**Ministry of Health**

**National Telehealth Service**

**Request for Proposal Part 1**

**Schedule 1 – Service Expectations**

|  |
| --- |
| **What’s inside?** |
| Expectations |
| Deliverables |
| Monitoring and reporting |
| Service transition |
| Glossary |

Contents

[Contents 2](#_Toc408319162)

[Expectations 4](#_Toc408319163)

[1. Purpose 4](#_Toc408319164)

[2. Objectives 5](#_Toc408319165)

[3. Service access 5](#_Toc408319166)

[3.1. Entry criteria 6](#_Toc408319167)

[3.2. Exit criteria 7](#_Toc408319168)

[3.3. Equity 7](#_Toc408319169)

[4. Māori health and cultural requirements 8](#_Toc408319170)

[5. Contact centre functionality 8](#_Toc408319171)

[6. National Telehealth Service 9](#_Toc408319172)

[6.1. Service frameworks 10](#_Toc408319173)

[7. Service components 10](#_Toc408319174)

[7.1. Clinical decision support tool 10](#_Toc408319175)

[7.2. Clinical triage 11](#_Toc408319176)

[7.3. Poisons advice 12](#_Toc408319177)

[7.4. Toxic substances database 14](#_Toc408319178)

[7.5. ACC advice 14](#_Toc408319179)

[7.6. Stop smoking counselling support services 14](#_Toc408319180)

[7.7. Counselling support services 16](#_Toc408319181)

[7.8. Depression counselling support services 17](#_Toc408319182)

[7.9. Gambling counselling support services 18](#_Toc408319183)

[7.10. Alcohol and other drug counselling support services 18](#_Toc408319184)

[7.11. Ambulance 19](#_Toc408319185)

[7.12. Directory of Services 20](#_Toc408319186)

[7.13. Support services 20](#_Toc408319187)

[8. Marketing and Service promotion 21](#_Toc408319188)

[8.1. Strategic planning 21](#_Toc408319189)

[8.2. Online environment 21](#_Toc408319190)

[8.3. Information resources 22](#_Toc408319191)

[9. Governance 22](#_Toc408319192)

[10. Management 23](#_Toc408319193)

[11. Workforce 24](#_Toc408319194)

[11.1. Workforce development 24](#_Toc408319195)

[12. Quality 25](#_Toc408319196)

[12.1. Quality standards 26](#_Toc408319197)

[12.2. Quality Plan 26](#_Toc408319198)

[12.3. Maintaining professional standards 27](#_Toc408319199)

[12.4. Continuous quality improvement 27](#_Toc408319200)

[12.5. Incident management 28](#_Toc408319201)

[13. Service monitoring and evaluation 29](#_Toc408319202)

[13.1. Information management 29](#_Toc408319203)

[13.2. Monitoring 29](#_Toc408319204)

[13.3. Independent evaluation 29](#_Toc408319205)

[14. Pandemics, health emergency management and business continuity 29](#_Toc408319206)

[15. Relationships and interfaces 30](#_Toc408319207)

[15.1. Primary care 32](#_Toc408319208)

[16. Information Technology 32](#_Toc408319209)

[16.1. Key principles 33](#_Toc408319210)

[16.2. Interoperation with other systems 33](#_Toc408319211)

[16.3. Standards and architecture 35](#_Toc408319212)

[16.4. Privacy and security 36](#_Toc408319213)

[17. Infrastructure 36](#_Toc408319214)

[18. Call volumes 36](#_Toc408319215)

[19. Roadmap for the future 36](#_Toc408319216)

[Deliverables 38](#_Toc408319217)

[Monitoring and Reporting 39](#_Toc408319218)

[20. Annual planning and changes to service specifications 39](#_Toc408319219)

[21. Relationship meetings 39](#_Toc408319220)

[22. Reporting 40](#_Toc408319221)

[22.1. Service monitoring 40](#_Toc408319222)

[22.2. Reportable event reporting 44](#_Toc408319223)

[22.3. Other reporting 44](#_Toc408319224)

[22.4. Media 45](#_Toc408319225)

[Service Transition 46](#_Toc408319226)

[23. Governance 46](#_Toc408319227)

[24. Clinical readiness 46](#_Toc408319228)

[25. Independent Quality Assurance 46](#_Toc408319229)

[26. Communications strategy and plan 47](#_Toc408319230)

[27. Piloting and testing 47](#_Toc408319231)

[28. Programme / project office and project management support 47](#_Toc408319232)

[29. Service continuity 47](#_Toc408319233)

[30. Work streams 48](#_Toc408319234)

[31. Risks and issue identification and management 48](#_Toc408319235)

[Glossary 49](#_Toc408319236)

Expectations

The National Telehealth Service is part of the broader health system and must have the capability and capacity to ensure there is a seamless transition for Consumers from one service to another. By this we mean that the National Telehealth Service is integrated with other parts of the health system with information technology systems enabling the transfer of appropriate information; clinical pathways and referral pathways ensuring the safe transition of Consumers between services; and trusting relationships with health partners to develop new pathways.

This new service is not about achieving a single phone number. Rather it is about being capable, behind the scenes, of enabling the Consumer regardless of the front door used to get to the definitive point of care or the appropriate information as quickly as possible. It is expected that the telephony system is capable of handling numerous telephone numbers within the same infrastructure.

The tools, systems, processes and relationships will enable the Consumer to move smoothly and effectively from one service to another service in the health system and for the referrer to also have trust that this will occur. An integrated approach will enable the National Telehealth Service to deliver a client centric service that achieves the stated outcomes.

This document sets out the Ministry’s high level expectations and requirements for the National Telehealth Service and does not form part of the Agreement. The Agreement service specification will be developed in conjunction with the preferred Provider based on these high level expectations and requirements and the preferred Provider’s Request for Proposal response.

# Purpose

The purpose of the National Telehealth Service is to:

* Deliver right care at the right time by the right person in the right place
* Be adaptable and flexible to develop over time to meet the changing needs of users and technology; and to enable additional services and government agencies to utilise its infrastructure and relationships, as required.

The service embraces seven key principles detailed in Figure 1. These principles flow through to the objectives, outputs and outcomes to be achieved by the National Telehealth Service.

The outcomes sought for the National Telehealth Service will be agreed with the preferred Provider and will be both National Telehealth Service and health system related.



Figure - National Telehealth Service Vision, Principles & Outcomes

# Objectives

The objectives of the National Telehealth Service are to:

* Provide consistent triage regardless of the location of the caller
* Be integrated with local and regional health and injury services
* Encourage and promote care delivered closer to home and self-management with family/carer support as appropriate
* Be innovative and flexible, able to adapt to changes in technology and public need
* Maintain patient privacy and confidentiality at all times
* Deliver on the strategic aims of each service component, as described in section 7.

# Service access

From day one the National Telehealth Service will:

* Enable access to a range of unplanned care, advisory, support, counselling and referral services via:
  + telephone
  + text messaging
  + email
  + online tools and phone applications
  + easy to read health information available on the internet in accessible formats
  + online chat
  + self-guided e-therapy
  + social media including blogs and online forums
  + integration with other services
* Be available 24 hours a day 7 days per week
* Be free of charge to everyone living in New Zealand, accepting all landline and mobile calls from any area of New Zealand
* Be a trusted part of the health system
* Offer a confidential, reliable and consistent source of advice on healthcare so that callers can manage many of their problems at home or know where to go and whom to contact for appropriate care or further advice
* Provide non-judgemental, culturally appropriate services that the public feel comfortable to use
* Help improve quality, increase cost effectiveness and reduce unnecessary demands on other health services by providing an immediate and appropriate response to Consumers’ needs
* Be able to address the needs of vulnerable families, children, new migrants and others who experience multiple social and economic disadvantages
* Work to improve reach to vulnerable, rural and hard to reach communities through the use of community relationships
* Assist health professionals by enabling:
  + Callers to be partners in self-care
  + Them to focus on those patients for whom their skills are most needed
* Have and maintain a directory of services as per section 8.3
* Work to improve access through the use of appropriate technology including apps and web services that can be easily accessed by mobile devices
* Not replicate services already provided elsewhere in the health system. For example the service will not assume the general practice responsibilities for delivery of care overnight
* Not provide Well Child information.

## Entry criteria

The overarching principle for public access is that it is broad and permissive, based on the precautionary principle, allowing contact to be made with the service by Eligible Persons who wants to receive advice, support or counselling.

Face to face services can advise individuals to use the National Telehealth Service. Over time some of the face to face services may refer people directly to the National Telehealth Service. Face to face services can be health services like general practitioners or social services like budgeting advice centres.

Whilst the National Telehealth Service is only able to offer a limited number of services itself it has the ability to link Consumers to whichever component of the health or social care system is most appropriate for their need. In some instances a three way conversation between the Consumer, the National Telehealth Service and the service the user is being transferred to or from, is appropriate to ensure transfer of care, for example a transfer between the National Telehealth Service and ambulance services.

Specific access criteria exist for some of the service components, as follows:

* Stop smoking services for those who wish to (1) cease smoking; or (2) support, or not jeopardise, the quit attempt of a third party like partners/children of smokers
* Gambling support for those who wish to minimise gambling harm either to themselves or a third party
* Alcohol and other drug support for those who wish to minimise harm from alcohol and other drugs either to themselves or a third party
* Depression support for mild to moderate depression for those requiring support for themselves or a third party
* Toxicology advice for those who require advice for themselves or a third party on potential poisoning from ingestion or contact with a toxic substance
* Nurse triage advice for those who are symptomatic
* Health information for asymptomatic Consumers
* Health information in times of an emergency, like a pandemic, to Eligible Persons accessing the service.

## Exit criteria

The service needs to recognise when to stop servicing a caller, as well as not replicating services that are already provided elsewhere in the health system. Specifically the National Telehealth Service will not be a replacement for general practice after-hours services.

Nurse triage and poison advice services are a single point of contact for advice on a specific issue. Counselling services offer a brief intervention, building a rapport with the Consumer during that intervention but being mindful of not creating a dependency.

The Consumer will exit the service when:

* Symptomatic advice on appropriate care is provided
* Asymptomatic information is provided
* Counselling support has concluded the appropriate course of intervention
* A referral is made to another service

## Equity

Equity is deemed to be achieved when avoidable or remedial differences between population groups are absent. The National Telehealth Service will work to increase participation of vulnerable populations, with a focus on finding solutions for those not engaged with health.

# Māori health and cultural requirements

Services need to be delivered appropriately to all aspects of the community, including Māori, Pacifika, Asian, high risk (e.g., youth mental health), high need, rural and those with disabilities. Services must be provided in a culturally appropriate way, be cognisant of relevant cultural requirements and:

* Recognise the different cultural values and beliefs of the New Zealand population which influence the effectiveness of services, particularly for Māori and Pacifika
* Employ strategies that ensure the accessibility and acceptability of services for Māori, Pacifika, Asian populations, rural communities and those with disabilities
* Manage the diversity of Consumers language needs through a network of existing providers (e.g., Asian multi-lingual experts). The National Telehealth Service does not need to directly employ multi-lingual staff but needs a mechanism for accessing multi-lingual experts when required
* Have a Māori and Pacifika advisory group to at least contribute to the development of strategy to achieve equitable outcomes
* Support access for people with disabilities, including vision or hearing impaired
* Focus on increasing participation of vulnerable populations to contribute to an increase in their health status

# Contact centre functionality

At a minimum the National Telehealth Service Contact Centre(s) will be located in New Zealand and will include the following at Go-Live:

* A multi-channel platform that:
  + Has the ability to queue Consumers to the staff with the appropriate skills to resolve the call, text or web chat
  + Recognises the service components existing telephone numbers and assigns the call to the appropriate service queue
  + Flexes to meet demand as it potentially fluctuates both by total volumes across all channels, for example in the event of a public health event like a pandemic or product recall, and between channels as Consumers’ needs change
  + Integrates with all systems internal to the National Telehealth Service
  + Enables callers to access the service without getting an engaged signal, or a waiting or queuing message
  + Enables the re-prioritisation of the queue, where appropriate, for specific categories of callers like transfers from ambulance
  + Enables callers, and their information if any, to be Warm Transferred across to another staff member
  + Provides staff members with, at a minimum but not limited to, reminders to call or text a Consumer as required
  + Enables the active use of user trend data to improve the user experience
  + Incorporates a quality management system that ensures customer and stakeholder needs are met, as well as any statutory and regulatory requirements
  + Has appropriate security management in place to ensure the privacy and safety of the National Telehealth Service, its Consumers and staff
* Appropriate staffing ratios to manage service demand across all channels
* Appropriately skilled and qualified staff who can:
  + Achieve 85% first time call resolution rates
  + Sign-post callers to definitive care (or advice) in the least number of steps
* Limited use of voice prompt messaging to:
  + Channel callers to the appropriate source of information, especially during peak demand
  + Provide information to non-symptomatic callers seeking general advice
  + Specific messages that could be implemented at short notice for emergency events
* Where an interactive voice response is used it will be limited to no more than two steps before the Consumer is connected to an National Telehealth Service staff member
* Robust business change process to implement changed or additional services at short notice, including testing the multi-channel platform prior to implementing changes
* A procedure to deal with hoax or non-interactive calls
* Services are provided in a physical Contact Centre, with the ability for Virtual Agents as well, and appropriate support structures are in place to ensure the privacy and safety of both users and staff
* Appropriate screening mechanisms for text, chat, email or blogs to ensure user safety for example key word metadata screening to identify potential risks or high acuity callers

Within two years of Go-Live the National Telehealth Service Contact Centre must include:

* The ability to integrate with multiple systems to maximise the National Telehealth Service to the public, while supporting staff to achieve high first call resolution rates
* An ability to Warm Transfer callers, and their information if any, to an external service, as appropriate
* Have access to an alternative number that can be implemented at short notice for specific purposes for example a health scare

# National Telehealth Service

The National Telehealth Service is a combination of six service components (nurse triage; poisons advice; plus four counselling support services: stop smoking; depression; gambling; and alcohol and other drug).

These service components will be integrated and delivered collaboratively through a Contact Centre(s), with the potential for Virtual Agents, supported by a clinical decision support tool and a customer relationship management system.

From Go-Live all components of the National Telehealth Service will:

* Deliver a person centred outcome, supporting a holistic view of the Consumer’s life, and appropriate response, as the service contacted may not be the most important aspect at this time, for example relationship issues, financial hardship, other stressors
* Enable all enquiries to be handled promptly, efficiently and effectively
* Provide accurate information and guidance through the use of robust pathways that have been approved for use in New Zealand in consultation with primary care providers, relevant medical advisors, iwi and Māori organisations
* Keep up-to-date with changing technology and use of that technology to enhance service offerings
* Have a policy regarding informed consent, which:
  + Seeks direct consent of Consumers to collect / record / use / disclose information
  + Does not assume the Consumer requires anonymity
  + Respects the right of those Consumers who wish to remain anonymous
* Have a “break glass” emergency protocol such that where there is a risk of serious danger to public health or safety or the life or health of an individual, in accordance with the Health Information Privacy Code, the National Telehealth Service is able to access the Consumer’s information regardless of the Consumer’s privacy requirements. The National Telehealth Service will need to consider how it repairs the relationship with the Consumer after this event. Any situations where the “break glass” emergency protocol are used would need to be auditable and reviewed
* Have duty of care and referral guidelines
* Document in line with best practice a record of care / advice provided, including a recording of the telephone conversation where appropriate
* Advise the consumer that information collected by the National Telehealth Service may be used to improve service delivery
* Retain the record of care in accordance with Health (Retention of Health Information) Regulations 1996 and the Privacy Act
* Respect the right of Consumers to access and correct information held about them
* Adhere to the Health Information Privacy Code 1994
* Remain relevant to Consumer needs through community engagement
* Have a single customer relationship management system.

## Service frameworks

Services will be delivered in accordance with relevant Ministry service specifications or service frameworks which can be found on either the Ministry website or the Nationwide Service Framework Library. Any future changes to these service specifications will be in accordance with the Ministry’s normal consultation process.

Specific examples are:

* Smoking Cessation service specification and guidelines
* The Prevention and Minimising Gambling Harm Strategy

# Service components

## Clinical decision support tool

The clinical decision support software for the National Telehealth Service will:

* Be internationally recognised and supported
* Be consistent with both New Zealand and international best clinical practice
* Be tailored for services provided locally and be culturally appropriate
* Deliver consistency of outcome through robust pathways, operating within boundaries of current New Zealand best clinical practice
* Signed off by clinical governance

In the future, the clinical decision support tool will have the ability to link with other appropriate databases and/or other triage systems for example the toxic substances database and incorporate recommendations into the National Telehealth Service clinical decision support tool.

## Clinical triage

Clinical triage for the National Telehealth Service will ensure all callers have an appropriate clinical needs assessment within the appropriate timeframe, focussing on the urgency of their symptoms or concerns.

On Go-Live clinical triage will:

* Be supported by an internationally recognised clinical decision support tool (refer section 7.1)
* Ask the Consumer a series of questions using the clinical decision support tool to ascertain the most appropriate advice and Disposition for the Consumer, taking into consideration the local health environment and the cultural environment
* Provide a clinical assessment of the Consumer, or person the Consumer is calling on behalf of, focusing on the urgency of their reported symptoms or concerns
* Provide a customised response based on where the Consumer is transferred from, for example ambulance, general practitioner
* Transfer / refer a Consumer to emergency or urgent care services including ambulance, after-hours primary care and hospital emergency department, or undertake Secondary Triage, where appropriate
* Provide Secondary Triage for mutually agreed low acuity ambulance 111 calls, by an agreed and appropriate transfer method in line with best practice
* Provide information and advice to the Consumer on the type of health or injury care they (or the person they have contacted the service on behalf of) need. This may include advice on self-care or advice on where to go for diagnosis and treatment and the timeframe within which this should occur
* Empower Consumers to self-manage their care, as clinically appropriate. This may include first-aid advice prior to the Consumer seeking further assessment and treatment from a face to face health care service
* Provide advice on preventative care including injury prevention
* Transfer or refer the Consumer to other health information services or face to face services where appropriate. Relevant clinical information will be provided to the receiving service, with the consent of the Consumer
* Have the ability to send health information calls (asymptomatic) to an information voice message
* Incorporate health advisors (if deemed appropriate) for the provision of asymptomatic advice, integrated with nurse triage so that calls incorrectly assigned to health advisors are transferred in a timely manner for symptomatic triage by the registered nurse
* Have access to a directory of services as per section 8.3
* Have options available to manage surge in demand.

It is expected that the clinical nurse triage service will develop and evolve over time. Within the first two years of the National Telehealth Service, it is expected that the following will be available:

* On-going development of preventative care including the potential for over-the-phone falls assessment, for those at risk Consumers
* Ability to Warm Transfer Consumers to appropriate medical centres for example general practice and/or Accident and Medical clinics, if it is clinically indicated that the Consumer should be seen by a medical practitioner within four hours
* An electronic referral infrastructure
* Access to the Consumers clinical record, with appropriate consent, to provide additional information to enhance Consumer advice
* A feedback loop developed with general practice to provide information on the advice provided to their patient to close the loop
* Provision of Consumer information including summary of triage advice integrated into hospital Emergency Department information technology systems where the Consumer was advised to attend the Emergency Department
* Text-messages or push notifications service to provide Consumers with health and injury prevention information
* Access to a directory of services as per section 8.3.

As an evolving service there is the potential for future enhancements to the National Telehealth Service which will need to be appropriately considered in consultation with the relevant experts. Examples of possible future enhancements are:

* Provision of e-prescriptions by appropriately qualified staff
* The inclusion of a general practitioner or pharmacist layer, available to provide telephone clinical triage, as a Disposition for the nurse triage to refer to, potentially only after hours
* Availability of a registered nurse to provide advice to rest homes and resolve appropriate rest-home nursing issues
* A customer service representative pool to provide a navigation service
* Be part of the multi-disciplinary team that supports the patients (family and whanau) in their care plan, including assisting them to be partners in self-care e.g. support a caller through their use of, and escalation pathways within, a care plan
* Appropriate alternatives to face-to-face consultations with a doctor
* To link directly to patient records with the agreement of the Consumer.

## Poisons advice

The poisons advice service will provide information and advice concerning acute poisoning and toxic chemical effects to the general public and to health professionals. In addition, non-urgent inquiries concerning chronic exposure to chemicals or similar requests of a more general nature may also be addressed by the poisons advice service. The poisons advice may be a component of clinical triage.

On Go-Live the poisons advice service will:

* Have at least one dedicated poisons telephone number for the public and health professionals
* Have specialist poisons staff available 24 hours a day 7 days per week to respond to Consumer questions providing safe, effective, appropriate advice or transferring to a toxicologist where more specialist knowledge is required
* Ensure that the interface between the toxic substances database and nurse triage is robust so calls can be managed appropriately between the two service components
* Poison advice could be provided by the nurse triage service with appropriate support to minimise the need to transfer calls and as a support to the poison advice service at times of heavy demand. The nurse could resolve, reassure and point to information to educate, with access to a toxicologist, as required
* Have toxicologist advice available 24 hours a day 7 days per week
* Enable clinical staff who contact the service to speak directly with a toxicologist
* Be able to answer both acute poisoning and non-urgent enquiries providing appropriate advice and referral pathways
* Provide general first aid advice for poisonings as well as advice on poison’s prevention
* Be proactive with health promotion / injury prevention messaging through collaboration with other providers including assisting other organisations with poisoning prevention campaigns through provision of best practice prevention advice for example Safekids, Plunket, Regional Public Health units
* Be able to upscale service immediately to provide national disaster service by using international poison centres, if appropriate
* Be able to Warm Transfer appropriate calls to other services
* Be able to send assessment information to the receiving Emergency Department or other face to face service, that the Consumer has been referred to
* Incorporate poison advice in the clinical decision support tool
* Have toxicovigilance and monitoring mechanisms in place to monitor poisoning statistics as an early warning system, to identify any emerging issues or trends and to identify targeted prevention strategies
* Utilise specialist poisons staff for research or other services where they have additional capacity
* Have alliances with international poison centres to receive new and emerging substance information and global trends.

It is expected that the poison advice service will develop and evolve over time. Potential service enhancements in the future are:

* Use of web technology for non-urgent enquiries and to disseminate non-urgent / prevention information
* Provision of prevention advice at a later date once the urgent need has been resolved
* Ability to use poison related data with other data sources to determine the success / outcome of advice in order to improve poison advice and to support the value of future investment opportunities
* Provide advice service via web-enabled video service to assist in the identification of poisonous substances e.g. berries
* Provision of poisons education packages delivered through a train the trainer approach with local / regional / national community groups for example regional Public Health Units, Plunket.

## Toxic substances database

The National Telehealth Service will have a toxic substances database that is:

* Appropriate for the New Zealand environment and contains information on relevant chemicals, medicines, plants and animals in New Zealand, including New Zealand brand and trade names
* Governed by a clinical review panel of appropriate New Zealand registered healthcare professionals (including a toxicologist) to ensure it contains up to date, evidence based, advice relevant to New Zealand
* Any toxic substances database must have the support, trust and confidence of the external clinical leadership group referenced in section 9
* Directly accessible online to health providers such as hospital Emergency Departments, helpline services, general practitioners and other health professionals.

In the future, it is expected that the toxic substances database will have the ability to link with the nurse triage clinical decision support software and incorporate advice into the clinical decision support tool.

## ACC advice

The National Telehealth Service will be able to:

* Transfer appropriate calls to the ACC Helpline
* Understand the services ACC can provide for the injured e.g., home help
* Provide information to Consumers to enable them to access ACC services.

## Stop smoking counselling support services

The National Telehealth Service will provide and deliver an effective and efficient national stop smoking service through the appropriate use of:

* Triaging Consumers into a service that best suits their individual needs, including referral to face to face services or enrol them directly into the National Telehealth Service stop smoking service
* Tailored quit plan (including setting a quit date and regular follow-up)
* Customised service to clients using phone, online, text that incorporates the evidence based behaviour change techniques as outlined in the New Zealand Guidelines for Helping People to Stop Smoking
* Support or advise Consumers using stop smoking medication not just nicotine replacement therapy
* Provision of nicotine replacement therapy.

The overall objectives of the stop smoking support services is to:

* Contribute to reducing the prevalence of smoking in New Zealand; and helping to achieving the Smokefree Aotearoa 2025 goal
* Motivate smokers to re-engage in quitting when unsuccessful in a quit attempt
* Deliver evidence based stop smoking support to people wanting to quit smoking tobacco
* Contribute to, and operate as part of, the national tobacco control programme
* Contribute to achieving smoking rates amongst Māori and Pacifika that are no greater than for non-Māori, non-Pacifika.

Prior to Go-Live outcome measures will be identified and incorporated into National Telehealth Service reporting requirements. For example it may be useful to collect data on whether other people in the house are identified as smokers and whether they are encouraged to successfully quit alongside the original caller.

At Go-Live the stop smoking counselling support service will:

* Be aligned and delivered in accordance to the New Zealand Guidelines for Helping People to Stop Smoking
* Provide the first point of contact for smokers who are referred or self-refer
* Undertake a needs assessment of all referrals to triage smokers into a programme that best suits their individual needs, including referral to face to face services or enrolling them directly into the National Telehealth Service stop smoking service
* In accordance with the New Zealand Guidelines for Helping People to Stop Smoking provide multi-session behavioural support for those who wish to enrol in the National Telehealth Service stop smoking counselling support service
* Ensure that practitioners providing multi-session support will have completed or are undertaking the National Training Service / NZQA certificate in smoking cessation
* Provide advice on how to access and use all stop smoking medicines
* Use a treatment structure that incorporates monitoring time points (e.g. four-weeks post target quit date)
* Close the referral loop by providing feedback to referrers on the outcome of each individual referral and the outcome of the quit attempt
* Ensure service is provided through varying levels of clinical competency focused on Consumer and outcomes balanced with need to maximise efficiency and effectiveness
* Maintain blogs, other social media and text support for smokers, as appropriate
* Update electronic support tools for example text based and on-line support in-line with new evidence
* Administer the Quit Card programme
* Keep up to date information on stop smoking services (as a minimum those funded by the Ministry or District Health Boards) through the directory of services
* Support stop smoking programmes by facilitating and receiving referrals from District Health Boards, Primary Health Organisations, general practitioners and other organisations with an interest in reducing tobacco related harm in New Zealand
* Be integrated with primary care, including general practitioners; therapeutic care and other appropriate community services
* Avoid the Consumer falling through the cracks by creating a system where contact will be made at a time convenient for the Consumer by an appropriately qualified National Telehealth Service staff member
* Support a stop smoking Consumer with other issues, e.g. chronic cough, to appropriate additional care from either the National Telehealth Service or their healthcare home, with their permission.

The stop smoking counselling support service will explore additional mechanisms to support smokers in their quit attempt. For example within two years of Go-Live the service will:

* Enable more immediate access to nicotine replacement therapy, if appropriate
* Accept referrals from the wider social sector like budget advisory service, Work and Income New Zealand
* Work with the prison population to identify how they can be supported to quit pre-discharge into the community.

## Counselling support services

The National Telehealth Service will deliver a comprehensive screening, brief intervention and on-going counselling support service to complex Consumers who are potentially dealing with co-existing problems and often present in crisis. This section contains the requirements which are consistent across the depression; gambling and alcohol and other drug service components.

On Go-Live the counselling support services will:

* Provide a screening and brief interventional counselling role not provision of long-term ongoing counselling
* Effectively support those Consumers at geographic locations where there are no face to face counselling services, by having a mechanism to be the sole provider of services
* Employ staff from varying backgrounds and age range, who are non-judgemental and able to support Consumers in the self-management of their issues
* Train staff to understand the needs of Consumers with complex issues and when to transfer to a more skilled staff member
* Provide appropriate clinical supervision and debriefs as required to staff
* Provide links with face to face services, including potential after-hours Consumer support and relapse prevention
* Support the achievement of the objectives of the Ministry’s current mental health and addiction service development plan
* Complement the development and implementation of the Ministry’s e-therapy framework
* Maintain web-site, social media (including blogs) and text support, as appropriate for Consumers’ needs and as agreed by the Ministry
* Moderate social media, for example blogs, as appropriate
* Have the ability to quickly identify those Consumers who are suicidal and require an emergency services response
* Employ appropriately qualified staff, who may be cross trained in one or more of the counselling support services

It is expected that counselling services will develop and evolve over time. Within the first 12 months the counselling support service will include:

* Linkages with other social services to support other issues such as family violence
* Linkages with the Consumer’s general practitioner as part of a planned discharge care plan for self-harmers
* Linking Consumers into a community for support
* Use of shared care records for therapeutic services to enable a counsellor to access pertinent information prior to calling a Consumer (e.g. understanding the medications currently prescribed prior to delivering advice) with appropriate Consumer consent
* Access to the Consumer’s care plan with their consent
* Links with mental health and addictions services for ACC clients.

Within the first two years counselling support will include:

* A strong relationship with emergency services such as NZ Police and ambulance services to support their response to at risk callers and appropriate 111 suicide calls.

## Depression counselling support services

The National Telehealth Service will deliver an effective and efficient national depression couselling support service through the use of proven behavioural support techniques and messages, customised for the needs of Consumers using a variety of channels and referral to face to face services.

The depression counselling support service will support the achievement of the objectives of new and existing Ministry Mental Health Strategies, such as:

* Youth mental health project
* Primary care
* Health of the elderly
* National Depression Initiative Programme.

On Go-Live the depression counselling support service will:

* Provide advice and support to Consumers regarding mild to moderate depression
* Deliver on-going counselling support
* Provide online services such as “The Journal” or “Lowdown”, including technical support for users regarding the online “The Journal” and “Lowdown”
* Support Consumers through the ability to access their “The Journal” or “Lowdown” record
* Support Consumers of the National Depression Initiative web sites
* Undertake Warm Transfers with other services and three way conversations as required
* Provide support to people following a civil defence emergency.

Within two years of Go-Live the depression counselling support service will:

* Support ACC clients with depression issues.

## Gambling counselling support services

The National Telehealth Service will provide an effective, efficient national problem gambling service through the use of triage, tailored relapse prevention plan (if required), proven behavioural support techniques and messages, customised for the needs of Consumers using a variety of channels and referral to face to face services as appropriate.

On Go-Live the gambling counselling support service will:

* Support the current Preventing and Minimising Gambling Harm Strategy and Services Plan
* Provide advice and support to people experiencing harm from their own or someone else’s gambling
* Provide behavioural support treatment for those identified as requiring this support
* Follow up and deliver on-going call-backs to Consumers as required, including for those where there is no face to face service available, ideally using the same counsellor to develop rapport
* Provide advice and support to people seeking relapse prevention
* Answer general enquires regarding gambling harm concerns, including providing insight to a caller about someone else’s gambling problem
* Develop relationships with the appropriate sector organisations in partnership with the Ministry
* Support the Ministry Client Information Collection (CLIC) data system which captures gambling Consumer treatment experience.

## Alcohol and other drug counselling support services

The Provider will deliver an effective and efficient national alcohol and other drug counselling support service through the use and delivery of proven behavioural support techniques and messages and provision of a customised service to clients using a variety of media and referral to face to face services.

On Go-Live the national alcohol and other drug counselling support service will:

* Support the achievement of the objectives of appropriate Ministry strategies for example Rising to the Challenge and National Drug Policy and the Health Promotion Agency Early Intervention and Addiction Plan
* Utilise a harm minimisation approach
* Advise, support and assist people with concerns about alcohol or other drug use
* Facilitate access to appropriate support and treatment for those who experience problems with alcohol consumption and/or other drug use
* Maintain help and support for the Consumer where there is a waiting time for access to referred services
* Provide insight to a caller about someone else’s drinking or drug taking problem
* Provide an up to date alcohol and other drug treatment directory
* Distribute resources that provide information and advice on alcohol and other drugs
* Support a culture of moderate alcohol consumption including supporting Consumers to reject drunken behaviour, or choose abstinence if that is most appropriate for them
* Have the ability to adapt to changing drug use for example psychoactive substances and technology changes in the design of drugs
* Enable New Zealanders to increase control over and improve their health by limiting the harms and hazards of alcohol consumption and use of other drugs
* Support campaigns that aim to promote safer drinking, e.g. Health Promotion Agency campaigns, Febfast, operation unites.

It is expected that alcohol and other drug services will evolve over time. In the first two years of service provision the service will:

* Work with the poisons component of National Telehealth Service as well as emergency services to combine and enhance expertise
* Consider alternative strategies including use of technology to modernise existing programmes

## Ambulance

From contract signing the Provider will actively work to develop closer working relationships with St John and Wellington Free Ambulance such that on Go-Live National Telehealth Service provides:

* Triage and call handling that is complementary to that offered by ambulance clinical control services. (Ambulance clinical control centres will continue to triage 111 calls and undertake a second clinical triage process for a defined group of low acuity calls)
* A Secondary Triage service based on proven international models
* An integrated triage approach with ambulance services, with co-located staff or a plan to achieve co-location within 12-months
* A triage tool that aligns with the appropriate ProQA determinants for transfer to Secondary Triage
* Jointly agreed, clinically appropriate transfer protocols between 111 and National Telehealth Service (for example Warm Transfer, call back) supported by a robust escalation plan
* Secondary triage dispositions that link with ambulance dispositions so callers receive similar levels of service and advice
* A common directory of services and shared clinical pathways for common presenting conditions
* A joint service improvement process, for example development of a clinical pathway for falls, joint staff training
* A joint communication / media management protocol to ensure consistent key messages, as appropriate.

Within two years from Go-Live the National Telehealth Service will:

* Have a technology solution that enables the integrated transfer of information so the caller only has to tell their details once
* Work with ambulance to manage demand flows for example triage green calls
* Have an escalation pathway for Secondary Triage calls to avoid a return to ambulance in the event of ambulance service capacity issues like a local or national emergency

## Directory of Services

The National Telehealth Service will establish a directory of services with both internally[[1]](#footnote-2) and externally[[2]](#footnote-3) facing content. This directory of services will be available to the wider health and disability sector, and in particular will be common with ambulance services.

From Go-Live the directory of services will include, as a minimum, details of general practices; accident and medical centres; pharmacies; District Health Board Services; and Ministry or DHB funded face to face services for those therapeutic services that are part of the National Telehealth Service:

* For the public the information on these providers will include: contact information, hours of operation, fee structure (where applicable), how the public can access the service, and range of services offered
* For National Telehealth Service staff additional information will be available on: whether they are receiving new clients; and wait times for services (where applicable)
* Be updated by providers as soon as information changes

Within two years of Go-Live the directory of services will include the same level of provider information but for health and disability service providers, including providers of injury prevention services. This information will:

* For National Telehealth Service staff the directory will also include details of on-call rosters and alternative after-hours arrangements where appropriate

Within a time-frame to be agreed between the Provider and the Ministry the directory of services will be expanded to include the same level of information on wider social care services.

## Support services

The following support services must be in place upon Go-Live:

* Technical support – a telephone help line providing 24-hour technical support for the communications system, network, computers and software to allow faults to be reported and/or advice to be provided in the event of any difficulty with the systems, with the aim of zero downtime of telephone and computer systems
* Government health policies – up-to-date information of any relevant policy changes on key services particularly relating to access criteria, user part-charges (if any), eligibility for Community Service Cards etc, from the Ministry or other government agencies
* Interpreter services – 24 hour access to a range of interpreter services for Māori, Pacifika and any other groups as required. Consideration could be given to the use of online services to provide advice and information in appropriate languages.

# Marketing and Service promotion

This section provides some initial thoughts and direction on marketing and service promotion that will be developed further in conjunction with the Provider as part of the strategic planning process outlined in section 8.1.

## Strategic planning

At the commencement of the contract the Provider will work in partnership with the Ministry and Health Promotion Agency (and ACC if appropriate) to develop a marketing and service promotion plan.

The plan will align with the National Telehealth Service vision and objectives demonstrating:

* Integration with local and regional health, injury services and other relevant organisations (government, non-government organisations, community groups) and their resources/tools
* Timely access to healthcare advice and support
* Evidence-based and innovative approaches that are able to adapt to changes in technology and public demand
* National and regional marketing opportunities that are cost-effective
* Specific approaches to reach a range of population groups including: at-risk or hard to reach groups eg, Māori, Pacifika, rural communities, disengaged; elderly and those with disabilities
* Strategy for use of all channels including digital channels preferred by Consumers
* An approach that will build public trust in the National Telehealth Service

The plan will inform:

* Future roles and responsibilities for the delivery of marketing and service promotion
* The budget for the delivery of marketing and service promotion

## Online environment

The National Telehealth Service will include an online presence that links to relevant tools and resources providing information (including injury prevention), support and self-guided help. The Provider will work in collaboration with the Health Promotion Agency and the Ministry (and ACC if appropriate) to create an online environment that is in line with the marketing and service promotion strategic plan, developed as per section 8.1.

The website will need to:

* Comply with New Zealand accessibility and usability web standards, particularly for disabled people including those with a hearing / visual impairment
* Incorporate appropriate security and privacy safeguards established after completion of a risk profile assessment, which will:
  + Protect users’ personal information from unauthorised access
  + Minimise data loss in the event all or part of the website is compromised
* Utilise usage data to enable continuous process improvement of the website and its content
* Provide a robust solution that is portable, able to rapidly change and update to adapt to changing needs and methods of access
* Provide the Consumer with access to helpline call takers for example through web chat
* Link to other trusted sources of health, disability and social sector information
* Be transferable to an alternative platform nominated by the Ministry at the end of the National Telehealth Service Contract term

The National Telehealth Service will carry out an annual web standards assessment to ensure the online presence complies with Web Standards, in line with the self-assessment guidance provided by the Department of Internal Affairs.

## Information resources

The Provider will work in collaboration with the Health Promotion Agency and the Ministry (and ACC if appropriate) to review existing resources and create new resources as required that are in line with the marketing and service promotion strategic plan, developed as per section 8.1.

All information developed by the National Telehealth Service will:

* Be available on the website but in some instances other collateral may be available
* Have undertaken appropriate governance, workflow and sign-off processes, as agreed with the Ministry

Where health topic information does not already exist and it is a common topic for Consumers the National Telehealth Service will develop a health topic information sheet in conjunction with the Ministry (and Health Promotion Agency and ACC as appropriate).

# Governance

The National Telehealth Service will have an effective governance structure both clinical and corporate that controls and directs all service components, utilising best practice role delineation between governance and management, with a clear escalation path.

The following components of governance will be available upon contract commencement:

* Clearly identified distribution of rights and responsibilities, including lines of accountability
* Strong relationships and partnership across providers and the health sector to identify issues and service improvement opportunities
* Maintain focus on service strategic direction
* Risk and issues management

Upon contract commencement the Provider is required to establish a clinical governance group that operates as a sub-committee of its Board of Directors and is New Zealand based to:

* Ensure the clinical safety of all service components
* Monitor service effectiveness (eg, advice appropriate, call length optimal)
* Ensure linkages / integration across continuum of care compliments pathway of care and maintains safety of care for the Consumer
* Review / amend / approve current guidelines, introduce / approve new guidelines
* Assess future service improvements to ensure clinical safety whilst delivering on service vision and outcomes
* Manage clinical and counselling service incidents
* Ensure clinical and counselling staff are appropriately credentialed including the clinical leaders
* Establish and maintain clinical policy and procedures
* Establish membership comprised of clinical and counselling leaders from the various service components
* Advisory groups for the different service components could be established under the clinical governance group
* Maintain strong links with your incident management system.

In addition an external clinical leadership group is recommended which includes:

* Clinical leadership from across the range of National Telehealth Service clinical disciplines (medical and therapeutic)
* A range of external parties, for example Ministry of Health, ACC, Health Promotion Agency, primary health (could be nursing not necessarily a general practitioner), ambulance sector, College of Nurses, Emergency Department, non-government organisations and Consumers
* Provision of advice from wider sector perspective and sector connectivity.

# Management

Management skills will ensure the services delivered are supported by:

* A culture focused on person centred outcomes and being a respected part of the broader health system
* Sound human resource management expertise and experience
* Competent financial management, with the ability to manage health resources efficiently
* The implementation and application of appropriate standards
* Appropriately skilled workforce to deliver a 24 hours per day, 7 days per week, call centre and telephone advisory service management
* Access to in-house health professional advice including but not limited to nursing, telenursing, poisons, counselling and stop smoking on a day-to-day basis
* Staff rosters to manage routine and seasonal call flows
* Staff trained and competent in the use of computerised, clinical decision support systems
* Advanced computer skills/experience including database management and statistical analysis, and ability to develop and maintain structured assessment pathways
* Systems and processes which enable quality control and quality improvement
* Ability to manage a clinical supervision system, and to utilise research to develop evidence based practice
* Competency in reaching and successfully engaging Māori and Pacifika to participate in management, operations and utilisation of services.

# Workforce

The National Telehealth Service needs to have in place:

* An appropriately trained workforce that meets the needs of its Consumers, e.g. staff registered with the appropriate statutory body and holding a current New Zealand practising certificate and/or appropriate service specific training (e.g. National Stop Smoking Practitioners’ Certificate; and Addiction Intervention Competency Framework)
* A workforce with an appropriate cultural, age and qualification mix
* The ability to ensure that professional standards are maintained across the range of staff
* An appropriate credentialing process for all clinical staff

## Workforce development

The Provider will have an ongoing programme for workforce development that includes:

* A performance development and appraisal system for all staff to ensure on-going competency including clinical leaders, clinical director, such that
  + For registered nurses and other registered health professionals it will meet the requirements of the Health Practitioners Competence Assurance Act 2003
  + For counsellors it will meet the requirements of the New Zealand Association of Counsellors Code of Ethics
* Access to continuing education to support enhancement of service delivery / clinical practice and to ensure practice is safe and reflects knowledge of recent developments in service delivery
* Cross training of appropriately skilled staff
  + Potential to create a career pathway through the counselling services from more generalist to specialist counsellor
* Staff support and advice
  + Peer support for front line staff, located in a physical or virtual contact centre, as well as in-house health professional advisors / clinical leaders available 24 hours a day, 7 days a week
  + Ensure front line staff have a clear understanding of what is beyond their scope of practice
  + Ensure policies and procedure are in place for staff working remotely to ensure: (1) their safety and well-being, for example immediate access to peer or supervisor to debrief; (2) the appropriateness of the advice provided to Consumers
* Staff training in the following areas:
  + Regular updates and reviews in clinical practice and telephone triage
  + Professional development programme to meet competency requirements of all professional groups
  + Technical – provide information technology specialists with training and knowledge of all information technology/information management systems and processes
  + General maintenance – provide training and knowledge of all general maintenance systems and processes for managerial, supervisory and information technology staff
  + User training on decision support and non-clinical software for appropriate staff
  + Cultural competence to meet the particular needs and preferences of Māori and other cultures
  + Current and topical health issues – provide training and information on current health issues as they arise
  + Computer and keyboard skills.
* Staff induction and orientation programmes, including buddying and mentoring or similar programmes
* A process for undertaking staff satisfaction surveys at least six-monthly.

Within two years of Go-Live the National Telehealth Service will have:

* A mechanism to review and update the Telenursing Standards in conjunction with the NZ Nursing Council
* A strong working relationship with Health Workforce New Zealand and appropriate training agencies to assist in the development of e-Health competencies within the health workforce. This could include:
  + The ability for medical students and other students working towards relevant health degrees to be provided with the opportunity to have a clinical placement or experience in the National Telehealth Service
  + Enhanced practitioner training for nurses and other appropriate clinical staff
  + Development of recognised NZQA qualifications.

# Quality

Figure 2 provides an overview of how the National Telehealth Service principles and outcomes fit into an overall quality framework that contribute to the health and well-being of New Zealanders at an individual, population and system level. Quality service improvements for the National Telehealth Service should have a positive impact on the Health System Outcomes[[3]](#footnote-4) and the Triple Aim[[4]](#footnote-5).



Figure - National Telehealth Service Quality Framework

## Quality standards

The National Telehealth Service will be delivered in accordance with appropriate standards, for example:

* New Zealand Health and Disability Service Standards (NZS 8134)
* New Zealand Nursing Council Professional Standards for TeleNursing Practice and Cultural Safety Competencies
* Appropriate information technology standards, refer to section 16.3
* All web services must comply with New Zealand Government web standards
* ISO 9001 certification or equivalent standards
* Addiction Practitioners’ Association Aotearoa-New Zealand Incorporated (DAPAANZ) – Addiction Intervention Competency Framework for professionals specialising in problem gambling, alcohol and drug and stop smoking intervention
* National Stop Smoking Practitioners’ Certificate
* Health care professionals must be New Zealand registered with their appropriate professional authority and hold a current New Zealand practising certificate.

## Quality Plan

The Provider must develop a quality plan that is Consumer focused, incorporate good practice concepts and reflect the principles of continuous improvement.

The quality plan will contain information on the following areas:

* Adherence to standards
* Risk management process
* Complaints process
* Incident management process
* Monitoring and evaluation process, including service indicators
* Internal audit process
* Research policy
* Occupational safety and health.

The quality plan will be developed upon contract commencement and must be in place prior to Go-Live to ensure the Provider is able to:

* Deliver a service that provides a duty of care, is culturally appropriate and operates according to appropriate legislation, standards and regulations
* Follow-up, respond to, and learn from both verbal and written complaints
* Incorporate quality and safety improvements in response to the quality plan
* Produce timely and meaningful data on:
  + Referrals to other services
  + Consumers’ original intentions with the agreed referral advice.

## Maintaining professional standards

The National Telehealth Service will ensure that professional standards are maintained across the range of staff.

From Go-Live this will include:

* A process for randomly assessing the Consumer event record including the interaction with the Consumer (phone call, web chat or email) to determine if the interaction with the Consumer was handled appropriately, in terms of for instance: culture; empathy; advice provided
* Monitor the consistency of the advice given by staff and the congruence of the advice with the practice of other health professionals
* A complaints management process that:
  + Allows the Consumer able to complain using multiple channels (eg, website, telephone, written correspondence)
  + Includes an audit process that involves consumer representation
  + Includes a linkage through to clinical governance
* Satisfaction surveys of both the Consumer and the wider health system to ensure the National Telehealth Service is:
  + Meeting Consumer needs and expectations
  + Referring appropriate Consumers to face to face services including ambulance services, Emergency Departments, general practice

Where expectations are not being met there will be a mechanism to update guidelines and protocols as appropriate

* A forum for staff, both clinical and non-clinical, where issues can be raised and ideas for service improvement discussed.

## Continuous quality improvement

There will be a strong emphasis on continuous quality improvement for the National Telehealth Service. Quality is an integral component and will be the method for:

* Ensuring the safety and satisfaction of all users
* Determining service success; ensuring the New Zealand population, including the wider health system, has confidence in the service
* Assessing the value of any future service developments.

Continuous quality improvement will be delivered through:

* A quality culture within the organisation and commitment to quality from the leadership team, both management and clinical
* Implementation of the quality principle of Plan – Do – Study - Act
* The measurement of service performance both qualitative and quantitative and the tools to analyse this information
* A focus on the Consumer experience: understanding the needs and expectations of Consumers; having a mechanism to collect Consumer feedback; and an effective method and process to hear the users voice
* Staff involvement, including supporting clinical governance and clinical review teams to continuously improve the service.

## Incident management

The National Telehealth Service will have, from contract commencement, a robust incident management policy consistent with best practice, incorporating the intent of the Health Quality Safety Commission National Reportable Events Policy 2012, and reflective of the Provider’s clinical governance policy.

The incident management policy will at a minimum include:

* Incident reporting system
* A baseline risk analysis and mitigation strategy for each service component
* Escalation process to be used in the event of reportable incidents particularly serious and sentinel events
* A philosophy of openness and transparency in managing serious and sentinel events, learning from these errors and making sustainable improvements.

The Provider will within two years of Go-Live, in conjunction with the Ministry, work with the Health Quality Safety Commission to voluntarily comply with the National Reportable Events Policy 2012.

The incident management review process will include:

* Establishing an incident management group for each incident
* Use of the Health Quality Safety Commission’s Severity Assessment Criteria tables
* Undertaking a root cause analysis for clinical incidents with a Severity Assessment Code rating of 1 or 2, utilising the Practical Guide published by the Health Quality Safety Commission
* Incorporating a feedback loop into policy and clinical guidelines as appropriate.

# Service monitoring and evaluation

## Information management

The Provider will set up an information management system for the collection of service related data. The data collected will be analysed by the Provider to provide intelligence to support service innovation and improvement.

Wherever possible, the National Health Index number of each Consumer should be recorded at, or close to, the time of contact with the National Telehealth Service.

## Monitoring

The data to be collected from Go-Live is outlined in the Reporting section of this Schedule. It will be used to monitor the attainment of the National Telehealth Service vision and intended outcomes.

This data may initially be a basic proxy measure for outcomes whilst:

* More appropriate outcome measures are identified in collaboration between the Ministry and Provider
* Data linkages across the health system are developed to measure outcomes.

In the future measures could be:

* Different at the national and local level with those set locally to demonstrate local effectiveness and assist with local planning for local outcomes
* Trialled to assess if demonstrating expected service impact.

## Independent evaluation

The data and the monitoring reports will contribute to the process and outcome evaluations. A process evaluation is planned for six to nine months post Go-Live and an outcome/impact evaluation two to three years after that. The Provider will be expected to cooperate with the independent evaluators (for example with the scheduling and conduct of interviews with staff) and to use the finding to make improvements to the service.

The independent evaluations will involve the:

* Establishment of baseline measures and associated data
* Collection of new data, both quantitative and qualitative
* Linking of National Telehealth Service data with that from other health services (such as Emergency departments, ambulance services).

# Pandemics, health emergency management and business continuity

The National Telehealth Service will work with the Ministry in planning for the provision of telehealth advice services in the event of a pandemic or other local or national emergency, whether a declared state of emergency or not, which requires a health response. The National Telehealth Service will also ensure appropriate business continuity and disaster recovery is in place for its service.

From the commencement of services the Provider will:

* Have a disaster recovery and business continuity plan (including appropriate testing and exercising) in place and ready to activate in the event the National Telehealth Service is interrupted
* Have established goal recovery times and maximum acceptable disruption timeframes[[5]](#footnote-6) appropriate for the acuity of the different service components, including an ability to triage and prioritise the services depending on the emergency, agreed with the Ministry
* Have access to additional staff available to provide emergency cover or surge staffing at short notice
* Have appropriately skilled clinical staff to liaise with the Ministry to develop guidelines and information for the public and clinical staff in line with Ministry in response to emerging emergencies or public health threats
* Provide a single point of contact via email and phone to be notified or contacted by the Ministry’s incident management team for health emergencies
* Undertake monitoring and analysis of calls to aid recognition of emerging disease outbreaks (for example measles) and provide appropriate notification and information to the Ministry including access to the National Telehealth Service data warehouse
* Integrate with other government services including the 0800 Government Helpline
* Provide pathways for clinical staff to access specific advice or guidance in the event of a health emergency, such as the dedicated general practitioner advice line provided during the H1N1 pandemic.

# Relationships and interfaces

Linkages across the health and social care sector at a local, regional and national level will be developed over time but need to be actively pursued from contract commencement. Effective working relationships with the health and social sector are vital: (1) to the on-going development of the National Telehealth Service; (2) its integration into the wider health sector; (3) developing the trust and confidence of the public and the health sector.

The contractual relationship will be with the Ministry. At Contract commencement the Ministry is likely to be working in collaboration with the Health Promotion Agency and ACC. In the future the collaboration could be extended to other government agencies for example Ministry of Social Development; WorkSafe New Zealand.

The National Telehealth Service will work closely with local, regional and national health and social service providers in order to provide advice that is appropriate to the callers’ needs and able to make referrals to the locally available services. Awareness of local, regional and national health and social service providers will be enhanced through the development of a Directory of Services.

To stay relevant through community engagement the National Telehealth Service will need to develop relationships and linkages with a wide range of entities including but not limited to;

* Emergency departments
* District Health Boards
* Public Health Units
* Non-government organisations
* Local primary health care networks for example Primary Health Organisations, general practice, maternity service providers
* Aged care facilities
* Ambulance providers and ambulance communication centres
* Public, private and voluntary health providers
* Tobacco control sector
* Gambling harm minimisation sector
* Counselling services
* Well child support organisations
* Health professional organisations such as the New Zealand Medical Association / New Zealand Nurses Organisation / College of Nurses / New Zealand Nursing Council / medical colleges
* Other relevant community groups, for example local health and disability information services, carers, self-help groups (eg, home and community-based services, needs’ assessment and service coordination agencies, Cancer Society, Diabetes New Zealand, Smokefree Coalition, Heart Foundation, Alcohol and Drug Association New Zealand)
* Hospital outreach services, for example meals-on-wheels
* Māori health and disability providers
* Local iwi, marae, hapu and other Māori organisations
* Other phone line services such as the Well Child Telephone Advice Service, Youthline, Good Samaritans
* Interpreter services
* Patient advocates
* Health and Disability Commissioner
* New Zealand Blood Service
* National Poisons Centre
* Refugee services
* Ministry of Civil Defence and Emergency Management
* Other government departments and agencies such as Health Promotion Agency, ACC, Worksafe New Zealand, Ministry of Social Development, Work and Income New Zealand, Child Youth and Family Services, and Family and Community Services
* National training service providers, for example Inspiring Limited
* Other relevant organisations, for example Responsible Care New Zealand.

## Primary care

From contract signing the National Telehealth Service should actively work to develop linkages and closer working relationships with primary care, especially general practice, such that the:

* Scope of alliances is extended to include telehealth services
* Integrated Performance and Incentive Framework incorporates measures associated with telehealth services
* Interfaces with general practice through practice nurses are developed and the National Telehealth Service does not focus linking exclusively through general practitioners
* Services within the National Telehealth Service can share resources for example practice nurses
* National Telehealth Service advice is available electronically in the patient record with specific attention given to the provision of a handover note where: (1) the Consumer has been advised to seek treatment from their general practitioner; (2) the Consumer was referred to the National Telehealth Service by the general practitioner to close the feedback loop.

# Information Technology

Information technology will be pivotal to the successful delivery of the National Telehealth Service. The proper application of information technology will help you deliver:

* Quality and safety in the health care offered to Consumers
* Support for self-care and care closer to home, allowing:
  + Engaged Consumers to manage their care at home with community based support
  + Informed clinicians to work together to deliver coordinated care to Consumers
* Continuous improvement of the health system by using information to develop better and more efficient services

The overall information technology investment strategy for the health and disability sector is provided by the National Health Information Technology Plan.

The National Telehealth Service must be delivered in full alignment with the National Health Information Technology Plan and should take advantage of the innovative solutions that the Ministry of Health, District Health Boards, primary health organisations and other health care organisations are implementing at regional and national level under the plan.

The National Health Information Technology Plan has the objectives that:

* New Zealanders can:
  + Understand, support and trust how their electronic health information is recorded, managed and accessed
  + Participate in new models of care and be more involved in their own care
  + Access a core set of their personal health information that is shared with their health providers
* Clinicians can:
  + Access relevant information at the point of care
  + Use information systems to enhance their delivery of care
* Information about population health and service delivery is used to drive improvements in the health system

## Key principles

The key principles and expectations for the use of information technology by the National Telehealth Service are:

* The service is supported by information systems that reflect the needs of Consumers and providers, and enable quality care to be delivered
* The service always work to enhance the utility and connectedness of its information and communication systems
* A single customer relationship management system supports the service
* Information technology acts as an enabler of new models of care under the service
* Information systems perform well for your staff
* Data is consistently structured and coded, and routinely made available for population health and service data analysis
* There are appropriate links to other regional and national information systems
* Information systems are interoperable and allow new services and channels to be implemented at linear cost
* Systems are scalable to support increasing demand in terms of user numbers, services and delivery channels

## Interoperation with other systems

National Telehealth Service information systems are required to interoperate with other systems in the wider service delivery and information sharing ecosystem. In each case, there will be standards and interface specifications that describe the required technical interoperability.

Requirements for interoperability are developed and published as HISO standards. The Provider will work in partnership with the Ministry and the sector to co-develop necessary standards and a technology roadmap.

From Go-Live the Provider will:

* Host its own clinical data repository for sharing call summaries and other information about Consumers with other providers
* Have a defined call summary and electronic referral format, developed as HISO standards, that can be used to share information with other providers
* Work with District Health Boards to develop interfaces to regional clinical data repositories and provider portal systems

Interoperability with the following systems is expected from Go Live:

* Regional clinical data repositories for sharing health summaries, event summaries (including referrals, clinical assessments, discharge summaries, maternity care summaries and ambulance care summaries) and other available clinical documents between providers and via patient portals
* Patient portals that are Consumers’ interface to personal health information held by providers and updated by Consumers themselves, via the patient portal and mobile apps
* Provider portals that enable personal health information held by the consumer’s general practitioner to be shared with other providers
* National Health Index (NHI) system as the master data source for patient identity and demographic information
  + The NHI system will be available through an application process to connect to search / get web services
* Health Provider Index (HPI) system as the master data source for provider identity and demographic information, including a directory of electronic addresses
  + As the HPI is enhanced, systems will need to identify health practitioners, health workers, facilities and provider organisations using centrally assigned HPI numbers
  + Enables interoperability with other services’ contact centres that health workers may need to access.
* National Medical Warnings System (NMWS) for access to medical warnings and alerts
* Messaging systems that enable event summaries and notifications to be sent to the general practitioner, and the service referred to
  + This specific clinician notification would be a subset of all event summaries available in the clinical data repository for the Consumer
* Shared care planning systems that enable a patient with complex conditions to be supported by a multidisciplinary care team
* Electronic order and referral systems at regional and national level
  + District Health Board regions have implemented eReferral brokering systems between primary care and secondary services. These systems are different between regions, without a common standard. As a national service, the National Telehealth Service will need to interface to each of these different systems. It is intended that a common standard for eReferral will be co-developed with vendors and service providers, including the National Telehealth Service

Interoperability with the following systems will be expected in the future as part of National Telehealth Service development or as and when the systems are developed:

* The NHI system to add and update patient records (as well as query them), once the necessary web services are developed
* A national Record Locator Service that will provide the solution with an index to the collective content of all regional and national clinical data repositories
  + Interface will require implementation of interface standards based on the IHE Cross Enterprise Document Sharing (XDS) international standard and a HISO standard for clinical document metadata
* Clinical decision support tools offered as web services
* Shared care planning systems that enable a patient with complex conditions to be supported by a multidisciplinary care team
  + National Telehealth Service could be a component of the multidisciplinary care team (able to contribute to shared care plan and incorporate actions from the shared care plan into telehealth advice) with the consent of the Consumer
* As a platform for integrated care which supports joined-up care, the National Telehealth Service will need to support personal health apps, clinical apps and emergency response system apps on mobile devices

## Standards and architecture

The National Telehealth Service will be instrumental in driving the adoption of certain standards through its interactions both with technology vendors, health care providers and other parts of the health system.

The Provider will be an active participant in the development of standards that are relevant to the delivery of this service.

You will have an information technology solution that will support and conform to:

* HISO standards in general
* Health Information Security Framework (HISO 10029)
* Health Information Exchange Architecture (HISO 10040)
* Connected Health Network Connectivity Standards (HISO 10037)
* Business continuity requirements under ISO 22301 Societal Security – Business Continuity Management Systems – Requirements
* HL7 Clinical Document Architecture (CDA)
* National Record Locator Service and standard clinical data repository interfaces
* Standardised eReferral interface
* Ecosystem that can support personal health apps and mobile clinical apps
* SNOMED Clinical Terms
  + New Zealand's nationally endorsed clinical terminology for clinical coding at point of care, enabling clinical decision support
  + You need to be affiliated to the Ministry's national release centre for SNOMED
  + SNOMED reference sets will be used by ambulance and emergency departments, for example, to code clinical impressions and procedures
  + In the future SNOMED will be used to code:
    - Allergies and adverse reactions with replacement of the national medical warnings system
    - Patient's problem list in primary care
    - Clinical impressions in clinical pathways and eReferral
    - National Telehealth Service call summaries
* Infrastructure as a service (IaaS) requirements
* RealMe login and identity verification services
* National web standards for accessibility and usability

## Privacy and security

The privacy of Consumers and the security of their information must be paramount in the design of the solution. The Provider must:

* Protect the confidentiality of Consumer’s information in all components of the solution
* Undertake privacy impact assessments as appropriate or required by the Ministry
* Implement security reviews and penetration tests
* Use certified technology solutions
* Anonymise personal information when appropriate
* Use authentication, role based access control and auditing
* Comply with the requirements of the developing Health Information Governance Framework.

# Infrastructure

Any infrastructure including capital purchases to operate the National Telehealth Service are the responsibility of the Provider and will remain the property of the Provider at the end of the contract period.

# Call volumes

The attached spreadsheet provides call volume projections based on the call volume data that the Ministry receives from regular monitoring reports received from the contracted providers. Please note these projections are based on the current service delivery models. Your own projections may differ based on your own assumptions and your proposed service delivery model for the National Telehealth Service including the various components. You are encouraged to review this projection information alongside the volume information that was emailed to you on 24 September 2014.

The volume information provided in September 2014 includes not only call volume but also information on other channels, and call volume duration, where that information was available in the regular monitoring reports.

# Roadmap for the future

The pathway for development must align with the National Telehealth Service vision, principles and service outcomes.

In order to continue to be effective the National Telehealth Service will need to identify its most appropriate development pathway by:

* Evolving over time to meet changing population needs due to aging, long term conditions and population growth etc.
* Having effective community engagement, particularly amongst vulnerable populations but also the health sector
* Implementing additional Dispositions for Consumers to access to increase service effectiveness
* Adapting to changing trends both technological and societal, for example
  + How Consumers access the National Telehealth Service as technology continues to advance.
  + Changes to the communication methods preferred by Consumers with the move away from the telephone, using text messaging and online means instead.
  + As smoking prevalence declines within the population the likelihood is that the remaining smokers will require more intense intervention including face to face services
  + Virtual face to face consultations via video over the internet
* Monitoring developments both within New Zealand and internationally
* Considering how it can:
  + Integrate with the social and cultural determinants of health
  + Move beyond in-bound calls to targeted contacts with Consumers for health coaching
* Testing development ideas in a controlled environment prior to implementation, which includes:
  + Measuring the impact of the change both quantitative and qualitative
  + Undertaking a lessons learnt appraisal and incorporating the learnings into future activity

A Service Improvement Board will be established jointly by the Ministry and the Provider to consider and make recommendations on changes to the National Telehealth Service that ensures the appropriateness of the National Telehealth Service development pathway.

Deliverables

Table 1 below outlines the National Telehealth Service deliverables during: (1) the implementation / transition period (from the Start Date to service Go-Live); and (2) on-going delivery of the services from service Go-Live.

Table – Milestones and performance standards

|  |  |  |
| --- | --- | --- |
| Deliverable/Milestone | Performance Standards | Due date |
| Implementation / transition plan | Provision of a detailed implementation / transition plan in line with best project and change management practice | No later than one month after the Start Date |
| National Telehealth Service | In accordance with the service specification and annual plan which includes specific measuring and reporting | As per the service specification and annual plan |
| Annual plan | Development of an annual plan and detailed budget which outlines:   * The key focus / strategy areas including associated outcome / performance indicators * How the key outcome / performance indicators will be met * How the quality of the service will be measured against agreed performance measures * How stakeholders will be engaged * How risks will be managed | As per the Agreement  The due date may be altered by agreement with the Ministry to link in with the local District Health Board planning cycle. |
| Specific deliverables agreed between the Provider and the Ministry | TBC | TBC |

Monitoring and Reporting

# Annual planning and changes to service specifications

* The Ministry and the Provider will agree an annual plan for each financial year, which could result in changes to the service specifications.
* The Provider will be required, as per the Agreement, to provide an annual plan that relates to the following financial year. The annual plan must not be inconsistent with the agreement and must include (without limitation):
  + - How you propose to provide the services in accordance with the service specifications
    - Any changes to how the quality of the service should be measured and what the performance measures should be
    - A stakeholder engagement plan
    - A risk management plan
    - A public relations (media) plan
    - Any other matters that the Ministry reasonably requires be included
    - Any changes that you consider should be made to the services or the service specifications.
* The Ministry will review the annual plan, and will seek feedback from other interested parties like Health Promotion Agency and Accident Compensation Corporation on the annual plan, as appropriate. If, after having reviewed the annual plan, the Ministry is of the view that changes to the service specification should be made:
  + - the Ministry will discuss the changes with you; and
    - the Ministry and the Provider may agree to amend the service specification in accordance with clause 22.2 of Schedule 3 of this Agreement.
* The annual plan will not form part of the agreement.

# Relationship meetings

Representatives from the Ministry, together with ACC and Health Promotion Agency as appropriate, will meet with you on a quarterly basis to review and discuss service delivery including monitoring reports received by the Ministry together with quality improvement and service enhancement opportunities. You may invite sub-contracted services providers to these meetings, if appropriate. Key personnel from all parties will be identified in discussion with the provider prior to Go-Live.

* The reports (as per clause 22) will form the basis of these relationship meetings
* Prior to regular relationship meetings, you will provide the Ministry with written commentary/explanations regarding:
  + Changing trends and exceptions identified in the reports
  + Regional performance issues or variances
  + Activities planned and being undertaken to improve performance.

# Reporting

## Service monitoring

* Prior to Go-Live the Provider and the Ministry, together with ACC and Health Promotion Agency as appropriate, will finalise the service monitoring requirements. Baseline measures and reporting frequency are detailed in Table 3 below
* There will be a mix of input, output and outcome measures. It is expected that as the National Telehealth Service matures, and its ability to join-up data across the health sector improves, that there will be greater focus on service outcomes and the National Telehealth Service’s contribution to achieving health outcomes.
* The Provider will provide reports electronically in a Microsoft Excel spreadsheet format, as appropriate
* Reports will be provided monthly, quarterly and annually for different purposes and audiences as detailed in Table 2 below.

Table - Reporting frequency and audience

|  |  |
| --- | --- |
| Reporting Requirement | Audience and purpose |
| Monthly dashboard | * Provided to the designated Ministry representative in an easy to read dashboard format * Monthly review by the Ministry |
| Quarterly reports | * Provided to the designated Ministry representative * Used for quarterly performance discussions between the contracted parties |
| Annual Executive report | * Provided to the designated Ministry representative for the Ministry executive leader(s) * Used for discussion and to contribute to the co- development of the National Telehealth Service annual plan. |

Table - Baseline measures and reporting frequency

| Performance area | Target and / or description | Measure type | Frequency / period |
| --- | --- | --- | --- |
| National Telehealth Service access routes | How the service was accessed:   * Through which channel * Via 111 * Diverted from general practice * Geographic location of caller | Input | Monthly |
| National Telehealth Service response times   * Phone * Text * Social media * Letters | * 80% of calls answered within 20 seconds from first ring * 80% of text messages answered within 10 minutes * 80% of emails answered within 60 minutes * 80% of message board posts answered within 12 hours * Call abandonment (ie, caller ends call prior to being answered) rate does not exceed 5% of calls offered * Written postal enquiries are responded to within 10 business days | Output | Monthly |
| ACC | Injury related calls, including:   * Demographic information * Type of advice provided (eg, self-care or service referred to) * Injury causation (eg, drugs and/or alcohol, sport) | Output | Quarterly |
| Telehealth  Nurse triage / poison advice / immunisation advice | Triage outcome delivers right care, right time, right place (ie, advice is appropriate)   * Self-care * Service referred to, for example 111, Emergency department, general practice, falls prevention   Call breakdown and service utilisation (e.g. symptomatic, injury related, poison advice, immunisation advice, general health information)  Consumer’s original intention versus the agreed referral advice and the Consumer’s end Disposition  Rapid reporting for high risk issues or emerging trends  Specific to poison advice:   * Human exposures by intent, age, gender and ethnicity * Treatment outcomes by age, gender and ethnicity by month * Calls received from the education sector and District Health Board public health units * Reporting of statistics for the chemical injury surveillance system to the Centre for Public Health Research | Outcome  Output  Output  Output  Output | Monthly  Monthly  Monthly  As required  Monthly |
| Telecare   * Stop smoking * Gambling * Alcohol and other drug * Depression | Trends and patterns of Consumer presentations   * Type of Consumer for example individual, concerned other, health professional * Triage outcome delivers right care, right time, right place (for example advice, self-care, counselling support, referral)   Stop smoking   * Successful quit attempts at four weeks * At least 10% of smoking population on a stop smoking programme   Gambling   * Reporting of data to the CLIC database that satisfies data submission requirements are met   Alcohol and other drug   * At least 40% of alcohol and other drug contacts receive either an individual or family brief intervention   Depression   * Number of people provided advice / support for mild to moderate depression * Number of people receiving on-going support * Numbers utilising the Lowdown or Journal | Input  Outcome  Outcome  Output  Output  Output  Output | Monthly |
| Call centre volume data | By each service component, per week, month and quarter:   * Total calls offered * Total calls answered * Abandonment rate * Percentage of calls answered within 20 seconds * Average speed of total calls answered by phone number * Number and percentage of calls by landline or cell phone | Output | Monthly |
| Web  NOTE: This information could be provided by way of Google analytics or similar. Reader access for all analytics should be granted to the Ministry and the Health Promotion Agency | * Traffic statistics (visits, unique visitors, percentage of new visits, pageviews, bounce rates, average visit duration etc) by service component per month * Range of other useful information, such as top pages, visits by source (including national, international, and district health board referrals), searches on the site, entry via search versus homepage, use of main sections, top downloads (if applicable), google search data, social media traffic, visits by device, etc * A monthly social media dashboard showing traffic being referred to the online NTS by social media networks, pages being shared etc. | Output | Monthly |
| Trust and confidence | Improving customer experience   * Surveyed patients reporting as satisfied with the service they received through Patient satisfaction surveys * Provider satisfaction surveys including health professionals, non-government organisations * New measures to be introduced in 2016/17 as part of the Annual Planning process | Outcome | Six-monthly |
| Serious and sentinel events | * Notification and updates of SAC 1 and SAC 2 events as per clause 21.2. * Summaries of SAC 1 and SAC 2 events | Outcome | As per clause 22.2  Quarterly |
| Improving clinical outcomes | * Baselines to be established as part of the 2016/17 annual planning process | Outcome | TBC |
| Closer health system integration | * Measures will be jointly developed, agreed and included 2016/17 annual plan and then reviewed annually * Measures considered may include: working with the health sector on shared local pathways and development of meaningful Dispositions. | Outcome | TBC |
| Integration with ambulance services | * Patterns of referrals to and from ambulance services * Break down of calls requiring transfer to emergency services * Case mix * Other measures will be jointly developed with you, Ministry and road ambulance providers. The measures will be included in the 2016/17 annual plan | Output  Output  Output  Outcome | Quarterly |
| Staffing | * Actual versus planned staffing (full time equivalent) levels * Staff retention rates | Input | Monthly |
| Other reporting | Provision of ad hoc information relating to the provision of National Telehealth Service as reasonably requested. For example: results of call reviews, vulnerable populations |  | Within reasonable timeframe for information requested |

## Reportable event reporting

* All reportable events will be assigned a Severity Assessment Code (SAC) for either the actual or potential outcome of the incident. The SAC will be identified using the Health Safety Quality Commission matrix.
* Serious and Sentinel events with a SAC 1 or SAC 2 outcome rating for the reportable event must be reported as per the requirements of the National Reportable Events Policy.[[6]](#footnote-7)
* The Ministry must be notified of SAC 1 or SAC 2 events no later than five working days from identification of the event. The Provider will provide the Ministry a copy of the reports required by the National Reportable Events Policy.
* The Provider will provide the Ministry with updates of any developments regarding the investigation of Serious and Sentinel events including:
  + Progress of investigation
  + Findings of the investigation - a copy of the full Incident Review Report will be provided to the Ministry within 70 working days of the incident being notified to the Ministry.
  + Media releases/responses
  + Mitigation strategies

## Other reporting

* If the National Telehealth Service becomes certified against an accredited standard the Provider will provide a copy of its audit summary with any corrective actions to the Ministry.
* The Ministry may make reasonable requests for ad-hoc information relating to the provision of Services and the Provider must provide such requested information within an agreed timeframe that is reasonable for the information requested.

## Media

The Provider will immediately notify the Ministry if it becomes aware of any serious, sentinel or adverse event, or a complaint which in the Provider’s opinion has or may have media or public interest. This may be provided orally in the first instance, and followed up in writing.

Service Transition

Transition and implementation needs to be supported with a strong governance structure, excellent relationships together with proactive and consistent communications. A sound programme / project management methodology will ensure the approach to transition and implementation is well considered, planned and executed, with risks and issues identified including mitigation strategies, to ensure a seamless transition to the National Telehealth Service.

# Governance

* The Provider will have a robust governance structure in place that will ensure the National Telehealth Service transition and implementation will have senior leadership support, advice and expertise
* The governance structure will include representation from clinical, therapeutic, information technology experts and from Consumers
* There will be a strong relationship between the National Telehealth Service governance group and the Ministry. There may be Ministry representation on the National Telehealth Service governance group
* The roles and responsibilities of the governance group will be clearly articulated in their terms of reference
* A designated Ministry representative will be the conduit to other Ministry expertise
* There will be clear accountability lines between governance and management.

# Clinical readiness

* The Provider will have robust sytems and processes to ensure the clinical readiness of the National Telehealth Service from Go-Live.

# Independent Quality Assurance

* The Ministry will procure the services of an independent quality assurance reviewer to undertake independent quality assurance of your readiness to Go-Live, including clinical readiness. The purpose of this independent quality assurance will be to provide independent advice to the Ministry regarding your readiness to Go-Live with the National Telehealth Service.
* The Provider should indicate suitable state-gates or review points that provide logical checkpoints for the independent quality assurance reviewer to assess your readiness to Go-Live.

# Communications strategy and plan

The Provider must develop a communications strategy and plan and share that plan with the Ministry for the Ministry’s comment and approval. The plan will be updated at appropriate times to reflect common key messages at critical points during transition and implementation.

# Piloting and testing

* The Provider must outline how and when the National Telehealth Service including the various service components will be tested and then piloted in a real-world environment prior to Go-Live
* The Provider must indicate how Consumers will be consulted during development and testing of the National Telehealth Service.

# Programme / project office and project management support

* The Provider will have the roles and functions of programme / project management office clearly documented and available to the Ministry as requested
* In addition to this, carefully considered and full project documentation will be required
* The implementation plan for the National Telehealth Service will be provided to the Ministry within one month of contract commencement. The implementation plan will be developed iteratively during the first month of the Agreement between the Provider and the Ministry (plus the Health Promotion Agency and ACC as appropriate).

# Service continuity

To ensure current services are seamlessly transitioned to the National Telehealth Service and the transfer is invisible to the Consumer on day one:

* The Ministry will work with you to identify the most appropriate and achievable approach to achieve a smooth transition from current service providers
* It is the Ministry’s intention that current service telephone numbers will be available for use by the Provider
* The Provider must have a contingency plan available should incumbent providers be unable to maintain service continuity to the end of their contract period and the Ministry requires assistance to deliver alternative service provision
* The proposal that you develop in response to the Telehealth RFP must include:
  + - details of the information, records and intellectual property that you either own or will have access to from Service commencement, and that you need in order to be able to provide the Services
    - details of the information, records and intellectual property that you do not own or will not have access to from Service commencement, and that you need in order to be able to provide the Services
    - details of your Intellectual Property that you are not prepared to transfer to the Successor Provider (if any) and the associated reduction in the Price.

# Work streams

* The Provider must clearly list and provide details of each work stream during implementation. This will include details such as the timing of specific outputs from each work stream, who will be involved and details of the work-stream leaders / project managers
* The Provider must have a work stream specifically dedicated to assessing the clinical readiness of the National Telehealth Service to Go-Live.

# Risks and issue identification and management

A risk register and issues register will be updated on a regular basis. All material risks and issues associated with the transition and implementation will be documented including how they will be managed and responded to.

Glossary

|  |
| --- |
| “Abandonment rate” means the number of calls not answered as a percentage of the number of calls offered |
| “ACC Helpline” means the helpline operated by the Accident Compensation Corporation |
| “Answered” in relation to calls means answered by an appropriately qualified and experienced person for the service component |
| “Call-back” means the caller is disconnected from the original call-taker and is contacted by the person best able to provide appropriate advice and/or care. |
| “Clinical Decision Support Tool” means the internationally recognised computer software tool used by the Provider to assist appropriate trained staff in clinical decision making |
| “Consumer”, “Client”, “Caller”, “Patient” means the person who has made contact with the National Telehealth Service. This may be the patient or a concerned other. Consumer, client, caller and patient are used interchangeably in this document |
| “Contact Centre” means the physical facility used by the National Telehealth Service to manage all user contact through a variety of media such as telephone, text, e-mail, apps, social media and online live chat |
| “Disposition” means the destination to another point of care for a Consumer after use of the National Telehealth Service |
| “Eligible Persons” means those persons who qualify for the National Telehealth Service under the New Zealand Public Health and Disability Act 2000 and any directions issued pursuant to sections 32 and 33 |
| “Go-Live” means the day on which you will begin providing the National Telehealth Service to Consumers which will be six months from contract commencement |
| “HISO” means the Health Information Standards Organisation |
| “IT Plan” means the National Health Information Technology strategy published by the Ministry of Health, National Health IT Board |
| “Provider”, “you” and “your” means the organisation contracted to deliver the National Telehealth Service by the Ministry of Health and any other funder |
| “Quit Card Programme” means the administration of the programme to allow health providers or other interested parties who have undertaken the appropriate stop smoking training to distribute exchange cards (quit cards) for subsidised patches or gum to smokers wanting to quit |
| “Secondary Triage” means clinical triage by an experienced clinician using an approved accredited and validated triage tool, following an initial assessment of response urgency by the ambulance services |
| “Service” means the National Telehealth Service |
| “Successor Provider” means a Provider nominated by the Ministry to provide all or some of the Services on the expiry or termination of this Agreement |
| “Telehealth” means the use of information and communications technologies along with appropriately trained health professionals and other health workers to deliver health services and transmit health information over distance. It is about transmitting voice, data, images and information rather than Consumers and health professionals or educators travelling to physically meet. It can encompass advice, support, assessment of symptoms, triage, treatment, preventive (educational) and curative aspects of healthcare services. |
| “Virtual Agent” means a person who provides National Telehealth Service outside of the Contact Centre, in another approved location e.g. co-located in the ambulance clinical control centre or at home |
| “Warm Transfer” means the original call-taker remains on the line until the Consumer is connected to the next call-taker in the process |

1. Accessible both within the National Telehealth Service and potentially in the future wider health and social services [↑](#footnote-ref-2)
2. Direct electronic access for the public without a need to contact the National Telehealth Service first [↑](#footnote-ref-3)
3. Health System Outcomes refer to the Ministry of Health Statement of Intent 2013-2016; [↑](#footnote-ref-4)
4. New Zealand Triple Aim for quality improvement developed by the Health Quality Safety Commission (refer to <https://www.hqsc.govt.nz/>) [↑](#footnote-ref-5)
5. ISO 22301 Societal Security – Business Continuity Management Systems – requirements 2013 [↑](#footnote-ref-6)
6. http://www.hqsc.govt.nz/our-programmes/reportable-events/publications-and-resources/publication/320/ [↑](#footnote-ref-7)