

Position Statement

Good Clinical Practice Guidelines for Remote Self-administration Training of Patients in Clinical Homecare Services

Version 1 - 20 May 2020

Aims

Telehealth is bridging the gap between patients, healthcare professionals and health systems, enabling communication through virtual channels. Using this technology most Homecare organisations can successfully deliver training remotely to enable patients receiving a wide range of therapies to be independent in self-administering¹ their treatments safely and effectively.

Good Clinical Practice Principles for Remote Self-administration Training in Clinical Homecare Services

- Remote patient training services should be designed using evidence based practice.
- All patients should be assessed for suitability to receive their training remotely
- All clinical homecare services must be risk assessed for suitability of including a remote training service considering suitability of medicines and medical devices.
- Treatment naïve patients should not be excluded routinely, but risk assessment should include specific risks for naïve patients.
- Agreement from clinician responsible for the patient treatment should be obtained if training mode differs from the referral.
- Patient's (or carers/relatives) should be offered face-to-face training if they are not assessed as competent to self-administer following remote training or if remote training is not appropriate in their individual circumstances.

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¹ Self-administration includes administration to patients by their carers

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Governance of Remote Self-Administration Training in Clinical Homecare Services

Whilst providing a wide range of benefits for both patients (and their families/carers) and healthcare professionals there are several factors that should be considered before Remote Training is initiated:

1.1 Governance at Service Level

- Clinical homecare services that include patient training should be risk assessed for suitability of the training methods prior to implementation of the services
- Remote patient training services should be reviewed on a regular basis to assess effectiveness and to review risks and benefits.
- The option of remote training should be included in clinical homecare services where appropriate.
- The option for face-to-face training of patient's (or carers/relatives) should be available and offered where remote training is not appropriate or where patient safety concerns remain over the patient's competence to self-administer remain after remote training has taken place.
- Treatment naïve patients should not routinely be excluded from remote training programmes unless the risk assessment indicates remote training is not appropriate.

1.2 Governance at individual patient level

- On referral for remote training within an approved clinical homecare service, each patient should be assessed for suitability to receive their training in accordance with the referral.
- The type of training agreed should include all relevant aspects of the patient's training needs, including patient's choice, and the expected outcome should be that the patient is competent to self-administer.
- Where referral for remote training is for a generic patient self-administration training service the suitability of medicines and medical devices involved must be risk assessed and, if necessary, the generic training amended.
- Any bespoke patient training plans should be developed in agreement with the clinician responsible for the patient and the patient themselves.
- Where patient chooses a different training option or the individual risk assessment indicates an alternative training mode is most appropriate, the referring clinician should be notified and approval sought.
- Patient's (or carers/relatives) should be offered face-to-face training if they are not assessed as competent to self-administer following remote training.

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History

Version	Status	Date	Reason for change	Author(s)
Version 1	Approved	20 May 2020	New	Kate Kelly, Carol McCall, Member of NCHA Chief Nurses Group

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