

Recommended Forms & Information for Telemedicine Consultations

PURPOSE: To provide documentation of all Telemedicine sessions.

The following forms are recommended for each session. They shall be forwarded with both store-&-forward and real time cases. For those forms that are being transmitted by fax or scan, a BLACK pen or felt tip marker (medium-point or larger) shall be used to enter handwritten information as pencil, blue ink, or a fine-point pen does not transmit legibly over the store-and-forward network and may be difficult to read.

1. ***Patient Information Form*** - Must be completed by the Local Site Presenter/Coordinator and shall be transmitted (fax, scan, etc) before each store and forward or real time consult to the Consulting Site Coordinator. Hard copies shall be placed in the patients' medical record.

2. ***Telemedicine Demographics Form*** - Must be completed by the Local Site Presenter/Coordinator and shall be transmitted (fax, scan, etc) before each store and forward or real time consult to the Consulting Site Coordinator. Hard copies shall be placed in the patients' medical record.

3. ***Clinical Log - Referral Site*** - Shall be completed by Local Provider when requested by the Consulting site.

What is Telemedicine?

TELEMEDICINE: The transmission of medical data and services, by electronic signals from one site to another using telecommunications technology. A Telemedicine evaluation may include video conferencing, audio transmission, high resolution photographs, radiological images and medical records.

STORE AND FORWARD: A medical case presentation utilizing either video, audio, video snapshot, or x-ray scan, or any combination thereof. The multimedia information is then transmitted, by the creation of a computer file, to another health care provider for interpretation

INTERACTIVE REAL TIME: A medical case presentation utilizing video conferencing.

TELEMEDICINE PROGRAM PATIENT INFORMATION FORM

(All Information is Confidential)

Patient Name: _____ Date: _____ MR#: _____

Physician: _____ Facility: _____

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1) Chief Complaint: _____

2) Any known allergies? _____

3) Current medications? _____

4) Current treatment, if any? _____

5) Vital signs: BP _____ P _____ RR _____

6) Additional Notes: _____

TELEMEDICINE PROGRAM DEMOGRAPHICS FORM -REFERRAL SITE

(All Information is Confidential)

- 1) Patient Name: _____
- 2) Date: _____
- 3) Medical Record #: (local) _____
- 4) Social Security #: _____
- 5) Date of Birth (M/D/Y): _____
- 6) Gender: Male Female
- 7) Marital Status: Single Married Other
- 8) Ethnic Background: African American Asian Hispanic Native American
 Pacific Islander White Other
- 9) Address: Street _____
City _____ State _____ Zip Code _____
- 10) Phone: _____
- 11) Employment Status: Employed Unemployed Retired Student Not In Work Force
- 12) Insurance Plan Name: _____
- 13) Type of exam(s) transmitted: Adult Pediatric
- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Infect. Diseases | <input type="checkbox"/> Oncology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Internal Med. | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Emergency Med | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Neurology | <input type="checkbox"/> Poison Control | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Psychiatry | |
- 14) New Follow-up
- 15) Start Time: _____ am pm End Time: _____ am pm
- 16) Remote Site Location: _____
- 17) Physician/Health Care Personnel: _____

TELEMEDICINE PROGRAM CLINICIAN LOG - REFERRAL SITE

(All Information is Confidential)

1) Site location: _____

2) Date: _____ Consult Time: _____

2) Physician/Health Care Personnel: _____

3) Specialty: _____

4) How many telemedicine cases were you involved in during this time period? _____

5) What peripherals were used during consultations?

- None stethoscope ENT scope ophthalmoscope colposcope
 digital camera dermatoscope other _____

6) How appropriate was the technology for the consultations? (circle one)

VERY APPROPRIATE 1 2 3 4 5 6 7 8 9 10 NOT APPROPRIATE

7) In what way/which cases was a consult NOT appropriate for telemedicine? _____

8) Did the consultation change any initial diagnoses? Yes No

9) If so, how and for which cases? _____

10) Did the consultation change patient care/management? Yes No

11) If so, how and for which cases? _____

12) In general, how confident were you in your diagnoses/recommendations? (circle one)

VERY CONFIDENT 1 2 3 4 5 6 7 8 9 10 NOT CONFIDENT

13) Comments: _____

GENERAL CONSIDERATIONS

PURPOSE: To provide guidelines for case presentation utilizing Telemedicine technology.

1. Patients will be given the pamphlet "Telemedicine" by the Presenter, before the session.
2. Appropriate protocols will be followed.
4. Technology should not preclude the doctor / patient relationship. Remember to focus on the patient during communication with the consultant, not the equipment.
5. For interactive sessions:
 - 5.1. Be aware of your body language.
 - 5.2. Presenter will introduce all parties present in the room, as will the consultant.
 - 5.3. Monitor is to be focused on the consultant.
 - 5.4. Looking at the camera is equivalent to making eye contact.
 - 5.6. Be prepared! All necessary accessories are to be accessible and operating. The door to the Telemedicine room is to be kept closed during session to keep extraneous noise to a minimum. Avoid interruptions.
 - 5.7. Technician shall acquaint patient with the Telemedicine equipment. During the session inform the patient of your actions, i.e., "I am changing cameras now."
 - 5.8. Speak slowly and clearly. Only one person at a time should speak.
 - 5.9. The presenter will reinforce to the patient that:
 - 5.9.1. He/she should respond to any questions asked by the consultant.
 - 5.9.2. Recommendations made by the consultant will be considered by the Provider, but it is the Provider that has the final decision as to the course of treatment.
 - 5.10 The Consultant Guidelines should be faxed, scanned or sent by the Local Site Coordinator to the consultant prior to the session.

BASIC TELEMEDICINE ROOM REQUIREMENTS

PURPOSE: To provide the basic architectural standards for a Telemedicine room.

1. **Room Dimensions:** Minimum room size should be 12' X 24' X 9' which allows adequate space for installation of the telecommunication equipment. The requirements may include space to allow for full body views, motion or gait studies, extreme close up views, etc.
2. **Location:** The room should not be located in high traffic areas and there should be no windows. Avoid locating the room next to mechanical or electrical equipment or having electrical or air conditioning equipment mounted on the roof above the room.
3. **Lighting:** Fluorescent fixtures should have 5000 K lamps. Lamps should have an equivalent CRI of 90, with a minimum lumen output of 2800. Standard fluorescent lamps provide the wrong lighting levels. Directional louvers may be necessary to direct light away from the Telemedicine unit and toward the exam area.
4. **Acoustics:** Acoustical ceiling tiles on an acoustical drop ceiling should be used. Sound absorbing panels may be required on some walls. They should be Class 1 fire-rated and have an NRC of .80 or greater. The color should be light blue or grey. Air velocity/fan noises through heating/air conditioning vents should be reduced by use of dampers, insulation, or removing sharp bends, or increasing the area of the duct work. Carpeting is preferred for the floor.
5. **Colors:** Walls should be a light blue or grey, avoiding white. Floors, cabinets and counters should be grey or light blue in color. Avoid items that reflect light.
6. All doors will have key locks.
8. Wall outlets for T1 line and a dedicated telephone line.
9. Sufficient number (8) of duplex 11 OV AC electrical wall outlets.