

MEDICAL PROTOCOL DEPARTMENT OF CORRECTIONAL SERVICES STATE OF NEBRASKA	NUMBER 35	PAGE NUMBER 1 OF 6
	SUBJECT: TELEHEALTH	

APPLICATION

The telehealth protocol is applicable to all of the Nebraska Department of Correctional Services (NDCS) correctional healthcare facility locations including Community Correction Centers and Work Ethic Camp.

PURPOSE

1. To ensure the safe, efficient and effective utilization of telehealth technologies
2. To use electronic information and telecommunications technologies in supporting long-distance clinical health care, patient and professional health-related education, public health and health administration
3. To protect patients' health information maintained in designated record sets against unlawful use or disclosure, in accordance with applicable laws and regulations, and to disclose protected patient information

DEFINITIONS

1. Informed Consent – Informed consent should consist of informing the patient about the telehealth technology, capabilities, risks, benefits, confidentiality issues and alternative approaches to the delivery of care that are available to the patient.
2. Teleconsultation is a consultation provided via a telehealth link. There are two types of teleconsultations:
 - a. Provider-to-provider teleconsultations
 - b. Provider-to-patient consultations; for the purpose of these guidelines, provider-to-patient teleconsultations are considered equivalent to standard face-to-face consultations.
3. Telehealth or telemedicine – telemedicine is defined as the rendering of a written or otherwise documented medical opinion concerning diagnosis or treatment of an individual patient as a result of transmission of individual patient data by electronic means. The use of information and communication technologies for a two-way, interactive communication in a real-time television environment for health care purposes. The uses include the transfer of health care information for the delivery of clinical, administrative and educational services. Telemedicine and telehealth both describe the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Telemedicine is sometimes associated with direct patient clinical services and telehealth sometimes associated with a broader definition of remote health care and is sometimes also perceived to be more focused on other health related services.

PROCEDURES

- A. General Information
 1. The overall goal of this telehealth protocol is to integrate telehealth services into the current clinical practice patterns of Health Services.
 2. The ultimate responsibility for the quality of clinical services provided through telehealth rests with the health care providers utilizing the telehealth systems.
 3. Ideally, facility locations and/or providers utilizing telehealth technologies will designate a telehealth coordinator to work with providers utilizing telehealth technologies:
 - a. Facilitating telehealth sessions, if required
 - b. Scheduling telehealth equipment and rooms
 - c. Coordinating equipment and room requests
 - d. Evaluating quality of telehealth services
 - e. Reviewing ongoing telehealth services periodically to assess compliance with relevant regulations (e.g., ACA)
 4. Employees will follow all applicable laws and regulations regarding privacy policies while utilizing telehealth technologies.

MEDICAL PROTOCOL DEPARTMENT OF CORRECTIONAL SERVICES STATE OF NEBRASKA	NUMBER 35	PAGE NUMBER 2 OF 6
	SUBJECT: TELEHEALTH	

5. Transmission of private health information to support the telehealth encounters must adhere to all privacy and security policies (e-mail transmissions, etc.).
6. Providers will maintain the privacy and confidentiality of all protected health information in the telehealth encounter.

B. Services Provided

1. As much as possible, telehealth users will integrate services into current clinic operations and referral practices.
 - a. Services provided and obtained via telehealth must be approved by the NDCS Medical Staff Committee as appropriately rendered through telehealth. Modifications to standard practices which could impact patient privacy or confidentiality must be addressed in all situations.
 - b. Where direct care is being received or provided through telehealth, it should ideally take place when the physician has an existing professional relationship with the patient, or has adequate knowledge of the presenting problem, so that the physician will be able to exercise proper and justifiable clinical judgment.
2. The NDCS provider who is proposing a new clinical telehealth service fills out a Telehealth Service Delivery Notification form (Attachment A), which includes:
 - a. Services to be delivered/received
 - b. Physician/providers delivering and/or receiving services
 - c. Sites to which the services will be delivered and/or received
 - d. Duration of the anticipated service delivery
 - e. Medical Director approval signature
3. The provider will submit the signed form of intent to deliver services to the Medical Director.
4. New telehealth services/applications
 - a. New telehealth services will be initiated on a pilot basis.
 - b. New telehealth services/applications that have been successfully piloted and reviewed will be presented to the Medical Staff Committee twice yearly for formal approval.

C. System Use

1. The telehealth systems are available during normal work hours (M-F 8am – 5pm).
2. Use of the telehealth systems will be prioritized based upon patient needs.
3. To the extent reasonable and possible, all requests for equipment and transmissions will be honored.
4. Whenever possible, all telehealth medical consultations will be scheduled on a prearranged basis. Most scheduling will be a first-come, first-served basis.
5. Any urgent or emergent situation will preclude a scheduled event, and the site coordinator will either reschedule the event or assist in obtaining available alternatives, if possible.
6. The following priority list will be followed in order:
 - a. Medical consultations of an urgent or emergent nature
 - b. Scheduled medical consultations
 - c. Scheduled conferences, continuing medical education programs, and continuing educational events
 - d. Scheduled meetings and events
 - e. All other events

MEDICAL PROTOCOL DEPARTMENT OF CORRECTIONAL SERVICES STATE OF NEBRASKA	NUMBER 35	PAGE NUMBER 3 OF 6
	SUBJECT: TELEHEALTH	

- D. Telehealth Quality & Support
1. Telehealth connections will be tested several days prior to the scheduled telehealth session.
 2. Actual telehealth connections will take place 15 minutes prior to the conference start time to assess and solve any last minute problems on the day of the conference.
 3. Technical staff will be accessible to the consulting provider via telephone during telehealth sessions.
 4. Any technical problems during telehealth sessions will be noted on the telehealth logs which are kept in all the telehealth rooms.
 5. Health care providers will discontinue use of the videoconferencing session if video or audio quality impacts the provider's ability to provide high-quality service or if the provider experiences unusual technical interruptions.
 6. Health care providers will verify the integrity of information received via the telehealth system
 - a. Health care providers will implement a "read-back" process to verify orders transmitted via the telehealth system
- E. Patient Rights and Responsibilities
1. Patient Rights
 - a. The patients have the right to be fully informed about the risks and benefits of receiving health care services via telehealth technologies. Ideally the explanation of the telehealth technology should take place separately from the telehealth encounter.
 - b. Informed consent must be obtained prior to the start of the telehealth session (Attachment B).
 - c. The patient has the right to refuse or terminate a telehealth session at any time and request other mode of consultation.
 - d. The patient has the right to privacy and confidentiality.
 2. Patient Responsibilities
 - a. Healthcare providers will implement a "read-back" process for verifying orders transmitted via the telehealth system.
 - b. The patient has the responsibility to arrive on time for consultation
 - c. The patient has the responsibility to ask questions if they do not understand information, directions, or consent forms.
- F. Documentation and Storage of Records
1. The provider will follow all applicable NDCS policies regarding the creation and maintenance of patient medical records
 2. All care provided to patients via telehealth will be appropriately documented in the patient record.
 3. To ensure continuity and completeness of the medical record, a copy of any written notes made at the distant site should be sent to the originating site for inclusion in the patient's medical record. If the patient already has a medical record at the distant location (e.g., because of prior admission), these records should be available during the telehealth encounter and any notes made during the telehealth encounter should be recorded in that file.
 4. Any interim documentation of the telehealth encounter should be treated with the same care as medical records components.
 5. Documents associated with the telehealth encounter will only be opened and worked within an appropriate setting.

MEDICAL PROTOCOL DEPARTMENT OF CORRECTIONAL SERVICES STATE OF NEBRASKA	NUMBER 35	PAGE NUMBER 4 OF 6
	SUBJECT: TELEHEALTH	

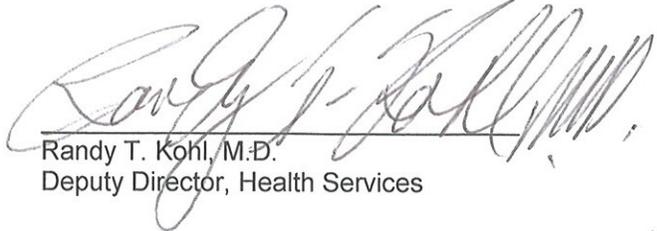
- G. Room Set-Up
1. The telehealth room(s) shall be such to provide maximum privacy of both the audio and visual interaction of patients.
- H. Environment
1. Ideally, telehealth consultations should only take place in locations which are normally used for clinical consultations (e.g., hospitals, clinics, outpatient offices) and which are capable of normal confidentiality standards.
 2. If teleconsultations take place in locations not normally used for clinical consultations, extra care needs to be taken to ensure that privacy and confidentiality issues are addressed through contractual arrangements or operational procedures. Patients must be fully informed about the potential risks to privacy by utilizing non-clinical videoconferencing sites.
 3. Telehealth peripheral equipment (e.g., patient exam camera) utilized for clinical applications is cleaned according to NDCS infection control guidelines. Staff utilizing telehealth equipment for patient encounters assures that it is cleansed before and after each use with an NDCS approved disinfectant. Universal precautions apply at all times.
- I. Videotaping
1. No telehealth sessions will be videotaped and/or digitally recorded without the permission of the patient.
 2. If the patient has consented to videotaping the session, this consent must be recorded in the patient's medical record and the tape must be kept as part of the medical record and is subject to the same record-keeping standards.
 3. Patient access to information generated through telehealth is guaranteed.
- J. Selection of Patients
1. A decision to use or reject telehealth should be based solely on the best interest of the patient.
 2. Clinical condition(s) should be suited for visual and audio presentation.
 3. Clinical condition is within the technical capabilities of the telehealth equipment and its input/output devices.
- K. Ensuring Privacy During the Telehealth Session
1. Introductions
 - a. Healthcare providers will implement a "read-back" process for verifying orders transmitted via the telehealth system.
 - b. Introductions shall take place at the beginning of a telehealth consultation and include all people at each site.
 - c. Instructions shall indicate at a minimum name, title and role.
 - d. Third parties who are not present to assist in the care of the patient may not be present in the consult room without patient authorization.
 - e. If technical or correctional staff is required to be present for technical or security reasons, respectively, the patient should consent to their presence and staff must follow the same standards of confidentiality required of the clinical staff directly involved.
 - f. The camera shall pan the room at the remote site to assure the patient that all introductions have taken place.
 2. Physical Security
 - a. Telehealth sessions will be held in private rooms and a "Session in Progress" sign will be placed on the door to the room when the session begins.

MEDICAL PROTOCOL DEPARTMENT OF CORRECTIONAL SERVICES STATE OF NEBRASKA	NUMBER 35	PAGE NUMBER 6 OF 6
	SUBJECT: TELEHEALTH	

APPROVED:



Steve Urosevich
COO, Health Services



Randy T. Kohl, M.D.
Deputy Director, Health Services

EFFECTIVE: March 2007

REVISED: April 2008

REVIEWED: December 2007
December 2009
December 2010

Attachment A
TeleHealth Service Delivery Notification
Nebraska Department of Correctional Services

I (name) _____ am proposing new TeleHealth service(s):

- A. Services to be delivered/received _____
- B. Physician/providers delivering and/or receiving services _____
- C. Sites to which the services will be delivered and/or received _____
- D. Duration of the anticipated service delivery _____

New TeleHealth services will be initiated on a pilot basis. New TeleHealth services/applications that have been successfully piloted and reviewed will be presented to the Medical Staff Committee twice yearly for formal approval.

Signature of Requester

Date

The Requestor will submit the signed form of intent to deliver services to the Medical Director for review.

Approved
Medical Director
Randy T. Kohl, M.D.

Date

Denied
Medical Director
Randy T. Kohl, M.D.

Date

Attachment B
Consent for Treatment/Therapy via TeleHealth
Nebraska Department of Correctional Services

I (name) _____ agree to receive this health care service,
(type of service) _____, as a TeleHealth service. I understand
the healthcare provider (name) _____ is located in another facility.

A TeleHealth service means that my visit with a practitioner at the distant site will happen by using two-way interactive video equipment. This consent is valid for six months for follow-up TeleHealth services with the health care provider.

I also understand that:

- I may decline the TeleHealth service at any time without affecting my right to future care or treatment. Any program benefits to which I would otherwise be entitled cannot be taken away.
- I may have to travel to see a health care practitioner in person if I decline the TeleHealth service.
- If I decline the TeleHealth services, the other options/alternatives available for me, including in person services, are as follows:
- All confidentiality protections that apply to my other medical care also apply to the TeleHealth service.
- I will have access to all medical information resulting from the telehealth service as provided by law.
- The information from the TeleHealth service cannot be released to researchers or anyone else without my additional written consent.
- I will be informed of all people who will be present at all sites during my TeleHealth service. I may request to exclude anyone from any site during my TeleHealth service.
- I may see an appropriately trained staff person or employee in person immediately after the TeleHealth service if an urgent need arises OR I will be told ahead of time that this is not available.

I have read this document carefully, and my questions have been answered to my satisfaction. I understand that this consent is valid for a period of six months and will be renewed after (date)_____.

Signature of Patient

Date

Signature of Legal Guardian

Date

If other than patient, relationship to patient

Reason (minor, incompetent, etc.)

Witness

Date

_____ Copy given to patient _____ Refused

Attachment D
Patient TeleHealth Evaluation
Nebraska Department of Correctional Services
To be filled out each time TeleHealth is used for a patient-to-provider consultation

THIS BOX IS TO BE FILLED OUT BY SITE COORDINATOR.

Date: _____ Time Began: _____ Time Ended: _____

Patient's Site (Your location): _____

Consultant Seeing Patient: _____

Consultant's Specialty: _____

Consultant Location: _____

Patient Age: _____

QUESTIONS TO BE ANSWERED BY PATIENT

1.) How many miles would you have traveled from your home to the specialist had TeleHealth not been available? _____

2.) If TeleHealth were not available, would you have traveled to see the specialist?

Yes No – would not have sought additional care.

3.) If you need to see the specialist again, will you:

Use TeleHealth Travel to another hospital

Other _____

4.) Did TeleHealth meet your needs?

Yes No (Please explain): _____

5.) Would you recommend TeleHealth to a family member?

Yes No

6.) Comments: _____

