



STANDARD OPERATING STANDARD

TELEMEDICINE

SJ-TELEMEDICINES

Sobia Jawed, Salman Junaid

1. Pre-Consultation- Processes.

1.1. Referring Facility coordinator Responsibilities

- Verifying completion of Inbound and Eligibility forms
- Ensuring patient records are available for the consultation
- Ensuring that the patient consent form is completed.
- Ensuring that rooms and appropriate consultation equipment are available at the scheduled consultation date and time
- Scheduling accepted referrals in conjunction with Receiving Facility Coordinator
- Confirming appointments by calling the patient 24H prior to the appointment
- Ensuring that the process is compliant with agreed timestamp

1.2. Receiving Facility Coordinator Responsibilities:

- Acknowledging receipt of the referral
- Verifying completion of referral requirements
- Ensuring compliance with the agreed timestamp
- Ensuring that any referral is submitted with complete and correct form(s)
- Validating that the referral is being directed to the correct specialty and clinician

2. Clinician Responsibilities

- The Referring Clinician is responsible to refer patient to Receiving Facility in line with agreed eligibility criteria
- The Receiving Facility Clinician will review and assess the referral request (Accepted, Rejected, More Information) and complete the outbound form
- The Referring Clinician must obtain the consent of the patient and complete the consent form
- The Referring Clinician and Receiving Facility Clinician(s) will connect to the virtual appointment through platform
- Clinicians should ensure that system/s, equipment and devices required to complete a successful consultation are available and working correctly
- Clinicians should comply with the minimum standards related to safe clinical practice for virtual appointments

3. During Consultation:

3.1. Clinician Responsibilities:

- All Clinicians must work within the scope of their license, specialty and granted privileges
- regulations and ensuring they possess appropriate privileges for the service provided
- If the patient does not join the scheduled session on time, the Clinician should keep the session open and wait for the patient to join (allowing at least 15 min).
- Clinicians must take appropriate steps to establish and maintain a professional patient-clinician relationship
- Professionalism and confidentiality should be maintained during the provision of Telehealth Services to the patient
- Clinicians should review the patient's insurance plan before commencement of services
- Clinicians should conduct and document a detailed medical history of the patient and undertake all appropriate evaluations, in line with Telehealth guidelines
- The patient (or their legal guardian) should be provided information in a language that can be easily understood
- Clinicians should inform and educate the patient (or their legal guardian) of all relevant information such as the scope of services, structure and timing of services, health record-keeping, privacy and confidentiality, potential risks and future communication and follow-up

- Care should be taken to safeguard and preserve patient rights and treat patients with respect and dignity.

4. Post Consultation:

- Receiving Facility Clinician must document consultation notes and treatment plans
- Referring Clinician must document consultation notes and treatment plan
- If follow up is needed; Receiving Facility Clinician informs the Co-ordinator/s to book a follow up session with Receiving Facility, referring facility or Primary Health Center
- Referring facility Co-ordinator to facilitate the follow up appointment booking according to the Clinician's direction
- If no follow up is needed; Receiving Facility Clinician uploads the discharge summary and closes the appointment
- Clinicians and Co-ordinators submit feedback about the virtual appointment experience
- Patient Experience surveys should be provided to patients after completing the consultation session.

5. Virtual Referral Protocols:

- Training telemedicine participants on proper use of technology
- Providing telemedicine team with supporting materials
- Ensuring registration of medical practitioners on Anat platform
- Acting as a liaison to provider sites
- Supervising telemedicine personnel

6. Coordinators:

- The patient's chooses a telemedicine appointment
- The patient's ability in accessing the Sehhaty application
- The treating physician's name & clinic
- Provide support material to patients and encourage them to inquire if help is needed.

7. Physicians:

- Declare name, specialty and purpose of the virtual visit
- Confirm the ability of the patient to hear properly
- Ask clarifying questions
- Be mindful of any delays or lags in the connection
- Patient's medical record to be updated with relevant information after visit
- Maintain eye contact
- Position camera at eye level
- Put on silent or turn off mobile devices
- Reference referring physicians when patients are referred
- Provide after-visit summary which details actions taken and review of answers to questions asked.

8. Workforce Planning:

- Lead Clinicians must ensure that there is a contingency plan for their replacements
- Lead Clinicians must report sickness and absence of scheduled clinicians, and decide on "calling in" off-duty clinicians' to cover the shortage
- Lead Clinicians in each specialty must ensure that there is a continuous development plan for the Receiving Facility staff. This may include multi-disciplinary team meetings, peer reviews, seminars, or other educational and/or training programs

- Lead Clinicians must ensure that virtual clinics are operated up to optimal capacity according to the Receiving Facility capacity plan
- Lead Clinicians must ensure availability of the skills and competencies required
- Lead Clinicians should continually review capacity and demand (ideally every quarter) based on specific parameters such as usage, lost appointments, 'no show' rates and patient satisfaction
- Lead Clinicians should ensure that all clinical staff are trained on the end-to-end process for virtual appointments including reassuring the patient, communication and eye contact and explaining the process to the patient
- Lead Clinicians must ensure that recruitment plans are in place and involve robust job descriptions including evidence of qualifications and experience along with privileging and credentialing requirements.

9. Workplace environment:

- The allocation of physical space is suitable for the level and type of service being provided
- Patient privacy and confidentiality
- Access to the necessary equipment and modes of communication
- Access to necessary guidelines and other sources of clinical information and standard operating procedures
- The necessary level of resolution for viewing images
- The necessary amenities for comfort, storage of personal items, and refreshment
- That areas visible to visitors and those patients interacting with the virtual clinician are consistent with the standards associated with clinical environments
- That appropriate visual aids, pertinent to virtual interactions, are displayed
- Noise levels are minimized to ensure a sense of confidentiality is for the patient
- Appropriate attire is worn by those representing the Receiving Facility when conducting virtual interactions
- Compliance with health and safety standards

10. Exclusion Criteria:

1. Prescribing of narcotic, controlled, or semi-controlled medication
2. Video recording during patient consultation and storage of patient video files:
 - 2.1. May grant exceptions upon written request to record video on an Adhoc or time-limited basis for clinician education and quality improvement purposes
 - 2.2. The written request for exceptions must include the following:
 - 2.2.1. Purpose
 - 2.2.2. Clear justification
 - iii. Protocol for capturing, anonymizing, pseudonymizing, storing, using video files
 - iv. Security measures (including encryption), backup plan to protect and safeguard video files
 - v. Patient consent form for time-limited storage of video consultations for a clinician, education, and quality improvement purposes
 - 2.3.
 - vi. Duration for storage of information and measures for the deletion
 - vii. Risk assessment plan for potential breaches and response measures