



USING TELEHEALTH TO IMPROVE ACCESS AND OUTCOMES FOR PATIENTS NEEDING SEXUAL ASSAULT CRISIS CARE

OBJECTIVES

The aim of this document is to outline the rationale for introducing the use of telehealth to improve the delivery of safe, timely and trauma-sensitive sexual assault care in NSW Health Services and to address the clinical, technical and financial considerations necessary for practical implementation.

WHAT IS TELEHEALTH?

Telehealth = Telemedicine

1. Clinical (clinician to patient) in a consultation
2. Non-clinical (clinician to clinician) eg meetings, education, case conferencing, mentoring and supervision

According to the Agency for Clinical Innovation's Telehealth Guidelines, telehealth is "the secure transmission of images, voice and data between two or more units via telecommunication channels, to provide clinical advice, consultation, monitoring, education and training and administrative services."¹ Well-supported telehealth models can improve access to specialised and coordinated medical care for rural and remote communities and save time and expense for the individual patient, the community and the health service.²

¹ NSW Agency for Clinical Innovation. Guidelines for the use of Telehealth for clinical and non-clinical settings in NSW. [Internet]. Rural Health Network Telehealth Working Party, Agency for Clinical Innovation, Sydney; 2015. Available from: www.aci.health.nsw.gov.au

² NSW Ministry of Health. Strategic review of telehealth in NSW: Final report. [Internet]. Nous Group, 2015 April 8 [cited 2018 October]. 164pp. Available from: www.aci.health.nsw.gov.au

SPECIALISED, SENSITIVE SEXUAL ASSAULT CARE

It is widely acknowledged that sexual assault is underreported and that many societal, cultural, systemic and personal barriers exist as disincentives for patients to access health care. Experienced sexual assault clinicians (forensic examiners) are well-versed in trauma-informed care delivery, employing respectful consideration of the broad range of effects of trauma, and promoting a safe and empowering environment to support a patient to seek care. For a survivor of sexual assault, a supportive, trauma-informed initial health encounter can be a powerful source of validation, which will increase trust and engagement in health care, and ultimately, will facilitate healing.³

Forensic examiners have the unique task of prioritising a patient's medical care needs while informing the patient about their options for forensic care. Acute medical care involves identification and management of injuries, management of acute mental illness, assessment and management of risks associated with drug and alcohol use, counselling about sexually transmitted infection risk, investigations and treatments, and discussion about emergency contraceptive options. The forensic care elements of the assessment are aligned with the patient's choices and are guided by a continuous process of information delivery and patient consent. This collaborative approach can help stabilise the patient and empower them to regain some control back over their life. The forensic history, examination and specimen collection are potentially intrusive and may have long-term implications for a patient and their interactions with the police and judicial system. Having access to a clinician with knowledge about the legal processes will improve a patient's confidence in making decisions about their forensic management, that are appropriate for their needs and context.

The balanced delivery of medical care and patient-led forensic care defines the work of a forensic examiner. Access to this level of care is fundamental in beginning the process of recovery for a survivor of sexual assault.

TRAUMA-INFORMED TELEHEALTH

Practising trauma-informed care is about acknowledging that trauma, in its many forms, is very common, and that past experiences of trauma can affect a person in many different aspects of their lives, particularly their interactions with health care. Telehealth may add a layer of complexity to a health interaction for a patient who has experienced trauma, particularly if they have a history of being filmed or photographed during an assault. A sensitive clinician will be able to anticipate possible triggers while applying the principles that underpin trauma-informed care: *safety, choice, collaboration, empowerment, trust and culture*.⁴ A thorough and clear explanation about the telehealth process and possible ramifications for privacy and confidentiality will aim to alleviate a patient's potential safety fears. Providing information about how the technology and consultation works – which parts of the examination are recorded, and which parts are transmitted but not recorded – will aim to empower the patient to make collaborative decisions with the health professionals, and feel confident that their choices will be respected.

³ Alpert EJ. A just outcome, or 'just' an outcome? Towards trauma-informed and survivor-focused emergency responses to sexual assault. EMJ [Internet]. 2018 [cited 2020 Sep 7]; 35(12). Available from: <http://dx.doi.org/10.1136/emered-2018-208099>

⁴ Agency for Clinical Innovation. Trauma informed kindness for health workers: We see you – we hear you – we believe you. NSW Government [internet]. 2020 April [cited 2020 September 26]. 1 page. Available from: https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0010/580555/0425-ACI-trauma-informed-kindness-framework.pdf

THE RURAL CHALLENGES

Across NSW, hospitals provide a 24-hour crisis response to victims of sexual assault, where a counsellor or social worker attends the patient either in person or by phone. If a forensic examination is required and there is no on-site forensic examiner, the patient is transferred to the nearest hospital with a forensic examiner. Whilst there are many experienced forensic examiners in rural and remote locations, some may not have had the training or experience of their colleagues in tertiary hospitals. They may work in relative isolation with infrequent presentations of patients experiencing sexual assault, and they are likely to have limited access to supervision and professional development.

For patients, travelling (often significant distances) can contribute to the already stressful and traumatic situation and may result in a delay in collection of, and increased chance of degradation of, forensic biological specimens. Travelling essentially removes a patient from their home and their supports, and forces them to navigate unfamiliar health services, at a time when they have been a victim of a serious crime and are likely to be extremely vulnerable. Travelling may be a barrier to seeking medical and forensic examination at all, which may disadvantage the patient if they decide to pursue legal action, and may delay or prevent their ongoing engagement with medical and psychological care. Hassija et al noted that, for residents of rural areas, significant logistical and social barriers prevent equitable access to specialised, trauma-focused mental health care, but that telecommunication technology can help overcome these barriers. Victims of violence in this study reported high levels of satisfaction with telehealth, and improvements in PTSD and depression scores demonstrated efficacy of treatments.⁵

Rural clinicians who choose to specialise in forensic medicine face the challenge of providing complex, evidence-based care to patients, but with a relatively low case load. Although the rates of sexual assault are higher per capita in rural areas⁶, small populations can mean a smaller workforce and working in relative isolation. The costs of maintaining skills (including travelling for education and training, and taking time out from other clinical work) may seem disproportionate to the number of cases managed. Access to supervision, mentoring and peer support can be challenging or impossible. However, by means of telehealth, isolated forensic examiners with low caseloads can be supported to maintain their professional proficiency. Telehealth can be a platform for remote supervision and mentoring, can increase case exposure, can be a vehicle for access to centralised training and networking, and can very effectively reduce isolation.

Telehealth capability in rural and remote hospitals would mean improved access to a forensic examination from an experienced forensic examiner, and less travel for patients seeking care following sexual assault. Clinicians at smaller sites, with rudimentary forensic training, would facilitate telehealth consultations between forensic examiners and patients, and would become integral in the delivery of appropriate trauma-informed care.

⁵ Hassija C, Gray M. The effectiveness and feasibility of videoconferencing technology to provide evidence-based treatment to rural domestic violence and sexual assault populations. *Telemedicine and e-Health*. 2011; 17(4):7.

⁶ Ruback BR, Menard KS. Rural-urban differences in sexual victimization and reporting: analyses using UCR and crisis center data. *Criminal Justice and Behaviour* [Internet]. 2001 April [cited 2018 October 16]; 28(2):131-155. Available from: http://search.lib.monash.edu/primo_library

Foster and Whitworth surveyed rural nurses who were involved in a project to introduce child abuse evaluation using teleconferencing with distant specialists. The nurses reported that practising under the supervision of the specialist meant they gained the expertise and confidence required for their expanded role and that the expanded role was rewarding. They reported that telecommunication did not interfere with the nurse-patient relationship and that introduction of telehealth assessments for victims of child abuse was a significant contribution to the health of children, their families and the larger community.⁷

The use of telehealth for sexual assault care would result in the eventual upskilling of the broader workforce and improved outcomes for sexual assault victims, as well as for other victims of violence, abuse and neglect in the longer term. The goal of delivering trauma-informed, timely and comprehensive forensic care to patients across all of NSW, would be achievable.

INTERNATIONAL EXPERIENCE WITH FORENSIC TELEHEALTH

Years of experience with telehealth in the United States in the paediatric forensic setting have demonstrated the following positive outcomes:

- Higher quality, more complete child assessments⁸
- More accurate diagnoses⁸
- Improved rural service provision and access for victims⁹
- Potential for improved child abuse reporting rates¹⁰

Forensic medicine consultations are uniquely associated with the high probability of subsequent legal proceedings compared with any other standard medical consultation. The potential for forensic telehealth to contribute to the legal vulnerability of the forensic physician is a foreseeable risk. However, of the thousands of forensic telehealth cases in Florida to 2013, there had been no challenges to opinions based on telehealth forensic images, and there had been many successful prosecutions.¹¹

TELEHEALTH EXPERIENCE IN NSW

Telehealth services have been operational across NSW for several years, in a range of disciplines, including: aged care, burns care, chronic disease, critical care, diabetes care, epilepsy care, genetic counseling, gynaecology, mental health, oncology, ophthalmology, paediatrics, pain management, palliative care, and renal medicine.¹² The health response to the COVID-19 pandemic in 2020 has transformed the use of telehealth in primary care and specialist care, as telehealth models were quickly

⁷ Foster PH, Whitworth JM. The role of nurses in telemedicine and child abuse. *Computers, Informatics, Nursing*. 2005; 23(3):127-131.

⁸ Miyamoto S, Dharmar M, Boyle C et al. Impact of telemedicine on the quality of forensic sexual abuse examinations in rural communities. *Child Abuse and Neglect*. 2014 May 17, 3:1533-39

⁹ Burton DC, Stanley D, Ireson CL. Child Advocacy Outreach: Using Telehealth to Expand Child Sexual Abuse Services in Rural Kentucky. *Journal of Telemedicine and Telecare*. [Internet]. 2002 [cited 2018 November]; 8:10-12. Available from: <https://doi.org/10.1177/13576633X020080S205>

¹⁰ Berkowitz CD. Child abuse recognition and reporting: supports and resources for changing a paradigm. *Paediatrics*. [Internet]. 2008 [cited 2018 November]; S1:10-12. Available from: doi:10.1542/peds.2008-0715e

¹¹ Arnold S, Esernio-Jenssen D. Telemedicine: Reducing trauma in evaluating abuse. In: Madhavan R, editor. *Telemedicine* [Internet]. IntechOpen; 2013 Dec 13 [cited 2018 November]: Ch6:105-119. Available from: <https://cdn.intechopen.com/pdfs/41847.pdf> DOI: 10.5772/45933

¹² NSW Ministry of Health. Strategic review of telehealth in NSW: Final report. [Internet]. Nous Group, 2015 April 8 [cited 2018 October]. 164pp. Available from: www.aci.health.nsw.gov.au

introduced, uptake was widespread and patients and clinicians embraced the changes.¹³ The use of telehealth was endorsed by NSW Health as an option to complement the medical and forensic examination of sexual assault victims during the COVID-19 response, in order to minimise the risk of virus exposure and to address potential workforce shortages.¹⁴

PRACTICAL IMPLEMENTATION CONSIDERATIONS

Infrastructure

Telehealth technology is well-established in NSW, with eHealth conferencing equipment, Pexip software and other applications including Skype, being widely accepted and used throughout the state. The systems in place offer user-friendly and secure audio and visual conferencing between personal devices (a PC, Mac or Laptop) and mobile and fixed conferencing units located in many emergency departments and community health centres. Personal devices require a webcam and microphone or headset and all sites require a minimum internet speed of 0.5Mbps.¹⁵

The use of existing infrastructure would be appropriate for forensic telehealth, however, it is likely that greater camera maneuverability would be required at the host sites, to transmit high-quality images to the off-site consulting forensic examiner.

Workforce

It is foreseen that the existing forensic examiner workforce would service forensic telehealth in addition to their usual workload. Forensic examiners would require training in the use of the telehealth technology and would need to be involved in defining the scope of practice for their local model of forensic telehealth.

The forensic workforce in rural and remote areas is highly variable, however one of two models could be employed to address most service needs, depending on the level of expertise and training of staff at the host site: the “support” model or the “consultation” model. For the “support” model, the clinician at the host site would be a fully qualified (if inexperienced) forensic examiner and would access the experienced forensic examiner at the provider site, via telehealth, for guidance and advice. For the “consultation” model, the clinician with forensic qualifications at the provider site would conduct the consultation with a patient who is accompanied by a host site clinician. It is likely a new position would need to be created for the clinician at the host site, and they would need basic training in:

- practising trauma-informed care
- assisting a patient through a forensic history and examination
- performing a thorough forensic examination
- facilitating the collection of forensic evidence

¹³ Duckett S. What should primary care look like after the COVID-19 pandemic? Australian Journal of Primary Health [Internet]. 2020, April 28 [cited 2020 Sep 9]; 26(3):207-211. Available from: <https://doi.org/10.1071/PY20095>

¹⁴ NSW Ministry of Health. Clinical pathway – sexual assault medical and forensic examinations during COVID-19 [Internet]. New South Wales Government, July 2020 [cited 2020 Sep 9]. Available from: <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/guidance-sas-examinations.aspx#pathways>

¹⁵ eHealth Conferencing Fact Sheet. NSW Government, 2018 July: 5 p

Further features of each proposed model are summarised below:

	Support Model	Consultation Model
Roles of the host site	<ul style="list-style-type: none"> ▪ Provide patient with access to sexual assault counsellor in person or over the phone ▪ Have an available on-site or on-call forensic examiner who is credentialed to perform medical and forensic examination ▪ Host examiner is responsible for medical follow-up, legal report-writing and court appearance 	<ul style="list-style-type: none"> ▪ Provide patient with access to sexual assault counsellor in person or over the phone ▪ Have an available on-site or on-call clinician who has rudimentary skills and knowledge to assist a patient through a medical and forensic examination performed by a credentialed off-site clinician by telehealth
Role of the provider site	<ul style="list-style-type: none"> ▪ Provide supervision for credentialed but inexperienced forensic examiners ▪ Provide support for forensic examiners upon request or until proficiency is attained 	<ul style="list-style-type: none"> ▪ Provide complete medical and forensic examination for a patient by telehealth with assistance from a local clinician who has rudimentary training ▪ Take responsibility for medical follow up, legal report-writing and court appearance
Benefits for host clinicians	<ul style="list-style-type: none"> ▪ Access to specialist supervision/support for host clinicians with a low case load, low confidence or specific case-based challenges ▪ Gain skills and confidence through observed practice ▪ Reduced professional isolation 	<ul style="list-style-type: none"> ▪ Clinicians broaden their scope of practice to become instrumental in assisting a patient through medical and forensic examination ▪ Rewarding work applicable to managing other victims of violence and neglect

Cost

The cost of setting up a forensic telehealth service is minimal, due to the fact that the infrastructure is operational and forensic examiner rosters are established at larger (provider) sites across the state. Remaining costs for service set-up would cover recruitment and training at the host site and telehealth training for all existing and new staff. The cost of the increased presentations that is likely to result from greater access will be offset by the unquantifiable savings achieved by better outcomes for patients. Forensic telehealth will reduce travel and displacement costs for patients and the health service, and the psychosocial benefits of greater service accessibility are likely to convert to significant long-term financial savings for the individual and the community.

Risk and Liability

The usual risks facing medical practitioners (litigation and reputational) and patients (poor outcomes) in healthcare also apply to tele-healthcare. It is possible these risks are heightened due to the limitations of the clinical assessment when performed remotely and relying on technology. Risks to patients and clinicians and possible risk-mitigating strategies can be summarised as follows:¹⁶

Risk	Risk Management Strategies	Comments or Examples
Misdiagnosis	Appropriate credentialing of telehealth clinicians and appropriately defined scope of practice	Medical triage at the host site must occur independently of, and prior to, the telehealth consultation
	Policies to encourage open disclosure and incident reporting	
Liability due to equipment	Informed consent to cover the potential limitations of telehealth	
	Clinicians to understand they have a duty of care to work within the limitations of technology	In some circumstances a forensic telehealth clinician may decline to give an opinion if image quality is inadequate
	Accurate record-keeping	Contemporaneous notes should be taken at both host and telehealth provider sites
Upholding privacy and confidentiality obligations	Informed consent to cover the sharing of health information with the telehealth provider	
	Ensure clinician compliance with the Australian Privacy Principles contained within the Privacy Act 1988 (Cwth) and with the Health Privacy Principles contained within the Health Records and Information Privacy Act 2002 (NSW)	It is an expectation that all clinicians in NSW comply with these principles
Security of health information	The organisation and individual clinicians must comply with the Information Protection Principles contained within the Privacy and Personal Information Protection Act 1998 (NSW) and take <i>reasonable measures</i> to prevent loss, unauthorized access and other misuse of information.	Some reasonable measures may include: <ul style="list-style-type: none"> ▪ ensuring telehealth consultation rooms have restricted access ▪ live transmission of consultations - avoid recording and resultant storage challenges ▪ using only NSW Health telehealth software and having ready access to technical support ▪ confirming the identities of telehealth conference participants ▪ developing local policies addressing secure use of private computers and devices

¹⁶ Regos M. Telehealth – Medico-legal aspects of telehealth services for Victorian public health services. Melbourne: DLA Piper: 2015 March [cited 2018 Nov 30]. Available from: <https://www2.health.vic.gov.au/hospitals-and-health-services/rural-health/telehealth/medico-legal-aspects>

PROPOSALS

- Identify suitable “host” site hospitals in NSW where a forensic workforce need could potentially be addressed using telehealth
- Identify suitable “provider” site hospitals with an established forensic workforce that could provide a “support” and/or “consultation” type service model via telehealth to the host sites within the same Local Health District (LHD)
- Recruit and allocate appropriate staff, identify training needs and provide training
- Engage with LHD telehealth support staff and provide telehealth training
- Utilise telehealth for education and networking to familiarise staff with the technology
- Engage clinicians to agree on the scope of practice of all clinical roles
- Engage clinicians to create policies and guidelines which are location-appropriate, to address risks and guide practices
- Design parallel rosters and remuneration models for involved telehealth sites
- Run a pilot forensic telehealth service between a host site and a provider site within the same LHD, using a “support” model and/or a “consultation” model
- Seek clinician, patient and police feedback to qualitatively evaluate the pilot
- Incorporate forensic telehealth into standard practice in NSW sexual assault services

CONCLUSIONS

The introduction of telehealth for the care of victims of sexual assault would have significant benefits for patients, clinicians, health services, and the judicial system. Telehealth would mean access to timely, specialised sexual assault care, as would be standard in metropolitan centres, but without the emotional and financial burden of having to travel. Timeliness is important for optimal medical and forensic care, while specialised, trauma-informed care is crucial for patients’ healing and eventual recovery.

The support, supervision and mentoring for rural forensic examiners, combined with the recruitment of additional health staff, would broaden the knowledge, skillset and confidence of primary responders to sexual violence in the rural workforce. Improved overall service delivery is likely to increase patient confidence, and willingness to engage with medical and forensic care following sexual assault, which is likely to translate to improved patient health, and legal, outcomes.

Employing forensic telehealth to link specialists with rural practitioners and patients, would efficiently and cost-effectively contribute to the goal of achieving best practice standards of sexual assault care across all of NSW.

Dr Jane Brabin, September 2020

On behalf of the NSW Health, Education Centre against Violence (ECAV)