staff experiences at a large quaternary hospital - Michelle Cottrell, Clare L Burns, Amber Jones, Ann Rahmann, Adrienne Young, Sonia Sam, Mark Cruickshank, Kelsey Pateman, 2021 \(sagepub.com\)](#)
[Prioritising enhancements across allied health telehealth services in a metropolitan hospital: Using a concept mapping approach - Clare L Burns, Michelle Cottrell, Amber Jones, Jasmine Foley, Ann Rahmann, Adrienne Young, Mark Cruickshank, Kelsey Pateman, 2022 \(sagepub.com\)](#)

Detailed information pertaining to co-designed solutions and recommendations can be found within the MN Telehealth Co-design Project Final Report (See *Resources* below).

Resources

[MN Telehealth Co-design Project Final Report](#)

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