



Spiritual Health Association

# Telehealth Guidelines for Spiritual Care

*Compassionate, person-centred health care.*



## Contents

Introduction .....	3
Who is eligible? .....	4
Setting up for the telehealth session .....	4
Privacy and security.....	5
Steps in your telehealth encounter.....	5
Conclusion.....	6
References .....	7
Appendix 1: Example from Cabrini Hospital .....	9
Appendix 2: Informed Consent.....	10
Appendix 3: Checklist for provision of telehealth spiritual care.....	14
Appendix 4: Technology options .....	16
Appendix 5: Sample script .....	19

## Introduction

The *Telehealth Guidelines for Spiritual Care* were developed in response to changing practices in health care that emerged in the context of COVID-19. These changes offered increased opportunities to provide care through online platforms. It is envisaged that telehealth will continue to be a method for the delivery of health care into the future. There is therefore an identified need for these guidelines. These guidelines do not replace the telehealth policies and procedures of individual health services which always take precedence.

Telehealth is “the provision of healthcare delivery or related processes (such as education), when some of the participants are separated by distance and information and communication technologies (ICTs) are used to overcome that distance” (State of Victoria 2015, p. 2). Telehealth sessions can be delivered in the moment via phone or video, or via pre-arranged video or email (RACGP 2019, p. 1) (such as a guided meditation process). Telehealth may involve the use of telephones, email, and/or video conferencing.

The objectives of telehealth are to “improve patient outcomes, drive greater efficiency in the way health care is delivered, support the delivery of quality health care across the state and make telehealth a viable alternative to the way some health care is traditionally delivered” (Department of Health 2020). Telehealth practice guidelines exist for a range of allied health and medical disciplines including occupational therapy (OTA 2020), art therapy (ANZACATA 2020), psychology (APS 2020), speech pathology (SPA 2020) and general practice (RACGP 2019).

Spiritual care delivered via telehealth should meet the usual standards of care as would be delivered in person and follow all regulations and procedures set out by Spiritual Care Australia’s *Standards of Practice* (SCA 2014), and *Code of Conduct* (SCA 2017), and the Spiritual Health Association *Guidelines for Quality Spiritual Care in Health* (SHA 2019), and *Spiritual Care in Medical Records* (SHA 2019).

Cultural awareness skills need to be intensified in situations where there may be limited information and/or cues.

The purpose of the telehealth service is to maintain spiritual care service provision in any context where face to face care is not possible and to extend the opportunities for spiritual care service provision. Telehealth may also be an option when spiritual care providers are unable to be present in the hospital setting.

Telehealth is an appropriate option for people who have access to telephone or video conference technology. Communicating via phone or video conferencing enables conversations, listening presence, and emotional and spiritual support. See Appendix 1 for an example of telehealth practice in a major hospital.

This document provides guidelines for the delivery of spiritual care via telehealth. It gives an overview for planning, privacy and security, eligibility, setting up for telehealth, and the telehealth encounter.

## Who is eligible?

In the context of spiritual care, telehealth may be appropriate for any patients in hospital where face to face contact is not permissible or possible. Telehealth may also be appropriate for the family members of patients in cases where they are unable to visit in person.

In discerning eligibility, it is important to consider:

- Patient safety
- Individual patient clinical need
- Patient preference (as always, spiritual care is offered and not mandated)
- Patient vision, hearing, motor dexterity, physical endurance, and positioning
- Patient cognitive, behavioural, cultural, and motivational characteristics including attention, focus, understanding and perception of remote interaction.
- Communication characteristics including language, auditory comprehension, sign language use
- Ability of carer or support person to assist with technological aspects
- Training and skills of spiritual care practitioner
- Equipment required (hardware and software)
- Budget requirements (adapted from RACGP 2019, p. 4, and SPA FAQs).
- **Hygiene of equipment.**

To ensure patient safety, clearly communicate the aims and scope of the telehealth service to patients via a brochure or verbally. In some allied health disciplines, clients/patients sign an informed consent before engaging in telehealth services. See Appendix 2 for an informed consent form template.

## Setting up for the telehealth session

### *Creating a supportive environment*

- Quiet and private – Consider using a ‘do not disturb – video conference in process’ sign
- Professional space
- Free from distraction or interruption

### *Telephone sessions*

- Obtain the patient’s room number
- Ensure your phone is on full charge
- Use headphones
- Take notes immediately following the session

### *Videoconferencing equipment*

- Webcam: Check if your laptop already has this. If not, it is possible to purchase plug in webcams.
- Microphone: Again, check if your laptop already has this, and if not, purchase an external microphone.
- Headphones (supporting privacy in shared spaces).
- Quality and reliable internet connection, preferably via direct connection.
- Videoconferencing software such as skype, zoom, doxy.me, GoTo Meeting. Please see the appendix for a summary of different software options.

- If using video conferencing, a plain background that won't distract from the conversation. Bright lighting. Avoid having a window behind as this creates high contrast (you will appear as a silhouette).
- Practice using new technologies with colleagues, so you are able to troubleshoot any challenges that arise.
- Have back up option available such as a phone in case the original link fails. (Adapted from RACGP 2019 p. 9)

See Appendix 3 for a checklist for providing spiritual care telehealth via video conference.

See Appendix 4 for a range of possible technology and software options.

## Privacy and security

To ensure privacy and security, spiritual care practitioners who engage in conversations via phone or videoconferencing must comply with privacy legislation. Ensure that the internet connection is secure. Any records or documents that are sent must also be secure (OTA 2020).

The *Guide to Securing Personal Information* provides clear details on how you can ensure sufficient security measures are in place for your telehealth practice (OAIC, 2018).

- Only use a secure internet connection for sessions or to transfer information
- Ensure both patient and practitioner site are secure and confidential
- Any records or documents should be transferred and stored securely

You can reduce the risk for your patients and yourself by making sure all software updates are installed, antivirus software is up to date, the Wi-Fi network is secure and password protected, using strong passwords on all apps and online accounts (Commonwealth of Australia 2011; Australian Government ND).

Consider possible risks and make plans to manage these in discussion with your health service manager.

## Steps in your telehealth encounter

### 1. Seek informed consent

Before engaging in a telehealth conversation, ensure that the patient understands what telehealth is, how it will be used in their situation, and how you will safeguard their privacy and confidentiality (OTA 2020). For instance, you might begin with a short phone conversation in which you arrange a time to offer additional support.

#### *For the patient in hospital*

If the patient is in hospital, call their room phone. Ask the person if they prefer a telephone conversation, or a video call. Ask if they have videoconferencing capacity and if so, request their permission to send an invitation via email. The invitation email can include the informed consent document and a link to the videoconference. The informed consent form may not be necessary if the patient is in hospital.

### *For the family member at home*

If the family member is at home and unable to come to the hospital, contact them via phone in the first instance. Contact details for next of kin are available in the medical records. Offer support and ask if they would prefer telephone or video call. Ask if they have videoconferencing capacity and if so, request their permission to send an invitation via email. The invitation email can include the informed consent document and a link to the videoconference.

An informed consent document should outline the rationale for the consultation, any support people present, identifying information, privacy statement, and possible risks (Atkinson 2017; RACGP 2019; SPA 2020).

## **2. Conduct the call**

- Review the referral or reason for telehealth call
- Ensure you are speaking with the right person
- Ensure this is a good time for the person
- Pay close attention to physical or emotional distress
- Respect confidentiality (Leshner, Sprik and Ingram 2020)

A sample script adapted from Leshner, Sprik and Ingram (2020) is at Appendix 5.

## **3. Maintain appropriate record keeping**

Engage in the usual record-keeping procedures (SHA 2019) as soon after the conversation as possible, and include the additional:

- Conversation was conducted via videoconference/phone with patient's consent
- Patient/family member location was...
- Others present included...
- Rationale for videoconference or phone call rather than usual face to face.
- Any technical malfunctions that occurred that may have impacted the quality of connection (Adapted from RACGP 2019, p. 16)

Consider how remote workers will update patient records, especially where records are paper based.

## **Conclusion**

In times of rapid change, it is important to ensure that spiritual care practitioners are well resourced to continue to offer skilled and professional emotional and spiritual support to patients, their families, and staff. This document has outlined key information to support the transition to telehealth for spiritual care practitioners.

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Telehealth Victoria Community of Practice: Resources  
<https://telehealthvictoria.org.au/resources/cop-developed-resources/>

Telehealth Victoria Community of Practice: Telehealth Starter Kit  
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## Appendix 1: Practice Example

### Consolation in the time of Covid-19 - Cabrini telehealth model of practice

About one month ago when we all came to a screeching halt, we ceased face to face pastoral conversations with patients and families in our main acute hospital at Cabrini in Melbourne. We decided that the government's "stay at home" message was the right one. Currently, we have a skeleton staff at work each day with many staff now working from home and making phone calls to patients. Our staff are working the same hours but spread over more days.

Our new model of service delivery was up and running in under a fortnight! There were, of course, teething problems, particularly getting everyone remote access at home. Normally practitioners write in the patient medical record, the FICA Spiritual Assessment and recommendations for ongoing support as well as noting the visit in our electronic PAS system. Now, the medical record is not used but entries are made in PAS after each call. The PAS note begins "Covid-19 phone call"

Each morning our two onsite staff visit each ward and ask NUMs and ANUMS to review our patient lists and make any necessary referrals for that day or recommend who might need further support. This face to face visit ensures at least some of the non-anxious physical pastoral presence that the Coronavirus has curtailed. We scan these lists and allocate work to pastoral practitioners working from home. They then make phone calls to patients via their hospital room landline.

We maintain data every day including hospital occupancy rates, numbers of patients referred, how many patients require a call and how many we make contact with. Given these extraordinary circumstances, I was keen for the team to have an opportunity, in the fine tradition of pastoral experiential/reflective learning, to reflect on their learnings around pastoral phone calls and to identify themes that might emerge specifically related to Covid-19 that add another layer of distress to the usual existential concerns related to a health crisis.

Generally, so far, we are finding that it is possible to provide pastoral presence and connection via the telephone, though it is, unsurprisingly, different.

Some valuable pointers<sup>1, 2</sup> I unearthed about working on the phone are as follows

- A calm tone of voice, wise choice of words and a steady speaking pace is important as is a clear personal introduction and intro to the service
- The lack of visual cues may be compensated for by focussing on auditory cues e.g. "I can hear in your voice...I sense you are sounding..."
- The absence of visual cues requires a more interactive approach and a more intense verbal response than face to face conversation.
- The attention and concentration may be more narrowly focussed in a phone call, promoting a feeling of proximity that the voice is "inside my head."
- Using the phone can potentially raise the level of intimacy so that two people can be drawn together quite quickly

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<sup>1</sup> Young, H.R. (2009) Exploring the dynamics of telephone counselling: A qualitative study of Lifeline Melbourne (Doctoral dissertation). University of Melbourne. Parkville.

<sup>2</sup> Department of Health (2020) Telehealth website

- Paradoxically, at times, phone conversation may allow for an exchange of deep emotion, uninhibited by eye contact and personal presence
- Interestingly, verbally active phone counsellors, speaking briefly and often, making *more use* of complete statements i.e “I can sense your anxiety in the words you are using as you describe your anxiety as being like a lead blanket over you...” and *less use* of minimal encourager responses i.e “Mmmm...” “I see...” “I understand...” may be more effective
- Accurate mirroring back of significant info is useful
- Silences and tears over the phone can be trickier but allowing the silence and acknowledging it “ You’re quiet...” “ I can hear your tears....I’m just here at the other end...”

Finally, phone interaction is so subjective an experience, but patients are conveying their spiritual and existential struggle through this auditory medium and the phone relationship can be consolidated in follow up calls.

In extraordinary circumstances the mode of pastoral service delivery may be required to change but the outcome remains centred on empathic listening, respect and some imagination.

One of our staff members described her work one day as “listening with the ear of my heart!”

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Manager  
Pastoral and Bereavement Services  
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## Appendix 2: Informed Consent

### Informed Consent for Telehealth

*[Note: This general form has been drafted to include the types of issues which ordinarily arise in relation to a telehealth consultation. It may not be appropriate for your circumstances; you should tailor the form so that is relevant for your use of telehealth and in line with your hospital policies. Feel free to edit as needed.]*

**Name of Hospital and Spiritual and Pastoral Care Department:**

**ABN:**

#### Consent for the Provision of Spiritual Care Services via Telehealth

<b>Patient Name</b>	<b>Date of Birth</b>
<b>UR</b>	
<b>Phone</b>	<b>Email Address</b>

#### What is the purpose of this form?

The purpose of this form is to provide information to you about, and to obtain your consent to participate in, a telehealth consultation with a member of the spiritual care team at *[organisation name]*.

#### What is Telehealth?

Telehealth is the use of telecommunication to provide spiritual and pastoral care services to patients. The spiritual care practitioner typically uses telephone or videoconferencing to offer patient sessions in real-time but may utilise other formats, such as email, for related communication. The spiritual care practitioner is an employee of *[organisation name]*, has the requisite qualifications for the role, and complies with the requirements of the profession including regular supervision, professional development, and association membership.

#### What does a Telehealth consultation involve?

A telehealth consultation usually involves some or all of the following:

- A spiritual care practitioner will confirm with you your name, date of birth, address, and unique record number (UR)
- A spiritual care practitioner will discuss your health and your health history with you and, where appropriate, will offer interventions including assessment, listening presence, spiritual or emotional support
- You may have a support person with you, as you might in a face to face encounter
- With your permission, a technical support person might be present for part of the consultation to assist with technical issues

- You are not permitted to video or audio record the consultation unless the spiritual care practitioner gives you permission to do so
- Your session will not be recorded without your express permission.

### **What are the potential benefits of telehealth?**

Telehealth *might*:

- Improve access to spiritual and pastoral care services
- Reduce your need for travel
- Decrease exposure to infectious disease, especially in the context of the COVID-19 global pandemic.

### **What are the potential risks of telehealth?**

Telehealth *might*:

- Be negatively impacted by technical problems, such as delays due to technology failures
- Not offer the same visual and sound quality
- Not feel the same as an onsite session
- Not achieve everything that is required and therefore require another telehealth consultation or a face to face consultation
- Include practices and procedures that are not as well understood in a telehealth setting as they are onsite
- Increase exposure to privacy and digital security risks. (See next section.)

### **Will my privacy be protected?**

This practice is subject to the Privacy Act 1988 and must comply with obligations related to the collection, use and disclosure of personal information, including through telehealth. The spiritual care practitioner must maintain confidentiality and privacy standards during sessions, and in creating, keeping, and transmitting records.

While the spiritual care practitioner is obligated to meet standards to protect your privacy and security, telecommunication, including videoconference, may increase exposure to hacking and other online risks; as with all online activities, there is no guarantee of complete privacy and security protection. You may decrease the risk by using a secure internet connection, meeting with the spiritual care practitioner from a private location, and only communicating using secure channels.

### **What does informed consent mean?**

There are a few important principles related to informed consent:

- **You must be given relevant information.** Ask the spiritual care practitioner if you have questions about telehealth and the services offered.
- **You have the right to understand the information.** Ask the spiritual care practitioner if you do not understand.

- **You have the right to choose.** If you do not agree to telehealth, you may refuse to participate. You may agree to or refuse specific activities and procedures.
- **You have the right to stop using telehealth anytime.** You can change your mind about telehealth or a specific activity or intervention, even in the middle of a session.
- **You can agree or refuse in writing or verbally.** You may give your consent using the form below. You may also give consent or change your mind by telling the spiritual care practitioner. Consent and refusal that you give verbally will be documented by the spiritual care practitioner.
- **You can ask about alternatives to telehealth.** If you refuse or change your mind about telehealth services, your spiritual care practitioner will discuss any other options with you. The spiritual care practitioner may or may not be able to offer alternative services.

**Written consent form:**

Please tick all that apply:

- I agree to receive spiritual care services via telehealth.
- I understand that I may agree or refuse any service or part of a service at any time. I can agree or refuse in writing or verbally.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of person signing: \_\_\_\_\_

Date: \_\_\_\_\_

Spiritual Care Practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

(Adapted from the Speech Pathology Australia template.)

## Appendix 3: Checklist for provision of video conference telehealth spiritual care

### Screen your patient to determine whether telehealth services are appropriate for them<sup>3</sup>

- Consider patient's clinical & cognitive status – can the patient effectively participate?
- Consider patient's cultural and language needs
- Does the patient have technology resources for a telehealth session – e.g. webcam or smartphone?
- Consider patient's comfort in using technology – can they log in and effectively use the technology?
- Does the patient have physical space for a private telehealth session?

### Technology

- Does the technology you have chosen to offer end-to-end encryption and not store session data for data mining purposes (check company's privacy statement)?
- Do you and the patient have adequate internet connectivity and data allowance for videoconferencing? One-on-one video conferencing uses on average between 300MB and 500MB per hour.
- Did you discuss with the patient how to log in and use the technology?
- Are you using a password-protected, secure internet connection, not public or unsecured Wi-Fi? What about your patient?
- Did you check that your operating system and antivirus/antimalware protection is up-to date to reduce the risk of being hacked? What about your patient?

### Set-up

- Is the location private? Is it reasonably quiet?
- Make sure the room is well lit. Example: A window in front of you might cast a shadow or create low visibility, and a window behind will create a strong contrast.
- To improve eye contact, position your camera so that it's easy to look at the camera and the patient on screen
- Consider removing personal items or distractions in the background
- Check the picture and audio quality. Can you see and hear each other? Make sure nobody is muted
- As much as possible, both people should maintain good eye contact and speak clearly
- Use headphones (especially wireless ones) to improve privacy.

### Pre-session

- Discuss the potential risks/benefits of telehealth sessions with the patient(s). See the informed consent form
- Conduct a risk assessment to determine patient's current mental health

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<sup>3</sup> Adapted from APA checklist by Brian Dixon (Director, Scientific Issues, New Zealand Psychological Society) Source: <https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist>

- Get a signed informed consent from your patient(s) or patient's legal representative. Consider digital signature services like DocHub which allow your patients to sign the consent form using legally binding e-signatures.
- If you are taking verbal consent, note the patient's preferences on their record with the date and time and inform the patient that you will do so
- Do you have a back-up plan in case of technical difficulties?
- Do you have a plan in case of a crisis situation (either mental health or medical)? What contact information do you have? Do you know the local resources (e.g. emergency numbers) and where the patient is?
- In the case of minors, determine where the adult will be at that location.

### **Beginning of virtual session**

- Verify the patient's identity – name, address, date of birth, UR
- Confirm patient's location and a phone number where the patient can be reached if the link drops out
- Confirm emergency contacts
- Ask patient if anyone else is in the room
- Ask if they are likely to be interrupted or if background noise will be a problem
- If the technology platform allows, lock the meeting to prevent others entering the virtual session while you are working. In Zoom, use Manage Participants | More | Lock Meeting
- Review importance of privacy at your location and patient's location
- All individuals present for the virtual session must be within view of the camera, so you are aware of who is participating
- Confirm your plan if you are disconnected or experience technical difficulties
- Confirm that nobody will record the session without permission
- Turn off all apps and notifications on your computer or smartphone
- Ask patient to do the same
- Make adjustments to screens and sound if necessary
- Conduct the session mostly like you would an in-person session. Be yourself.

Note: This checklist is provided as general information only. **Always refer to the policies and procedures within your own health service.**

*(Adapted with kind permission of the owners, ANZACATA © 2020)*



## Appendix 4: Technology options

There are a range of technology and software options to support telehealth encounters. This appendix provides an overview of the features of major software and telecommunications options. The following platforms are provided as examples of technology that can be used for telehealth and should not be read as an endorsement of particular platforms. **Always refer to the policies and procedures within your own health service before implementing any form of telehealth.**

### Phone and email

The first point of contact for a spiritual care conversation via telehealth is the phone. If you choose to make contact with patients or family members via phone, ensure that you have set up a private account via your workplace, rather than using your personal mobile phone and email account.

#### *Telephone*

- Allows for real-time conversation
- A great starting point for a check in to assess emotional and spiritual need and then to schedule a further conversation via video conferencing.

#### *Email*

- Email will be needed if sending links to zoom video conference
- Software may not be secure even over a secure internet connection.

### Real-time video conferencing options

Real-time video conferencing allows both spiritual care practitioner and patient/family member to see and hear each other during the session.

#### *Zoom*

Features:

- Easy to use across most devices and platforms, with good quality video and audio
- Patient does not need an account or to download anything – they just open a link sent by spiritual care practitioner
- Allows screen sharing
- Has inbuilt chat function useful if video or audio are lost
- Has a call only mode (no video)
- Includes a virtual background, so both patient and spiritual care practitioner can minimise intrusion into their real home space.

Privacy:

- As the meeting host you sign up for Zoom and you will be assigned a personal meeting link to send to your meeting guest. Guests click on the link to open up a meeting. Zoom has now added a password option so that others cannot enter the meeting uninvited
- Guests do not need to create an account, but you will need to send the link usually via email to the patient's email address.

#### Security:

- Zoom provides end-to-end encryption of all audio, video, and screen sharing data
- Meeting data is not stored and for data mining
- Zoom also allows you to lock the meeting so others cannot join uninvited. See the [Guide to using Zoom](#) for instructions.

#### Cost:

- Free option allows untimed one-on-one meetings
- If consultation involves a group of people in different locations, there is a 40 minute time limitation with the free account.

#### Resources:

- Download [ZOOM software](#)
- Download [Guide to Using Zoom](#)
- Official [Zoom tutorials](#).

### *Doxy*

[Doxy.me](#) is a video conferencing system built specifically for telehealth.

#### Features:

- Good quality video and audio
- Has inbuilt chat function useful if video or audio are lost (paid version only)
- Multiple platforms, runs in browser (can work on any type of computer)
- Easy to use for both practitioners and patients
- Client does not need an account or to download anything – just open a link.

#### Privacy:

- High-level encryption end to end.

#### Security:

- Secure data centre, data not collected for mining.

#### Cost:

- Free version available but it does not support audio call, screenshare, or file-share, or online chat. It supports low resolution video.

#### Resources:

- [Sign up to doxy](#)
- [Doxy YouTube channel](#)
- [Doxy Community blog](#)

### *Skype*

#### Features:

- Supports a variety of platforms and devices.

#### Resources:

- [Skye free conference call](#) information.
- Like Zoom, host shares a link for the client. Client doesn't need to sign up.

Support and [further information from Skype](#).

### *Google Meet*

If you are a Google fan you might like to investigate [Google's offerings](#).

### *GoToMeeting*

See [GoToMeeting pricing](#).

#### Pros and cons

- Excellent video and audio
- Allows multiple participants
- Only 14 days free trial otherwise plans from \$17 per month
- Meeting lock only available in Business and above plan but end-to-end encryption.

*(Adapted with kind permission from the owners, ANZACATA © 2020)*

## Appendix 5: Sample script

Please adapt this script to reflect your organisational procedures and personal pastoral practice. Adapted from Leshner, Sprik and Ingram (2020)

### **For all visits:**

Check the patient's chart before you call, since you do not have in-person context clues.

- What is their diagnosis?
- What spiritual issues are present?
- Why were they referred?
- Do they have any hearing or speaking impediments?
- Do they have any relevant social history?
- Who are their emergency contacts?

### **For referral or patient-generated request**

*Hello, is this [patient name]?*

#### **ONLY if the person confirms their identity.**

*Hello [name]. My name is [name]. I'm from the Spiritual Care Department. I don't have any medical or urgent news. I'm part of the team that provides emotional and spiritual support to patients and families. Is now a good time to chat for a few minutes?*

#### **If No:**

*No worries. I will call you back later. Is there a time of day that works best for you?*

#### **If they give a time:**

*Great. I will try to call you back at that time. If you find you could use some spiritual or emotional support in the meantime, ask your nurse and they can put you in touch with me. Otherwise, I will talk with you soon. If they cannot come up with a time. No worries. I will just call you back later, and we can go from there.*

#### **If they do not want a call back:**

*Okay. I understand that. If you should change your mind and want some spiritual or emotional support in the future, ask your nurse and they can put you in touch with me. Have a great day.*

#### **If yes:**

*Wonderful. I normally come around to visit people in the hospital to offer spiritual and emotional support. But, to help prevent the spread of the coronavirus, we are reaching out to people first by phone. I just wanted to check-in. (select phrase that feels most natural to you) How are you holding up?/How you are doing?/How have things been going for you?*

**If this leads to conversation/pastoral interventions, proceed with conversation.**

*We recognise that hospitalisations can be stressful and affect you spiritually and emotionally as well as physically. Has anything been particularly challenging for you lately?*

**If this leads to conversation/pastoral interventions, proceed with conversation. Other questions you might ask to deepen the conversation:**

*- Has anything been helping you cope?*

*- Have you had people visit you or call you while in the hospital?*

*- As I said, one of the things that I am here for is spiritual support. That can mean different things for different people. Sometimes it means supporting people in a certain religion and praying for them. Sometimes it means helping them connect to their meaning and purpose, values, and beliefs. What are your beliefs? What is most important to you? What supports you in challenging times?*

*- I like to know a little bit more about people. Can you tell me a little bit about what you find most meaningful?*

*- Any other thoughtful questions/statements that work during in-person visits.*

**If this leads to conversation/pastoral interventions, proceed with conversation. If a follow up appointment seems appropriate:**

*We have talked about some fairly important things today. I would like to follow up with you later. Would that be okay with you?*

**To close the conversation:**

*Well, thank you for talking with me on the phone today.*

**If not the patient:**

*Is [patient's name] currently available?*

**If yes:**

Proceed with conversation as listed above.

**If not:**

*Okay. No problem. Who am I speaking with?*

*Hello [person's name]. My name is [your name]. I'm from the Spiritual Care Department. I'm not calling with any medical or urgent news. I am part of the care team at [organisation name] and am here to support patients and families spiritually and emotionally. Is now a good time to touch base with you?*

**If no:**

*No worries. I will try back at another time to reach [patient's name].*

**If yes:**

*Wonderful. I normally come around to visit people in the hospital to offer spiritual and emotional support. But, to help prevent the spread of the coronavirus, we are reaching out to people first by phone. I just wanted to check-in. (select phrase that feels most natural to you) How are you holding up?/ How you are doing?/ How have things been going for you?*

**If this leads to conversation/pastoral interventions, proceed with conversation.**

*We recognise that hospitalisations can be stressful and affect families/friends spiritually and emotionally, as well as the patient. Has anything been particularly challenging for you lately?*

**If this leads to conversation/pastoral interventions, proceed with conversation. Other questions you might ask to deepen the conversation:**

*- On the other hand, has anything in particular been helping you cope? - Have you had people visit you or call you while in the hospital?*

*- As I said, one of the things that I am here for is spiritual support. That can mean different things for different people. Sometimes it means supporting people in a certain religion and praying for them. Sometimes it means helping them connect to their meaning and purpose, values, and beliefs. What are your beliefs? What is most important to you? What supports you in challenging times?*

*- I like to know a little bit more about people. Can you tell me a little bit about what you find most meaningful?*

*- Any other thoughtful questions/statements that work during in-person visits.*

**If a follow up appointment seems appropriate:**

*We have talked about some fairly important things today. I would love to follow up with you later. Would that be okay with you? What is the best way to reach you?*

**To close:**

*Thank you for talking with me today and please know that Spiritual Care is available to you whenever you might need it. You can reach me by asking a nurse. I will also call back at another time to try to reach [patient's name].*

**ONLY If they ask about the purpose of the call during the conversation.**

*The reason I was calling you is that upon your admission to the hospital, you or somebody who was with you, indicated that you might want to talk to a spiritual care practitioner. I was calling to see how I could support you. OR The reason I was calling you is because [name] referred you. They thought that you might benefit from talking to a spiritual care practitioner.*

## Your comments are important to us

Feedback on how you are using this Spiritual Health Association publication in your organisation helps us to improve the quality of our resources.

We welcome your comments and invite you to email them to:  
[office@spiritualhealth.org.au](mailto:office@spiritualhealth.org.au)