

MODULE 2: PGH DEPT of PEDIATRICS OPD TELEMED GUIDELINES

OUTLINE

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A. General Information: Telehealth at the Pediatrics OPD

Telehealth Services are rendered at the Sick Child Clinic located at the Sick Child Telemedicine Clinic at OPD Room 231 or OPD Room 232.

Rotators shall be oriented by the ACR for OPD and Ambulatory Pediatrics Fellows, before their assumption of duty with the Sick Child Telemedicine Clinic. Orientation shall include giving an electronic copy of the DOH-UPM Joint Guidelines. Rotators should read the document prior to going on duty.

During their 2 week rotation, discussion about the guidelines shall be held by the fellows/consultants with the rotators.

- A minimum of 3 residents should go on OPD triage duties at the Bayanihan Hotline Center currently located at the Skills Lab of the Nurses Home during weekdays from 7AM to 3PM except on holidays. The triage duty team should exert all effort to resolve as many queued requests as possible, ideally all requests posted before 3 PM of the same day.
- The schedule of OPD Triage duties is as follows

Day	Department
Monday	Medicine
Tuesday	Pediatrics
Wednesday	Family Medicine
Thursday	Surgery
Friday	Dermatology

1. The flow of the telehealth services is as follows

- a. **SETTING APPOINTMENT:** The patients sets an appointment on OCRA by accessing the website of PGH OPD at pghopd@up.edu.ph or by calling 155-200. The patient may request for an appointment by creating an account, registering, and giving consent. Patients are asked to wait for a confirmation within 48 hours. See the consent form at the end of the document.
- b. **CHECKING APPOINTMENTS ON OCRA:** The appointments are set up in the OCRA and triaged to the appropriate departments & services. Residents and fellows access OCRA to check on appointments.
- c. **REMIND:** Residents and fellows are encouraged to send SMS reminders and simple instructions a day before or on the day of the teleconsult.
- d. **REVIEW:** OPD charts or patient records on the EMR, RADISH should be reviewed prior to initiating the call.
- e. **INITIATE TELECONSULT:** Residents and fellows will initiate the consultations via audio or video call.
- f. **DOCUMENT:** Thorough documentation of the consultation is done on the RADISH or on OPD charts.

2.Guidelines: Which cases can be seen using Telemedicine

Patients scheduled for Telemedicine through PGH OCRA will be screened and triaged accordingly following the guidelines set by different specialties in PGH and subspecialties in the Department of Pediatrics (i.e. all patients with cardio-related chief complaint shall be triaged directly to Telemed Pedia Cardiology Clinic).

- All remaining patients shall be called by the rotator and proceed with exploring the chief complaint and shall be advised to go for FTF or to nearby Health Care Facility accordingly as seen needed by the rotating pediatrician.
- Non-emergent/non-urgent cases requiring FTF
 - 1) Guidelines on non-emergent and/or non-urgent cases that cannot be seen through telemedicine shall be practiced by Telemed Sick Child as well.
 - 2)Cases with Covid-related symptoms shall be asked to inform and consult the nearest health care facility or BHER

- Suspected child abuse
 - 1) Chief complaints related to child abuse or suspected child abuse should be screened in the triage level.
 - 2) If above cases are received in the Telemed Sick Child, advice to seek consultation to the nearest hospital or local DSWDO (Department of Social Welfare and Development Office) should be given and/or nearest CPU facility.
 - 3) Above cases should be referred to MSS via phone call.
 - 4) ALL processes, phone calls/referrals, and advices given to caregiver should also be documented in RADISH.

A. Location, Set-Up and Logistics

1. SET UP

a. Location

- Be sure that the room is quiet, free of interruptions, secure and private
- Room is clean and with adequate lighting and ventilation
- Internet and cellular signal are good

b. Setting-up: Set up the laptop or tablet so that the camera is at eyelevel. Angle the camera so no one else can see the screen.

- Make sure that the camera captures your face and upper torso so that your name tag/ ID is visible.
- Wear earphones. Check your audio and video prior to the teleconsult.
- Make sure your laptop, tablet or phone is fully charged or plugged in.
- Ensure that your background is uncluttered. Do not use virtual backgrounds.

c. Attire: Wear your white uniform/coat with your name tag or ID visible. Check your appearance especially before a video call.

d. Safety and Sanitation

- Rotators shall be required to wear Level 2-2.5 PPE.

- Rotators should sanitize before and after the workplace he/she will be using with 70% Alcohol or other cleaning materials per hospital protocol.
- Rotators should use personal earphones or headsets
- Social distancing should be observed at all times

2. PLATFORMS used at SICK CHILD CLINIC

Ideally, teleconsults should be done using a secure platform that allows videocalls. Videocalls allow us to perform a virtual physical examination and observe behaviors and the surroundings of our patients. Whenever possible, use videocalls. Most commonly used are VIBER, FB Messenger. Remember that these platforms are not considered secure. Other subspecialties use Zoom or doxy.me.

However, majority of our patients cannot afford “data” for a video call. Therefore, most of our teleconsults are done using an audio or phone call.

Parents may be requested to take pictures (example: skin rashes) to be sent by email, Viber or Messenger. Caution against posting pictures on the FB.

3. LOGISTICS at SICK CHILD CLINIC

- a. While computers are not available or limited, rotators shall bring their own laptop. Please secure your gadgets at all times
- b. Phones are stored by our OPD Nurse and Gen Ped Duty Phone by the post-duty resident. Each phone is labelled properly.

(1) Samsung J2: 09615680009

(1) Iphone 6 Pink (GENPED DUTY PHONE): 09610157772

(1) Iphone 6 Gold : 09394317265

- c. Connectivity: Sick Child Telemedicine done at PGH-OPD shall use available networks such as the following:

1) UPMnet.PGH wifi connection,

(a) Log-in at u.pm/ads

(b) Input your ADS account username and password

PGH Free go wifi

(c) Connect with VPN on to access RADISH.

2) Data: The Network Load is obtained/reimbursed from the Pediatric Chief Resident every month.

Rotators shall do the following upon assumption of post:

- Check Load of Phone and expiry of promos i.e. Unlicalls
- if smart, dial *123#, choose balance inquiry
- If no load, ask load from the fellow/Chief Resident. Then register
- If expired, or not yet registered, register as follows:
- if Smart. dial *123# ,choose other offers, choose AllNet30 (good for 1day) or Giga Video+Allnet 549 (good for 30 days)
- if TNT. dial *123#, choose other offers, choose AllNet20 (good for 2days)
- if Sun. text CTU100 to 247 (unlicall to SUN, SMART, TNT unlitxt to all networks only for 7 days) *do not use for globe phone numbers

4. Access to OCRA: Residents and Fellows are accorded access to the OCRA and RADISH EMR systems. Passwords should not be shared outside of the medical team.

PGH OCRA can be opened through the following sites:

[*if connected to UPMNET: 172.30.1.29](#)

[*if connected using VPN: 172.16.187.229](#)

Rotators can log in using:

Username: telemedsickchild1

Password: telemedsickchild1

5. Access to RADISH: Telemedicine Consultation Documents that contain essential information for telemedicine purposes. General guide to use the system:

- <https://docs.google.com/document/d/1XVWsK1wC8AE9ovFBTfP5OOtHY-Dhp7sLQC1JHHqD1HU/edit>
- Script:
https://docs.google.com/document/d/1DQqIpEyWjXuSEHQnCxDMj6uvKbw9RVp7VSNdQB_KzbQ/edit

6. OPD Charts: physical Charts of patients are taken by the OPD Nurses from the PGH Medical Records Division to OPD Room 232. Charts shall be reviewed by the rotators prior to starting the telemedicine consult. The charts cannot be brought out of the OPD premises.
7. **Telemedicine with Observing Health Care Professional (HCP).** Since PGH is a training hospital, there will be occasions when a third party will be present during the teleconsult. This HCP could be a consultant or fellow who will supervise the resident or medical student. Or a medical student or resident who will observe how the fellow/ consultant conducts the teleconsult.

If this set-up is planned, for video-calls: share the Zoom account with the HCP. Other means could be through a group call using Viber or Messenger. When using an audio call, a third party can also be invited to join.

CONSENT: Consent for third party HCP is **not** included in the consent given during registration at OCRA. Therefore, an informed verbal consent from parent and verbal assent **should be obtained PRIOR** to the start of the teleconsult.

Residents will call the patient, introduce the HCP by name and ask for consent from caregiver and assent from the patient (especially for Adolescent Patients) for the presence of the HCP who will be observing (or doing) the telemedicine consultation.

If the parent or patient does not give consent and/or assent, drop the HCP from the call and proceed with the teleconsult.

B. Activities Before the Consult

1. Check OCRA for list of appointments. We will cater only to patients scheduled in OCRA

- Residents shall document all the patients scheduled in OCRA for the day as of 9:00 AM.
- Residents shall scan the chief complaints of the patients
- Residents shall prioritize first all patients whose chief complaints seem to be needing urgent/emergent care.
- If at the end of the day there were additional patients scheduled after 9:00 AM, check chief complaint and prioritize
 - If urgent/emergent, proceed with calling the patient.

- If non-urgent/non-emergent, reschedule the patient to another date
- Residents shall send a SMS to the given phone number the new schedule appointed to the patient. The SMS can be as follows:

“Magandang araw po. Ito po ay ang PGH Telemedicine Sick Child Clinic. Ang inyong schedule po para sa isang konsultasyon sa amin ay magbabago. Kayo po ay aming tatawagan sa (state date, day and time).

Abangan po ang aming tawag. Siguraduhin na kasama ang pasyente at ihanda ang kanyang mga medical record o baby’s book at timbang.

Kung nangangailangan ng agarang konsultasyon ang pasyente, dalhin po siya sa pinakamalapit na health care facility o ospital.

Maraming salamat po sa inyong pag-unawa.”

2. REVIEW patient records on RADISH or on OPD charts
3. Check your set-up, equipment and ensure a quiet and private environment
4. If there is a “third party” HCP involved please brief regarding consent/ and assent and the possibility of being “dropped” if these are not secured. The resident shall give the supervising HCP or student a brief summary of the patient to be seen.

C. Activities During the Consult

1. Introduction and verification of identity, and address

- The resident/ student should give name, designation and state the purpose of call
- Establish identity of the caller (guardian) prior to starting a consult. Ask for the patient’s name and birthday, the guardian’s name and relationship with the patient.
- Ask for an alternate telephone number or way of contacting just in case there’s disconnection. Tell the guardian that you will call back if disconnection happens
- Ask for the complete address. Ask guardian to name the nearest health facility in the vicinity. Tell the guardian that this is where he/she will bring the patient in case of an emergency

2. **Establish, obtain and reiterate consent.** Proper informed consent and assent (from the adolescent) must be established. In the PGH’s OCRA system, parents/patients cannot go on with registration unless they click on the consent button. It is not hard to imagine that those who register do not

read the content of the consent form. It is our duty to obtain consent with all the necessary information regarding the features of the telemedicine consultation.

- Remind parent that they gave their consent when they registered using OCRA. Ask again if they consent to the teleconsult.
- Once they give their verbal consent, state the important points of the consent and these include:
 - How telemedicine works, including the services to be provided, expected benefits
 - Limitations of telemedicine, including risk of technology failures, and service limitations (limited physical examination)
 - Telemedicine is for non-emergent cases only and referrals will be made when necessary
 - Privacy and security measures and concerns: the consultation will not be recorded by doctors and parents should not record the consultation either
 - Adolescent will be required to give ASSENT will need to be seen privately for the psychosocial interview

3. Elicit a Medical History and Do a Virtual Physical Examination (see the next section

4. Make an Assessment: The Resident should explain to the caregiver that the Assessment is made based on the information taken from the Telemedicine Consultation.

5. Design a Management Plan: Diagnostic, Therapeutic, Supportive

6. Discuss the IMPRESSION and the Management Plans with the parent (and adolescent if the patient is an adolescent)

- a. Summarize key points and ask for clarifications. Have the patient repeat back what they understood.
- b. Explain plan for laboratories and ancillaries.
- c. Explain e-prescription instructions.
- d. Schedule the next follow up consult and give a date
- e. Arrange for a face-to-face follow-up consultation, or give instructions to go to the nearest health facility in case of worsening symptoms or emergencies post-telemedicine consultation.
- f. Give a clear sign to the patient that the consultation is coming to an end and provide an opportunity for the patient and guardian to finalize their queries.
- g. Ask if the patient was comfortable with the telemedicine set-up.
- h. Thank the parent/patient.

D. Activities After the Consult : A thorough documentation of the consultation, management, prescriptions, referral, follow-up date on the EMR should be done after the consultation.

1. **History and P.E:** Document Residents shall document in RADISH the following:

In the SUBJECTIVE Part : All Physical Exam Findings elicited from the patient/caregiver via phone call. Put **“This is a provider- directed self examination via Phone Call. Findings as reported by caregiver/patient: _____”**

In the OBJECTIVE Part: All Physical Exam Findings elicited from the patient/caregiver via video call or videos or photos sent to our email.

*if seen through video consult: Put **“These findings are seen via teleconsultation done using _____ platform with the patient/caregiver named _____.”**

*if photos/videos were sent: Put **“The following are the findings taken from the photos/videos taken _____ and was sent by the caregiver _____ on the telemedsickchild email account”.**

2. Request laboratory examinations on the RADISH

- Laboratory and Imaging requests shall be made through RADISH. Send a PDF file to the e-mail address provided in OCRA using Sick Child Gmail account.
- If it will be done in PGH OPD,
 - OPD Laboratory, 2nd floor OPD building, is open 7am to 12noon
 - Imaging at OPD Radiology is open 7am to 230pm
 - Imaging, Procedures and Laboratories at Radioisotope and Nuclear Medicine, PGH Main Building, 1st floor, is open 7am to 4pm (Vitamin D, Thyroid hormones (also available at OPD Labs), Prolactin, etc. see appendix for list)
- All Laboratory and Imaging are open Mondays to Fridays.
- Instruct the caregivers to bring Blue Card, wear face mask and faceshield. The patient and caregiver should ensure they are feeling well and with no COVID related symptoms and exposure on the day of visit.
- Results will be available through RADISH or OpenMRS or hard copies will be given to the Clinic where it was requested

3. Make Prescriptions on the RADISH.

- The physician may save the prescription in PDF format with their e-signature. Patients will be instructed that the prescription will be sent to their emails.

- *If the patient's weight is unknown or unsure, the physician should NOT prescribe any medication requiring dosages using weight.
- *only over the counter drugs can be prescribed, or for maintenance medications given the resident saw an old prescription of the medication dated within 3months or the medication orders written in the patient's electronic or physical chart

4. Set up a referral to other subspecialties on OCRA

5. Set an follow up date at Sick Child Clinic on OCRA. Remember to key in the follow up date you gave to the patient.

6. Set up an appointment on OCRA if **face to face** consultation is needed. Scheduled to **DOPS Pediatrics Sick Child Clinic on Thursday Mornings**

7. **Email the parent/ guardian:** Impression, management plan, prescription, laboratory requests and date of follow-up. Convert all files to PDF.

8. **If patient is under the care of other subspecialties,** Residents should inform the subspec of the patient details and reason for consultation in accordance to the guidelines set by the subspecialties.

8. **On (old) OPD charts, write:** Telemedicine consultation done. See Radish for entries.

E. .Documentation in the Pediatrics OPD Census

Residents shall document in the census (Google sheets link provided) all the cases within the same OPD day.

Documentation in the census is as follows:

1. Triage

Contains the numbers of patients disposition at the triage level during triage day assigned to Pediatric Department.

2. Consultation Done

Phone number reached. Resident was able to talk to the caregiver and/or the patient. Patient consultation was done completely

3. Re-Scheduled to another date

Phone number reached. Resident was able to talk to the caregiver but consultation was not done due to patient was not around, or the caregiver is at work, or any reason warranting re-scheduling.

4. Re-triaged

As stated above

5. Unable to Contact

Phone number given was called but cannot be contacted/reached or no one is answering for three times done one hour apart at their scheduled time.

F. Webside manners during a telemedicine consultation

a. Greeting

- Introduce self and your role.
- Ask patient to introduce himself/ herself and family members or other companions in the room.
- Confirm with patient that s/he can see and hear you clearly.
- Acknowledge the use of the new technology. Normalize any discomfort with the use of the platform.
- Demonstrate confidence in the technology and reason for use. Include instructions on what to do in case of disconnection.

b. Maintaining Etiquette

- Be aware of one's actions since these will be magnified on camera. Sit fully upright.
- Do not fidget, scratch, play with your hair, or touch your face.
- Disable picture-in-picture function.
- Look directly at the camera. This can be perceived by the patient as making eye contact. Positioning the video window of patient's image at the top of your screen below the webcam can help.
- Position yourself in such a way that the camera would show you from waist up. Explain and narrate all your actions so the patients can see you taking notes or referring to other papers than wonder what you are doing with your hands.⁴

c. Empathy & Communication

- Speak slowly and clearly. Pause longer between statements to allow for transmission delay and to provide opportunity for the patient to respond without overlapping of audio.
- Type into the chat window to reiterate instructions, next steps, or key points in the health teaching.

- Check in, clarify and paraphrase frequently to elicit reactions and confirm understanding. Pick up cues such as pace, pauses and changes in voice intonation and offer the opportunity to ask question.¹
- Use non-verbal cues even on virtual visits: Smile often. Use a warm tone of voice, hand gestures must be mid-chest level and broader than usual to ensure the youth accurately detects it.⁴
- Increase the frequency of empathetic statements to show that you are listening.
- Inform the patient when occupied, such as when writing notes or looking at radiologic images or laboratory results.
- Summarize and clarify questions in case of delay or signal interference.
- In case of disconnection during video consultations, inform the patient how to continue the consultation.

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