

 <p><b>HAWAII HEALTH SYSTEMS</b> C O R P O R A T I O N <i>"Touching Lives Everyday"</i></p> <p><b>Policies and Procedures</b></p>	<p><b>Department:</b> Information Technology Division – Telemedicine</p>	<p><b>Policy No.:</b> <b>TEL 0005</b></p>
	<p><b>Issued by:</b> Dennis Sato Vice President &amp; CIO</p>	<p><b>Revision No.:</b> N/A</p>
<p>Subject: <b><i>Emergency Telemedicine Consultations</i></b></p>	<p><b>Approved by:</b>  Thomas M. Driskill, Jr. President &amp; CEO</p>	<p><b>Effective Date:</b> 12/13/99</p>
		<p><b>Supersedes Policy:</b> N/A</p> <p><b>Page:</b> 1 of 2</p>

- I. **DEFINITION:** An emergency consultation is one in which the referring physician or consultant determines that the patient's condition is life threatening, threat of significant morbidity, threat to limb, extreme physical and/or emotional pain.
- II. **POLICY STATEMENT:** A physician who has a patient that has or develops a life-threatening emergency, and consults with another physician over the telehealth network should call a Telehealth Coordinator during business hours (or for an emergent consult after business hours the Nursing Supervisor) to schedule a connection. Any meeting or educational event may be interrupted and/or delayed by an emergency consult for the duration of the consult.
- III. **PURPOSE:** To assure a quick response to an emergency case, emergency consultations will take priority over any other scheduled meeting or educational connections.
- IV. **PROCEDURE:**
  - A. Telemedicine Coordinator (or designate, if after business hours) obtains an order for the use of telemedicine, determines type of consult, names of necessary participants at both sites, name of outlying institution or agency and documents request on the Telemedicine Intake Form (Attachment 1).
  - B. Coordinator determines appropriate credentialing of non-hospital staff physicians by calling the Chief Executive Office or designate.
  - C. Telemedicine Coordinator and/or designate notifies the specialty or physician at tertiary/quaternary care center of the request for a video conference consult and completes the Request to Provide a Telemedicine Consultation Form (Attachment 2).
  - D. Telehealth staff schedules videoconference equipment and room. An existing meeting or educational conference may be interrupted. Attendees will be informed that an emergency consult will be delaying their connection for an estimated time frame given by the requesting physician.
  - E. Telehealth Coordinator will schedule the date, time, and room availability with the consulting facility telehealth coordinator and confirm date, time, transmission, equipment,

and staff needs with all clinicians, technical support staff involved in the consult, and patient/family.

- F. Patient/significant other to be informed of the risks & benefits of telemedicine, the process of a video conference consultation, and the patient rights/responsibilities. Patient to sign a consent form for local and end site institutions as applicable. (Where consents may not be obtained prior to the telemedicine consult, the consents will be obtained as soon as possible.
- G. Privacy during the consultation will be provided by placing the videoconference system out of view from the door/window or by placing a blind over the window. Signage on the outside of the door should indicate only authorized personnel may enter. The room at each site shall be panned with the camera as all participants in the video conference at both sites are introduced.
- H. Assure appropriate persons are in attendance for the Telemedicine Consult. (Note: For Medicare payment purposes, the referring provider must be present or an employee of the referring provider who is also an authorized referring provider under Federal Law.)
- I. Documentation: Done by the site coordinator or designate (trained nurse or technician) utilizing the Telemedicine Intake Form (Attachment 1) to include:
  - 1. Participants at all sites;
  - 2. Procedures/tests (auscultation of heart sounds using electronic stethoscope, assessment of wound, transmission of fetal ultrasound, etc.);
  - 3. Bandwidth used;
  - 4. Type of visit (post surgical, pre-chemo assessment, etc.);
  - 5. If nurse was present, his/her assessment of the wound, procedures, etc. should be documented; and
  - 6. Follow-up responsibilities of all involved.
- J. Upon completion of the consultation the physician documents the event and notifies the Telemedicine Coordinator and/or designate. Any interrupted meetings or educational conferences are re-connected at that time.

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