



Telemedicine Procedure

Procedure Number

CHC-PG-0010

Version Nos:

2

1. Purpose

This Procedure is performed as a means of providing increased access to clinical advice and consultation, education and liaison between services and facilities through the use of telemedicine.

2. Application

This Procedure is to be followed by all staff throughout West Coast District Health Board (WCDHB)/Coast Health Care (CHC).

3. Definitions

For the purposes of this Procedure:

Telemedicine is taken to mean the use of video-conferencing equipment (which enables simultaneous verbal and visual communication) with patients, clinicians, management and educators/supervisors located at some geographic distance from each other.

4. Responsibilities

For the purposes of this Procedure:

All staff members are required to only use Telemedicine equipment after they have been trained in its use

Clinical staff are required to:

- ensure that the standard of treatment provided to patients is in no way diminished by the use of telemedicine;
- are to obtain the consent of the patient/their representative prior to the session;
- document the session and its outcome in the patient's clinical record.

a **Designated Staff Member** is required to be responsible for:

- the booking of equipment;
- monitoring equipment use;
- equipment maintenance and use;
- providing staff training;

5. Resources Required

This Procedure requires:

- i) Telemedicine equipment
- ii) Telemedicine Booking Form
- iii) Patient Telemedicine Consent Form
- iv) Sign To Indicate Room Is In Use/Engaged



6. Process

1.00 Introduction

- 1.01 Telemedicine services are available at WCDHB/CHC for liaison and communication amongst its Services in order to:
- i) enhance the care and treatment of patients and their family/whanau/caregivers;
 - ii) increase the efficiency of inter-Service care delivery;
 - iii) increase the scope and availability of education and supervision for staff and patients.
- 1.02 Clinical staff are required to ensure that the standard of treatment provided to patients is in no way diminished by the use of telemedicine and that the right to informed consent, privacy, dignity and cultural safety are maintained at all times.
- 1.03 Telemedicine **IS NOT TO BE USED** for the Preliminary Assessment by a Psychiatrist as per Section 9 of the Mental Health (Compulsory Assessment and Treatment) Act and Amendments (1992).

2.00 Uses Of Telemedicine

- 2.01 Telemedicine may be used for the following:
- i) Patient interviews for:
 - follow up after an initial consultation to review treatment;
 - providing a second opinion;
 - emergency assessments;
 - gaining additional information.
 - ii) Team/group meetings (including patient and their family/whanau/caregiver) for:
 - discharge planning;
 - family conferences;
 - patient review;
 - maintaining patient contact with their family/whanau/caregiver.
 - iii) Consultation/liaison between clinicians, managers, community groups and patients.
 - iv) Education and supervision for:
 - one to one supervision;
 - group/peer supervision;
 - distance learning for education programmes;
 - maintaining up to date practice through information sharing.
 - v) Management for:
 - liaison with other providers;
 - professional body meetings;
 - interviewing prospective staff at a distance for recruitment.



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2.00 System Administration

- 2.01 A designated staff member is to be responsible for the administration of the Telemedicine system, which is to include:
- i) booking of equipment (WCDHB/CHC Librarian (except for MHS who do this themselves));
 - ii) equipment maintenance and use (WCDHB/CHC IT Department);
 - iii) providing staff training (WCDHB/CHC IT Department).

3.00 Telemedicine Use

- 3.01 Staff members are only to use the Telemedicine equipment when they have been trained in its correct use and maintenance.
- 3.02 All Telemedicine equipment is to be booked via the designated staff member.
- 3.03 Telemedicine equipment will be secured at all times between use in a soundproof room.
- 3.04 Users will ensure that a sign is placed outside the room to indicate that a Telemedicine session is in progress. (Sign to simply indicate that the room is in use/engaged).
- 3.05 Any Telemedicine equipment or system malfunction is to be reported to the administrator as soon after discovery as possible.

4.00 Patient Consent, Privacy And Safety

- 4.01 Patients, and their family/whanau/caregiver (if involved) are to be provided with clear information on how the Telemedicine equipment operates, who will be involved in the session and if any alternatives are available.
- 4.02 The patient or their representative is to be informed of their right not to participate.
- 4.03 The patient or their representative is to be informed of their right to withdraw from the session at any time.
- 4.04 Patients or their representatives are to be asked to consent to the session in writing.
- 4.05 A clinical staff member is to be present with the patient at all times during the session.
- 4.06 Where possible, patients are to be given the opportunity of having a support person present during the session.
- 4.07 The session is not to be recorded without the patient's prior written consent.

5.00 Telemedicine Session

- 5.01 All relevant documentation is to be obtained and reviewed prior to the session.
- 5.02 A full explanation is to be given to the patient and where applicable their family/whanau/caregiver.

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- 5.03 Patient consent is to be obtained and documented before the session.
- 5.04 At the start of the session, all participants are to introduce themselves.
- 5.05 If necessary the camera(s) is to be readjusted to reassure participants that there is no one observing without permission.
- 5.06 If necessary the staff member in charge of the session is to give an explanation of the technical aspects of the Telemedicine equipment including sound quality and time delays, as well as camera placement.
- 5.07 The session is then to be conducted.
- 5.08 If the session has involved a patient then the session is to be documented in the patient's clinical record.

7. Precautions And Considerations

- ➔ Patient consent is to be obtained and documented before the session
- ➔ The session is not to be recorded without the patient's prior written consent
- ➔ Telemedicine **IS NOT TO BE USED** for the Preliminary Assessment by a Psychiatrist as per Section 9 of the Mental Health (Compulsory Assessment and Treatment) Act and Amendments (1992).

8. References

Draft Telecommunications Information Privacy Code (2002)
 Clinical Practice Guidelines For Using Videoconferencing Technology In Queensland MHS
 Healthlink South Ltd Telemedicine Procedure

9. Related Documents

CHC Informed Consent Procedure

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| Revision History | Version: | 2 |
| | Developed By: | Risk and Quality Manager |
| | Authorised By: | General Manager – Corporate Services |
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