## Response Form

### RACF Telehealth Support Grant terms and conditions

* The grant will be expected to improve video telehealth access for RACF residents on the Gold Coast.
* The grant is expected to be in accordance with identified activities indicated in grant application unless change is negotiated and approved by GCPHN.
* The grant application should consider workplace health and safety barriers, including COVID-19.
* The funds must be spent in accordance with specified timeframe, 2022-2023 financial year.
* Any unspent funds should be communicated to GCPHN to identify other purchases that would benefit facilitating video telehealth with RACF residents, and if cannot be spent are returned to GCPHN.
* GCPHN is not liable for purchases/costs incurred above the grant funding allocated.
* All financial records relating to the approved grant will be retained and be identifiable as per activities provided in the application. GCPHN may audit as required.
* GCPHN is not responsible for ongoing maintenance of any equipment purchased, this must be considered when purchasing.
* The grant expenditure will be reported by providing invoices by the end of June 30, 2023. This should outline what funds were utilised.
* The organisation has utilised the [Department of Health Telehealth checklist](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/F47F4FC1848FAEC2CA25855D008395C9/%24File/Factsheet-privacy-checklist-for-telehealth-services-20200804.pdf) to ensure organisations comply with their privacy obligations when delivering telehealth.
* Give permission for GCPHN to publicly release the name of successful grant recipients and amount awarded.
* Marketing, communication, media and promotion; Successful organisation is required to follow the guideline located [here](https://www.healthygc.com.au/GCPHN/media/Site-Pages-Content/Opportunities%20and%20Tenders/Marketing-communication-media-and-promotion.pdf) which sets out marketing, communication, media and promotional standards for GCPHN commissioned services that have received funding from GCPHN. This is to ensure increased community awareness and uptake of the promoted service leading to improved health outcomes, consistency of messaging and branding and increased awareness and recognition of GCPHN services
* Provide a one-page acquittal report to GCPHN before 30th June 2023, including what was purchased, number of staff who have attended training courses.
* The RACF will provide opportunities for staff to participate in video telehealth software webinars and/or training. The minimal requirement is at least one RACF Manager and one RACF nurse participate. GCPHN will promote opportunities from HealthDirect and/or other providers that are approximately one hour duration.
* Survey participation
	+ RACF applicants will be required to complete a 10-minute survey prior to receiving the funds.
	+ All applicants are required to complete a post evaluation survey (5-10 minutes) to provide insight on the benefit of the investment and training and any good news stories including photos (where permission has been gained by all participants in photo) to be used by GCPHN for promotional purposes. This will be in May 2023 and will need to be completed before June 30th.

[ ]  I agree to the above grant terms and conditions

### 2 About Your Organisation

|  |  |
| --- | --- |
| **Legal Entity Name** |  |
| **Trading/Business Name** |  |
| **Australian Company Number (ACN** |  |
| **Australian Business Number (ABN)**  |  |
| **Entity type**  | Association IncorporatedProprietary Limited (Pty Ltd) ***(delete as appropriate)***Public Company limited by guaranteePublic Company limited by sharesIndigenous CorporationPartnershipSole TraderOther incorporated entities (please specify)***Please upload your proof of Entity Type*** |
| **Business Physical Address** |  |
| **Business Mailing Address** ***(if different to above)*** |  |
| **Phone** |  |
| **Email** |  |
| **Website *(if applicable)*** |  |

### 3 Contact Details for Expression of Interest

|  |  |
| --- | --- |
|  | **Preferred Contact** |
| **Name**  |  |
| **Position** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **I consent to be added to GCPHN Mailing List** |  |

### 4 Application Response (in less than 100 words)

**Question 1**

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| How will the funds be spent?*Example (23 words)**The RACF lacks stable internet connection throughout the building. 18 packs of Internet boosters will be purchased to place throughout the facility.* |
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**Question 2**

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| Estimation of costs of equipment, technology or training courses planned.*Example (32 words)**Telehealth Trolley – Total $5,000** + *Portable cart/trolley*
	+ *Laptop*
	+ *External Camera*
	+ *External Speaker*
	+ *PC Monitor*
	+ *Power board with USB ports*
	+ *Keypad and mouse wireless*
	+ *Extra Laptop- for patient notes during consultation $800*
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**Question 3**

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| Outline how the funds will help increase RACF residents’ ability to connect with primary health care professionals, specialists, and other clinicians via telehealth video conferencing.*Example (34 words)**Purchasing the internet boosters will support RACF staff to facilitate telehealth in residents’ rooms throughout the facility, with use of the telehealth trolley and additional laptop to support updating residents’ files during telehealth consultation.* |
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**Question 4**

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| How will RACFs communicate their increased video telehealth capabilities to regular primary health care professionals, specialists, and other clinicians via telehealth video conferencing.*Example (29 words)**The organisation will communicate the increased ability to participate in telehealth consultations to regular primary health care providers through email and face to face engagement with providers when onsite.* |
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**Question 5**

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| Outline a proposed process to support the implementation of video telehealth.*Example (45 words)**The RACF Clinical Manager and RACF Registered nurses will participate in the health direct online training when shared with the PHN, distributed as a mandatory training requirement for their role. This will help inform the clinical manager to create processes and meet privacy requirements.* |
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### 5. Declaration

**Signed by authorised organisation representative**

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| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Position** |  |
| **Date** |  |

*Thank you for taking the time to complete this Response Form.*