



Operational Procedure

1. SCOPE

- 1.1. System Wide

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Codec: refers to the clinical video conferencing device or software. Sometimes used interchangeably with Polycom.
- 2.2. TeleHealth Consult: is used interchangeably with TeleHealth visit. It refers to any TeleHealth appointment.
- 2.3. Combined Medical Record (CMR): refers to the online electronic medical record.
- 2.4. Speaking with extra volume (over modulating) causes distortion at the other site.

3. PROCEDURE BODY

To serve as a guide for obtaining and setting up TeleHealth equipment, videoconference system, and cameras for any TeleHealth visit. The intent of this guideline is to provide direction to the visit in order to improve efficiencies for the patient, provider and TeleHealth nurse.

3.1. Preparing for a TeleHealth Consult:

- a. Review patient records in CMR.
- b. Prepare any forms needed for the TeleHealth visit (i.e. Sleep Disorder Questionnaire, PHQ-9, and Pain Questionnaire).
- c. Technology Report Form: complete as much of the information as possible before the visit.

3.2. Preparing the room for a TeleHealth consult:

- a. Position: position the chair(s) or the exam table for optimum viewing.
- b. Light: If exam lighting is needed, turn on the Halogen lamp or exam lamp about 30 minutes prior to visit to fill the room with light. If exam room has windows, close the blinds.
- c. Background: the background behind the patient should be clear of pictures, objects, shelves, etc. to minimize distractions for the provider. Video blue is the optimum background.
- d. Noise: Turn bell down on phone, after the patient and provider are connected for visit.
- e. Interruptions: Put sign up "TeleHealth Visit in Progress" outside the door.

3.3. Preparation and set-up of videoconference system:

- a. Reboot the video codec/Polycom once a week by turning off device, wait a few seconds, and turn back on.
- b. Turn on TV.
- c. Check volume level on TV using the volume control on the TV. Volume should be mid-level. Volume may be adjusted as needed during the consult.
- d. Check the volume on the Polycom by using the Polycom remote. Volume on the Polycom should be mid-level. Never turn the Polycom volume up more than 2/3 as the audio will distort. If more volume is needed during the consult, turn up the TV.
- e. The TV screen should show the Polycom menu.
- f. If the TV Stays black, press "MENU" on the Polycom remote. The menu should appear.
- g. If the screen is still black, check to see that the Polycom Codec is turned on. A green light is lit on the front when the codec is on.
- h. If the picture is blue, check the video source by pressing the camera button on the Polycom remote. The first icon or room camera should be selected.
- i. A picture of the room should appear in the video display window.

3.4. Use of room camera remote control:

- a. Locate the Polycom codec (room camera) remote.
- b. Use the zoom button on the remote to zoom in or pan out. The Polycom remote may have a gray or "ZOOM" button. Press the "+" and the camera will zoom in and press the "-" to pan out.

V700 Remote Control



PROCEEDURE

- c. Towards the top of the remote in the center, there are four burgundy buttons with wide arrows around and an oval button with a fine arrow or circle. The buttons with the wide arrows move the room camera left, right, up and down.

- d. To mute the microphone, press the orange oval "mute" button in the center of the remote. The button may have a microphone with a slash through it.

3.5. Connection of peripheral cameras to room camera:

- a. Auxiliary camera sources are attached on RCA extension cable from the back of the Polycom.
- b. Camera sources attaching directly to the Polycom are selected by the use of the Polycom remote control.
- c. Press camera or "NEAR" button. Use the arrow buttons to scroll to the VCR icon and press enter.
- d. The enter button is the burgundy arrow in the center of the four wide arrow buttons.

3.6. Starting the consult:

- a. The patient will check in to Reception following standard clinic procedures and will wait in the waiting room until called by the TeleHealth nurse.
- b. Introduce yourself to the patient if it is the first visit and escort the patient to the exam room.
- c. Explain the TeleHealth consult to the patient if it is the first visit. Give the patient an opportunity to ask questions about the videoconferencing system and any aspect of the visit.

D Step 1: Orient the patient to the videoconference system.

D Step 2: Explain the picture in picture (PIP) function.

D Step 3: Explain the functioning of the audio in videoconferencing. Only one site can speak at a time. Any sound made while a provider is speaking may cause temporary break up of sound. Tell the patient if any part of the conversation breaks up or is missed, the provider can be asked to repeat or clarify after he or she is done with their statement.

D Step 4: Explain the delay in audio signal and how this affects communication.

D Step 5: Ask the patient to let the TeleHealth nurse know if they are having a hard time hearing the provider. The volume can be adjusted.

D Step 6: Explain that privacy is very important and that no one else is viewing the visit. The visit is not videotaped. If the patient would like to discuss something with the provider in private, s(he) should feel free to ask the TeleHealth nurse to step outside the room.

D Step 7: If the patient is hesitant to talk, encourage them to look at the TV and pretend the provider is in the room.

D Step 8: Encourage the patient to speak in a normal tone of voice.

D Step 9: If the patient has been hesitant to ask questions during the visit, or you know they have a question they have not asked, encourage them to do so when the visit is concluding.

D Step 10: If the patient or other participants are making noise while the provider is speaking and sound is breaking up, remind them to be quiet.

- d. Frame the patient in the center of the screen so that the face and shoulders are visible, with a small space above the head.
- e. During the interview, orientation process, note any questions or

- concerns the patient may have.
- f. See related documents.
 - g. At the conclusion of the consult/visit: give the patient evaluation forms with a postage paid, self-addressed envelope if it is their first TeleHealth consult/visit, or if they are using a new type of technology.
 - h. Complete the TeleHealth Technology Report Form. Route to Marshfield Campus TeleHealth Office~RL5.
 - i. If technology problems are experienced before or during a TeleHealth consult/visit that require immediate assistance:
 - D Step 1:** call the IS Helpline: 93456, select option #4.
 - D Step 2:** If technology problems occur that have been resolved or do not interrupt the visit, complete the Self-Help desk technology report for each problem.

Additional Resources

- 4.1. References:
http://srdweb1/guidelines/QICM/TeleHealth/technology/TH_technology.html

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4. DOCUMENT HISTORY

Version No.	Revision Description
1.0	Conversion from Policy Handbook to Document Control. Procedure 3270.1

Live

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5. DOCUMENT PROPERTIES

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