



3.4 The Specialist Team

The Specialist Team provides an important service for the quarantine facility adding another layer to the residents health and wellbeing support. This team consists of a Nurse Manager and Social Worker as Team Leaders with a full team structured in accordance with resident numbers and their anticipated needs. This includes physiotherapists, occupational therapists, additional social workers, drug and alcohol nurses, mental health nurses, a trauma nurse practitioner and welfare support. Additional Specialist Team members are strategically located with the Tele wellbeing services and consist of a mental health nurse and welfare services.

A comprehensive overview of the Specialist Team's role and responsibility has been presented in *Section 5: Health, Wellbeing and Clinical Care*. This includes the team model, interpreter roles and referral systems.



3.5 Tele Wellbeing Team

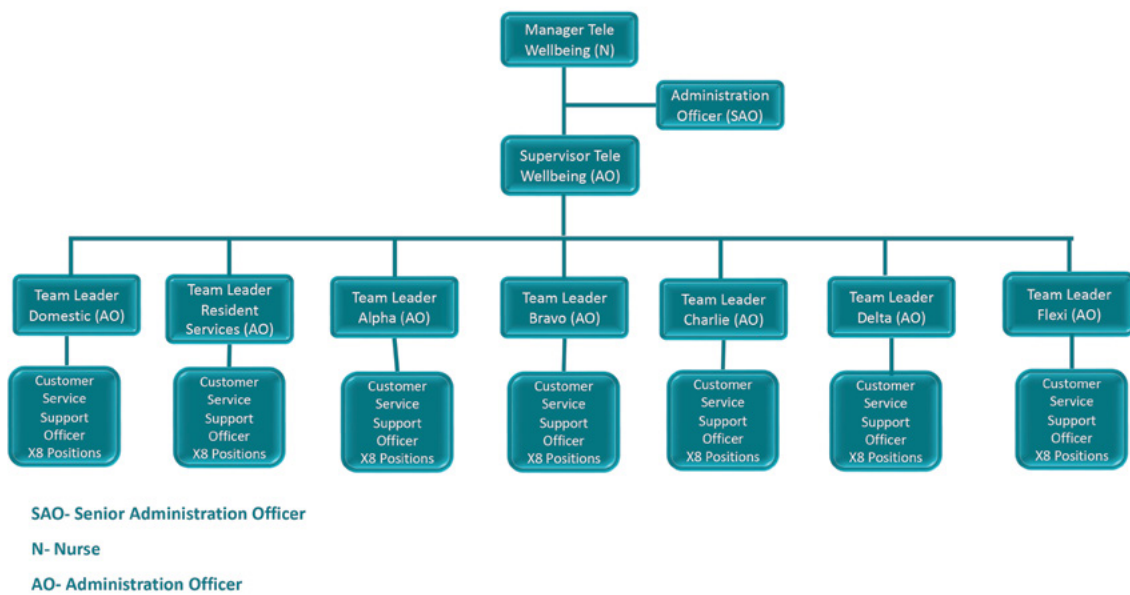
The Tele Wellbeing Team (TWBT) focus is enhancing the well-being or emotional wellness of residents, this service provides a contact point for residents via online/phone services. The TWBT were trained in Psychological First Aid (PFA) providing them with the skillset to promote and support residents in maintaining their mental health. They are not the same as a TeleHealth team which provides a level of health service online by health professionals but rather a team established to assist residents on their quarantine journey and promote resident wellbeing. This team assist with a number of core resident management tasks including the resident pre-arrival process, contacting residents during their stay for routine wellness checks and advising of important occurrences such as departure confirmations, viral screening or changes to the times when meals will be getting dropped off.

The Tele Wellbeing Team does not provide any health advice and instead refers residents onto the Pod Teams (where they have access to registered nurses), Specialist Team, Medical Officers or to external health services if required. The Tele Wellbeing team are advised to have a registered nurse to assist with the triaging of difficult calls and all Customer Support Officers have a mental health first aid certificate which will provide skills they can implement online.

3.5.1 Tele Wellbeing Team Structure

This team presents another layer of resident care and communication for the quarantine service. Depending on the qualification of the staff on the team and expected residents, facilities may invest in a Telehealth structure where the team consists of registered and non-registered health professionals. The Tele Wellbeing service is led by the Operations Director, supported by registered health professionals (such as nurses) and staffed by administration staff who have role-specific training.

To distinguish the administration staff allocated to resident Tele Wellbeing teams their role is referred to as Customer Support Service Officer. These call centre staff are non-clinical and have no responsibility to make any decisions related to the clinical care of residents. The model utilised at the Centre for National Resilience had the Tele-Wellbeing Team manned seven days a week between the hours of 08:00 to 18:21 on Monday-Sunday. A shift break down for the weekdays is 08:00 to 16:21 (Morning) shift, and 10:00 to 18:21 (Afternoon) shift whilst in the weekends, 08:00 to 16:21 (Morning) shift, and 9:00 to 17:21 (Afternoon) shift.



Section 3: Figure 9: Tele Wellbeing Team structure. The teams from Alpha to Flexi are in place for a rotating roster to manage the resident call centre.

The Tele Wellbeing team is a multi-functional health workforce with roles across the resident quarantine journey. A comprehensive outline of the Tele Wellbeing Team’s responsibility in relation to resident care has been presented in *Section 4 Resident Care*.

3.5.2 Tele Wellbeing Team Leaders

The Team leader is responsible for ensuring their team members are supported and troubleshooting issues that may occur with residents. They provide a report of phone logs to the Tele Wellbeing Supervisor and Manager and are responsible for screening the residents and escalating resident calls to the Team Leader where needed. This may occur due to complaints or mental health related difficulties encountered during residents stay, those who need more emotional support or external agency support. This can be encountered with residents who have been diagnosed with psychiatric illness or extreme circumstances such as the bereavement of a relative whilst they are in quarantine.

It is recognised that this form of resident contact requires an experienced level of calmness, composure, compassion and maturity. As a health professional, the manager is deemed able to do this ensuring they are available at times when a more medically experienced staff member is required for resident contact.

If residents are difficult or problematic to deal with, the Team Leader and Manager will develop a management plan, this may involve sharing the load with other Team Leaders or escalating the case to the Director of Nursing or Director of Quarantine.

The quarantine service takes a no-violence stance to ensure their staff are working in a safe environment.

This includes verbal abuse that may occur in a Tele Wellbeing service and residents who abuse staff will be referred to the Directors of Quarantine with further escalation if required.

3.5.3 Pre-arrival responsibilities

A core part of the pre-arrival organisation for residents involves the Tele Wellbeing Team initiating early contact to gain information on residents' personal details and health needs (humanitarian and repatriation residents on arranged flights). The Tele Wellbeing Team will then have a schedule of contact points to contact residents throughout the resident's stay. They are required to be competent with the sites Resident Management Information Technology System (RMITS) and have scripts to guide their resident interactions.

Section 3: Table 3: Responsibilities of the Tele Wellbeing team

Pre-arrival process

Tele Wellbeing Pre-Arrival Support team

Pre-arrival, a member of the Tele-wellbeing Team will identify passenger declarations of interest on the manifest and forward them to an on-site team to prepare and manage on arrival e.g. family rooms, wheelchair transfers, and medical alerts.

Resident information (data) is received for expected residents up to 10-15 days prior to their arrival (depending on whether they are repatriation or humanitarian residents). This will be either by a resident pre-arrival questionnaire or via the Department of Foreign Affairs and Trade (DFAT).

The Pre-Arrival tele Wellbeing Team will transfer all resident information into the sites RMITS system.

This will include a pre-arrival questionnaire which the Tele Wellbeing staff will check to ensure all required information has been received.

The residents responses to the pre-arrival questions will initiate the resident's room allocation, referral to any onsite health services, and meal orders.

Pre-arrival resident information includes:

- Name
- Date of birth
- Gender
- Interpreter needs and language
- Nationality
- Country of residence
- Details of dependents
- Details of other people in the travelling group
- Telephone number (need for an Australian SIM card address)
- Email address
- Equipment required for children
- Flight details
- Allergies
- Dietary preferences
- Mobility needs
- Medical conditions

Residents with pre-existing medical conditions are tagged as Medical Review Required and if required the resident will be contacted by the Pre-Arrival Support team (or the Team Manager) to seek further clarification and information regarding their condition/ medications/ specialist equipment etc.

There are three emails scheduled for the pre-arrival process.

- 1. Welcome email** - provides a link to the pre-arrival questionnaire for residents to complete for themselves and any other travel party member. Provides a contact point for residents to use if they have questions or concerns.
- 2. Confirmation email**- Once the pre-arrival questionnaire is completed the residents are included in a bulk email stating that all the information they submitted has been received and to check the information is correct. All residents are then marked as 'Arrival ready' in the RMITS unless residents reply they need to update information. The Tele Wellbeing team will follow these residents individually to ensure all information is correct.
- 3. Urgent email**- if the pre-arrivals team have not been able to contact the expected residents to complete their pre-arrival questionnaire they will be sent an 'Urgent Email' which is a replica of the 'Welcome Email' however sent on high importance

3.5.4 Resident Management

The Tele-wellbeing service was the first point of contact for resident enquiries following arrival at the quarantine site. They are engaged in welfare checks for each resident and raise any concerns for referral to the relevant teams to manage. This team can also send out mass SMS to the resident cohort for effective communication (or send to traveling groups and/or individuals).

A mass SMS or text communication might be required in the case of:

- Power/water/network failure
- Fire/smoke alert
- Scheduled maintenance work
- Quarantine rules reminder
- Viral screening notification
- Departure updates
- Custom notifications/alerts for all residents or specific residents.

Progress notes are a crucial component of the work conducted by all Customer Support Officers. A progress note is a chronological record of interactions, observations and actions relating to the residents and the support they require/ are provided. Resident outcomes can be directly influenced by the quality of the progress notes documented by the team members.

The Tele Wellbeing Team needs to be committed to ensuring the residents accessing their support and resources receive the best services as possible and that their safety, health, comfort is maximised at all times.

Information identified in the daily contact of the resident by telephone, Whats App, text messaging or email correspondence all needs to be documented. Information relevant for the inclusion of progress notes in the RMITS will comprise all safety, health referrals, dietary, social, environmental, emotional and systemic factors that are impacting on the person, their partner or children.

Section 3: Table 4: Tele Wellbeing progress notes- principles of documenting information in the resident management information technology system (RMITS) and examples of what should be documented for residents in quarantine.

Resident Management progress notes principles

All residents' records are required to be:

- Factual and opinion free.
- Notes are free from derogatory comments or emotive comments.
- Relevant information is not omitted.
- Document issues, decisions, and reasons.
- Follow-up actions.
- All progress notes are to be documented as soon as possible after the contact with the resident and include the time the contact occurred.
- Progress notes should never be amended or changed, all new information should be entered as a new / separate case note.
- Written in the third person.
- Use strength-based language (focusses on the residents strengths and abilities rather than their challenges or conditions and avoids stereotyping or labelling residents).
- Document observations and ensure these are recorded as an observation.
- Avoid diagnosing (Tele Wellbeing is not a clinical-based service).
- Identify and assess risk in light of changing circumstances.

Privacy and confidentiality

All information recorded in progress notes is to be treated with the highest degree of privacy and confidentiality. Telewellbeing Teams should not discuss information they receive as part of their interactions with the residents with any third party. Other team members should only have access to the resident progress notes on a need-to-know basis and for quality assurance purposes. All staff sign a confidentiality and duty of care policy on commencement.

Tele Wellbeing Team members document calls and any notes into the resident's documentation system. This system was secure with individual log in passwords. The software was auditable for analyses. Team members need to log out of their computers when going on breaks or when leaving their computers unattended. Confidentiality and privacy are crucial aspects of ensuring the comfort, confidence, reassurance and dignity of residents.

Information Tele Wellbeing staff need to document

- Pre-arrival information.
- Room allocation considerations (family rooms, disability rooms, smoking areas).
- Medical information provided by the resident which may initiate a referral.
- Mobility information.
- Supports and equipment for children.
- Request for assistance with luggage.
- Introductory and welcome information.
- Verification of how the residents can be contacted or their preferred method of contact.
- The assessment of risk factors of the resident that may impact their physical, emotional and mental health while in quarantine (noting this will initiate a referral to relevant site support services and/or review by the Medical team).
- Dietary requirements and preferences.
- Accommodation and room-related issues.
- Hardship matters (for referral to the Specialist team).
- Concerns and complaints.
- A record of each unsuccessful attempt by the Tele Wellbeing team to contact the resident. Identify the time and mode of contact.
- Departure details and transport arrangements (including departure day exemption approvals).
- Closure information.
- All contact and correspondence with the resident and accompanying family members.

3.5.5 Resident Departure

Tele-wellbeing pre-arranged all departures and resident lists translating into a smooth and informed resident departure. They correspond with the residents, the Operations Team, and the Pod Team. By the time the resident departs they will have all departure information and any assistance with luggage will be organised. Often there are hundreds of residents due to depart on the same day, so a coordinated approach is required to avoid overcrowding and manage traffic.

A comprehensive overview of the resident departure process is presented in *Section 4: Resident Care*.

Exit information Tele Wellbeing will reinforce with residents

1. Residents are scheduled for departure before 12midday. They are asked to be on their veranda 30 minutes before their scheduled bus departure time (or taxi pick-up time). A member of the Pod Team will collect residents providing directions to their departure point.
2. Residents departing the quarantine site are considered free from infection and their zone is reallocated as a green zone. Depending on CHO Directions, residents may be required to wear a mask on departure and the Tele Wellbeing team need to ensure they provide the right information regarding this requirement.
3. Residents are asked to dispose of all food and put all their rubbish in the provide bins.
4. Resident are asked to put their bed sheet in a bag (provided onsite) and leave these on the balcony for collection.
5. All baby's and children's items such as cots and highchairs are asked to be placed on their balcony.
6. Any phones or devices provided by the quarantine site will be collected on the night prior to departure.
7. Resident return room keys as they leave the site.

Call sheet Records

All calls made to residents have to be recorded in the RMITS and on a call sheet.

Section 3: Table 5: Information required on a Tele Wellbeing call register (minimum information)

Reference/Flight Number	Given Name & Family Name	Date Of Birth	Contact Number
Arrival Date	Arrival By- Code to define flight, car, boat etc	Border Crossing- Code	Declared Hotspot
Staying In Low Vaccination Zone- yes/no (indicates risk level)	Has Alert- Yes/no Alert Types	Require Assistance on arrival- yes/no Type of Assistance	Vaccine Status
Departure date	Departure assistance required - yes/no	Call details	Escalation required Yes/no