|  |  |
| --- | --- |
| **Telehealth During Pandemic** | **Subject: Pandemic Plan** |
| **Approved by:**  |  |
| **Effective:**  | **Revised:**  |

**POLICY:** The facility will incorporate telehealth technology during a pandemic to ensure residents clinical needs will be met while minimizing exposure to infection. The system in place shall comply with HIPPA and any other federal or state requirements and waivers implemented during a public health emergency. Health care professionals who use telehealth must adhere to the requirements and restrictions of their applicable licensure, scope of practice specific to their license, as well as training and experience.

# **Definitions**

1. Telehealth, Telebehavioral Health, and Telemedicine: These terms are used interchangeably at (facility). Both describe the use of digital technologies to deliver medical services by connecting multiple users who are physically located in separate locations. Medical information is exchanged from one site to another via electronic communications to improve a resident’s health or medical status.
2. Originating Site: This is the location where the resident is located at the time of service delivery. For psychiatry visits, the resident will be located on the property of (FACILITY), in one of our offices/site locations or room by themselves or if needed with Assistant. For mental health visits, the resident may be located anywhere in a private area.
3. Distant Site: This is the location where the health care provider is located at the time of service delivery. This could be an office location or another site that has been pre-approved. The requirements for this site will be that: the healthcare provider can attest to maintaining confidentiality and the privacy of the resident as well as the security of resident’s personal health information in accordance with HIPPA.

**Clinical applications include**:

• Clinical treatments (medical, behavioral health, etc.)

• Clinical assessments and testing, including interpretation of results, and treatment recommendations

• Transmission of health data/assessment data (i.e., remote monitoring)

• Clinical consultation with other professionals

• Case management with interdisciplinary teams

• Clinical supervision of professional supervisees and trainees

**Non-clinical applications include**:

• Training (distance learning, continuing education, etc.)

• Administrative collaboration between providers, such as meetings and presentations

**Procedures for Service Delivery**

1. General hardware requirements include a desktop computer (or lap-top or tablet computer), high definition video camera, and audio system (headphones and/or external speakers). Existing laptop or desktop can serve as the foundation of a simple system suitable for most videoconferencing sessions by simply adding a USB webcam and a USB desktop microphone to the computer.
2. Regardless of the manufacturer, videoconferencing equipment should meet patient privacy and data security requirements consistent with applicable local guidelines as well as the requirements specified under HIPAA.
3. Any telehealth service should be matched to the needs of the resident to be served. Not all potential patients may be appropriate candidates for telehealth services. For example, some cognitive or physical deficits (e.g., vision problems, loss of use of limbs or fingers) may impair operation of the technology (e.g., seeing a screen, touching small buttons). However, assistance by staff members or other assistive technologies may enable participation.
4. Telehealth will be delivered through a pre-approved platform. Use of any other platform for clinical service delivery will be employed in accordance with waivers during a pandemic.
5. Residents will need to be informed of all the telehealth procedures clinicians will utilize, including those in this policy. Written informed consent must be obtained prior to any telehealth service delivery the patient may make a voluntary choice to accept or refuse participation in the treatment or service unless waived during public health emergency.
6. Originating Site: Telehealth sessions for health will be conducted in a private, confidential manner. Clinicians will be expected to ensure that at their site:
* Internet connectivity is through a secured network, not an “open” network unless waived during pandemic.
* Sessions cannot be overheard by others such as family members, guests, colleagues, or others
* The session is conducted in a quiet setting
* The backdrop of the clinician’s image will show a professional setting, free from clutter in the background, and have adequate lighting to ensure the clinician’s image is broadcast clearly to the resident
1. Distant Site: The resident will be informed at the initial contact of the clinicians’ expectations regarding where the resident is physically located during sessions. Lighting at the distant site should be assessed during the initial session to allow for full access to resident facial expressions and body language.
2. If the technology fails during the session, the clinician will call the resident and nursing department to explain the problem. Depending on the situation, the session may need to be rescheduled:
3. At any time, the clinician may determine that telehealth services are not benefiting the resident, that the resident is not a good candidate for telehealth or circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to the resident and Facility RNS, put it in writing in the medical record, and provide arrangements or referrals upon request of the resident.
4. Clinicians will document in HER utilizing remote accessed if granted by the facility. Any other documentation will be sent to facility DON via secure mail to be placed in medical record.

# Password protected; preferably two-factor authentication is to be used

1. Device has been had updates and security patches installed at least once/month

# Software updates are conducted quarterly

All posted Policies and Procedures are current as of September 15, 2020 and are based on the current knowledge of COVID-19, CDC and NYS DOH guidelines, regulations, and NY Executive Orders as they exist.  The Policies and Procedures are subject to amendment in accordance with any change to regulations, guidance, and/or executive orders.