



## Australian Health Contact Centres



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## Australian Health Contact Centres

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## Preface

This Standard was prepared by the Standards Australia Committee HE-034, Health Contact Centres.

The objective of this Standard is to provide health contact centres with requirements that ensure the quality of health and health-related services provided through any communications medium.

The term “informative” is used in Standards to define the application of the appendices to which it applies. An “informative” appendix is only for information and guidance.

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## Introduction

In order to develop an effective Standard that achieves its proposed objectives, several questions around the definition and scope of health contact centres needed to be addressed.

There has been some confusion in recent years about the definition of telehealth, digital health, telemedicine, teletriage, call centres, contact centres and how they interconnect.

Telehealth has been defined by the World Health Organization as:

The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.

[SOURCE: WHO. *TELEMEDICINE Opportunities and developments in Member States. Report on the second global survey on eHealth. Global Observatory for eHealth series. Volume 2, 2010, p 9*]

As the definition suggests, there are many different media available and used, to deliver telehealth services. These include telephones, video, websites, television, facsimile, social media, web chat, SMS and email. Telehealth is an all-encompassing term that includes many other health services, e.g. teletriage, telemedicine, telemonitoring, tele information, telesupport and telecare. These tend to be defined according to who is delivering the health service and the objective of the service, i.e. triage, diagnosis, advice or education. Some of these services are clinician led while others are non-clinician led.

Call centres, more recently known as contact centres, have developed over the past 20 years as an effective and efficient way to provide many telehealth services.

Contact centres may be any of the following:

- (a) Location based or virtual.
- (b) Comprise one to two call takers or possibly hundreds of call takers.
- (c) Staffed by a clinician, e.g. a doctor, a nurse, dietician, physiotherapist, or by a non-clinical call taker.

Calls may be client-caller initiated, or initiated by the contact centre staff. Therefore, calls may be inbound to the centre or outbound from the centre.

Although the service may not be a health service, but “health-related”, e.g. registering for an aged care assessment, all calls have the potential to carry a clinical risk. If a contact centre is providing any health or health-related service or information, there are clinical risks that need to be managed.

Also covered by this Standard are a growing number of contact centre services that help to deliver well-being outcomes that link with public and preventive health agenda. The focus is therefore, on people’s well-being, albeit that there will also be clinical benefits. These services have a vital role to play in assisting people to manage their own lifestyles. Contact centre services are therefore supporting, in different ways, the needs of people of all ages. Such services can at the same time, help to build greater health literacy among users, i.e. the knowledge by which people are better able to understand and manage their own health and navigate health systems.

# Australian Standard®

## Australian Health Contact Centres

### 1 Scope and general

#### 1.1 Scope

This Standard specifies requirements for the governance, management and performance of “health contact centres” that provide health and health-related services through the use of any communications medium.

This Standard is applicable to contact centres delivering health services that include, but are not limited to the following:

- (a) Assessment and registration for health services.
- (b) Care co-ordination.
- (c) Case management.
- (d) Counselling.
- (e) Diagnostic services.
- (f) Health coaching.
- (g) Health system navigation.
- (h) Management of health records.
- (i) Mental health triage, support and treatment.
- (j) Prioritization and classification (assessment).
- (k) Provision of advice, treatment or other health service information.
- (l) Support services, e.g. smoking cessation.
- (m) Symptom triage.

This Standard defines the requirements for —

- (i) governance;
- (ii) management of the contact;
- (iii) workforce;
- (iv) information management; and
- (v) technology.

This Standard does not apply to face-to-face (physically present) interactions for health care. It also excludes static, non-interactive information provided in publications and on websites.

This Standard does not apply to emergency contact centre services (e.g. ambulance) nor does it apply to telephonic conversations and consultations between allied health professionals, general practitioners and/or medical specialists, whether such conversations involve a patient or not.

This Standard does not apply to conversations other than those conducted when the clinician is acting as a staff member of a health contact centre or in a role for which they have been credentialed by a health contact centre.

This Standard does not address information and communications technology hardware and software technical requirements.

## 1.2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document.

NOTE Documents for informative purposes are listed in the Bibliography.

ACT P. (Cth), *Schedule 1*. Australian Privacy Principles, 1988

Australian Commission on Safety and Quality in Health Care, *Australian Charter of Healthcare Rights*, 2008

Australian Commission on Safety and Quality in Health Care, *Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners*, 2015

## 1.3 Terms and definitions

For the purpose of this Standard, the following terms and definitions apply.

### 1.3.1

#### **call**

any voice contact made by the health contact centre or made to the health contact centre including, but not limited to, telephone, voice over internet protocol (VOIP) or video

### 1.3.2

#### **call recording**

the audio recording of a voice contact made by, or to, the health contact centre

### 1.3.3

#### **clinical governance**

the framework through which organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish

[SOURCE: SCALLY G., DONALDSON L.J. (1998).]

### 1.3.4

#### **clinical risk**

the potential of circumstances and opportunities to put the health of health contact centre users at risk of harm, measured in terms of consequences and likelihood

### 1.3.5

#### **clinical risk management**

a process for improving the quality and safety of healthcare services by identifying the circumstances and opportunities that place health contact centre users at risk of harm and then acting to prevent or control those risks

### 1.3.6

#### **competent person**

a person who has acquired, through education, training, qualification or experience or a combination of these, the knowledge and skill enabling that person to perform the task required

### 1.3.7

#### **consent**

permission given by the user, to the health contact centre, for components of the health contact centre service to be undertaken

Note 1 to entry: For example, call recording and the collection, use or disclosure of personal information

**1.3.7.1****consent opt-in**

an individual is clearly presented with an option with which to agree or disagree, and expressly agrees

Note 1 to entry: For example, for the collection, use or disclosure of personal information.

**1.3.7.2****consent opt-out**

an individual is clearly presented with an option to decline consent. If the individual does not clearly decline consent, consent is considered to be granted

**1.3.7.3****consent implied**

an individual continues to receive the service where there is no specific option given. Consent is implied by the user and inferred by the service provider

**1.3.7.4****consent third party**

consent provided by a person for another person to the health contact centre in order to provide the service to them and in order for their information to be provided to other parties as required for their care

**1.3.8****contact**

any interaction made by, or with, the health contact centre through any means of information or communication technology or interaction channel

**1.3.9****contact audit**

the process of reviewing the documentation of a contact, including any recorded material, and assessing the contact against a number of predetermined quality criteria

Note 1 to entry: This may include using voice analytics.

**1.3.10****contact encounter documentation**

documentation produced by the health contact centre that records the details of the contact

Note 1 to entry: This includes any recording that has been made.

**1.3.11****continuity of care**

the process by which the user and all care/service providers are co-operatively involved in ongoing management towards the shared goal of high quality care/service

**1.3.12****corporate governance**

a broad-ranging term which, among other things, encompasses the rules, relationships, policies, systems and processes whereby authority within organizations is exercised and maintained

[SOURCE: AUSTRALIAN INSTITUTE OF COMPANY DIRECTORS. (2017).]

**1.3.13****credentialing**

the process of reviewing and verifying the qualifications, experience, training or demonstrated competency, practice history, licences and registrations that are required of a person to perform the role for which they are engaged at the health contact centre

Note 1 to entry: Credentialing is relevant to all health contact centre workers who are providing or supporting the service.

**1.3.14****data**

a collection of information that includes both health contact centre and user data

**1.3.15****data management**

the development, execution and supervision of plans, policies, programs and practices that deliver, control, protect and enhance the value of data and information assets throughout their life cycles

**1.3.16****diversity**

recognising the value of individual differences and integrating these values into the workplace and service provision

**1.3.17****emergency**

a serious and often dangerous situation requiring immediate action

Note 1 to entry: This may be health related, e.g. a user experiencing breathing difficulties, loss of consciousness or an acute mental health episode, or it may be situational, e.g. a bomb threat.

**1.3.18****excessive user**

a user who contacts the service an inappropriate number of times within a timeframe (as defined by the service), for management of their issues

**1.3.19****face-to-face interaction**

an interaction that takes place when the health professional or service provider and the patient are in the same physical environment

Note 1 to entry: No communications technology is used in a face-to-face encounter.

Note 2 to entry: A video interaction is not considered to be face-to-face.

**1.3.20****frequent user**

a user who contacts the service several times within a short timeframe (as defined by the service), for management of their issues

Note 1 to entry: This may be an indication of a deterioration in health of the user, which may require escalation.

**1.3.21****health contact centre**

a central point in an enterprise from which user contacts related to health are managed

Note 1 to entry: A health contact centre may provide any health service(s) that may range from the provision of health-related information through to treatment.

Note 2 to entry: A health contact centre may have a central or dispersed, geographic or a virtual location.

**1.3.22****health literacy**

the capacity of an individual to obtain, process and understand health information and services needed, to make appropriate health decisions

**1.3.23****induction**

the process of introducing new employees to the organization and the work environment

**1.3.24****mandatory disease notification**

notification required by legislation, regulation or policies

Note 1 to entry: For example, specified diseases in accordance with relevant state or territory legislation

**1.3.25****mandatory reporting**

reporting required by legislation, regulation or policies

Note 1 to entry: For example, specified diseases, domestic violence or suspected abuse.in accordance with the relevant State of Territory legislation.

**1.3.26****may**

indicates the existence of an option

**1.3.27****operations measures**

the many and various operations indicators that can be quantified and analysed to determine the quality of the health contact centre operations

Note 1 to entry: These include, but are not limited to, the number of contacts/contact volumes, unique users, cost per contact, length of contact/average handling time, drop out/abandonment rates, and contact waiting times.

**1.3.28****orientation**

a formal process of informing and training workers on entry to an organization covering the policies, processes, and procedures applicable to that healthcare organization

**1.3.29****precepting**

the combined act of instructing, teaching and mentoring

**1.3.30****procedure**

specified way to carry out an activity or process

**1.3.31****process**

set of interrelated or interacting activities which transform inputs into outputs

**1.3.32****record**

the documented account of a contact

**1.3.33****re-routing**

the process of redirecting calls or contacts to other services, individual workers or queues

Note 1 to entry: Re-routing can be based on pre-established criteria such as the time of day that a caller contacts the health contact centre.

**1.3.34****scope of practice**

the procedures, actions and processes that a registered health practitioner is permitted to undertake in keeping with their credentials and the defined service scope of the health contact centre

Note 1 to entry: The use of this term is confined to registered health practitioners. All other workers are required to undergo the credentialing process but have their roles and responsibilities documented as duties in their personal position description