

# Telehealth, After Hours Care and My Health Record

*Education and Training Manual*

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We acknowledge the traditional custodians of the lands on which we work and pay our respects to Aboriginal Elders, past, present and emerging extend that to Aboriginal and Torres Strait Islander peoples learning with us today. The Darug, Gundungurra and Wiradjuri people are acknowledged as the traditional owners of the land in our region.

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## Acronyms

ACD	Advance Care Directive
ACP	Advance Care Plan
ACQSC	Aged Care Quality and Safety Commission
ADHA	Australian Digital Health Agency
AHPRA	Australian Health Practitioner Regulation Agency
BCP	Business Continuity Plan
CI	Continual Improvement
CPD	Continual Professional Development
eNRMC	Electronic National Residential Medication Chart
GP	General Practitioner
MBS	Medicare Benefits Schedule
MHR	My Health Record
NBMLHD	Nepean Blue Mountains Local Health District
NBMPHN or PHN	Nepean Blue Mountains Primary Health Network
RACH	Residential Aged Care Homes
VACS	Virtual Aged Care Service (Located in NBMLHD)



## Introduction and welcome

Wentworth Healthcare is the provider of the Nepean Blue Mountains Primary Health Network (NBMPHN) funded by the Department of Health, Disability and Ageing.

The three core functions of PHNs are:

- Coordination and integration of local health services.
- Commissioning of primary care and mental health services.
- Capacity building to strengthen the primary health system supporting health professionals.

**PHNs are funded to support Residential Aged Care Homes (RACHs) with:**

- CPD education and training
- Digital health
- Disaster management
- The General Practice in Aged Care Incentive (GPACI)
- Mental health, including the WiseMind program
- Palliative care
- Pharmacy support, including the Aged Care Onsite Pharmacist (ACOP) program

**The information contained in this education manual is supported by both the findings from the Royal Commission into Aged Care Quality and Safety and the guidance contained in the Strengthened Aged Care Quality Standards (2024).**

**This booklet will focus on supporting the use of telehealth care for residents and enhanced after hours support.**

# Part 1: Telehealth

## Learning objectives:

- Understand how to integrate telehealth into RACH processes.
- Recognise the benefits of telehealth to residents within the home.
- Review challenges being experienced using telehealth technology and develop strategies to manage.

## Guidance from the strengthened Aged Care Quality Standards:

- 5.1.5 The provider works towards implementing a digital clinical information system that:
  - a) integrates clinical information into nationally agreed digital health and aged care records
  - b) supports interoperability using established national Healthcare Identifiers, terminology and digital health standards
  - c) has processes for aged care workers and others to access information in compliance with legislative requirements.

## Guidance from the Royal Commission into Aged Care

### **Recommendation 63: Access to specialist telehealth services**

By 1 November 2021, the Australian Government should:

- a. expand access to Medicare Benefits Schedule-funded specialist telehealth services to older people receiving personal care at home
- b. require aged care providers delivering residential care or personal care at home to have the necessary equipment and clinically and culturally capable staff to support telehealth services.

# What is telehealth video?

Telehealth video involves using technology and digital equipment, such as a web camera, to support health professionals undertake the assessment, diagnosis, treatment and ongoing support of residents within the home.

The most common equipment used is a camera and video conferencing software eg. Microsoft Teams and PEXIP. Other equipment could include digital devices that can take measurements remotely, such as wireless blood pressure monitors.

## Benefits of telehealth

There are numerous research articles that positively support using telehealth as it improves the health outcomes of residents. Such examples include:

- Reduced risk of infection transmission in a hospital or general practice setting.
- Reduced the need for hospital transfers for clinical review preventing the need for avoidable hospital transfers.
- Reduces stress for residents that may be associated with a hospital transfer, by supporting them to receive a medical review and advice whilst remaining in the home.
- It increases the capacity of the GP to provide flexible care as an extension of current patient management. Telehealth can allow booking an appointment with their GP outside of their scheduled visiting times or with their colleague/registrar if their usual GP is on leave.
- Improving access to health professionals in the event of natural disaster or for residents who live in rural and remote locations.
- Reduce the time spent traveling, for either the GP or for the resident traveling to visit the GP.
- Allowing the patient's family to attend the appointment from a different location to discuss care. Also facilitates the discussion of goals of care with family members, which may also need consent.
- Supports the GP to be remunerated for their time.

## When telehealth may not be appropriate

Telehealth does not replace face-to-face clinical examinations and will not be appropriate for all presentations. It may not be appropriate when:

- A resident requires further investigation such as a comprehensive physical examination, imaging, ECG, urgent pathology or medications that are not available on site.
- A resident is impaired, or cognitively impaired in a way that will impact their ability to engage with or understand the health professional.
- The resident or their representative do not consent to telehealth consultations. Consultations must only be undertaken where consent is received.
- In urgent or emergency situations, when a resident's condition is rapidly worsening or declining.
- Staff within the RACH are not available to support the resident with the use of telehealth equipment.
- Adequate privacy is not available. Consultations must always take place in a private area of the home, such as a resident's room.

## healthdirect

### Telehealth video consultation for your practice

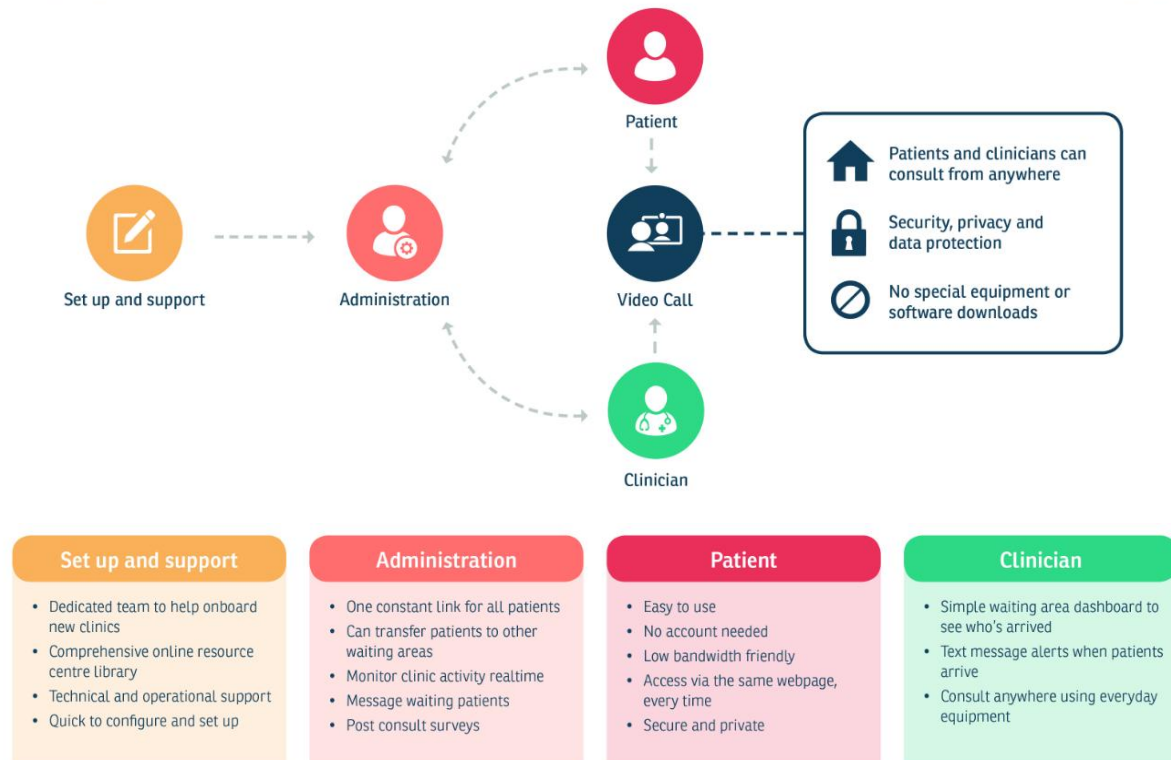
healthdirect Video Call is an easy-to-use platform that allows convenient access to care for those who find it difficult to see a clinician in person. The technology is purpose-built for health settings, designed to create fully secure, personalised, virtual clinics and waiting areas. This helps alleviate concerns with software interoperability.

Health professionals who work in aged care, allied health, Aboriginal and Torres Strait Islander peoples' health, maternity health and mental health services can access healthdirect Video Call for free.

Visit 'Introducing video telehealth to your Aged Care service'.

<https://help.vcc.healthdirect.org.au/aged-care-portal/introducing-video-telehealth-to-your-service> for further information on integrating telehealth into your service. There are templates and a readiness assessment to help provide further implementation support.

## Benefits of Video Call as a Telehealth Platform



## Conducting a telehealth consultation

RACH staff should be aware of the following points, as stipulated by the Department of Health, Disability and Ageing, that need to be considered by the GP when conducting a telehealth consult.

- Telehealth services must only be provided where it is safe and clinically appropriate to do so.
- The resident (and representative where required) must be present, and their consent gained.
- Ensure the resident can communicate with their GP during a telehealth consultation. Residents who have cognitive or sensory impairments (eg. hearing loss) may prefer face-to-face consultations.
- The GP must have provided a face-to-face service to the resident within the last 12 months. This requirement does not apply when the resident is receiving an urgent after hours service.
- Videoconference services are the preferred approach for substituting a face-to-face consultation. However, providers can also offer audio-only services via telephone where clinically appropriate.

# Preparing for telehealth consultations

Review the following to gain insight into preparation:

- **Have a local work instruction or policy.**  
Ensure you have access to and are following your organisation's policies and procedures when conducting telehealth consultations.
- **Check your signal and equipment.**  
Ensure you have the equipment you need such as a laptop, tablet or smartphone that can connect to the necessary software. Make sure you are in a part of the home that has good internet connection.
- **Do a trial run.**  
Call a colleague to conduct a trial video call session to check your settings prior to the clinical consultation.
- **Ensure the resident is prepared.**  
Residents prefer to be in a dignified manner prior to their appointments, however, clinical judgement should be used if the resident is acutely unwell.
- **Gather other providers and carers/relatives**  
Ensure your health professionals also have access to the technology needed to conduct a telehealth consultation. It is important you ensure the resident's representative is present if they require support.
- **Cleaning and hygiene.**  
You should have access to suitable cleaning solutions/wipes to clean equipment in between uses.

## Documenting a telehealth session in the resident's clinical notes

The Registered Nurse conducting the telehealth consultation needs to document the consultation in the clinical notes.

- Modality (confirm if face-to-face, telephone or video call).
- People present (list names) and their position with consent.
- Information passed onto GP prior to the consultation (eg. emailed wound photo).
- Advice received by GP.

# Secure messaging

Secure messaging is a communication tool to interact with other health providers such as GPs. We can support you to find a secure messaging provider that is interoperable with those that your health professionals' use. Secure messaging supports RACHs to:

- Access and send documents from any device to any provider on the nominated secure messaging network.
- Store your documents – both incoming and outgoing documents.
- Receive pathology and radiology results.
- Track and manage resident referrals.
- Share documents and images in a way that ensures privacy for your residents.

## Part 2: After hours care

### Learning objectives:

- Learn about the importance of having an after hours action plan in place.
- Understand what support is available during the after hours period and how to contact.

Recommendations from the Royal Commission into Aged Care Quality and Safety (2018)

#### **Recommendation 66: Improving the transition between residential aged care and hospital care**

The Australian and State and Territory Governments should:

- a. by 1 July 2022, implement, and commence publicly reporting on compliance with, hospital discharge protocols that ensure that discharge to residential aged care from hospital should only occur once appropriate clinical handover and discharge summary (including medications list) has been provided to and acknowledged by the residential care service, and provided to the person being discharged
- b. by 1 December 2021, require staff of aged care services, when calling an ambulance for a resident, to provide the paramedics on arrival with an up-to-date summary of the resident's health status, including medications and advance care directives.

## Relevance to the strengthened Aged Care Quality Standards:



2.2.2 In strategic and business planning, the governing body: a) prioritises the safety, health and wellbeing of aged care workers.

2.4.2 The provider puts strategies in place and undertakes actions to prevent, control, minimise or eliminate identified risks.

3.2.5 The provider implements strategies for supporting aged care workers to: a) recognise risks or concerns related to an individual's health, safety and wellbeing b) identify deterioration or changes to an individual's ability to perform activities of daily living, mental health, cognitive or physical function, capacity or condition c) respond to, and escalate, risks in a timely manner.

5.4.4 The provider implements processes to: a) deliver coordinated, multidisciplinary and holistic comprehensive care in line with the care and services plan b) communicate and collaborate with others involved in the individual's clinical care services, in line with the individual's needs and preferences c) facilitate access to after hours and urgent clinical care services.

## What is after hours care?

Residential aged care homes provide 24-hour care and support for their residents. As such, there will be occasions in which residents clinically deteriorate outside of usual business hours. This may involve interventions such as calling 000 for an ambulance or contacting an after hours GP service such as healthdirect. We can support your home to develop an after hours action plan or to review your current plan.

Reasons for hospital transfers after hours include:

- Unable to gain contact with the residents' GP.
- Significant changes or deterioration in a resident's health or care needs.
- The resident does not have an action plan to support them in managing their chronic health condition (eg. COPD or diabetic action plan).
- Polypharmacy situations especially in relation to sedative medications/psychotropics and associated conflicts between medications.
- Residents taking anticoagulants such as warfarin who have had a fall due to bleeding risk or needing medical assistance after a fall.
- Residents who live with behavioural and psychological symptoms of dementia that impacts their health and wellbeing at the time.

## healthdirect phone support

healthdirect is a government funded service that can provide free health advice to residential aged care staff, and can connect a resident with a GP for a telehealth consultation where necessary. This service does not replace the care provided by a resident's regular GP but provides support during times when a GP may be unavailable or on leave.



**GP unavailable?**  
Know your options after hours  
• Nights • Weekends • Public holidays

- healthdirect helpline**  
Talk to a registered nurse for health advice, 24 hours a day  
Call **1800 022 222**
- healthdirect Symptom Checker**  
Answer some questions about your symptoms to get advice on next steps  
Visit [healthdirect.gov.au](https://www.healthdirect.gov.au) or **download the app**
- Emergency**  
In an emergency call **Triple Zero (000)**

**healthdirect**

The infographic features a clock face on the right side, showing the time as approximately 10:10. The background is light blue with white text and colored vertical bars (green, orange, red) next to the service descriptions.

- healthdirect can support RACH nursing staff who are working with a resident and who would like to speak to a GP in relation to a clinical concern.
- The healthdirect triage nurse will review the situation to determine if the clinical situation meets either a 'tier 1' or 'tier 2' criteria.
- The healthdirect nurse will log a request for the GP to contact the RACH.
- The nurse will be sent a link to their smartphone for a healthdirect video call with instructions. No software is required to be downloaded.

## Advance care planning and directives

A patient can determine their own medical treatment through common law. Advance care planning is an opportunity for someone to think about future healthcare and the medical interventions they would or would not feel comfortable with. It involves conversations between the resident, their family and their treating doctor/s.

In NSW, people can formally record their choices for future medical care by appointing an enduring guardian and/or completing an advance care directive (ACD). If a resident has an ACD in place, it is important the RACH has access to it and is aware of what it contains, as this will be important in making decisions for a resident's care, especially in the after hours period. An ACD is a legally binding document across Australia and is only used if a person is unable to make decisions about their health for themselves. You can access this document via <https://www.health.nsw.gov.au/patients/acp/Pages/acd-form-info-book.aspx>

### **Once a resident has completed an ACD, ensure that a copy is:**

- uploaded to the resident's My Health Record;
- uploaded to the resident's file at the RACH;
- provided to the resident's GP, and;
- provided to the resident's Enduring Guardian.

Note: In the absence of documentation, GPs may make reasonable and appropriate clinical decisions regarding the resident's treatment until such time as a copy of the ACD is brought to their attention.

# Part 3: My Health Record

## Learning objectives:

- Understand the appropriate opportunities to upload documents to My Health Record.
- Select appropriate documents to upload to My Health Record.
- Know what information is available on a resident's My Health Record.
- Know how to view a resident's My Health Record via the portal or clinical software.

## What is My Health Record?

My Health Record is a secure online summary of a person's key health information. It allows health providers to securely share, view and manage health information including test results, discharge summaries, vaccination summaries and health conditions.

## Why use My Health Record?

Use of My Health Record supports the provision of safe and high-quality care for residents, and supports RACHs to meet their legislative requirements.

## Relevance to the Strengthened Aged Care Quality Standards:

*1.2.4 The personal privacy of individuals is respected, individuals have choice about how and when they receive intimate personal care or treatment, and this is carried out sensitively and in private.*

*2.7.1 The provider implements an information management system to securely manage records.*

*2.7.2 The provider's information management system ensures that: a) aged care workers and individuals, supporters of the individual, registered health practitioners, allied health professionals, allied health assistants and others involved in the individual's care have access to the right information at the right time to deliver and receive quality funded aged care services.*

*5.1.5 The provider works towards implementing a digital clinical information system that: a) integrates clinical information into nationally agreed digital health and aged care records b) supports interoperability using established national Healthcare Identifiers, terminology and digital health standards c) has processes for aged care workers and others to access information in compliance with legislative requirements.*

## Relevance to the Royal Commission into Aged Care:

### Recommendation 68: Universal adoption by the aged care sector of digital technology and My Health Record

The Australian Government should require that, by 1 July 2022:

- a. every approved provider of aged care delivering personal care or clinical care:
  - i. uses a digital care management system (including an electronic medication management system) meeting a standard set by the Australian Digital Health Agency and interoperable with My Health Record
  - ii. invites each person receiving aged care from the provider to consent to their care records being made accessible on My Health Record
  - iii. if the person consents, places that person's care records (including, at a minimum, the categories of information required to be communicated upon a clinical handover) on My Health Record and keeps them up to date
- b. the Australian Digital Health Agency immediately prioritises support for aged care providers to adopt My Health Record.



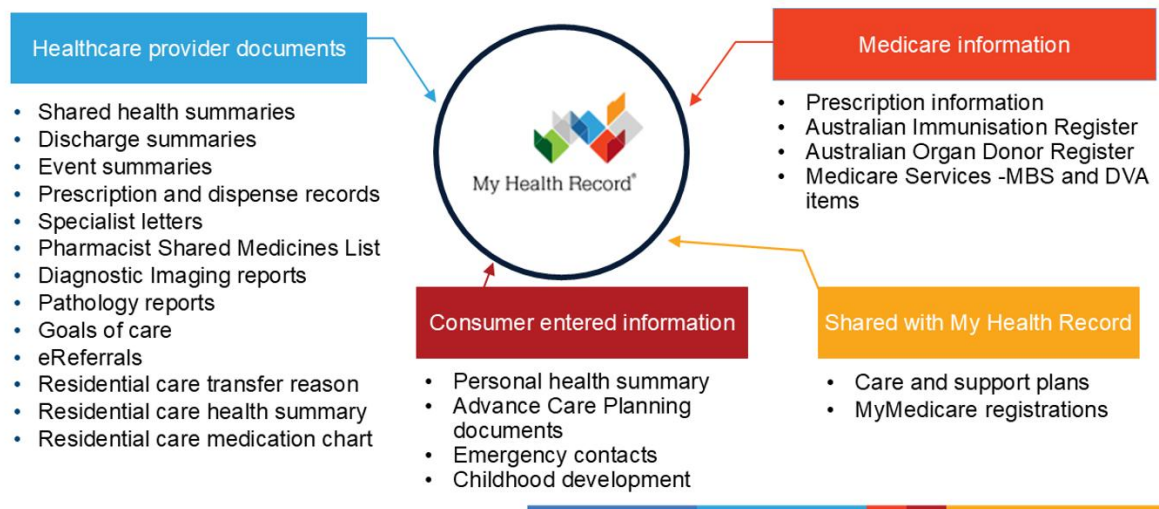
My Health Record



Australian Government

Australian Digital Health Agency

## My Health Record documents



Residents who have chronic health conditions are great candidates for My Health Record as it supports the sharing of health information between health providers such as their RACH, GP and specialists.

## How to gain access to My Health Record

*Once your organisation is registered for My Health Record, follow these steps for provider portal access. You will need to ensure your organisation has linked your HPI-I to the organisation.*

- Create a PRODA account. Go to <https://provider.ehealth.gov.au/login.html> and click 'register now' and follow the instructions. You will need to have ID available (such as driver license, passport details).
- After logging in, there are various tiles with different services. Click on the My Health Record tile.
- You will then need to add in your HPI-I number (accessed in AHPRA website after you log in).

## My Health Record access through your clinical software

Many clinical software systems used in residential age care are conformant with My Health Record, meaning you can access the information that is uploaded to My Health Record directly through your own software. The following software systems are currently compatible (as of March 2026):

- AlayaCare
- AutumnCare
- BESTMED
- Telstra Clinical Manager
- eCase
- Manad Plus
- Leecare Platinum6

To enable access to My Health Record through your clinical software, contact your software provider. Your residential aged care home must be registered for My Health Record to enable this.

For support with registering your organisation for My Health Record, please contact us using the details below.

## Contact us

NBMPHN Healthy Ageing and Palliative Care Team

Ph: 02 4708 8100

Email: [HealthyAgeing@nbmphn.com.au](mailto:HealthyAgeing@nbmphn.com.au)

Website: [nbmphn.com.au/RACH](http://nbmphn.com.au/RACH)

## **Wentworth Healthcare**

Building BR, Level 1, Suite 1  
Werrington Park Corporate Centre  
14 Great Western Highway  
Kingswood NSW 2747

**P** 02 4708 8100

### **POSTAL ADDRESS**

Wentworth Healthcare  
Locked Bag 1797  
Penrith NSW 2751

For more information about Wentworth Healthcare,  
provider of the Nepean Blue Mountains PHN, visit:

**[nbmphn.com.au](http://nbmphn.com.au)**

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