HAWAII HEALTH SYSTEMS C O R P O R A T I O N *"Touching Lives Everyday"* **Policies and Procedures**	**Department:** Information Technology Division - Telemedicine	**Policy No.:** **TEL 0010**
		Revision No.: N/A
	Issued by: Dennis Sato Vice President & CIO	**Effective Date:** 1/11/00
Subject: ***Telemedicine Workstation Orientation for Health Care Providers***	**Approved by:** Thomas M. Driskill, Jr. President & CEO	**Supersedes Policy:** N/A
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I. PURPOSE: To provide hands on orientation to the telemedicine equipment and protocols, and to learn how the system is used in the treatment of patients.

II. POLICY: All providers and staff who use the telemedicine equipment will be oriented and complete an orientation checklist (HHSC Form TEL 0004).

III. PROCEDURE: The telemedicine coordinator or training designate will schedule training for the provider. The health care provider will complete the orientation checklist after completing the training. The orientation checklist will be completed before the first telemedicine consultation alone.

Attachment: 1. Telemedicine Workstation Orientation for Health Care Providers Checklist

Hawaii Health Systems Corporation

Telemedicine Workstation Orientation

For

Health Care Providers Checklist

Health Care Provider Name_____Title _____ Date_____

	Clinical Skill
	Observation Date/ Signature
A. Schedules consult with Telemedicine Coordinator. 1. Completes Telemedicine consult.	
B. Discusses the risks and benefits with patients &/or significant other prior to each consult. 1. Risks a. Transmission may impede the image from being useful for the physician. b. The video link may not work or may disconnected during the consult. 2. Benefits a. Patient does not need to travel to _____ for the appointment. b. Patient/medical care provider has access to specialist.	
C. Discusses patient rights with patient. Patient and/or physician may terminate TeleConsult and opt to see the physician if deemed necessary by either party.	
D. Obtains an HHSC consent form after it has been signed by the patient/responsible party.	
E. Obtains technical support if necessary by contacting a telehealth coordinator	
F. In the event of a system/utility failure: 1. Obtains assistance from a telehealth coordinator. 2. Schedules alternative methods/systems. 3. Treats patient per facility policies and procedures.	
G. Maintains privacy of the consultation 1. Places videoconference system out of view from the window/door. 2. Places blind over window if #1 is not feasible. 3. Signage on the outside of door should indicate "consultation in progress authorized personnel only". 4. The room at each site should be panned with the camera introducing all participants including their role in the consult.	
H. Documents the consult 1. Type of consult (i.e., post operative). 2. Assessment completed (i.e., auscultation of heart sounds, examination of surgical wound). 3. Names of participants at each site. 4. Bandwidth used. 5. Follow-up responsibilities of all involved	
I. Demonstrates use of peripheral equipment 1. Stethoscope. 2. Patient Examination Camera. 3. Document Camera.	