MODULE 1: PGH VOICE TELEMEDICINE GENERAL GUIDELINES

by: The Philippine General Hospital Voice Telemedicine Working Group (October 2020)

OUTLINE

INTRODUCTION

With the outbreak of the COVID-19 pandemic, healthcare systems had to modify their workflow– prioritizing services to those affected by the pandemic while drastically decreasing outpatient consults, elective surgeries and face-to-face encounters. In an effort to continue providing services to its patients, clinical departments initiated telemedicine protocols which utilized voice calls and social media platforms. Shortly thereafter, the Philippine General Hospital launched the Online Consultation Request and Appointment (OCRA) System – a centralized entry point for all telemedicine consults. After months of use on the platform, it was apparent that most patient consults were conducted through voice calls. Though telemedicine is a rapidly developing and emerging field in medicine, most of its protocols are focused on video consults and less so on voice calls. These guidelines offer recommendations for the conduct of voice calls based on the collective experience and best practices of the hospital and will be updated as necessary.

A. Prerequisites

1. Provider Training

1). Procedural

Procedural knowledge and skills refer to the ability to use the Hospital Information System and follow the prescribed procedures for PGH Telemedicine. A training kit will be provided to the different clinical departments/units. This contains documents and tutorial videos on the use of the RADISH and OCRA systems. Orientation and training walkthrough sessions may be requested from the OPD Telemedicine nurses.

2). Technical

Technical knowledge and skills refer to the clinical aspect of telemedicine practice. This also includes procedural details specific to the department/unit. The clinical departments/units will provide the appropriate training for their respective staff. It is recommended that the training program consists of the following items:

a. Introduction script

- Self introduction: The provider delivers a short greeting, introduce oneself and the members of the healthcare team. If applicable, and informs the patient of the reason for the call. An estimate of the length of the call may be given.
- Identity verification: The provider makes use of available personal information from our systems (RADISH, OCRA) to verify if the person at the other end of the line is the patient or an authorized representative.
- Informed consent: The provider verifies if the patient has read and understood the informed consent form in OCRA. In cases where registration has been made through the hotline, the provider verifies if the informed consent has been read and explained to them. When necessary, the provider reiterates a concise version of the contents of the informed consent form.
- Disclosure and confidentiality clause

1. Face-to-face consultations are still ideal.
2. Efforts at ensuring confidentiality and privacy are being observed.
3. Voice consultations cannot be recorded unless with permission from the patient and deemed necessary for converting details into data for the patient's health record. Patients are also not allowed to record the voice calls from their end.
4. Evaluation is limited due to the lack of actual physical examination.
5. The clinical impression will depend on the honest and accurate answers of the patient and/or caregiver.

b. Subjective evaluation - patient reported information

- Take the history of the patient and document in the RADISH EMR as you would in a standard consultation.
- Indicate informants and other sources of information.
- Self-reported or caregiver-assisted examination findings if applicable.
- Each department/unit should be encouraged to make a guideline on how to conduct appropriate history-taking and self-reported/caregiver-assisted examinations designed for the subset of patients that they serve.

c. Objective evaluation

- Self-reported or caregiver-assisted examination findings documented through photos and videos
- Depending on the patient's case, a video teleconsultation and/or face-to-face examination may be recommended for better evaluation.
- Each department/unit should be encouraged to make a guideline on how to acquire objective findings designed for the subset of patients that they serve.

d. Red flags/indication for immediate face to face consultation with the nearest clinics/emergency room

- Advise immediate ER consultation for patients who are in cardiorespiratory distress for immediate evaluation and management.

- Refer to list of medical and surgical condition warranting ER admission (Emergency Severity Index 1-2) provided by each department/unit.

e. Supplemental Information

- Self-administered questionnaires, images, lab reports, and other documents may be requested if necessary.
- All documents must be sent preferably to the official department email account but if not accessible to the patient, other encrypted messaging platforms may be used.

f. Telemedicine provisional assessment

- Physicians must summarize key points and provide the patient and/or caregiver the working clinical impression based on available data.

g. Telemedicine disposition

- For follow-up consultations, choose the most appropriate consultation platform accessible to patients:
    1. Voice telemedicine
    2. Video telemedicine
    3. Face-to-face clinic
- Patients who need immediate evaluation and management should be advised to consult at the nearest health care facility.
- Physicians must emphasize that worsening of symptoms should also prompt immediate consultation in the nearest health care facility.

h. Information management

- All files (text, image and videos) related to the teleconsultation should be deleted from the devices immediately after the consultation has been documented in RADISH EMR.
- Confidentiality and privacy should be strictly observed.

2. . Informed Consent

All patients will require registration in the OCRA system before they can post a request for consultation. Registration can be made personally by the patient or with assistance from:

1) the Bayanihan Na! agent when they call the Bayanihan Na! Hotline number or

2) through the resident/fellow in charge when coming from the emergency/inpatient facilities of the hospital. An online Telemedicine informed consent form in OCRA needs to be checked first and agreed to by the patient personally or with assistance before registration can proceed.

The Online Telemedicine informed consent in OCRA serves as an implied consent from the patient to proceed with succeeding telemedicine consultations.

The following are the recommended information to be shared and discussed with the patient and/or representative (if the patient is a child or dependent) prior to the actual conduct of telemedicine session. This is to ensure the patient and/or representative is sufficiently informed of the risks and benefits of Telemedicine consults.

i. Limitations of the voice telemedicine platform due to the following:
    1. Inability to personally physically examine the patient that may lead to incomplete information elicited from patient or representative regarding medical condition
    2. Reliance on the information shared by patient or representative over the phone or other digital media (images/documents)
    3. Documentation of the encounter will be encoded in the hospital Electronic Medical Records and no sound recording of the encounter will be made by both parties (patient and doctor/paramedical)

ii. The doctor/paramedical may require a switch to face to face encounters or consultation via other platforms like video at any time during voice telemedicine if necessary based on the information available and clinical indications

iii. There are other available options for consultation and continuation of medical management with doctors/paramedicals at nearby clinics and hospitals

3. Confidentiality

The same hospital policy, standards and procedures to ensure confidentiality in face to face encounters will also be applied to Telemedicine. The Department of Outpatient Services (DOPS) has provided specially equipped rooms to facilitate Telemedicine consultations with appropriate levels of confidentiality.

During the current COVID19 Pandemic the practice of telemedicine outside of the DOPS designated rooms will be allowed temporarily to accommodate the manpower and space limitations. The clinical departments/units should ensure the following conditions are met to ensure appropriate confidentiality is maintained:

1. The offsite location should ensure privacy of conversation. Conducting telemedicine in public spaces is prohibited. The location should either be:
    - A private area, with the physician alone in the space

- A dedicated common area for tele-consults, with physiciansholding simultaneous consults at least 2 meters away from each other and with no patients in the space.

2. Avoid the use of public free internet / WiFi to connect to the internet. The UP-PGH network or a private network is recommended. If a private network is to be used, a VPN may be used to access the RADISH database.
3. Video recording devices such as CCTV are allowed in the consultation space. However, audio recording devices in the consultation space is prohibited.
4. The hospital through the department shall provide for the dedicated device/s for the conduct of tele-consults. The use of personal devices is discouraged but may be used for off-site consultation until dedicated devices have been provided.
5. Headsets, earphones or device earpieces should be used for the whole duration of the voice consultation. The use of loudspeaker/speakerphone is prohibited.
6. Text messages containing patient information sent to the department's dedicated mobile device must be deleted after said information has been transferred to the patient's RADISH account.
7. Sharing of documents, photos or videos may only be done thru the department's dedicated smartphone, e-mail or communication applications. Such documents, photos and videos must be deleted after being attached to the patient's RADISH account. The use of the physician's personal smartphone, e-mail or communication application account is discouraged.
8. For instances where a student trainee (clinical clerk or intern) will be part of the voice telemedicine team, the following MUST be observed:
    1. The physician-in-charge must disclose to the patient that there will be trainees who will be observing or participating in the session but will not take part in the clinical decision making.
    2. The consultation should be done in a private space, with only the physician and student present in the area, with adequate physical distancing observed. Speakerphones if preferred may be used in this setting.
    3. The student must maintain the confidentiality of the consultation.
    4. The student may gather information from the consultation but must keep it anonymised.
    5. If ANY of these provisions cannot be met, the consultation with the student should not proceed.

4. Professionalism

The telemedicine provider must observe the attitudes, qualities and communication skills of a respectable medical professional. The shift from a face-to-face consultation to a voice consultation highlights the importance of making sure that we establish an amiable, friendly doctor-patient relationship with

the way we speak, the proper use of language (vernacular, Filipino, or English) and the tone and confidence in our voice.

a. Observe the proper conduct of voice communications
    1. Identify yourself properly, clearly and respectfully, and disclose the purpose of your call clearly
    2. Clearly and honestly state your presumptive diagnosis, treatment plan and recommendations
    3. Ensure the privacy of your communication throughout the call, as well as of the collected information
    4. Refrain from calling a patient who expressly asked to be removed from the call list
    5. Maintain a calm and composed demeanor and tone of voice during a hostile call

b. Ensure that the teleconsultation with the patient is in line with the mission and vision of PGH, of UP College of Medicine and of UP Manila and adheres to the general principles of the Code of Ethics of the Philippine Medical Association (Article 1 Sections 1-7; Article 2 Sections 1, 5; Article 4 Section 5)

5. Communication Equipment and Network Connectivity

The following equipment are available at the designated Telemedicine Rooms at the DOPS:

a. Desktop Computer workstations
b. Headsets
c. Smart phones/Telephones

Internet and local network connectivity is made available through LAN cables or Wifi signal throughout the covered areas. The use of these equipment when doing telemedicine consultations on-site is recommended. The use of other devices is still allowed within the area provided certain conditions are complied with (see list below).

For offsite telemedicine encounters during the COVID19 Pandemic, personally owned computers/laptops and/or mobile devices may be used to access the Hospital Information System remotely via VPN (Virtual Private Network) and communicate with the patient provided the following conditions are complied with:

a. All encounters should be documented in the RADISH EMR
b. All files (text, image and videos) and messages related to the actual clinical encounter should be deleted from the devices immediately after the consult or after the clinic day at the latest after the encounter has been documented in RADISH
c. For voice communication over mobile networks, the use of personal mobile numbers/devices is discouraged. It is recommended that the departments/units issue phones and

mobile sim cards dedicated for this purpose.

Correspondence with patients to send and receive messages, instructions and documents and images should be through an official email or other platform account of the department/unit clinic.

B. Recommended Procedures

Voice telemedicine encounters can be subdivided into 3 stages:

The Pre-Consultation, Consultation Proper and Post-Consultation stages. The following are the identified steps within each stage of the telemedicine encounter:

a. Pre-Consultation

Due to resource limitations and limited capacity of voice consultations over mobile networks, it is recommended that pre-consultations preparations be made at least
one day prior to the date of voice consultation. This is to ensure faster and more efficient flow of voice consultations and to limit interruptions from the lack of patient information, and context. These include the following provisions:

1. Consolidation of patient information available from the OCRA platform:
    1. Name
    2. Age
    3. Sex
    4. Case Number
    5. City
    6. Contact Number
    7. Chief Complaint

2. Review of patients' available clinical profiles, such as electronic medical records or physical records. Based on the review, it is the discretion of the reviewing physician whether to expedite or transfer the consult to the most appropriate physician or subspecialty clinic on the day of consult.
3. Request for preparation of available documents, images, laboratory results for transmittal on the day of consult.
4. Confirmation of scheduled appointment via SMS. Physicians may coordinate with the patient to assign a more specific time of the day during which the consultation will be held.
5. Recommendation of clinical decision-making pathway based on the chief complaint. This includes identification of possible red flags, urgent and emergent cases based on review of records and chief complaint. Consultation for such cases may be expedited and prioritized.

6. Identification of possibly misdirected cases based on the chief complaint. Coordination with the appropriate clinic may have to be done during the pre-consultation to minimize patient consults.

b. Consultation Proper

1. Identity confirmation protocol
   Prior to proceeding with the consultation, the identity of the patient must be verified by asking him or her to provide personal information that can be checked against details available in the patient's record. Examples of personal information that can be cross-checked with the patient include full name, birthdate, and their address.
2. . Standard script for informed consent
   The provider should check that the patient has read and understood the informed consent form in OCRA. A summarized version of the informed consent should be read to the patient, and his or her agreement to proceed with the consultation confirmed.
3.. Delayed disposition protocol
   Each clinic should specify the process that their providers will follow before completing the consultation, if another call will be required to conclude the consultation later, after referring the patient's case to a senior resident or consultant first. The patient must be informed of this process and that he or she will receive another call for final disposition.
4. Documentation of encounter
   The provider must document sufficiently the consultation in the patient's record in RADISH.
5. Disposition
    1. The provider must adequately advise the patient regarding the working diagnosis, plan of management and follow-up schedule, or if a video or face-to-face appointment needs to be made.
    2. Follow-up appointments
       Schedule patient follow-up, whether via (1) voice, (2) video, or (3) face-to-face
    3. Refer patients who need immediate care to the nearest emergency room or healthcare facility
    4. Referral to other clinics
       Refer to subspecialties or other specialties by making an appointment request via OCRA, following the most updated algorithm for referrals to specific clinics.

6. Review checklist of "must-do's" before ending the encounter
   The clinic may formulate and follow a checklist of tasks that needs to have been completed during the consultation, including but not limited to the following: identity confirmation, informed consent, documentation of the encounter in RADISH, referral to senior resident or consultant as appropriate, disposition of the patient, and referrals to subspecialties or

other clinics as needed.

c. Post-Consultation

1. Sending laboratory and diagnostic imaging requests and prescriptions preferably via department email but if not accessible to the patient, may use other official encrypted messaging platforms of the department.
2. SMS notification for the next follow up mode and date of appointment if applicable.
3. Disposal/deletion of digital files/images used during consultation within 24 hours
4. Department/Unit census collection
   The department should conduct a monthly or quarterly (periodic) report which shows a summary of cases seen in telehealth.

C. Monitoring and Evaluation

Telemedicine especially phone/voice consultation is a novel practice. Closer monitoring and more frequent evaluation of this practice is necessary to ensure quality and safety of service.

a. Patient feedback
   A feedback form in electronic and paper format will be developed for telemedicine patients. A link to the electronic form can be emailed to or the paperform provided to a sample of patients after the telemedicine encounter or face to face follow up at the clinic.

b. Provider feedback
   A Telegram group has been set up for announcements and procedural support for all concerns related to telemedicine and the use of OCRA and RADISH systems. A similar system at the level of the clinical departments is recommended to provide technical support for their respective telemedicine providers.

The Philippine General Hospital Voice Telemedicine Working Group (October 2020)
Members:

Bagnas, Marjorie Anne
Bati, Anne Therese
Clemente, Mary Judith
Co, Homer
Fullante, Philip B.
Rogelio, Paolo Nico
Villarante, Katrina Lenora

ANNEX: **PGH Telemedicine Consent Form**

Form para sa Pagpayag o Pagbibigay-pahintulot sa Konsultasyong Telemedicine

Pagpapakilala at Layunin: *Ang Telemedicine ay paggamit ng telepono, cellphone, computer o elektronikong gadget na bibigyan ako ng kakayahan bilang pasyente para makipag-usap sa aking doktor/ mga doktor para sa pagtukoy ng aking posibleng sakit (diagnosis), lunas na gagawin o ibibigay (treatment), pangangasiwa o pagbantay (management), pagbibigay-kaalaman (education), at pangangalaga pagkatapos ng mga unang pagpapagamot (follow-up care) sa pagkakataong hindi posible ang konsultasyon o pag-uusap na harapan o magkasama sa parehong lugar (face-to-face consultation).*

Ang mga gagamiting sistemang elektroniko ay may angkop na hakbang pangseguridad (security protocols) sa gamit ng network at software upang mapangalagaan ang impormasyon sa identidad o pagkatao, pribadong buhay, at iba pang kaalamang hindi basta-basta ipinagkakatiwala sa iba (identity, privacy, and confidentiality), at upang mabantayan din ang datos at pigilan ang pagkasira (corruption) nito laban sa sinasadya o di-sinasadyang pagkasira o pagkabura.

Sa paglahok sa ganitong teleconsultation, tinatanggap at kinikilala kong may nabubuong isang ***kasunduang doktor-pasyente*** *(physician-patient relationship) na ako mismo ang humiling.*

Mga katangian ng Konsultasyong Telemedicine: *Ipinaliwanag sa akin ng aking doktor na gagamit ng teknolohiya ng video conferencing para isagawa ang konsultasyong telemedicine. Nauunawaan ko na tulad ng konsultasyong harapan o nasa parehong lugar, tatanungin ako sa aking mga dating naging sakit o karamdaman (history), ibabahagi rin ang mga dokumento tulad ng laboratory test, imaging result, at iba pang may mahalagang kaugnayan sa aking kalagayan. Dagdag pa dito, maaaring hilinging ipakita ko ang ilang bahagi ng katawang may maitutulong para makabuo ng diagnosis. Binabanggit ito dahil ang aking doktor ay hindi nakapuwesto sa parehong silid kung saan naroon ako at hindi niya direktang magagawa ang mga kinakailangang pisikal na pagsisiyasat (physical examination) para sa akin.*

Benepisyo o Ambag: *Sa tulong ng telemedicine, makakakuha ako ng ebalwasyong medikal at impresyon o pag-unawa sa aking kondisyon. Maaari akong mabigyan ng gabay sa pagbabantay sa aking kondisyon at sa mga susunod na hakbang sakaling magbago ang kondisyong ito, maaaring mabigyan*

ng preskripsyon sa gamot na dapat inumin o tanggapin, pati ang pagkakaroon ng gabay sa kung ano ang mga maaaring gawing laboratory at imaging test.

Mga Posibleng Panganib: *Nauunawaan ko ang mga posibleng panganib sa paggamit ng teknolohiyang ito, kasama ang problemang teknikal, pagkaistorbo (interruptions), hindi magandang image transmission na maaring magresulta ng di-angkop na diagnosis (misdiagnosis) at dahil doon ay di-angkop na paggagamot (mistreatment), kawalan ng access sa pisikal na kopya ng paper charts/ medical records, pagkaantala at mga pagkukulang dulot ng maling paggana (malfunction) ng mga kagamitang elektroniko at ng software, Di-pinahintulutang (unauthorized) access na magiging dahilan sa pagkasira (breach) ng data privacy at confidentiality.*

Itinuturing bilang pribado o confidential ang lahat ng konsultasyon pero dahil sa mga katangian ng ginagamit na teknolohiya, nauunawaan kong sa gitna ng mga isinagawang angkop na hakbang, hindi masisigurado ng doktor ang kaligtasan ng aking personal na datos mula sa pagnanakaw rito (data hacking). Kaya naman hindi ko ipapasa sa aking doktor ang pananagutan (liability) sa anumang datos na mawawala, mabubura, o masisira o mananakaw, maging ang ilegal na paggamit ng impormasyong magmumula sa isang security breach.

Pribadong Datos at Impormasyong Hindi Basta-basta Ipinagkakatiwala sa Iba: *Sang-ayon akong ibahagi ang aking personal na datos sa mga kawani sa klinika o ospital (clinic or hospital staff) ng aking doktor upang mapasimulan at maisagawa ang pagtatakda ng schedule sa aking konsultasyon at upang maproseso ang pagkuwenta ng mga bayarin (billing). Pumapayag akong hindi i-record sa anyo ng video o audio gayon din ang pagbabahagi sa iba ng mga detalye tungkol sa aking konsultasyon bilang pagtugon sa Data Privacy Act of 2012.*

Mga Karapatan: *May karapatan akong:*

1. Hilingin ang mga non-medical staff na umalis sa telemedicine consultation room.

2. Tapusin ang telemedicine consultation at ang kasunduang doktor-pasyente sa anumang oras.

3. Magkaroon ng kopya ng impormasyong nakuha at naitala mula sa konsultasyong telemedicine.

4. Matulungan ng isang kapamilya o caregiver para mag-set-up ng telemedicine sa sariling tahanan at para sumagot sa ilang katanungan.

Mga Limitasyon: *Ang linaw ng mga imahen o larawan, linaw ng tunog, bilis ng internet, at pagkakaroon ng ingay sa paligid (background noise), lahat ng ito ay may epekto sa kalidad at resulta ng konsultasyong telemedicine. Ang pisikal na pagsisiyasat na ginagawa sa karaniwang harapang konsultasyon ay hindi posible at dahil doon ay nagiging isang malaking limitasyon o balakid ito sa pagbibigay ng diagnosis.*

Sakaling may kagyat o madaliang ikinakabahala: *Responsibilidad ng aking doktor ang i-refer o ipatingin ako sa pinakamalapit na ospital sa pagkakataong sa suri niya'y lubhang mahalaga ang aking kalagayan o nararamdaman at nangangailangan ito ng mabilisang tugon at tulong ng mga doktor. Matatapos ang ganitong responsibilidad ng aking doktor sa pagtatapos ng aking konsultasyong telemedicine.*