Telemedicine Readiness Assessment Tool

The following risk control recommendations are designed to serve as a starting point for healthcare business owners seeking to assess and enhance their risk control practices in the area of telemedicine/telehealth (TMH). For additional risk control tools and information, visit www.cna.com/healthcare, www.nso.com and www.hpso.com.

RISK CONTROL MEASURES	STATUS	COMMENT/ ACTIONS PLAN
PROGRAM MISSION AND BUSINESS CONSIDERATIONS		
Organizational leadership visibly supports a TMH program and spearheads development efforts.		
The TMH leadership team has created a written business and operational plan regarding the provision of TMH services, including:		
- A cost, benefit and risk analysis, along with marketing, communication and assessment strategies.		
- Human and financial resources available for implementation.		
- An estimate of when the program will become self-sustaining.		
The plan includes goals for the TMH program, as well as models for interdisciplinary and inter-organizational cooperation.		
Potential TMH partners are identified and scrupulously evaluated in terms of clinical, technical and cultural affinity.		
A business associate agreement is signed with all TMH partners, pursuant to HIPAA requirements.		
A memorandum of agreement, reviewed by legal counsel, articulates responsibilities for originating and partner sites, providing specific answers to the following key questions, among others:		
- Who provides support staff?		
- Who pays for telecommunication connections?		
- Who supplies and supports equipment?		
- What space is available for telemedicine procedures?		
- Who manages the billing process?		
ORGANIZATIONAL READINESS		
A TMH working committee is established and maintains ongoing communication with relevant stakeholders.		
A designated TMH coordinator is named and charged with providing support for referrals, clinical decisions, program functioning and system processes.		
A written TMH procedure manual is issued, which conforms to practice guidelines of nationally recognized associations.		
TMH-related roles and responsibilities are clearly defined, encompassing different medical disciplines and staff levels.		
TMH credentialing, privileging and medical peer review processes are delineated, addressing patient/client safety, jurisdictional and liability considerations.		
A consistent referral and scheduling system is established, which is clear, detailed and easy to use.		
TMH procedures are regularly evaluated to ensure compliance with patient/client protection laws, including applicable HIPAA, OSHA and CDC, and state laws and regulations.		

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TRAINING REQUIREMENTS		
Educational and professional development requirements are specified, including equipment training, participation in pilot programs and familiarity with clinical protocols.		
Ongoing training – including review of proper documentation practices – is required for continued participation in the TMH program.		
Staff are trained in incident reporting, and adverse TMH occurrences are tracked and trended for quality improvement purposes.		
Staff members are tested for knowledge and proficiency regarding software applications and computer connectivity.		
TMH-related policies, procedures and staff training efforts are reviewed on an annual basis, with revisions based upon incident report findings and assessment of the program's safety, effectiveness and efficiency.		
TECHNICAL ISSUES		
The organization has established technical specifications that promote safe and effective delivery of care, addressing such areas as:		
▪ Interoperability with partners.		
▪ Bandwidth.		
▪ Verification of data transmission.		
▪ Equipment maintenance.		
▪ On-site technical support.		
The selected technology model is user-friendly and provides seamless integration of patient/client data and services.		
Equipment is catalogued by make, model and serial number, and is tested for interoperability prior to use.		
Warranties are retained for all TMH equipment, and all equipment records are filed for easy reference.		
TMH equipment is physically secured in a locked area when not in use.		
A communication plan is established and implemented to inform staff swiftly of technical glitches – such as a disconnection with the remote site during a consultation – that may affect clinical outcomes.		
PRIVACY AND SECURITY PROVISIONS		
Appropriate security measures are implemented during the transmission process, including:		
▪ Authentication.		
▪ Patient/client identification.		
▪ Data control and tracking.		
▪ Wi-Fi protected access.		
Policies and procedures are established and implemented to protect the confidentiality of patient/client information, including:		
▪ Electronic privacy (e.g., use of passwords and encryption).		
▪ Physical site security.		
▪ Safeguarding the confidentiality of store-and-forward images and other patient/client records.		
▪ Agreements for all personnel involved in TMH, including vendor staff.		
TMH documentation formats are standardized and integrated with electronic patient/client health information records.		

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CONSULTATION ENVIRONMENT		
TMH sessions take place in a clinical setting that offers both privacy and professional amenities, analogous to traditional face-to-face consultations.		
The consulting space is well-lit, well-ventilated and well-equipped for safe patient/client examination, with an emergency alert system and easy access to infection control supplies.		
Consulting spaces are identified by signs, indicating that a private patient/client session is in progress.		
A comfortable waiting area is available for use by patients/clients and families.		
CLINICAL AND OPERATIONAL GUIDELINES		
Appropriate TMH clinical protocols are in use, which have been developed and reviewed by healthcare providers, and which address the full range of clinical events before, during and after consultation.		
TMH staff roles and responsibilities are incorporated into formal policies, which are reviewed and updated regularly.		
A formal process exists for obtaining informed consent of patients/clients for TMH services, encompassing full disclosure of known clinical and technical risks.		
Uniform referral and scheduling guidelines are drafted and included in partnership agreements.		
There is a formal policy for reserving TMH equipment and space, which includes a conflict resolution protocol.		
All TMH policies and procedures are reviewed comprehensively for compliance with extant regulations relating to patient/client safety and privacy.		
A consistent patient/client registration process is implemented for distant site facilities.		
The telepresenter has ready access to necessary communications equipment, including a computer, telephone and facsimile machine.		
Guidelines exist for telemedical testing, patient/client notification and follow-up procedures, with results documented in the patient/client health information record.		
Staff members acknowledge in writing their receipt of all relevant TMH policies and procedures, and are tested on their comprehension.		
CLINICAL AND OPERATIONAL GUIDELINES		
A standard method of collecting and storing TMH information is established and implemented at both originating and distant sites.		
A private and secure computer network is maintained to protect patient/client confidentiality and the integrity of information exchanged between sites/practitioners.		
Policy prohibits the use of personal e-mail accounts for the exchange of patient/client protected health information, instead mandating the use of network-based accounts.		
The TMH coordinator is swiftly notified of any changes regarding contact information of partner sites or practitioners, including business e-mail addresses.		