Draft for consultation

GUIDELINES

TELEHEALTH ONLINE VIDEO CONSULTATION

FOR REGISTERED NURSES, enrolled nurses, nurse practitioners, registered MIDWIVES and eligible midwives

Table of Contents

[Introduction 3](#_Toc349748497)

[Background 4](#_Toc349748498)

[Right Person 6](#_Toc349748499)

[Suitability 6](#_Toc349748500)

[Eligibility 7](#_Toc349748501)

[Right safety and quality 8](#_Toc349748502)

[Governance 8](#_Toc349748503)

[Safety 8](#_Toc349748504)

[Cultural respect 9](#_Toc349748505)

[Accountability 9](#_Toc349748506)

[Privacy and Confidentiality 9](#_Toc349748507)

[Consent 10](#_Toc349748508)

[Documentation 11](#_Toc349748509)

[Evaluation 12](#_Toc349748510)

[Right Skills 12](#_Toc349748511)

[Clinical Skills 12](#_Toc349748512)

[Knowledge 13](#_Toc349748513)

[Attributes 14](#_Toc349748514)

[Communication 15](#_Toc349748515)

[Advocacy 15](#_Toc349748516)

[Right equipment 17](#_Toc349748517)

[Security requirements 17](#_Toc349748518)

[Internet connectivity 18](#_Toc349748519)

[Software 18](#_Toc349748520)

[Hardware 18](#_Toc349748521)

[Interoperability 19](#_Toc349748522)

[Other equipment 19](#_Toc349748523)

[Resources 20](#_Toc349748524)

[References 20](#_Toc349748525)

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# Introduction

In July 2011, the Commonwealth Government introduced Medicare funded health services via communication technologies to support access for clients in remote, rural and outer metropolitan areas to medical specialists services ([Commonwealth of Australia, 2012](#_ENREF_2)). Nurses in general practice, nurse practitioners and eligible midwives co-located with a client receiving a Medical specialist service via Telehealth on-line video consultation, will provide a percentage of the rebatable teleheath services. These consultations may occur in the client’s home, a general practice, residential aged care facility, Aboriginal Medical Service or, in the case of nurse practitioners and eligible midwives, in their practice facility or other settings. The funding was made available to support people to participate in video conferencing in order to consult with a medical specialist as required, and to reinforce information provided during consultation.

The specific requirements for the Telehealth Medicare Benefits Schedule (MBS) items are: the client must not be admitted to hospital, be eligible for Medicare rebates, and be located in an eligible geographical area or eligible Residential Aged Care Facility (RACF) or in an eligible Aboriginal Medical Service. On 1 November 2012, an additional prerequisite was introduced which now requires the person receiving care and medical specialist be at least 15 kilometres apart.

In order to support these changes the Australian Government Department of Health and Ageing provided funding via the Telehealth Support Component 2011-2013 to: develop professional standards and guidelines for nurses and midwives in Telehealth; provide education and training via an e-learning program; and provide support to rural, remote; and outer-metropolitan areas through the engagement of a Telehealth Support team.

The Australian Nursing Federation (ANF), Australian Practice Nurse Association (APNA), Australian College of Nurse Practitioners (ACNP), Australian College of Midwives (ACM) and CRANAplus were successful as a consortium in obtaining funding from the Australian Government Department of Health and Ageing to complete the following project objectives:

I. Develop and disseminate professional standards and guidelines to guide nurses, nurse practitioners and midwives in the provision of health services via Telehealth technology

II. Provide a range of training and supports to existing health practitioners, as well as those entering the workforce, to enable them to competently deliver health services via Telehealth technology

III. Provide support through the engagement of Telehealth Support Officers to assist in the uptake by the health workforce to the Initiative

IV. Develop communications and awareness raising activities.

This project is Part 1 - *Develop and disseminate professional standards and guidelines to guide nurses, nurse practitioners and midwives in the provision of health services via Telehealth technology,* and has been undertaken by the Australian Nursing Federation.

Telehealth Standards for the Registered Nurse and Telehealth Standards for the Registered Midwife have been developed as separate documents and are underpinned by two national documents - the Nursing and Midwifery Board of Australia National Competency Standards for the Registered Nurse, and the Nursing and Midwifery Board of Australia National Competency Standards for the Registered Midwife (NMBA 2006).

These guidelines have been developed alongside the Telehealth Standards for the Registered Nurse and the Registered Midwife to specifically assist both registered and enrolled nurses, nurse practitioners, registered midwives and eligible midwives to safely and effectively undertake Telehealth on-line video consultation.

# Background

The use of telephone consultation and triage has been driven by the need to provide cost effective, efficient, timely healthcare information to clients in metropolitan, rural and remote areas (Van den Broek 2003, Peck 2005, Ernesäter et al. 2009). While this form of consultation has been available for the past thirty-five years in countries such as the USA and Canada, the terminology used to describe this practice varies considerably (Schlachta-Fairchild et al. 2010). Australia has been a relative latecomer in communicating with clients using telecommunication technology, despite the vast expanse of land. Significant advances in telecommunication, including video and wireless information technology has provided different platforms in which to provide healthcare (Grady and Schlachta-Fairchild 2007, Baker and Bufka 2011). These advances have led to clients communicating using video consultation with health professionals in their own home, increasing accessibility and equity of services provided (Clark et al. 2006).

The different types of telehealth are varied and contribute to the ability of nurses and midwives to discuss and receive data about their clients (Schlachta-Fairchild et al. 2008). Importantly, the technology is a means to care, not a replacement for care or the information provided by nurses and midwives.

For the purposes of these guidelines Telehealth Nursing and Midwifery is defined as:

*Telehealth Nursing and Midwifery is* *the practice of nursing and midwifery from a distance, using information and telecommunication technology. The information and telecommunication technology employed may include, but is not limited to: telephone, computer, video transmission, direct connection to instrumentation and image transmission*. (TeleSAG December 2012)

There are two models of Telehealth on-line video consultation used in the MBS funded Telehealth Initiative as at April 2013: supported and unsupported.

**Supported** means there is someone with the person receiving care at the time of consultation – this could be the nurse, nurse practitioner (NP) or midwife, general practitioner (GP) or Aboriginal Health Worker.

**Unsupported** –the person receiving care may be at home or in a health or aged care facility however, do not have a healthcare professional in attendance. This is still Medicare rebatable for the medical specialist, but not at the end of the consultation where the person receiving care is located.

## Right Person

Establishing whether it is appropriate to provide care via a Telehealth on-line video consultation is a pivotal role of the nurse or midwife. There are however, several factors to consider in relation to determining the suitability and eligibility of a person to participate in a Telehealth online video-consultation.

### Suitability

Nurse and midwives must determine to the best of their ability each persons appropriateness for, and level of comfort with, Telehealth on-line video consultation prior to the first encounter.

#### Clinical considerations

**Presenting condition**

There are certain health conditions/situations that may be suited to Telehealth on-line video consultation, for example:

* Persons who are immunocompromised or a new born baby may be best to avoid communal waiting rooms
* Persons suffering a debilitating illness where travel can be a physical stress on health and wellbeing, for example chronic fatigue
* Persons receiving palliative or end of life care – wishing to remain with their family and minimise disruption to their life.

**Physical assessment**

Physical assessment needs to be considered in evaluating the appropriateness and practicality of using Telehealth on-line video consultation.

Issues to consider:

* A diagnosis such as cognitive impairment or brain injury
* Evidence of marked sight or hearing impairment
* Functional dexterity
* Ability of the person (or informal carer) to follow instructions in English
* Ability of the person to provide informed consent
* Ability of the person to use technology required without assistance if it is an unsupported consultation

**Communication assessment**

Telehealth on-line video consultation requires an ability to communicate at a distance and through technology. Therefore consideration must be given to any physical, psychosocial or cultural factors which may impact on the effectiveness of the consultation.

#### Psychosocial Considerations

**Socioeconomic**

Telehealth may be appropriate or beneficial to avoid expenses incurred to attend a face to face appointment, for example loss of wage, child care, fuel, accommodation. Persons receiving care may prefer a face-to-face consultation, therefore video consultation would not be appropriate

**Anxiety**

Establishing whether the person receiving care may find health care services or medical specialists overwhelming or intimidating is an important consideration in determining suitability. The person may be more comfortable in their own home, local general practice/health clinic, community centre or aged care facility, with their local healthcare team and/or family.

**Comfort level with technology**

People’s experience and comfort with the use of video and computers will vary and impact on their likelihood to embrace the concept of using Telehealth. Determining how comfortable the person is with using this form of technology is important prior to the consultation.

### Eligibility

#### Medicare eligibility criteria

In order to attract Medicare reimbursement there are two considerations, geographical location and the health professional eligible to provide the service:

1. The person receiving care must be in a ‘Telehealth eligible region’ at the time of the consultation. As of January 2013 all persons outside of a major city at the time of the consultation will be eligible. The person must also be 15km or more away from the medical specialist at the time of the consultation. The person and may also be in a Residential aged care facility (RACF) Aboriginal Medical Service (AMS) regardless of location.
2. Eligible health professionals for person-end services are Nurse Practitioners, Midwives, Practice Nurses (registered and enrolled nurses), Aboriginal Health Workers and Medical Practitioners (a General Practitioner (GP) or another medical practitioner who can bill a GP item number). At the medical specialist end, the medical practitioner must be a specialist, consultant physician or consultant psychiatrist.

Important note: If eligibility criteria for Telehealth online video consultations are not met, this does not necessarily mean a consultation cannot take place. It does however, have implications, as funding would not be available from Medicare. If the service assists with access to care, other sources of funding such as payment for service may be available and can be explored.

## Right safety and quality

Providing a safe environment in which to conduct a Telehealth on-line video consultation requires a quality framework that encompasses the elements as outlined below.

### Governance

Organisations providing Telehealth on-line video consultation services should have:

1. A Telehealth on-line video consultation strategic plan
2. Telehealth on-line video consultation policies and procedures based on the telehealth strategic plan.
3. Established collaborative partnerships, with appropriate written agreements, based on the scope and application of Telehealth on-line video consultation services.
4. A process whereby organisations providing Telehealth on-line video consultation services provide education/orientation in Telehealth on-line video consultation communication skills to health professionals prior to their initial Telehealth on-line video consultation.
5. Position descriptions that clearly articulate the roles and responsibilities of personnel engaged in Telehealth on-line video consultation activities and that acknowledge the diverse and central role of the person responsible for coordinating the Telehealth on-line video consultation service.
6. Staff performance evaluations that include Telehealth on-line video consultation specific components.

For further information on planning and evaluation templates for Telehealth on-line video consultation, go to: [www.racgp.org.au/telehealth](http://www.racgp.org.au/telehealth)

### Safety

Prior to commencing Telehealth on-line video consultation for a specific person, the nurse or midwife must be satisfied that the standard of care delivered via Telehealth on-line video consultation is “reasonable”. That is it should be at least equivalent to any other type of care that can be delivered to the person, considering the specific context, location, timing, and relative availability of face to face consultation. If the “reasonable” standard cannot be satisfied via Telehealth on-line video consultation, the nurse or midwife should suggest to the person receiving care and the medical specialist, an alternative type of health care delivery/service, for example face-to-face encounter or emergency room visit.

The nurse or midwife must also provide clear and explicit direction to the person involved in the Telehealth on-line video consultation as to who has ongoing responsibility for any required follow-up and ongoing health care.

### Cultural respect

It is important when considering the use of Telehealth on-line video consultation that nurses and midwives are aware of and respect the person’s cultural heritage, beliefs and preferred methods of care and or assistance.

*More detailed information will be provided for this section by CATSIN.*

### Accountability

Nurses and midwives are accountable for their practice regardless of the environment in which this practice takes place (NMBA 2006). However it is imperative that nurses and midwives establish with their employer, that the employer has public liability insurance that covers Telehealth on-line video consultation. Professional indemnity, on the other hand, is the responsibility of all nurses and midwives, hence should be obtained and maintained ensuring that their policy covers Telehealth on-line video consultation. In the matter of self-employed nurses and midwives, both public liability and professional indemnity insurance is their responsibility.

### Privacy and Confidentiality

Every nurse or midwife must comply with the ANMC Codes of Professional Conduct and Codes of Ethics (2008) adopted by the Nursing and Midwifery Board of Australia (NMBA) July 2010, containing reference to the Australian Privacy Act 1988 and the Guidelines to the National Privacy Principles 2001, which support the Privacy Act 1988 (Australian Government 1988, Australian Government 2001). The very nature of telehealth can mean persons receiving care are vulnerable, given the use of the internet, video and telephone communication. Systems must be in place to protect privacy and confidentiality of persons by using secure electronic and written information (College of Registered Nurses of Nova Scotia 2008).

Nurses and midwives providing Telehealth on-line video consultation need to ensure that standards-based systems are used to protect the privacy and data security of the person.

Standards-based systems prescribe minimum requirements for:

• internet site security;

• maintenance of storing and forwarding records, including photographs and videotapes;

• technical security of the technology being used;

• sound-proofing of rooms/headsets;

• establishment of security and ownership of the person’s record;

• securing the person’s consent to obtain, use, disclose and transmit information.

Where a standards-based system is not used, such as in the home environment, people should be informed of any additional risks to quality, reliability and security.

Another consideration for privacy is the environment within which the Telehealth on-line video consultation takes place. Frequently, consultations using on-line video can result in raised voices and transmission of sound into surrounding areas. It is essential to be aware of the potential for the consultation to be heard by others, and the need for additional soundproofing.

### Consent

Consent to care, or to provide information, must be obtained by nurses or midwives, verbally or in writing from a person, or their substitute decision maker, prior to undertaking any facet of Telehealth on-line video consultation (Australian Nursing and Midwifery Council 2007b, College of Registered Nurses of Nova Scotia 2008, Australian College of Rural and Remote Medicine 2012). The process of obtaining consent enables the person to be informed of their rights regarding information provided and shared with other health professionals or organisations.

The following should be discussed or identified with the person prior to a Telehealth on-line video consultation:

1. The name, profession and organisation /location of the health professional conducting the Telehealth on-line video consultation;
2. The participants in the Telehealth on-line video consultation;
3. The process of Telehealth on-line video consultation;
4. Overview of how the technologies work, including any specific application (where applicable);
5. The potential risks and benefits;
6. The choice to decline participation and alternatives available;
7. Contingency plans should technology fail or be insufficient for clinical diagnosis/management (where applicable);
8. Documentation of care or assistance provided;
9. Protection measures for security, privacy, and confidentiality of information ;
10. The health professionals responsible for ongoing care; and
11. The person’s right to withdraw consent at any time.

Consent can be verbal or written, however, consent in writing is ideal. It is not recommended that Telehealth on-line video consultations be recorded for privacy and confidentiality reasons. Where recording is deemed to be appropriate, this must be done with the written consent of the person.

The person receiving care should be informed of, and consent to, any out of pocket charges prior to the consultation.

### Documentation

All information provided or received during a Telehealth on-line video consultation, and all participants, should be recorded in the person’s health record. This information should be documented contemporaneously in either hard copy or electronically, in accordance with the organisation’s policies and procedures. Where multiple health care providers are consulting with the person at the same time, they should all record the information obtained during the Telehealth on-line video consultation in their own record system. Any ongoing follow-up should be documented and exchanged as per usual care.

A specific consideration for documentation is the need to be clear about who has responsibility for each particular aspect of the ongoing care of the person. This will assist in providing continuity of care and ensuring appropriate follow up.

### Evaluation

The clinical effectiveness of Telehealth on-line video consultation should be evaluated such as: diagnostic accuracy, validation of diagnostics, appropriateness of service delivered, information provided, referrals made, the person’s safety, acceptability, the person’s experience, and reviews of any complications, morbidity, and poor outcomes for the person.

Organisations providing Telehealth on-line video consultation should also have in place a systematic method of collecting, evaluating and reporting meaningful health care outcome data which would include indicators of efficiency of service such as cost per case, timeliness, accessibility, elimination of person’s transfer, travel and waiting time.

## Right Skills

### Clinical Skills

Nurses or midwives provide a valuable clinical contribution during Telehealth on-line video consultation such as, history taking, physical assessment, input to care planning and education for the person receiving care. Examples of these skills are: identifying the nuances of interaction and behaviour of a person with a mental health condition, identifying the subtleties of gait during a neurological assessment, identifying the border definition in a dermatological examination or describing wound integrity following a caesarian section. Therefore, it is an important requirement for the nurse or midwife to have the necessary clinical competence to undertake a Telehealth on-line video consultation.

#### Assessment

Nurses and midwives are required to assess the person for suitability for Telehealth on-line video consultation, assist in the assessment requests of the remotely located health professional and continue to assess the person for comfort level during the consultation.

Being the ‘eyes and ears’ of the remotely located health professional may require the nurse or midwife to have specific clinical skill and/or ability to use the technology. Nurses and midwives must ensure they are competent to facilitate or undertake the clinical assessment required.

#### Care planning

Nurses and midwives should identify the need for, and appropriateness of, Telehealth on-line video consultation in planning care. They need to ensure that the care plan both informs and is informed by the Telehealth on-line video consultation and all agreed actions arising from that consultation are documented. If there are special considerations which will enable the participation of the person in Telehealth on-line video consultation, these should be part of the care plan.

As with usual care, it is important to include the person and other health professionals in setting care priorities and goals.

#### Care Coordination

Given the potential for confusion with the involvement of remotely located health professionals, and possibly remotely located family members, care coordination is essential. Nurses and midwives should provide continuity of care by establishing or supporting arrangements for collaboration and communication between all health professionals involved in the persons care (those participating in the consultation and those not).

After the consultation, nurses and midwives should convey the agreed plan to the person receiving care, carers and other relevant health professionals.

### Knowledge

Nurses or midwives involved in Telehealth on-line video consultation must ensure they have the necessary knowledge to assist the person, including understanding of funding requirements and any limitations of the technology they are using. There are many resources as indicated below to assist nurses or midwives to obtain this knowledge.

MBS Online: <http://www.mbsonline.gov.au/telehealth>

MBS Video Consultation Items: [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-itemlist](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-itemlist%20)

Medicare Rebates for Medical specialist Video Consultations: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-Program%20Overview>

‘Telehealth for health professionals’ Medicare Australia <http://www.medicareaustralia.gov.au/provider/incentives/telehealth/information-for-health-professionals.jsp>

Health professionals are automatically considered eligible when the first Medicare Benefits Schedule (MBS) Telehealth item number is claimed successfully. Residential Aged Care Facilities, however, must be registered as a Telehealth service provider. Further information regarding eligibility is available on the Medicare website.

In addition, there is a two-part on-board incentive to the organisation, paid after the 1st and 10th on-line video consultation. Thereafter, each quarter there is a Telehealth Service Incentive Payment (SIP) which is based on the number of Telehealth on-line video consultation completed. The details of these payments are on the MBS website.

Additional Telehealth rebates for infrastructure will cease from 1 July 2014 ( DoHA 2012).

As always, nurses and midwives must undertake professional development when assuming new skills, clinical roles or using new equipment. Given Telehealth on-line video consultation is a relatively recently initiative in care provision, specific attention should be paid to:

* Identifying learning needs;
* Undertaking professional development;
* Participating in team meetings to review process and case discussions;
* Participating in research and quality assurance activities

An Online Learning Package (OLP) has been specifically developed for nurses and midwives to support the use of Telehealth on-line video consultation and can be found on the following websites:

ANF

CRANAplus

ACNP

APNA

ACM

### Attributes

Nurses and midwives providing Telehealth on-line video consultation should be familiar with appropriate video behaviours, as well as the technology, and are able to multi-task, such as, use equipment and stay focused on the person. Being aware of and accommodating the limitations of video/audio and providing service from a distance, should be considerations of the nurse or midwife.

### Communication

Active and reflective listening skills are considered pivotal to the use of Telehealth on-line video consultation. This is to ensure all relevant information is obtained from the person or family and carers, and interpreted, to assist the person to articulate their needs/ issues to the medical specialist (Lorentz 2008).

Given that some of those involved in the Telehealth on-line video consultation will be remotely located, it is important to introduce all participants at commencement of the consultation, and ensure that at all times, everyone is visible.

#### Interpreter involvement

Consultation by on-line video may mean a person receiving care has their local, known interpreter with them assisting the nurse or midwife to communicate with the medical specialist. This enhances communication between the person receiving care and the medical specialist as some communication could be lost if they are having difficulty understanding one another.

If an interpreter is only available at the medical specialist end, the nurse or midwife must be aware of any other factors that may compromise this form of consultation, and assist the person to provide relevant information. A consultation with the medical specialist may be overwhelming, alienating and intimidating for the person, their families and their significant others. The role of the nurse or midwife may be invaluable in paraphrasing, confirming the person’s understanding and building rapport.

### Advocacy

Nurses and midwives play an important role in clarifying and interpreting the advice provided by the remotely located health professional, to ensure confidence and understanding of discussion and treatment. As the nurse or midwife is located in the physical presence of the person receiving care, they are able to pick up visual cues which may not be available for the remotely located health professional. In addition, the nurse or midwife may be more familiar with the person’s history or social circumstances. This may assist them to raise all relevant issues during the consultation.

It is critical that nurses and midwives are conscious of their responsibility to actively advocate for the person when Telehealth on-line video consultation is deemed not suitable or where the person is uncomfortable using this care modality. It is also the role of the nurse or midwife to consider where Telehealth on-line video consultation may benefit the person receiving care and offer this option where possible.

The usual complaints management process should be followed if there are any concerns raised about the Telehealth on-line video consultation.

## Right equipment

There are a range of considerations for nurses and midwives when determining the appropriate Telehealth on-line video conferencing set up. The technology used will vary depending on: the location, size of organisation, frequency of Telehealth on-line video consultation and the need for the consultation. While these decisions are frequently made by the organisation, nurses and midwives play a critical role in ensuring the equipment is fit for purpose.

A brief overview is provided in this document, however, the following are a range of excellent resources which explain technology considerations:

<http://www.racgp.org.au/your-practice/e-health/telehealth/technology/>

<http://www.ehealth.acrrm.org.au/teaser/technology-directory>

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-techandclinical>

NOTE: Refer to appropriate online learning package module

### Security requirements

Nurses and midwives are required to understand the importance of using a secure system so that they are able to reassure the person receiving care that security measures are in place.

Computer and information security refers to:

* Availability of information
* Integrity of information
* Confidentiality of information

(RACGP Implementation guidelines for video consultations in general practice 2012)

Special considerations include:

* Storage of any images or recordings
* Confirming identity of the health professionals involved
* Secure transmission of assessment data to remotely located health professional

For more detailed information on privacy and security requirements explore the following website: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-secpriv>

### Internet connectivity

To use Telehealth on-line video consultation, there is a requirement for a good quality internet connection in order to ensure effective communication and avoid unnecessary disruptions. An internet connection with sufficient bandwidth is required at both ends of the consultation or problems may occur which will impact on the consultation, such as audio drop outs, freeze frames, lip synch problems, pixelating and more.

It should be noted that where the Telehealth on-line video consultation is disrupted, it is acceptable to continue the consultation using the telephone.

Further information on internet connectivity, and how to assess, is available on the following websites:

<http://www.racgp.org.au/your-practice/e-health/telehealth/technology/connectivity/>

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-guidance>

[www.speedtest.net](http://www.speedtest.net)

### Software

There are a range of software options for use in Telehealth on-line video consultation which facilitate the ability of users in different locations to join the consultation. The decision as to which software is used depends on the preference of the organisation or user.

For more information on software options the Royal Australian College of General Practitioners provides comprehensive information at the link below:

<http://www.racgp.org.au/your-practice/e-health/telehealth/technology/hardwaresoftware/>

### Hardware

The choice of hardware will also be dependent on the frequency of use, the size and type of organisation, and funds available. For mobile users, a laptop or mobile tablet computer will be suitable. General practices regularly undertaking video consultations may consider a purpose built videoconferencing system.

Further information on hardware options is available at the following websites:

<http://www.racgp.org.au/your-practice/e-health/telehealth/technology/hardwaresoftware/>

<http://www.ehealth.acrrm.org.au/teaser/technology-directory>

### Interoperability

It is critical that the systems at both ends of the Telehealth on-line video consultation have the ability to communicate with each other. Interoperability is the ability to exchange information between two systems. Testing that the systems work together prior to a live consultation involving a person receiving care, is vital to facilitate an efficient and effective consultation.

### Other equipment

Nurses or midwives should also consider what other technological equipment may assist in the effectiveness of the Telehealth on-line video consultation. There may be diagnostic equipment used and data transmitted via the internet during the consultation, hence the need for well-maintained equipment is essential.

## Resources

To be added

## References

To be added