TELEHEALTH BASICS

Curriculum for Training CNAs on Telehealth and Telepresenting

1. Demonstrate an understanding of the role of the CNA in implementing telehealth and telemedicine within the current health care arena

2. Demonstrate the competence to support both the patient and remote provider throughout a telemedicine consultation utilizing interactive videoconferencing

3. Demonstrate the competence to support the patient and the “provider’s organization” throughout the entire process of utilizing home monitoring equipment

September 2013

Veterans Rural Health Resource Center – Eastern Region (VRHRC-ER)
Northeast Telehealth Resource Center (NETRC)
Dear Colleagues:

The Veterans Rural Health Resource Center-Eastern Region (VRHRC-ER), in partnership with the Northeast Telehealth Resource Center (NETRC), recognizes that widespread adoption of telehealth applications and the proposed increased demand for telehealth services has resulted in a demand for related workforce development initiatives. The needs for workforce development initiatives related to telehealth are varied. One area of need is the unique and essential role of the telepresenter. Over the past year, the VRHRC-ER and the NETRC have developed a curriculum to meet this need. The course provides participants with an introduction to the broad utilization of telehealth applications and a greater understanding of the essential role and skills required of a telepresenter in the delivery of telemedicine services. The methods used to develop and evaluate the curriculum, as well as details of the curriculum’s components, are presented. These components include objective methods healthcare organizations can adopt to prepare their workforce including such as hands-on experience in the operations of equipment and techniques for problem solving equipment issues. The telehealth techniques can be used to prepare health care staff to use telehealth in a variety of health care settings such as nursing home care and home health.

The curriculum is a living document which will continue to evolve along with new best practice and guidelines. It is available for download and printing from the NETRC website (www.netrc.org) at no cost. We welcome questions and/or feedback as you use the curriculum within your program.

If you would like to talk with us about the curriculum or arrange a training for your team, please contact us!

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The Northeast Telehealth Resource Center has been made possible by grant number G22RH22699 from the Office for the Advancement of Telehealth: HRSA/DHHS.
Core Competency 1
Demonstrate an understanding of the role of the CNA in implementing telehealth and telemedicine within the current health care arena

Objective 1: Explain telehealth and telemedicine and convey an understanding of its important role in expanding access to health care

Objective 2: Explain the role of a CNA as both a telepresenter and telehealth support liaison in the home health arena

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<tr>
<th>Student Competency Demonstrations</th>
<th>Curriculum Content Summary</th>
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<tr>
<td>After the completion of the lecture/discussion, the student will:</td>
<td>1. Definition of telehealth and telemedicine</td>
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<tr>
<td>1. Define telemedicine and telehealth</td>
<td><strong>Telemedicine</strong> The use of electronic information and communications to provide health care when distance separates the patient and their provider. It can include interactive real-time communications (i.e. “synchronous”) or capturing of measures or images representing key health indicators for provider review later (“asynchronous”, or “store-and-forward” telemedicine).</td>
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<tr>
<td>2. Identify the three different types of telehealth and five examples of clinical applications</td>
<td><strong>Telehealth</strong> The use of electronic information and communications to provide health care and a broader range of clinical support activities, such as patient education, remote monitoring of health indicators, and self-management support. The term can also be applied to electronic system use for continuing education of health care staff, remote medical staff supervision, medical training, health care administration, and clinical peer networking.</td>
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<tr>
<td>3. Explain examples of benefits and challenges for telehealth</td>
<td>2. Three basic types of telemedicine examples of equipment and use cases</td>
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<tr>
<td>4. Provide an overview of the potential role of the CNA as a telepresenter</td>
<td>- Interactive videoconferencing consults</td>
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<tr>
<td>5. Name 4 benefits of telehealth</td>
<td>- Store and forward consults</td>
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<td></td>
<td>- Remote monitoring and home care</td>
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<td>3. Benefits and challenges of Telehealth</td>
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<td>The evidence base for telemedicine is growing and adoption rates for telemedicine applications are on the rise. However, in many ways telemedicine is still new, there are still doubts about its potential and barriers to its full implementation. For example, there are debates about how telemedicine services should be reimbursed as well as debates about whether licensure rules should be adjusted to allow for patients to receive care from distant providers who may not be licensed in the state where the patient is located. As a telepresenter you will be in a great position</td>
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### Student Competency Demonstrations

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<tr>
<td>to help promote the use of telemedicine and to ensure that high quality care can be delivered using these new tools.</td>
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**Benefits**

- Increased patient access to providers due to reduced travel barriers, either for the patient or the provider
- Timelier access to providers – this is especially important regarding specialists with long wait times for appointments and predicted shortages of specialists and primary care providers in the future
- Improved continuity of care and case management
- Reduced use of institutional care – more patients are able to stay in their homes and communities and avoid use of emergency rooms, hospital and nursing home care
- Improved access to training and other supports through telemedicine
- Cost savings in care delivery due to reduced patient or provider travel costs
- Reductions or prevention of complications resulting from care provision earlier in the disease process or downturns in health status

**Challenges**

- Increase in costs – especially for the initial costs of the equipment and on-going connectivity fees (although there are becoming more and more lower cost options)
- Need for training in new technologies and mode of clinical teamwork
- Increase in staffing demands in some instances
- In some cases patients may find it to be a negative experience to have less “face-to-face” access to a provider

4. Introduction to CNA’s roles within an interactive videoconferencing clinical environment.

The Telehealth Team:

- Telehealth Site Coordinator, with duties of scheduling and assuring equipment operational status
- Clinical presenter, to facilitate (may include Site Coordinator duties too)
- Telehealth program administrators, such as facility Medical Director and/or Telehealth Program Coordinator/Director
- Technical support staff (or outside contractor or vendor who fields problems with use and maintenance of the technology)
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|                                     | • Distant clinical provider, i.e. specialist or primary care professional providing care  
|                                     | • Referring provider, who needs to be part of the care communications loop if not involved directly in the telehealth program  
|                                     | You will be asked to become an extension of the remote provider using your “eyes, ears, and hands” to help facilitate their communications and monitoring with the patient.  
|                                     | Prior to the visit you may be asked to:  
|                                     | • Set-up and ensure that the equipment is working properly.  
|                                     | • Provide an orientation to the patient and their family.  
|                                     | • Obtain consents  
|                                     | • Explain the steps of the telemedicine consultation to the patient and family  
|                                     | During the visit you may be asked to:  
|                                     | • Conduct introductions between the patient and the provider  
|                                     | • Assist clinician during the visit including operating diagnostic tools  
|                                     | • Maintain the local copy of the patient’s medical record  
|                                     | • Documenting delivery of telehealth care and/or collection of information relevant to quality assurance activities  
|                                     | • Assist the patient in communicating any required follow-up to other site staff  

| **Core Competency 2:** | Demonstrate the competence to support both the patient and remote provider throughout a telemedicine consultation utilizing interactive videoconferencing.  
| **Objective 1:** | Explain potential applications and the benefits for interactive videoconferencing for telemedicine consultations  
| **Objective 2:** | Explain the essential duties of the tele-presenter and their purpose for ensuring high quality clinical care  
| **Objective 3:** | Display technical competence and clinical rapport required to support the patient and remote provider through hands-on skills lab  

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| After this session students will be able to: 1 List five examples of potential uses of interactive videoconferencing in the clinical setting. | “The essential difference between Telehealth and face-to-face health care is the use of technology to bridge the distance between the patient and the provider. The technology should function effectively so that it is a seamless part of the health care process, not a distraction.” VA Curriculum
<table>
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| 2. Effectively operate and troubleshoot the use of an interactive videoconferencing unit and commonly used peripherals. 3. Carryout the essential duties of the telepresenter including: • patient orientation • support the patient and provider through the operation of the equipment at the patient site • maintenance of the patient’s chart • cleaning of the equipment after the consultation. • addressing clinical and technical emergencies | The American Telemedicine Association is a valuable resource. They publish peer reviewed guidelines for delivering Telehealth services. (See Appendix 1 for a copy of their Guidelines for Interactive Video Based Telemedicine) Advantages of telemedicine via interactive videoconferencing: • Allows the patient and provider to communicate in “real time” • Good to use when provider needs to speak with the patient • Allows provider to observe physical characteristics of patient and observe fine and gross motor activity Examples of uses of interactive videoconferencing in the clinical setting: • Mental health and psychiatry (most common) • Outpatient medical services—examples: o Neurology o ENT o Primary care including school-based health clinics • Hospital-to-hospital service examples: o Stroke o eICU • Support services o Family/group counseling or peer support groups o Patient and provider education Basic steps in an interactive video consultation • Telemedicine determined as an appropriate option for care • In some cases a pre-authorization from the patient’s insurance company may be requested • Patient provides consent (sometimes this may be verbal and other times it is a written consent) • Consultation is scheduled (this could be for sometime in the future or immediately depending on the service being provided) • Any data needed by the provider is forwarded to them for review in advance of the consultation (ie. labs, pertinent parts of medical record, photo images, signed patient consent form) • Equipment is tested (this will be more important in some clinical settings than others) – certain
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<tr>
<td>preparation of the equipment and peripherals may be needed</td>
<td>Patient is provided with orientation – when dealing with specific populations like pediatric patients you may need to adjust your strategies for providing an orientation</td>
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<tr>
<td>Consultation occurs with introductions between provider and patient facilitated by the presenter.</td>
<td>Wrap-up presenter and patient are aware of follow-up instructions which may include scheduling of another appointment</td>
</tr>
<tr>
<td>Consultation is documented in patient records at the remote and originating site.</td>
<td>Check lists at both the provider and patient location can be helpful (see Appendix 2 for examples)</td>
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Ensuring patient privacy
- Room is secured at both sites to prevent interruptions or overhearing conversations (put “Session in Progress” sign on doors, use white noise makers in doorways)
- Reassuring the patient that they are not on TV and informing them that their image is or is not being recorded
- The network design should ensure that data is transmitted over private networks or the data is encrypted
- Introduce everyone present on both sides of the encounter (VA curriculum)

Before the consultation
- Provide patient with orientation
- Describe what equipment will be used and what will happen during consultation
- Explain that their privacy will be protected
- Ensure that patient knows that they can select a face-to-face consultation
- Obtain necessary informed consents from patient (verbal or written)
- If the patient in hard of hearing you may want to offer them headphones
- Ensure that procedures are in place as a back-up if the technology does not work or there are other related issues. For example, both the remote and originating sites should have direct phone numbers to one another.

Always ensure introductions between patient and provider and ALL other people present at each site.
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<td><strong>During the consultation:</strong></td>
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<tr>
<td>• Manage and operate the equipment including camera pan, tilt and zoom</td>
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<td>• Troubleshoot and resolve problems</td>
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<td>• You are the provider’s “hands” assisting, moving or positioning the patient or peripheral so that the provider has the best view for clinical needs and patient-provider communications are optimized</td>
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<tr>
<td>• Clearly and accurately describe the patient’s condition to the remote provider</td>
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<td>• Carry out instructions from the remote provider</td>
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<td><strong>After consultation</strong></td>
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<tr>
<td>• Ensure patient understands any follow-up instructions</td>
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<tr>
<td>• Arrange follow-up appointment if warranted</td>
<td></td>
</tr>
<tr>
<td>• Complete required documentation for the patient’s medical record or QA monitoring programs</td>
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<tr>
<td>• Complete all procedures for cleaning and shutting down the equipment</td>
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</tr>
<tr>
<td><strong>Other things you can do to ensure a successful consultation (VA curriculum)</strong></td>
<td></td>
</tr>
<tr>
<td>• Explain process and help patient prepare for what will happen</td>
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<td>• Check in with patient regarding their comfort with the technology</td>
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<tr>
<td>• Include more “small talk” as you are preparing the patient</td>
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<tr>
<td>• Be mindful of and explain potential delay between audio and video feeds – i.e. you may need to take longer pauses when speaking</td>
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<tr>
<td>• Follow guidelines for video etiquette (see Appendix 3 for examples)</td>
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<tr>
<td><strong>Capture the highest quality audio and video feeds:</strong></td>
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<tr>
<td>• The video conferencing equipment is incredibly sensitive and captures a great deal of information down to the most minor details. In order to minimize extra or unneeded information being transferred it important to always consider ways to decrease both audio and visual extraneous stimuli. (KISS method)</td>
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</tr>
<tr>
<td>• Use the features of the equipment to zoom in and frame images as needed for optimal patient examination and communications</td>
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<tr>
<td>• Typically, the camera should be at the patient’s eye level and about 4-6 feet away from the patient</td>
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<tr>
<td>• Consider a backdrop for the session that keeps the camera view uncluttered – i.e. no mirrors on walls, plain walls if possible, muted wall colors when possible</td>
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</table>
### Student Competency Demonstrations

- Keep clothing simple (especially avoid stripes)
- As with taking photographs, lighting should be optimized:
  - Use full-spectrum incandescent over fluorescent lighting when possible
  - Light source should fall on the face from the front to minimize shadows
  - Ideally there should not be window in the room, and if so consider use of shades or curtains when available
- Noise is another important factor to consider
  - Know how to mute and unmute your microphone
  - Additional microphones may be necessary
  - Check equipment volume levels
  - There should be no need to shout
  - Avoid extraneous noises (fans, lights, shuffling of paper, side conversations)

### Working with the telehealth equipment

- Most clinical settings will have IT staff available for installing and addressing major issues with the videoconferencing equipment.
- Here are some recommendations to minimize issues with the videoconferencing equipment
  - Keep the equipment in one location if possible: if it needs to be moved to different locations the entire unit should be moved with all peripherals - using permanent moving carts will be helpful for this
  - Don’t rely on your memory utilize checklists, if one is not provided to you by your organization make your own
  - Giving yourself enough time to accurately set-up the equipment and to run through any checklists will save you time in the long run

### Troubleshooting (VA model)

- Troubleshooting protocols for common user-related issues
  - Identify the symptoms
  - Narrow the likely causes
  - Identify the solution
  - Backup plans
- Telephone contact information for technical support, in-house or outside resource
- Equipment usage and problem log (optional, but recommended)
- Back-up plans for cases when the equipment won’t work may include spare equipment and
protocols for ordinary telephone linkage so patient or provider sites can initiate communications

### Core Competency 3:
Demonstrate the competence to support the patient and the “provider’s organization” throughout the entire process of utilizing home monitoring equipment.

**Objective 1:** Explain the potential applications and the benefits of using home monitoring equipment.

**Objective 2:** Explain the essential duties of the CNA in ensuring the successful implementation and on-going use of home monitoring equipment by patients.

**Objective 3:** Display the technical competence and clinical rapport to support the patient in installing, using and maintaining their home monitoring equipment.

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### Student Competency Demonstrations

<table>
<thead>
<tr>
<th>After this session students will be able to:</th>
<th>“Home telehealth applies to the use of telecommunications technologies to provide clinical care and promote patient self management as an adjunct to traditional face-to-face” –VA Manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. List five examples of potential uses of home monitoring equipment.</td>
<td>Providing the right care in the right place at the right time has become a common mantra in healthcare these days and is very applicable to telemedicine especially home care. Through home telehealth we can achieve, ongoing assessment, monitoring, and case management of patients in their homes AND the appropriate information is shared with providers and other in the healthcare system to enable “just in time” care (VA manual).</td>
</tr>
<tr>
<td>2. Effectively install, operate and troubleshoot the use of home monitoring equipment, including peripherals.</td>
<td><strong>Background on Home Telehealth</strong></td>
</tr>
<tr>
<td>3. Carry out the essential duties of the CNA in supporting the use of home monitoring equipment including:</td>
<td>Benefits of home telehealth</td>
</tr>
<tr>
<td>• patient orientation</td>
<td>• Increases patient satisfaction</td>
</tr>
<tr>
<td></td>
<td>• Improves outcomes and contributes to behavioral changes in the patients</td>
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<tr>
<td></td>
<td>• Raises work efficiency</td>
</tr>
<tr>
<td></td>
<td>• Enhances management of chronic diseases</td>
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<tr>
<td></td>
<td>• Fits within the current preferred models of patient-centric and veteran-centric care delivery</td>
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<tr>
<td></td>
<td>• The routine measurement of outcomes</td>
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</table>
### Student Competency Demonstrations
- Installation, ongoing use of the equipment
- Conveying the importance of compliance and use of the equipment to home health patients and their families
- Cleaning of the equipment after the consultation, addressing technical issues that might arise

### Curriculum Content Summary
- Ensures patients have meaningful choices
- Encourages the availability of services in community settings
- Makes the patient’s residence the preferred site of care
- Supports the home caregiver
- Enables the timely provision of services
- Uses an evidence base to develop services
- Decrease, delay or avoid hospital readmissions or ED visits

Home telehealth is not intended to replace other care management or case management activities.

**Common uses of home telehealth:**
- Diabetes
- Hypertension
- Chronic heart failure
- Post-traumatic stress disorder
- Depression
- Spinal cord injury
- Traumatic brain injury
- Chronic respiratory disease

Some common uses within the VA include:
- Home-based care coordination for diabetes care
- Remote monitoring of chronic heart disease and respiratory disease
- Ambulatory care monitoring after hospital discharge
- Mental Health Intensive Case Management

Home telehealth is relatively new – basically began after 2000

**Primary home telehealth technologies:**
- In-home messaging device
- Video telemonitoring
- Interactive Voice Response (IVR)
- Home Telehealth Peripheral Devices
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**Home Telehealth Protocols and Procedures**

Disease Management Protocols in home telehealth
- Disease Management Protocols (DMPs) are algorithmic questionnaires delivered to patients via home telehealth technology that assess the symptoms, health factors, educational needs and self-management status of patients.
- DMP elements are sent to the patient daily and the questions elicit responses from patients that enable the Care Coordinator to assess patients’ health status trends and triage any health concerns. Additionally, vital signs and other clinical data may be captured via DMP responses.
- Core DMPs reflect the top conditions managed by home telehealth: Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), Depression, Hypertension, and Diabetes
- Tracking of blood pressure and patient weight are common indicators for these conditions (CCGT – Telehealth Basics for Clinicians).

The Care Coordination process and documentation
- Begins at identification of appropriate patients
- Ends at discharge and transition management from the program due to either meeting goals, death or non-adherence

Criteria for determining appropriateness of patient:
- Clinical needs
- Functional needs
- Competence to use the equipment
- Suitability of the home environment

There may be checklists available by an employer for assessing appropriateness (there are examples included in the Appendix for assessing both the client and home readiness).

**Roles of the Home Telehealth Team**

In the home Telehealth environment both the Agency and the patient/care giver have distinct and essential roles.
### Student Competency Demonstrations

### Curriculum Content Summary

#### Agency’s Roles
- Procedures should be in place for the following
- Trouble shooting guidelines – often times these can be provided by the home Telehealth equipment vendor. They should be easy to understand and cover typical problems and solutions.
- Emergency back-up plans – there will be times when the equipment will malfunction or stop working. There should always be emergency plans pre-arranged.
- Regular Maintenance – to minimize technical issues a regular maintenance schedule of the equipment should be followed. This may include responsibilities assigned to the visiting nurse while they are in the home.
- Central Workstation – Efforts should be made to secure patient data that is viewed at a central workstation including all HIPPA and other corporate compliance guidelines.
- After-Hours Care – Patients need to be informed of methods they can use to contact a health care provider if they are needed during non-business hours.
- Placement of equipment in the home (privacy, compliance)

#### Staff roles and training (see Appendix 5)
1. Be familiar with the equipment and all related procedures so that you can communicate effectively with the participants (see staff training section of Appendix 6)
2. Participate in orientations for each type of Telehealth equipment they will be using
3. Obtain training and complete all required documentation of patient encounters and necessary information about the equipment (see Appendix 7 and 8)
4. Know the agencies emergency back-up procedure
5. Know and complete all maintenance plans (Appendix 9)
6. Screening potential patients (client and home readiness examples in Appendix 10 and 11)
7. Inform patients and obtain informed consent (see examples in Appendix 12)
8. Introduce, install equipment, leave written personalized instructions and safety materials – these may include Equipment Operational and Troubleshooting Guidelines (see Patient Training sheet and staff installation in Appendix 13; Patient Satisfaction survey in Appendix 14)

It is recommended that you plan to bring an installation kit with you including:
- An extension cord and surge protector
- Portable lamp
- Phone line splitter
- Small screwdriver
- Duct tape, twist ties and rubber bands for organizing wires,
- Tape measure
### Student Competency Demonstrations

#### Curriculum Content Summary

**Agency’s Roles**
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Expert Consensus Recommendations for Videoconferencing-Based Telepresenting

November 2011
Funding support for this initiative was provided by United Health Foundation.
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1. PREAMBLE

The American Telemedicine Association (ATA), with members from throughout the United States and throughout the world, is the principal organization bringing together telemedicine practitioners, healthcare institutions, vendors and others involved in providing remote healthcare using telecommunications. ATA is a nonprofit organization that seeks to bring together diverse groups from traditional medicine, academia, technology and telecommunications companies, e-health, allied professional and nursing associations, medical societies, government and others to overcome barriers to the advancement of telemedicine through the professional, ethical and equitable improvement in health care delivery.

ATA has embarked on an effort to establish practice guidelines and technical standards for telemedicine to help advance the science and to assure the uniform quality of service to patients. They are developed by panels that include experts from the field and other strategic stakeholders and designed to serve as both an operational reference and an educational tool to aid in providing appropriate care for patients. The guidelines and standards generated by ATA undergo a thorough consensus and rigorous review, with final approval by the ATA Board of Directors. Existing products are reviewed and updated periodically.

The practice of medicine is an integration of both the science and art of preventing, diagnosing, and treating diseases. Accordingly, it should be recognized that compliance with these guidelines will not guarantee accurate diagnoses or successful outcomes. The purpose of these standards, guidelines, and practice recommendations is to assist practitioners in pursuing a sound course of action to provide effective and safe medical care that is founded on current information, available resources, and patient needs. The practice guidelines and technical standards recognize that safe and effective practices require specific training, skills, and techniques, as described in each document. The resulting products are properties of ATA and any reproduction or modification of the published practice guideline and technical standards must receive prior approval by ATA.

If circumstances warrant, a practitioner may responsibly pursue a course of action different from the guidelines when, in the reasonable judgment of the practitioner, such action is indicated by the condition of the patient, restrictions or limits on available resources, or advances in information or technology subsequent to publication of the guidelines. Nonetheless, a practitioner who uses an approach that is significantly different from these guidelines is strongly advised to provide documentation, in the patient record, that is adequate to explain the approach pursued.

This expert opinion consensus document focuses on interactive videoconferencing-based telepresenting. The purpose of this document is to inform and assist individuals and organizations in providing effective and safe telepresenting services.
2. INTRODUCTION

Traditional delivery of health care involves patient and provider communication and interaction in a real time, in-person encounter. At this encounter the provider obtains the history of the chief complaint, performs a physical assessment, and obtains any needed diagnostic testing. From the information collected, the plan of care is formed.

New challenges and opportunities for the provider have been created by the expansion of communication technologies and new health care delivery models, as a means to enhance delivery of health care. The use of telemedicine/telehealth has extended the reach of the provider, but also may create situations in which assistance is needed in facilitating clinical data transfer from the remote patient setting. A telepresenter (presenter) is frequently used, although not always required, to address the challenges that the consulting provider faces when conducting a physical examination using telemedicine and to ensure efficient information exchange. The presenter is an individual, located at the patient remote site that provides support to the patient and the telemedicine consulting provider, in completing the physical examination and/or telemedicine activity.

The role of presenter will continue to evolve as telemedicine and technology advance, however, presenters are frequently employed to assist with real-time, interactive videoconferencing based consultations between a health care provider and a patient. Presenters may include licensed professionals, parents, spouses, or allied health professionals, depending upon resources within the community and the expertise required to achieve an adequate portrayal of the patient’s mental and physical condition. Requirements for a presenter vary widely, based upon the specific patient care settings, the clinical specialty, and expertise of the telemedicine providers. The most qualified telepresenter may in reality, be a lay individual in a community trained in the use of telemedicine technology and who is able to assist the patient. In addition, the evaluating provider must be skilled in leveraging the telemedicine resources to guide the remote assessment and obtain necessary information for determining diagnoses, treatments, and/or care directives.

This expert opinion consensus document focuses on interactive videoconferencing-based telepresenting for health care professionals who are competent in skills and knowledge required to assist the remote provider, and serves as a guide for health professionals engaging lay presenters, such as family members. The purpose of this document is to define the requirements for serving as a telepresenter, as well as identifying key points to be considered throughout the process of telepresenting. The document is divided into administrative, technical, and clinical domains.

Telemedicine has transformed the delivery of healthcare, yet, successful use of technology is dependent upon efficient information exchange. It is the presenter who supports communication and physical requirements of both the patient and evaluating provider throughout the tele-encounter process.
3. VIDEOCONFERENCING-BASED TELEPRESENTING PRACTICE RECOMMENDATIONS

a. Administrative Core Standards

Specific administrative procedures and policies of an organization will govern the activities of a presenter. At a minimum, any person functioning in the presenter role shall be aware of all organizational policies and procedures that govern clinical practice and how said policies and procedures apply.

1. Scheduling

The presenter shall:
- be knowledgeable of scheduling procedures and policies for his/her organization
- identify and schedule resources required for a successful tele-encounter, including local personnel, local facility space, remote provider, remote evaluating provider, remote evaluating provider’s facility, equipment, conductivity, and/or any combination thereof
- ensure that the evaluating provider who attends the virtual consultation is the scheduled, legitimate provider for the patient and is credentialed to provide the services being offered

2. Preparation

The presenter shall:
- identify the evaluating provider’s clinical goals for the encounter, including reviewing requested pre-consultation forms and testing
- establish and follow a procedure for contacting patients prior to the consultation to remind them of the appointment, give directions, and provide patient education
- establish a back-up plan and be prepared to enact it if there are technical problems
- develop and implement patient protocols with the remote provider to ensure that information is available at the beginning of the encounter

3. Quality and Safety

The presenter shall:
- obtain a telemedicine consent form, if required
- understand and adhere to HIPAA regulations
- understand and adhere to state and federal regulations related to telepresenting and transfer of patient information electronically
- understand and adhere to accrediting organization’s standards for interactive tele-encounters
- evaluate and articulate outcomes and make suggestions for improving future tele-encounters
- evaluate the quality of data transmission and interactions during the tele-encounter to support and optimize the remote provider’s capacity to examine, diagnose and develop an appropriate plans of care
b. Technical Core Standards

Technical knowledge and support of the tele-encounter by the presenter are essential. At a minimum, any person functioning in the presenter role shall ensure that all aspects of technical performance are considered, including issues of patient safety and confidentiality.

1. Preparation and Operations

The presenter shall:
- ensure that all equipment has been tested and checked to be in safe working order
- establish connection with the remote provider with sufficient time to troubleshoot any technical issues that may impact the encounter
- ensure that the provider and patient can see and hear each other clearly
- control any extraneous noises (e.g., fan, telephone, etc.) near the microphone
- provide accommodations for appropriate lighting, including back lighting (e.g., windows, lights, etc.)
- follow connection procedures to initiate and maintain the tele-encounter
- maintain a list of contact information for key personnel at the remote connecting end, including technical support

2. Maintenance

The presenter shall:
- ensure that a service and maintenance plan for all equipment used to support the encounter is established
- perform routine system tests to ensure that equipment is in safe and working order
- document and maintain a log of all technical problems or issues
- follow up with technical support immediately following encounter, if any problems occur

c. Clinical Core Standards

Clinical aspects of the presenter role are both generalizable and specific to the type of service being provided to the patient. The presenter acts as a patient advocate to optimize the exchange of clinical information between the provider and patient.

1. Preparation of Environment

The presenter shall:
- provide the evaluating provider with any available and necessary information regarding the patient (e.g., history and physical, radiographs, lab work, etc.), prior to the tele-encounter
- have contingency plans in place for loss of connectivity and be prepared to implement these plans
- confirm that all necessary equipment (including peripheral devices and supplies for the tele-encounter are accessible in the exam room
- remove personal identifiable health information from the area of the encounter that is not specific to the patient
- assess and implement an appropriate plan for cultural, language, and/or disability issues
2. **Patient preparation and support**

The presenter **shall**:
- always be a patient advocate
- educate the patient/family as to what to expect during a tele-encounter, including the potential for an audio-video delay
- be knowledgeable and competent in health care needs being addressed
- provide opportunities for questions and answers
- be knowledgeable about how to turn on video equipment, initiate a call, and resources available for obtaining technical assistance
- identify microphone and camera locations to the patient
- anticipate exam requirements, including appropriately positioning and preparing of the patient for physical examination (e.g., gowning or uncovering body areas)
- adhere to universal precautions
- ensure that the patient is aware of and introduced to all individuals in their room the remote evaluating provider’s location
- be alert and sensitive to nonverbal body language
- provide any needed support for the patient/family
- ensure the patient/family is comfortable with the tele-encounter and is aware of their right and ability to terminate a tele-encounter at any time

3. **Follow-up**

The presenter **shall**:
- review any instructions or information conveyed during the tele-encounter by the remote evaluating provider after the session has concluded, as appropriate, based on the presenter’s level of professional practice
- provide patient/family with the evaluating provider’s contact information, if needed for follow-up
- encourage the patient/family to complete any evaluation forms after the tele-encounter
- schedule follow-up appointments, treatments, etc., as ordered
- provide the primary care physicians and/or other appropriate individuals involved in the patient’s care coordination with necessary documentation from tele-encounter and as requested by the patient
APPENDIX A: References


“Payment for Teleconsultations in Rural Health Professional Shortage Areas,” 63 Federal Register 211 (2 November 1998), pp. 58879-.58886

Real Time Consultation: Referring Site – Patient Location

1. **Equipment** - Make sure all equipment is available.
   a. Videoconferencing equipment and telecommunication links (LAN or other as appropriate)
   b. Diagnostic Peripherals - based on the appointment type 1. Exam camera, otoscope, stethoscope, etc.

2. **Connect all equipment:**
   a. Audio
   b. Video
   c. Telecommunications

3. **Power supplies** plugged in.

4. **Turn power on** to all equipment

5. **Start software programs** – videoconference applications, electronic medical record, other.

6. **Check Peripherals:**
   a. Focus
   b. Light Source
   c. Special Adapters or lenses

7. **Check and clean** any patient-contact surfaces

8. **Test connection** with consultant location. (A test connection is highly recommended when equipment is first connected and powered up, perhaps the first thing in the morning. Also be sure to test the connection just before a patient encounter.)

9. **Check videoconference equipment:**
   a. Audio & volume
   b. Video

10. **Camera Control.** For most interactions, the consultant should be able to control the patient-end camera to ensure proper framing of the video picture. The patient-side system should be set to "allow far-end camera control."

https://www.tms.va.gov/va_content/CCGTBasicsForClinicians_11z/EquipmentPrepChecklist2.pdf
Etiquette

Clinicians must be constantly aware that they are interacting over a different medium. Rather than being in the room with the patient, they are working over distance through a limited "bandwidth" which to some degree alters the ability to interact and communicate. Patient-clinician rapport can be affected by this medium.

Clinicians must take particular care to try to overcome these limitations. Patients also have a limited view of the clinician, so everything one does is magnified from the patient's point of view.

Remember

- **Be Yourself.** "Being on TV" can be a little intimidating. Speak naturally, clearly and pause occasionally so others can make comments.
- **Be Prepared.** Before the telehealth encounter prepare and have access to the patient's records and CPRS.
- **Be Camera Conscious.** As much as possible, keep the camera on the speaker or speakers, and/or the material that is being presented. If you switch to an auxiliary camera, remember to switch back to the main camera when the discussion turns to another topic.

You may want to use Self-view for a while to ensure that you are remaining in a good framing for the patient to see you.

- **Introduce Conference Participants.** In small conferences, introduce everyone that is participating on or off camera. If additional people join a conference while it is in session, take a moment to introduce them. In larger conferences, acknowledge each site in a roll call fashion.
- **Don't Shout.** The microphone will pick up the sounds of conversation. You may continue to use your normal speaking voice.
- Participants should **speak one at a time** to ensure that everyone is understood. The audio is transmitted from only one site at a time, and there are slight delays. When two sites speak simultaneously the result is a bit of garbled communication. If there are multiple sites in a videoconference, a conference coordinator may control the sequence discussion.
- **Distracting Behavior**
  - Keep in mind that participants in other locations can see what you are doing at all times (including when your site is muted).
  - **Interrupting or speaking over other people may confuse the conversation.**
  - **Side conversations and note passing** can be very distracting to other conference participants
  - **Cameras are sound activated.** Therefore finger tapping, paper shuffling and whispering will cause the camera to switch from the conversation to focusing on YOU.
  - In larger conferences, it is polite to **mute your outgoing** audio to avoid picking up room noise.

[https://www.tms.va.gov/va_content/CCGTBasicsForClinicians_11z/Lsn03_basics_07.htm](https://www.tms.va.gov/va_content/CCGTBasicsForClinicians_11z/Lsn03_basics_07.htm)
Policy for Roles of Physicians, Other Clinicians, Patients, and Home Health Agencies

Physicians’ Role

- When a physician orders telehealth for his/her patient, written physician’s orders for home telehealth are required to be integrated into the patient’s plan of care. (These orders for telehealth use are defined under Section 504 of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000, under subsection e that amends Section 1895 of the Society Security Act.)

- Written physician approval is needed if changes are made in the treatment delivery plan, such as changing the frequency of telehealth visits. These changes need to be made and entered directly by the physician on the patient’s plan of care.

Other Clinicians Participating in Telehealth

- A variety of clinicians (such as Registered Nurses, Physical Therapists, Social Workers, etc.) can conduct telehealth sessions as needed, within the preexisting scope of practice for each category of practitioners, and if they are properly trained in use of the technology and telehealth interventions.

- All clinicians who are specifically requested to participate in telehealth with the agency’s patients and staff (hereafter referred to as “all participating clinicians”) must be licensed to practice conventional care in the state of [where office of the agency is located and from which the participating clinician practices].

- Participating clinicians’ professional standards of practice, ethical codes, and legal scope of practice are not changed by use of telehealth technology and should not be thought of as “different” in any of these respects.

- All participating clinicians must provide in-person visits if telehealth equipment fails. In addition, they must fill out and submit a copy of the agency’s Equipment Failure Report Form to the designated coordinator of the telehealth program.

- Arrangements/plans of action need to be put in place by all participating clinicians if unscheduled telehealth consultations are needed.
Other Participating Telehealth Clinicians, cont ...

• All participating clinicians must be trained to troubleshoot common equipment problems and follow written troubleshooting guidelines.

• Each telehealth visit must be documented in patients’ charts. Certain aspects of the visit can be summarized in the documentation: for instance, specific ranges of blood pressure readings will be denoted by the patient’s physician as “within range” of normal for that patient. The telehealth nurse must make a note that all daily readings were within the range but need not necessarily note specific daily readings. A printout of each weekly reading may be attached to the patient’s chart. However, all abnormal or out of range readings must be noted and the physician notified promptly as a result to obtain directions for needed steps to be taken with the patient.

• A designated staff person must ensure that the first and last visits to each patient who is assigned to telehealth are undertaken in person by the patient’s nurse.

• The agency’s Telehealth Program Coordinator should assume the responsibility for overseeing the training of all participating clinicians.
Staff Training

Two-part form:  Part 1 - Training of Staff  
Part 2 - Staff’s Training of Patients

Part 1 - Staff Training Sheet

<table>
<thead>
<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>Department:</td>
</tr>
<tr>
<td>Staff person:</td>
</tr>
<tr>
<td>Training Session Leader:</td>
</tr>
<tr>
<td>Approved by:</td>
</tr>
<tr>
<td>Purpose:</td>
</tr>
</tbody>
</table>

| Purpose: To standardize orientation requirements for the personnel designated to perform telehealth consults. |

Procedure:

1. Review equipment guide provided by vendors, including use of telehealth devices and/or the workstation unit, and hardware/software use, including peripherals such as blood pressure cuffs and stethoscopes.

2. Attend vendor training, as offered, and all related in-service sessions.

3. Pass a post-training exam for each device, and have copy of exam placed in staff person’s personnel file.

4. Review telehealth-related job descriptions/duties.

5. In particular, review home and patient assessment processes and pass competency examinations in these processes.

6. Review process of obtaining patient informed consent.
Staff Training

7. Review client-healthcare provider telehealth interaction consultation technique, which is as follows:

- The session should be pre-scheduled and at onset, provider should identify self and verify the client’s name.
- The telehealth session procedure should be reviewed, and the daily planned process should be explained.
- The televisit should be documented in the patient’s chart, and specific notes made that this visit was by telehealth.

Review other pertinent policies related to telehealth use, such as equipment quality checks and maintenance needs as well as troubleshooting guidelines.
Part 2 – Training Patients in Telehealth

Date: 

Department/Branch Location:

Patient name:

Training Session Leader:

Approved by:

Purpose: To provide the client/family with information regarding use of telehealth equipment. There are three segments to the training: Basic orientation to telehealth technology; orientation to telehealth devices specifically assigned to the patient; and safety instruction.

I. Basic Orientation for Patients to Telehealth

Procedures:

1. Explain the purpose of telehealth equipment and the telehealth program at this home health agency.

2. Obtain Patient Informed Consent (on separate form) for use of the telehealth equipment and services. Assist the patient in signing two copies of the form. Provide a copy of the form to the patient, and place the original in the client's chart. Document in Nurses' Notes: “Client provided with Patient Informed Consent form and one of two signed copies left with patient, the other copy filed in patient's chart.”

3. Provide the patient with Safety Instructions (described in Segment III of this training, under III. Patient/Client Safety Instructions). Document in Nurses' Notes: “Client provided with Safety Instructions.”
Staff Training

4. Review contact information with patient and family, for telephone numbers to use if questions arise, including accessing an on-call system after office hours.

5. Document orientation process in Nurses’ Notes.

6. Request a return orientation (to be scheduled, as needed, and at least once more during the patient’s admission period).

7. Answer questions and address any concerns of patients and caregivers about telehealth use and safety.

Part 2. Training Patients in Telehealth

II. Orientation to Telehealth Devices Assigned Specifically to the Patient

Procedures:

Single orientation sheets have to be customized per patient and per device assigned to them. These sheets need to describe general procedures for using each piece of equipment. The descriptions should be based on vendors’ information provided to the agency and should basically include easy-to-follow directions on how to start a scheduled telehealth session:

1. Starting the scheduled telehealth sessions: Tell the patient to press start button or plug in system, as appropriate for his/her system.

2. Provide details on activities that must be completed during the telehealth sessions, either by telling the patient to: Watch the instruction screen and follow touch screen activity; or, if appropriate, tell them to take specific physiological measurements, as in: Put on the blood pressure cuff as directed or as you were shown.
3. Remind them to transmit their readings, and provide specific instructions on procedures as per device for doing so and the frequency that they should do so.

4. Remind the patient in writing of the contact numbers for questions and concerns.

5. Remind the patient that safety guidelines have been made available to them and left in their homes. This form is to include customized directions on use of the patient’s telehealth equipment and safety information, including emergency contact numbers.
Part 2. Training Patients in Telehealth

III. Patient/Client Safety Instructions

Staff should be trained to instruct patients in safety precautions and in caring for their telehealth equipment in the following matters:

1. Contacting the Agency:

These are the telephone numbers that you need to use if you have questions about the telehealth equipment or its use:

_________________

Hours at which to call are:

2. Emergency contacts: If you have an emergency situation, please call 911 and DO NOT CALL the home care agency through your telehealth workstation. A nurse is not always there to take calls at all times.

3. Procedures in Ensuring Safe Use of Machines: Clients/Patients need to be told how to use and take care of telehealth equipment that is left in their homes.

- Keep food and beverages away from your telehealth system or device.

- Do not try to clean your telehealth system or device. Please inform your nurse if you believe that any part of your system requires cleaning.

- Keep rugs away from the table on which your system is placed to avoid tripping. Place the table at a convenient location, and within easy reach when you are participating in a televisit with your nurse.
Staff Training

- Avoid the use of extension cords if at all possible. If they must be used, please be very careful and secure the cords out of your walking path.

- Do not attempt to use the telehealth system or other telehealth equipment for any purpose except for the ones for which it is intended.

All of these written directions should be left with the patient as part of their customized version of Form 14, Patient Training Sheet.
Clinical Complications Report

In all cases, this form should be similar to [your agency’s] forms used for patient complications incurred on conventional visits. Copies of this form should be filed in patients’ charts.

For telehealth complication reporting, note:

- Patient’s name
- Date
- Clinical complication and possible explanation

AND details must be provided on:

- Action taken by providers
- Dates complication occurred/action taken
- Provider Name
- Follow-up dates
- Notes on resolution of clinical complications

In all cases, patients with complications need to be reminded that they can choose to forego further telehealth interventions and will not be penalized for this choice.
## Equipment Failure Report

<table>
<thead>
<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Equipment type/</td>
<td></td>
</tr>
<tr>
<td>Serial number or bar code:</td>
<td></td>
</tr>
<tr>
<td>Reported by:</td>
<td></td>
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<td>Approved by:</td>
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</table>

**Policy Statement:** To assure safe and adequate care provisions for telehealth clients.

**Policy/Procedure:** In the event of a mechanical failure of the telehealth equipment:

1. If the problem is not corrected, the provider is to contact the Telehealth Coordinator, at _________ [phone/pager number]

2. If the problem persists, the provider should obtain an order from the patient’s physician for an additional in-home visit to substitute for the missed televisits owing to equipment failure, and should schedule this conventional care visit with the patient.

3. For emergency situations, the patient should be advised to go to the nearest emergency room as necessary.

4. To correct the equipment problem, the Telehealth Coordinator should consult the vendors’ agreed-upon after-sale services and warranties. In all cases, the troubleshooting procedures for each vendor’s equipment and warranty agreements must be easily accessible and placed in a file marked by each vendor’s name and should be stored in the agency’s administrative office to which the Telehealth Coordinator has easy access.

5. As needed/warranted, the vendors’ Product Support staff should be contacted to help troubleshoot the equipment problems and/or to replace the equipment with working versions.
Equipment Operational and Troubleshooting Guidelines

Purpose: To standardize operational and troubleshooting procedures of each piece of telehealth equipment used by [your] Home Health Agency.

Procedures:

Operational Guidelines

1. Each piece of telehealth equipment must have its own set of directions and guidelines which, as noted under Policy 5, must be provided by the equipment vendor.

2. If the vendor has a written manual available, agency staff should work with the vendor to ensure that the directions in the manual are written clearly in laypersons’ terms.

At the very minimum, the manuals/instructional sheets should address the following 6 items:

   1. Set up equipment at the home office as follows…
   2. Set up equipment at the patient’s home as follows…
   3. Before turning on the equipment at either location, always check for….
   4. If the equipment does not turn on or stay on, the following steps should be taken…..
   5. The equipment should be tested briefly on the first home visit by doing the following…
   6. The patient should be shown how to conclude the telehealth sessions. If the machines do not shut off, then the patient should try to….

3. At least one copy of the manual/instructional sheets should be kept at the agency’s offices, and one copy (or portions of the manuals on photocopied sheets from it that are pertinent to particular patients’ use and which are approved by the Telehealth Program Coordinator) should be left with the patients in their homes.

4. For patient use: Agency staff should also re-write some of this information, as needed, for better understanding by the patient and include drawings of
the device and its use so the technology will be well understood by the patient. Easy-to-use troubleshooting procedures must be provided as well.
5. Notations on the patients' charts should indicate that operational guidelines for patients' use have been reviewed and left in the patients' homes. Contact numbers should be included on the patients' personalized Patient Training Sheet.

Each telehealth vendor should supply the following written information to the home health agency about the telehealth product that is being offered and include contact information during and after hours as follows:

Date product delivered to the home health agency

____________________________________________

Name of equipment __________________________________________________

Model # and bar code information _______________________________________

Vendor Contact Name and Contacts Numbers (Regular and After Hours): ______

________________________________________________

Troubleshooting Guidelines
1. If patients have difficulties using their equipment, they should follow Operational Guidelines, step 4. If trouble persists, the patients should contact their nurse or other designated staff at the home health agency.

2. If staff and patient are not able to operate the equipment, an Equipment Failure Report form should be completed by the patient’s nurse.

3. The agency’s telehealth program coordinator should then be contacted by the nurse, who will in turn defer to the policies and procedures indicated on the equipment failure and troubleshooting instructions provided by the specific vendor of the equipment and take immediate steps to correct the problem/replace the equipment.

4. If the problem is not easily/quickly correctable within a reasonable amount of time, the nurse should defer to directions on the Emergency Telehealth Equipment Back-Up Plan.
Telehealth Emergency Equipment Back-up Plan

Telehealth equipment emergencies are defined as nonfunctioning, malfunctioning, or other problems related to effective operations that may prevent usual telehealthcare visits from being completed. Steps to be followed in such situations are:

1. Clinicians who ascertain a problem in the office or at patients’ homes should consult the Equipment Operational and Troubleshooting Guidelines, and follow these guidelines to address/correct the problem(s).

2. If following these guidelines does not result in a relatively immediate resolution, arrangements/plans of action that need to be followed are:

Patient Concerns:

- Clinicians need to telephone the patient and insure the patient’s safety. Reassurance to the patient must be provided.
- As needed, an in-person visit should be scheduled either immediately or as per usual telehealth schedule. Conferring with the patient’s physician will result in choosing the appropriate re-scheduling options.
- New equipment that operates well should be delivered to the patient’s home expeditiously.
- If, however, the patient feels uncomfortable or unsafe continuing with telehealth, he or she should be assured that there is no obligation to continue with telehealth and the patient can receive only scheduled conventional visits.

Equipment Concerns:

- The clinician first made aware of an equipment-related problem should file an Equipment Failure Report form, and contact the agency’s Telehealth Coordinator with details.
- The agency’s Telehealth Coordinator must take the lead on working with the vendor to replace or repair the equipment, regarding after-sales agreements made with the vendor.
- The Telehealth Coordinator must review the equipment vendor’s warranties and other after-sales agreements that are in place for equipment failure and for addressing situations that require back-up equipment replacements.
- The replaced equipment must be delivered to the patient’s home in a timely manner.

Kinsella, Home Telehealthcare 2003 Suggested Policies and Forms
Copying permitted
Contact: Audrey Kinsella, telehealthcare@lycos.com, or 828-252-8571
Telehealth Equipment Maintenance Plan

Purpose of plan: Telehealth equipment should be maintained regularly to avoid non-functioning and malfunctioning incidents.

Infection Control/Safety Issues:

- Each patient unit, including all peripherals, should be cleaned when a patient has been discharged from home care and the equipment returned to the office.
- Each base unit used at the central offices should be cleaned weekly.

Both of these cleaning tasks are to be the responsibility of designated agency personnel.

Safety issues: A representative from the home health agency should be assigned to visually inspect (on an ongoing basis) the safety of electrical outlets in patients’ homes and at branch offices. These representatives are responsible for keeping logs on inspections of equipment related to safety issues.

All such activity should be logged on a Equipment Quality Check-Up form.

These completed forms should be stored in the agency’s administrative offices.

Maintenance Controls and Cleaning Advice:

- No equipment should be placed in extreme climates (too hot, too humid) or in direct sunlight or dusty areas.
- Monitors should be cleaned with a dry, soft cloth or a cloth dampened with tap water and a mild detergent. To clean smudges, glass cleaner should be applied to the dry, soft cloth.
- Peripherals should be cleaned as per manufacturers’ specific instruction—types of cloth, recommended frequency of cleaning, and so on.
- Avoid storing blood pressure cuffs and other peripherals in a tightly folded or compressed manner.
- Provide and review Patient Training Sheet (Form 14) periodically during telehealth admission period with patient and caregivers.
Repair Procedures:

Reports should be initiated when a malfunction of any sort in the telehealth equipment is detected, and an Equipment Failure Report form should be filed. Either a vendor representative or an in-house engineer, if available, is responsible for all repairs as per warranties and after-sale agreement with vendor and/or for providing a back-up device/piece of equipment to replace the malfunctioning equipment.
Tracking use of telehealth equipment and their whereabouts at any given time is essential for ensuring safe and quality care provision. The following is a standard form that should be used to track each piece of equipment kept in the office—with notes on status before it is issued to a patient and after it is returned from a patient’s home and readied for issuing to another patient.

<table>
<thead>
<tr>
<th>Name of Equipment</th>
<th>Serial No./Bar Code</th>
<th>Cleaning History—Dates/ By Whom</th>
<th>Safety Checks/Maintenance History—Dates/By Whom</th>
<th>Repairs Completed/Still Required Dates/By Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location, and Date Tracked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Kinsella, Home Telehealthcare 2003

Suggested Policies and Forms

Copying permitted
Contact: Audrey Kinsella, telehealthcare@lycos.com, or 828-252-8571
Assigning patients appropriately to home telehealth is a key issue for keeping patients safe and well and getting effective results. This assignment does not simply rely on patient consent or a nurse’s feeling that the patient would be a good prospect. Many agencies have reported patients who volunteered to participate in home telehealth projects became anxious when the video portion was instituted and their blood pressure increased dramatically. By now, agencies have realized they have to do a more objective assessment of patients’ needs and capabilities.

A sample Assessment Form that takes into account variables about your patients is provided on the next page. At the outset, though, many agencies have considered the following patient characteristics (or characteristics of their in-home caregivers) to be appropriate for telehealth interventions. These are, in addition to their willingness to participate:

- Alert and oriented
- Able to comprehend directions
- Able to see and hear
- Cooperative

Services that have been deemed appropriate, include:

- Service that the provider might traditionally provide in person
- Verification of compliance with treatment and ongoing assessment of effectiveness of treatment
- Chronic disease management, e.g., diabetes, CHF, COPD, asthma
- Skilled nursing visits as adjuncts to traditional care.

Please see the next page for a sample Telehealth Patient Assessment Checklist.
**Purpose:** To screen current patients of _____________ [the home health agency] for appropriate admission to the telehealth program.

In-person assessment of patients is required to complete this checklist, and should be completed during a usual visit so that the nurse is able to judge the communication skills and other capabilities of the patient (and/or of a caregiver who will be present at each telehealth interaction).

<table>
<thead>
<tr>
<th>Name of Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Provider</td>
</tr>
<tr>
<td>Branch Office</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

**Patient’s Capabilities**

<table>
<thead>
<tr>
<th>Ability to See</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>Nonresponsive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_____</td>
<td>_____</td>
<td>___</td>
<td>_______</td>
</tr>
</tbody>
</table>

| Ability to Hear | _____| _____    | ___  | _______       |
| Manual Dexterity | _____| _____    | ___  | _______       |

| Understand Directions | _____| _____    | ___  | _______       |
| Attitude Toward Technology | _____| _____    | ___  | _______       |
| Ability to Tell Time | _____| _____    | ___  | _______       |

**Patient’s Needs**

<table>
<thead>
<tr>
<th>Requires two or more skilled nursing visits per week</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

**Suggested Policies and Forms**

Kinsella, Home Telehealthcare 2003

Contact: Audrey Kinsella, telehealthcare@lycos.com, or 828-252-8571
Has history of repeat admissions

Is documented as non-compliant

Has pain/symptom control issues

Specific disease management

Special Needs (e.g., non-regular blood pressure cuff)

___________________________________
Clinician Signature                   Date
Telehealth Home Assessment Checklist

If an agency has a standard checklist that nurses already use for conventional visits, this should be adapted for telehealth use.

What is particularly pertinent to home telehealth is ensuring that there is:

- At least one working telephone line.
- A telephone that can be unplugged from the wall jack.
- Working electricity.
- Adequate environmental controls for heat and humidity
- Nearby person/contact sources that the agency can call if there are mechanical/electrical failures. Full contact information should be noted on the Assessment form.
- A handwritten plan which notes:
  **location and number of electrical outlets in the home**
  **location and condition of the telephone jacks**
  **possible difficulties to be expected as a result of distances between electrical outlets and between telephone jacks and electrical outlets.**

Use attached plan, and once completed, attach it to materials in the patient’s chart.

To complete the plan accurately, a Back-up Bag should be brought into the home by the nurse doing the assessment and should contain:

- An electrical extension cord
- An extra phone line splitter
- A surge protector with a 10-foot-long cord
- Duct tape for taping extra wires to carpet or floor
- Portable lamp
- Twist ties and rubber bands
- Small screwdriver
- Tape measurer
Telehealth Home Assessment Checklist

In addition, the contents of the bag should be checked before each patient’s home assessment is undertaken.

Home Assessment Checklist for Telehealth Service Delivery

<table>
<thead>
<tr>
<th>YES</th>
<th>No. of</th>
<th>Location of Jacks*</th>
<th>Location of phone*</th>
<th>Location of electrical outlets*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Working phone line
- Phone that can be unplugged from jack
- Electrical outlets in room

* Measuring from patient’s usual physical location during a visit (sofa, kitchen chair, etc.)

**Measure distance of these from jacks and from phone(s).

Local Helpful Contacts for Patient:

Name _______________________________________
Relation _____________________________________
Phone No. ____________________________________
Address ______________________________________

____________________________________________

Signature of Nurse and Date

Kinsella, Home Telehealthcare 2003
Suggested Policies and Forms

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Contact: Audrey Kinsella, telehealthcare@lycos.com, or 828-252-8571
Patient Informed Consent

Two versions of Patient Informed Consent: Both contain directives from the ATA and CHAP guidelines but are written in a different style.

Patient Consent—Sample 1 of 2 (page 1 of 2)

CONSENT

Name of Patient ___________________        Date _________________

I understand that my health care provider ___________________________ wishes me to engage in a telehealth program. This means that my provider at ……. Home Health Agency will be able to manage my treatment protocol using telecommunications-ready devices and equipment.

My health care provider has explained to me how the telehealth technology will be used as an adjunct to my current plan of treatment. I understand that these consultations will not be the same as a direct client/health care provider visit but that they should accomplish what is usually done on an in-person visit.

I understand that other individuals besides the providers maybe occasionally be present and they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence. I understand that my name may be used during the consultation.

I hereby authorize ______________________ and ____________________ to obtain and release my medical records from physicians and other health care providers as necessary to facilitate this telehealth consult and I consent to the sharing and such use of the information and data with the exception(s) _______________________. I waive
Patient Informed Consent

inspection of the data and release my provider _____________________ and
___________________ and all persons acting on their behalf from any and all claims and
liabilities arising from releasing this information.

I understand there are potential risks to this technology, including the possibility that the
telehealth connection will not work or that it will stop working during the consultation.
The audio capability or other aspects of the transmissions may not be clear enough to be
useful for the consultation, or that some information may not be adequately transmitted
over the connection. I understand that systems, including telephone services, video and
other equipment can break down at times. Therefore, I will not hold ________________
and ______________________, individuals acting on upon their behalf or its vendors
responsible for any consequences that may arise from the delivery of such prescribed
services or from system breakdown.
[If video is used, add the following paragraph:] I understand that video images are necessary to enable the telehealth visit. In the event that the visit is photographed, I understand that these images will become part of my medical record. I understand that any recorded images may be used for telemedicine program evaluation, education, research, and medical visit purposes and I consent to such use. I understand that without prior written consent; the images will not be shown outside the health care setting. The use of such images for treatment or review as described above does not entitle me to royalties or compensation for participation in a telemedicine consultation. I hereby release ________________ and ________________ and all persons acting on their behalf from any and all claims and liabilities arising from the taking and authorized use of such photographs. I do not place any limit on the period of time and give up all rights I may have to receive payment as a result of the distribution, showing, or other use of these. The photos, telehealth broadcast, recording, consultation notes or information may be used except as stated here: _____________________________.

[If the telehealth program is part of a research project, the following paragraph should be added to the Consent Form:] Because home telehealth is a very new delivery mode, the _______home health agency is planning to participate in research projects to test the effectiveness of this technology. I understand that my data may be used to help with this research although none of any reports or publications will specifically identify me as a patient. I agree to allowing the _______home health agency to use my patient information as part of its ongoing research projects in home telehealth.

I understand that it is not my responsibility to reimburse my provider ________________ and ________________ and other individuals acting upon their behalf for participating in this treatment telehealth project. I hereby authorize that if I am eligible for any benefits for telehealth consults, payments are to be made directly to ________________.

I agree to provide accurate answers to inquiries with regards to my condition, my treatment and medications. My provider ________________ and ________________ or individuals acting upon their behalf cannot be held responsible if I do not provide true and correct answers.
I hereby warrant that I have every legal right to contract on my own behalf or on behalf of the client as his/her authorized representative in the matter. I state further that I have read the above Consent. Questions that I may have regarding the equipment or use of the equipment for my medical care have been answered to my satisfaction. I have had the alternatives of telehealth explained to me and that I am fully familiar with the contents of the consent. I have read the document carefully, and understand the risks and benefits of telehealth. I agree that the equipment is in good working condition and I agree to return it in the same condition. I hereby consent to participate in a treatment care telehealth program under the terms described herein.

__________________________________________________________________________

Client/Guardian                  Date/Time

__________________________________________________________________________

I understand that my doctor has asked me to have a Telehealth Service. This means that my doctor will get medical information and order treatment and/or medicine using Telehealth Services.

Kinsella, Home Telehealthcare   2003
Suggested Policies and Forms
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Contact: Audrey Kinsella, telehealthcare@lycos.com, or 828-252-8571
I have been given information about how the Telehealth Services work. I know how it will help me get the healthcare I need. I know that I will be able to see and hear the nurse(s) but they will not be in the same place where I am.

I understand that other people besides the nurses may be present. They will see and hear my health information. They will not talk about that information to anyone who is not taking care of me. If I can’t see the other people on the Telehealth monitor, I will be told who is there. My name may be used during the Telehealth Service.

I give consent to the nurse listed below to share medical information with and to send my medical records to other clinicians to help me get the care I need. I do not want any information shared about the medical conditions listed below. I do not need to look at the medical information before it is shared. I will not blame my providers or any persons helping them for any problems that could happen from sharing my medical information.

I know there could be problems with Telehealth Services. Some problems might be that the picture will not work or that it will stop working. The picture may not be clear enough for the doctor to decide how to treat me. Some of the information may not be adequately sent over the connection. I understand that the telephone services, video and other equipment can break down at times just like a bad connection on radio or television. I know that the people providing or receiving the Telehealth Service have no control over some of these problems. I will not blame them for any problems like these.

I understand the Telehealth Service needs pictures to be useful. If pictures are taken during my Telehealth Service, I know these images will become part of my medical record. I understand that any pictures taken may be used to teach others about Telehealth Services. If my information is used to teach others it will be changed to be sure no one can see the information came from me. I know I will not get paid if my pictures are used to teach others. I will not blame anyone who uses the pictures to teach others about Telehealth Services. If I do not want certain pictures used I will write them in below.
I know that the Telehealth Services I am getting are being paid under my benefits with Home Health Agency. I am not responsible for paying any charges for these services. Home Health Agency will make all payments for these services directly to the persons who do the Telehealth Service.

I agree to answer questions about my condition, my treatment and medicines. I will not blame my providers if I do not provide true and honest answers.

I have read the above Consent carefully. I have had the alternatives of Telehealth Services explained to me. I understand the problems that can happen with Telehealth Services. Questions that I asked about the equipment or use of the equipment for my medical care have been answered so I understand. I consent to have Telehealth Services.

If Telehealth equipment is left in my house, I will be careful with it. I promise to return it in the same condition as when it was left.

Patient ......................................................... Date/Time .........................................................

Person with legal right to sign on behalf of the Home Health Agency client for this Telehealth Service. Date/Time .........................................................

Witness ......................................................... Date/Time .........................................................

Kinsella, Home Telehealthcare 2003

Suggested Policies and Forms
Patient Informed Consent (cont)

Person or Nurse that will be with me:

_______________________________________________

Person or Nurse that will get the information through the Telehealth Service:

_______________________________________________

Information about me that can’t be shared:

_______________________________________________

Pictures that cannot be used without my specific consent:

_______________________________________________

Kinsella, Home Telehealthcare  2003   Suggested Policies and Forms
Copying permitted
Contact: Audrey Kinsella, telehealthcare@lycos.com, or 828-252-8571
Staff Installation and Patient Training Guidelines

A training guideline for staff and for patients should be in place prior to using the telehealth equipment.

As noted under Policy 5, home health agencies need to work with telehealth equipment vendors to create suitable written guidelines for staff and for patients using telehealth.

When the installation day arrives, the home and patient assessments have already been completed and deemed acceptable for telehealth delivery.

Installation needs are:

A “back-up” bag should be brought by the staff person to the patient’s home for set-up ease. Included in the bag should be:

- An electrical extension cord
- An extra phone line splitter
- A surge protector with a 10-foot-long cord
- Duct tape for taping extra wires to carpet or floor
- Portable lamp
- Twist ties and rubber bands
- Small screwdriver
- Tape measurer
Staff Installation and Patient Training Guidelines

A checklist of tasks that should be following to ensure that all of the set-up and training needed are addressed at this time is provided on the following form and instructional pages.
# Staff Installation and Patient Training Guidelines

## Suggested Checklist

<table>
<thead>
<tr>
<th>Name of Provider</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Patient</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pre-Set-up of Equipment

1. Equipment quality checked before bringing to patient's home and a Telehealth Equipment Quality Check-up Form completed and filed at the agency's offices
   - Yes _ _
   - No  _ _

2. Back-up installation bag in hand before delivering equipment
   - Yes _ _
   - No  _ _

3. Home Assessment Checklist (completed beforehand)
   - Yes _ _
   - No  _ _

4. Patient Assessment Checklist (completed beforehand)
   - Yes _ _
   - No  _ _

### Actual Set-up of Equipment

1. Verify that all equipment is at eye level or within easy reach
   - Yes _ _
   - No  _ _

2. Perform an accuracy check using standard devices (e.g., a non-telehealth-ready blood pressure cuff)
   - Yes _ _
   - No  _ _

3. Make sure Patient Consent form is provided and signed
   - Yes _ _
   - No  _ _

4. Ask periodically if patient has questions, and address
   - Yes _ _
   - No  _ _
Staff Installation and Patient Training Guidelines

Patient-Centered Portion of Set-Up

Yes  No

1. Initiate the introduction to the equipment and follow the
   Patient Training Sheet
   ___  ___

2. Call attention to contents of the Patient Training Sheet:
   —Safety instructions
   ___  ___
   —The instructions maintaining equipment
   ___  ___
   — Contact phone numbers

3. Provide and review Equipment Operational and
   Troubleshooting Guidelines specific to patients’ equipment.
   Leave a copy of these guidelines in home with patient and lay
caregiver.
   ___  ___

To be administered after patient is discharged from admission to telehealth/home care.

Client Name __________________________
Date ___________________________ No. of Teleconsults ___________

You are being asked to complete a short survey so that we can learn what you thought about
the televisits you received during your admission to .... Home Health Agency home care
services. The survey will take about 3 minutes to complete. When you are finished, please give
the survey to your home care nurse before she/he leaves. Your responses will be kept
confidential. The information you provide will not affect your ability to receive care from your
provider now or in future.
Patient Satisfaction Survey

This information may be used in the future along with other information we receive from other patients who have received home telehealth to help us improve our services. Names are used for tracking purposes only and will not be used anywhere else. You have the right to refuse to participate in the survey or in our telehealth project at any time.

Please rate your opinion on the following:

1= Agree  2= Somewhat Agree  3= Disagree

Please circle the number that matches your opinion:

1. Questions that I had about the equipment were answered to my satisfaction.
   1  2  3

2. I felt nervous participating in the telehealth visit.
   1  2  3

3. I felt an increased sense of security knowing that the equipment was available for me.
   1  2  3

4. I felt that my relationship with my provider was of the same quality as an in-home visit.
   1  2  3

5. I could discuss my health concerns with my provider over the telehealth unit as well as I could if I were with him/her in person.
   1  2  3
6. I felt that my privacy was protected during the televisit with my provider.
   
   1  2  3

7. I would agree to participate in another telehealth consult or more.
   
   1  2  3

Signature of Patient