



<p>Team Name: Regional Telehealth Committee</p> <p>Team Lead: Executive Director - Mid</p> <p>Approved by: Executive Director - Mid</p>	<p>Reference Number: ORG.2010.PL.001</p> <p>Program Area: Telehealth</p> <p>Policy Section: General</p>
<p>Issue Date: September 3, 2014</p> <p>Review Date: June 11, 2018</p> <p>Revision Date:</p>	<p>Subject: Prioritization of Telehealth Sessions</p>

POLICY SUBJECT:

Prioritization of Telehealth Sessions

PURPOSE:

The purpose of this policy is to outline the process and priority for Telehealth sessions.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients
 Executive Limitation (EL-03) Treatment of Clients

POLICY:

1. Access to MBTelehealth services is booked on a first come, first serve basis with the support of MBTelehealth scheduling services, during regular business hours. Should requests be received simultaneously that create a conflict in scheduling, sessions will be booked by MBTelehealth services considering the following ranking order:
 - clinical of an urgent nature
 - clinical of a non-urgent nature
 - education
 - administration
 - televisitation
2. Before an existing telehealth session can be changed to accommodate an urgent consultation all involved parties previously scheduled must agree to the requested change.

PROCEDURE:

1. Telehealth sessions are booked through MBTelehealth Scheduling System, by completing the clinical or non-clinical booking form or will be self-scheduled by site staff with the applicable authorization and training.

2. Access to MBTelehealth services is booked on a first come, first serve basis with the support of MBTelehealth scheduling services, during regular business hours. Should requests be received simultaneously that create a conflict in scheduling, sessions will be booked by MBTelehealth services considering the following ranking order:
 - clinical of an urgent nature
 - clinical of a non-urgent nature
 - education
 - administration
 - televisitation
3. Before an existing telehealth session can be changed to accommodate an urgent consultation all involved parties previously scheduled must agree to the requested change.
4. Telehealth urgent clinical consultation is facilitated directly with pre-established mechanisms between the client site and consultation site i.e.: Neonatal Intensive Care or between providers i.e.: Mental Health Liaison in ER and Psychiatrists within Southern Health-Santé Sud.
5. Sites can notify MBTelehealth Scheduling to facilitate same day, telehealth service. This will be facilitated if both the client and provider telehealth sites are available. MBTelehealth Schedulers will ask the requestor if both sites are aware of the request and are available, as e-mail notifications from the scheduling system may not be sent prior to the event.
6. Block Bookings facilitate scheduling a block of time into the MBTelehealth scheduling system in advance, up to one year, including the client and provider site, ensuring that there is opportunity to schedule non-urgent clinical sessions. If no clients are scheduled in the secured block one week prior to the date, the block will be removed. See MBTelehealth policy “Block Booking” 3.50.30, June 2012.
7. Telehealth site contacts (client and/or provider site) can assist in potentially facilitating an urgent clinical session, when scheduling conflicts exist.
8. Sites can consider accessing other community telehealth services that are in reasonable proximity for the client or provider to facilitate access to service for urgent clinical telehealth consultation, or other telehealth sessions.

REFERENCES:

MBTelehealth Standards, Procedures and Forms “Telehealth Usage”, 4.30.10, June 2013