

 <p>HAWAII HEALTH SYSTEMS CORPORATION <i>"Touching Lives Everyday"</i></p> <p>Policies and Procedures</p>	Department: Information Technology Division - Telemedicine	Policy No.: TEL 0004
	Issued by: Dennis Sato Vice President & CIO	Revision No. N/A
Subject: Scheduling a Telemedicine Consultation	Approved by: Thomas M. Driskill, Jr. President & CEO	Effective Date: December 13, 1999
		Supersedes Policy: N/A
		Page: 1 of 4

- I. DEFINITION:** Scheduled Consultation: A scheduled consultation is one in which the referring physician or consultant arranges a telemedicine consultation for a future date and time.
- II. POLICY:** A physician whose patient is a candidate for a telemedicine consultation should call a Telehealth Coordinator during business hours (or designate if after business hours) to schedule a connection. Efforts will be made to not interrupt or delay a meeting or educational event for scheduled or urgent consults.
- III. PURPOSE:** To assure an efficient response to consultations and telemedicine clinics, to decrease travel time for patients, and to enhance practitioner to physician consultations.
- IV. PROCEDURE WHEN PATIENT IS AT THE FACILITY:** The Telehealth Coordinator or designate will:
- A. Receive a request for a telemedicine consult from an authorized provider as delineated in the HHSC Interim Telemedicine Policy (HHSC Policy No. TEL 0001).
 - B. Determine type of consult, names of necessary participants at both sites, name of outlying institution or agency, if any x-rays, lab results, or sections of the medical record will be necessary and who will obtain/transmit them.
 - C. Document request on the Telemedicine Intake Form (Attachment 1).
 - D. Assure the request is documented in the medical record and in the telemedicine system.
 - E. Assure a consent for release of information is obtained from patient.
 - F. Determine appropriate credentials of non-hospital staff physicians pursuant to the HHSC Interim Telemedicine Policy (HHSC Policy No. TEL 0001).
 - G. Notify the physician of the request for a telemedicine consult and obtain physician's signature on the 'Request to Provide a Telemedicine Consultation' (Attachment 2).

- H. Complete the Telemedicine Intake Form (Attachment 1).
- I. Schedule the consult with a copy of the Telemedicine Intake Form (Attachment 1).
- J. Schedule the consult with the consulting facility telehealth coordinator confirming the date, time, transmission, equipment, and staff needs.
- K. Confirm date, time, and location with the patient/family if necessary.
- L. Schedule use of telemedicine workstation, equipment and location (An existing meeting or educational conference may be interrupted if the consult is of an emergency nature and is being scheduled via VTC. Attendees will be informed that a telemedicine consult will be delaying their connection for an estimated time frame given by the requesting physician.)
- M. Make a test call prior to the consult to the consulting site to assure transmission if possible.
- N. Reconfirm date, time, equipment needs and medical record needs with all involved clinicians, technical support staff, and patient/family at least three days prior to consult.
- O. Assure the following on day of visit:
 - 1. Patient registers in the designated area if he/she is an outpatient.
 - 2. Patient is directed to scheduled room; medical record accompanies patient.
 - 3. Assure that the patient and/or legally appropriate person is informed by the physician of the risks and benefits of telemedicine, the process of a video conference consultation, and the patients' rights and responsibilities.
 - 4. Assure the patient and/or legally appropriate person signs a consent form which will be made available for both sites' records as applicable.
 - 5. Assure privacy during the consultation is provided by placing the video conference system out of view from the door/window or by placing a blind over the window. Signage on the outside of the door should indicate only authorized personnel may enter. The room at each site shall be panned with

the camera as all participants in the video conference at both sites are introduced.
 - 6. Assure completion of documentation by a practitioner utilizing either the Telemedicine Intake Form (Attachment 1) or the Telemedicine Workstation, to include:
 - a. Participants at all sites;
 - b. Procedures/tests (auscultation of heart sounds using electronic stethoscope, assessment of wound, transmission of fetal ultrasound, etc.);
 - c. Bandwidth used;
 - d. Type of visit (post surgical, pre-chemo assessment, etc.); and

- e. Follow-up responsibilities of all involved, including notification of far end practitioner to fax a copy of the dictated consult report to the hospital to be included in the medical record if not entered in the telemedicine program.
- P. Upon completion of the consultation, the nurse notifies the Telemedicine Coordinator/Hospital Supervisor. Any interrupted meetings or educational conferences are re-connected at that time.
- V. PROCEDURE WHEN PATIENT IS NOT AT THE FACILITY:** The Telehealth Coordinator (or designate if after business hours) will:
- A. Receive a request for the use of telemedicine:
 - 1. Determine if provider requesting consultation is an authorized provider pursuant to the HHSC Interim Telemedicine Policy (HHSC Policy No. TEL 0001); and
 - 2. Determine whether provider/physician requesting telemedicine consult is on staff at an HHSC facility.
 - B. Determine type of consult, date, time, transmission, equipment, staff needed at both sites, name of outlying institution or agency, the need for any x-rays, lab results, or portions of the medical record will be necessary and who will obtain/transmit them, and if medical peripheral equipment will be needed.
 - C. Document request on the Telemedicine Intake Form (Attachment 1).
 - D. Verify the credentials of the provider being requested to provide telemedicine consultative services if not affiliated with the HHSC facility.
 - E. Notify the physician on call of requested specialty of the request for a video conference consult if request source is from an outlying site.
 - F. Complete the Telemedicine Intake Form (Attachment 1).
 - G. Schedule use of telemedicine workstation, equipment and location. (An existing meeting or educational conference may be interrupted if the consult is of an urgent nature and is being scheduled via VTC. Attendees will be informed that a telemedicine consult will be delaying their connection for an estimated time frame given by the requesting physician.)
 - H. Schedule date, time, equipment, transmission, and room availability with the facilities involved.
 - I. Assure the patient or legally appropriate person is informed by the physician of the risks and benefits of telemedicine, the process of a video conference consultation, and the patients' rights/responsibilities.
 - J. Assure the patient has signed a consent form for local and end site institutions as applicable.

- K. Assure appropriate persons are in attendance for the telemedicine consult. (Note: For Medicare payment purposes, the referring provider must be present or an employee of the referring provider who is also an authorized referring provider under Federal Law.)
- L. Assure privacy during the consultation by placing the video conference system out of view from the door/window or by placing a blind over the window. Signage on the outside of the door should indicate only authorized personnel may enter. The room at each site shall be panned with the camera as all participants in the video conference at both sites are introduced.
- M. Assure completion of documentation done by the nurse or practitioner utilizing the Telemedicine Intake Form (Attachment 1) to include:
 - 1. Participants at all sites;
 - 2. Procedures/tests (auscultation of heart sounds using electronic stethoscope, assessment of wound, transmission of fetal ultrasound, etc.);
 - 3. Bandwidth used;
 - 4. Type of visit (post surgical, pre-chemo assessment, etc.); and
 - 5. Follow-up responsibilities of all involved.
- N. Upon completion of the consultation, the physician documents the event and notifies the Telemedicine Coordinator or designate. Any interrupted meetings or educational conferences are re-connected at that time.

- Attachments:**
- 1. Telemedicine Intake Form
 - 2. Request to Provide a Telemedicine Consultation (HHSC Form TEL 0001)

HAWAII HEALTH SYSTEMS CORPORATION

TELEMEDICINE INTAKE FORM

(To be Used if Not Entering Information Directly into the Telemedicine System)

General Scheduling Information

Date of Request:

Time of Request:

Name of Patient:

Reason for Request:

Requesting MD/Authorized Provider:

Location of MD/Authorized Provider:

Consulting MD/Authorized Provider:

Location of MD/Authorized Provider:

Support personnel:

Previous Charts available if requested:

Primary Insurance:

Secondary Insurance:

Encounter Schedule Date:

Encounter Schedule Time:

Other Items (Check mark if included, N/R if not requested for this consultation)

Lab work results obtained _____

Radiology Images obtained _____

Lab work scanned in system _____

Images scanned in system _____

Other documentation obtained _____

Other documentation ready for consult _____

Telemedicine procedure explained to patient _____

Patient consent form signed _____

Preliminary exam requested _____

Preliminary Exam completed _____

Patient positioned correctly _____

Privacy ensured _____

REQUEST TO PROVIDE A TELEMEDICINE CONSULTATION

Dr. _____, you are being requested to provide a telemedicine consultation by [name of provider requesting] at [name of Hospital, address, fax]. The scope of the consultation desired is _____. [Signature of provider requesting]

Although the above provider is interested in obtaining your expert telemedicine consultation in an expeditious manner as possible, it is necessary that _____Hospital obtain necessary credentialing information specified below from you first. Additionally, before any confidential patient identifying information is provided to you it is essential that you first 1) agree to perform the consultation; and 2) sign the confidentiality statement and other acknowledgments set forth below.

CONFIDENTIALITY STATEMENT

By signing below, I agree to maintain the confidentiality of any patient identifiable information provided pursuant to this request, or generated as a result of this request, which is contained in any medical record, report, test result, summary, video or other communication, whether oral, written or otherwise, and to utilize such information for the sole purpose of providing a telemedicine consultation. Patient identifiable information includes, but is not limited to, the encryption of any electronic information or the application of code names or code words to avoid patient identifiers. I also agree to retain any such information in a confidential and secured manner and further agree to refrain from disseminating any patient identifiable information without the patient's express written consent.

LICENSURE/CREDENTIALING

Please provide a copy of the following documents: 1) unrestricted license to practice medicine in the state in which you reside; 2) evidence that you are currently in good standing on the active medical staff of a hospital in the state in which you reside; 3) provide a copy of the approved list of privileges in the facility where you are practicing, which shall include privileges for the service to be provided via telemedicine; 4) a copy of your current malpractice coverage applicable to the requested services; and 5) evidence that you are not on the debarment list for federal insurance programs.¹

BY SIGNING BELOW 1) I AGREE TO FURNISH THE TELEMEDICINE CONSULT REQUESTED AND PROVIDE A COPY OF ANY REPORT GENERATED; 2) I AGREE TO ABIDE BY THE TERMS OF THE CONFIDENTIALITY STATEMENT SET FORTH ABOVE; 3) I ACKNOWLEDGE THAT I POSSESS AN UNRESTRICTED LICENSE TO PRACTICE MEDICINE IN THE STATE IN WHICH I RESIDE AND THE NECESSARY CLINICAL PRIVILEGES TO PROVIDE THE REQUESTED SERVICES; 4) I FURTHER ACKNOWLEDGE THAT I AM NOT CURRENTLY UNDER ANY INVESTIGATION OR SUBJECT TO ANY DISCIPLINARY ACTION BY ANY HEALTH CARE PROVIDER OR LICENSING AGENCY IN ANY STATE; 5) I FURTHER REPRESENT THAT I HAVE NEVER BEEN DEBARRED FROM PARTICIPATING IN A FEDERAL INSURANCE PROGRAM; 6) I FURTHER AGREE TO ONLY BILL FOR SERVICES IN CONFORMITY WITH ALL APPLICABLE LAWS, REGULATIONS AND CONTRACTS.

Physician's Name

Date/Time

Administrator Approval

Date/Time

¹ Please note that if you maintain an office in Hawaii or have a place to meet patients or receive calls within Hawaii, it is necessary that you have a license to practice medicine in the State of Hawaii to provide a teleconsultation. If applicable, please provide evidence of Hawaii licensure. LA:157380.1