

Provincial Telehealth Program Manual: Appendices

Updated July 2017



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Appendix A

Approved health care facilities

Eastern Health

1. Agnes Pratt, St. John's
2. Blue Crest Nursing Home- Grand Bank
3. Bonavista Peninsula Health Centre, Bonavista
4. Burin Peninsula Health Care Centre, Burin
5. Carbonear General Hospital, Carbonear
6. Carbonear Long Term Care Facility, Carbonear
7. Coish Place, Clarenville
8. Dr. AA Wilkinson Memorial Health Centre, Old Perlican
9. Dr. Albert O'Mahoney Manor, Clarenville
10. Dr. G.B. Cross Memorial Hospital, Clarenville
11. Dr. H. Bliss Murphy Cancer Centre, St. John's
12. Dr. Leonard A. Miller Centre, St. John's
13. Eastern Health Community Building, Marystown
14. Glenbrook Lodge, St. John's
15. Golden Heights Manor, Bonavista
16. Grand Bank Health Centre, Grand Bank
17. Health Science Centre, St. John's
18. Janeway Children's Health and Rehabilitation Centre, St. John's
19. Lions Manor, Placentia
20. Major's Path Clinic, St. John's
21. Methadone and Recovery Centre Building 532, St. John's
22. Molecular Imaging Facility, St. John's
23. Mount Pearl Square, Mt. Pearl
24. Placentia Health Centre, Placentia
25. Pleasant View Towers, St. John's
26. St. Clare's Mercy Hospital, St. John's
27. St. Luke's, St. John's
28. St. Patrick's Mercy Home, St. John's
29. Taylor Building (Harbour Grace Regional Centre), Harbour Grace
30. The Grace Centre, Harbour Grace
31. Tuckamore Centre, Paradise
32. U.S. Memorial Health Centre, St. Lawrence
33. Veteran's Pavillion, St. John's
34. W.H. Newhook Community Health Centre, Whitbourne
35. Waterford Hospital, St. John's

Western Health

1. Calder Health Center, Burgeo
2. Blomidon Place, Corner Brook
3. Corner Brook Long Term Care, Corner Brook

4. Downtown Clinic, Corner Brook
5. Hammond Building, Corner Brook
6. Humberwood Centre, Corner Brook
7. Monaghan Hall, Corner Brook
8. O'Connell Drive, Corner Brook
9. Western Memorial Regional Hospital, Corner Brook
10. Community Health, 20 Farm Road, Deer Lake
11. Francois Clinic, Francois
12. LaPoile Medical Clinic, LaPoile
13. Lourdes Medical Clinic, Lourdes
14. Bonne Bay Health Centre, Norris Point
15. Pollard's Point Medical Clinic, Pollard's Point
16. Dr. Charles LeGrow Health Centre, Port Aux Basques
17. MP Place (Barhaven), Port Aux Basques
18. Rufus Guinchard Health Centre, Port Saunders
19. Ramea Medical Clinic, Ramea
20. Psychiatry Clinic, Stephenville
21. Rehab Annex. Stephenville
22. Sir Thomas Roddick Hospital, Stephenville
23. Bay St. George Long Term Care, Stephenville Crossing
24. Woody Point Medical Clinic, Woody Point'
25. Stephenville Crossing Clinic, Stephenville

Central Health

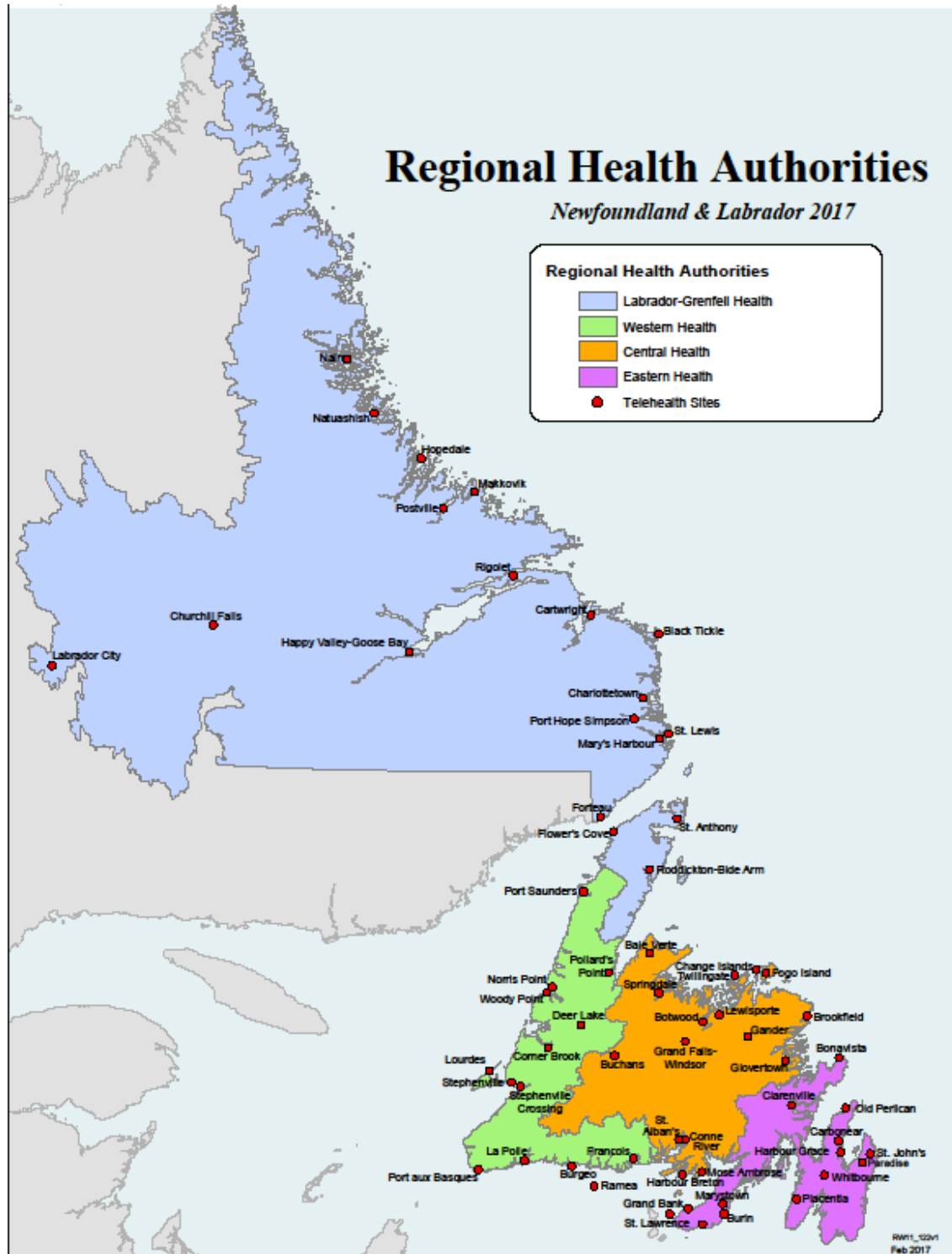
1. A.M, Guy Memorial Health Centre, Buchan's
2. Baie Verte Peninsula Health Care Centre, Baie Verte
3. Dr. Hugh Twomey Health Care Centre, Botwood
4. Dr. Y.K. Jeon Kittiwake Health Centre, Brookfield
5. Change Islands Community Health Centre, Change Islands
6. Fogo Island Health Care Centre, Fogo Island
7. James Paton Memorial Regional Health Centre, Gander
8. Dr. C.V. Smith Memorial Health Centre, Glovertown
9. Central Regional Health Care Centre, Grand Falls
10. Queensway Building, Grand Falls
11. Hope Valley Centre, Grand Falls
12. Connaigre Peninsula Health Care Centre, Harbour Breton
13. Lewisporte Health & Community Services building, Lewisporte
14. Mose Ambrose Clinic, Mose Ambrose
15. Green Bay Health Care Centre, Springdale
16. Green Bay Health Centre, CONA Building, Springdale
17. Baie D'Espoir Medical Clinic, St. Alban's
18. St. Alban's Community Health Building, St. Alban's
19. Conne River Health & Social Services building, Conne River
20. Killick Health Services, Grand Falls
21. Notre Dame Bay Memorial Health Centre, Twillingate

Labrador-Grenfell Health

1. Black Tickle Clinic, Black Tickle
2. Cartwright Clinic, Cartwright
3. Charlottetown Clinic, Charlottetown
4. Churchill Falls Health Centre, Churchill Falls
5. Strait of Belle Isle Health Centre, Flowers Cove
6. Labrador South Health Centre, Forteau
7. Labrador Health Centre, Goose Bay
8. Hopedale Clinic, Hopedale
9. Labrador West Health Centre, Labrador City
10. Makkovik Clini, Makkovik
11. Mary's Harbour Clinic, Mary's Harbour
12. Nain Clinic, Nain
13. Natuashish Clinic, Natuashish
14. Port Hope Simpson Clinic, Port Hope Simpson
15. Postville Clinic, Postville
16. Rigolet Clinic, Rigolet
17. White Bay Health Centre, Roddickton-Bide Arm
18. Charles S. Curtis Memorial Hospital, St. Anthony
19. St. Lewis Clinic, St. Lewis

Appendix B

Provincial Telehealth Site Map



Appendix C

Provincial Telehealth Contact List				
Updated last: 14 August, 2017				
NLCHI	Name	Position	Phone	Email
	Ashley Dinn	Program Manager - Telehealth and RIU	709-752-6535 709-725-3912 (cell)	ashley.dinn@nlchi.nl.ca
	Alice Nolan	Provincial Telehealth Scheduling Coordinator	709-752-6019 709-752-6057 (fax)	alice.nolan@nlchi.nl.ca
	Donna Foote	Provincial Telehealth Scheduling Coordinator	709-752-6071	donna.foote@nlchi.nl.ca
	Service Desk	NLCHI Service Desk	1-877-752-6006	service@nlchi.nl.ca
Central	Name	Position	Phone	Email
	Allison Scott	Regional Telehealth Lead	709-884-4282	allison.scott@centralhealth.nl.ca
	Paul Mercer	CSS - Telehealth Support	709-651-6479	paul.mercer@centralhealth.nl.ca
	Ryan Simms	CSS - Telehealth Support	709-292-1299	ryan.simms@centralhealth.nl.ca
		CH Service Desk	1-877-902-6777 (Press 1)	
Eastern	Name	Position	Phone	Email
	Shannon Perry	Regional Telehealth Lead	709-777-3951	shannon.perry@easternhealth.ca
	Barry Bradbury	CSS - Telehealth Support	709-777-4354 709-570-9611 (pager)	barry.bradbury@easternhealth.ca
	Dale Dines	CSS Audio Visual (Backup)	709-777-2268 709-570-9718 (pager)	dale.dines@easternhealth.ca
	Susan Newhook	Telehealth Nurse Specialist	709-777-3312	susan.newhook@easternhealth.ca
LGH	Name	Position	Phone	Email
	Viva Pittman	Regional Telehealth Lead	709-897-3137	viva.pittman@lghealth.ca
	Darren Humby	CSS - Telehealth Support	709 897 2131	Darren.Humby@lghealth.ca
		LGH Service Desk	1-855-350-4357	
Western	Name	Position	Phone	Email
	Karen Tulk	Regional Telehealth Lead	(709) 637-5000 ext 5375	karentulk@westernhealth.nl.ca
	Jonathan Hardy	CSS - Telehealth Support	(709) 637-5000 ext 6049	jonathanhardy@westernhealth.nl.ca
		WH Service Desk	(709) 637-5368	

Appendix D

Sample Telehealth Services Application Form

Regional Health Authority Telehealth Services Application Form

Applications can be submitted for those throughout the Regional Health Authority interested in using Telehealth for service delivery. Please complete the information below to facilitate this decision making process (include as much detail as possible).

Date:

Name & Phone:

Email:

Department/Program:

Site location:

Application Description: *Please provide information on your intended use of Telehealth including anticipated amount of usage (eg. 3-4 appointments/week) and reason you would like to be considered for this Telehealth (how this will improve service delivery).*

Anticipated Sites Involved: *(list all possible)*

Anticipated Persons Involved: *(list those interested in using the equipment along with support persons required, please indicate if agreement/interest in becoming involved has already been obtained)*

Implementation Issues: *(List any anticipated challenges to use of Telehealth)*

Privacy Issues: *(List any privacy concerns to location of equipment at intended site)*

Do you have any funding available or are you exploring funding opportunities to support your request?

Application Timetable: *(Indicate if there is a specific timeframe established for the use of Telehealth equipment, i.e. does program/service start up depend on Telehealth equipment and if so, when are you hoping to begin.)*

Requestor Name: _____
Signature

Program Director/Manager: _____
Signature

*Send completed form to your, Regional Telehealth Lead via email or fax (Fax/Email info here)
If you have any questions about this application, please contact (Phone number here)*

Appendix E Certification form



Room Certification

RHA:	<input type="text"/>	Room Name:	<input type="text"/>
Site:	<input type="text"/>	Room Contact:	<input type="text"/>
Telehealth Drop ID:	<input type="text"/>	Room Phone #:	<input type="text"/>
Room #:	<input type="text"/>		

	Complete	Incomplete	N/A
1. Drop has been labelled as a Telehealth drop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Switchport for drop is set to 100 full duplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Test call with other endpoint complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Room has been added to Scheduling System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Notified Project Lead of Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Onsite Tech:

Additional Comments:

Completed by:

Date:

Signature:

Certification Complete:
Yes ☐ No ☐

Appendix F

Telehealth iScheduler Access Application



Telehealth iScheduler Access Application Revised 2016-11-25

Please Print Clearly – Complete All Areas

To be completed by Applicant (please print)

Full Name (Last Name, First Name)

Telephone # (Work)

Email Address (Work)

Position title

Clinical Area (if applicable)

Facility Name:

Note: If you require access to more than 1 site, please discuss with your Regional Telehealth Lead

To be read and signed by Applicant

I recognize that my signature on this document will provide me with authorized access to information in the Telehealth iScheduler system.

I understand that this allows me to access confidential information and I accept that it is my responsibility to ensure the total confidentiality of all information accessed from the Telehealth iScheduler system.

I understand that upon initial log on; I will be required to select a secret question and provide an answer. This information will be used by the NL Centre for Health Information's Service Desk in order to validate my identity for future support requests.

I realize that each of the following constitutes a breach of security for which I will be held accountable:

- Disclosure of my Telehealth iScheduler User ID and/or password
- Abuse of authorized access
- Use of another user's password to access the Telehealth iScheduler application
- Failure to sign off from the system when leaving my workstation

Applicant's Signature

Date

To be completed by Authorizing Manager/Regional Telehealth Coordinator

I recognize that approval of this access application, and assignment of a User ID and password, gives the applicant authorized access to information in the Telehealth iScheduler application. I understand that this allows the applicant to access confidential information and I accept that it is both the Applicant's and my responsibility, given that I am requesting access on the Applicant's behalf, to ensure the total confidentiality of all information accessed from the Telehealth iScheduler application. I accept responsibility to notify the NL Centre for Health Information's Services Desk should the user no longer require access to the Telehealth iScheduler application in the course of their duties (e.g. leave the employ of the organization, change in job responsibilities, little or no use of the system during previous year) or breach the terms of the Access Agreement.

Authorizing Manager's Name (please print)

Phone # Work

Authorizing Manager's Signature

Date

Regional Telehealth Lead Name (please print)

Phone # Work

Regional Telehealth Lead Signature

Date

Completed Forms should be faxed to the Regional Telehealth Coordinator at (INSERT APPROPRIATE FAX NUMBER HERE)

Any questions phone # (INSERT APPLICABLE RHA LEAD PHONE NUMBER HERE)

Appendix G

Request for Telehealth Appointment



REQUEST FOR TELEHEALTH APPOINTMENT

Please fax completed form to 709-752-6057 for processing
Any questions please contact 709-752-6019

APPOINTMENT INFORMATION		<i>revised 2014-03-13</i>												
<input style="width: 100%;" type="text"/> Date of Consult	<input style="width: 100%;" type="text"/> Duration (minutes)	<input style="width: 100%;" type="text"/> Appointment Start Time												
Time Zone: <input type="checkbox"/> NL <input type="checkbox"/> Labrador														
Appointment Type: <input type="checkbox"/> New Patient <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-op <input type="checkbox"/> Post-op <input type="checkbox"/> Case Conference <input type="checkbox"/> Discharge Planning														
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 40%; height: 20px;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> </tr> <tr> <td style="border: none;">Requesting Health Care Provider (Please Print)</td> <td style="border: none;">Discipline</td> <td style="border: none;">Clinical / Program Area</td> </tr> </table>						Requesting Health Care Provider (Please Print)	Discipline	Clinical / Program Area						
Requesting Health Care Provider (Please Print)	Discipline	Clinical / Program Area												
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 35%; height: 20px;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: 1px solid black; width: 35%; height: 20px;"></td> </tr> <tr> <td style="border: none;">Video Request Contact</td> <td style="border: none;">Contact Phone #</td> <td style="border: none;">Email Address</td> </tr> </table>						Video Request Contact	Contact Phone #	Email Address						
Video Request Contact	Contact Phone #	Email Address												
Requested to attend <u>with Patient</u> : <input type="checkbox"/> RN <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Social Worker <input type="checkbox"/> None Required <input type="checkbox"/> Other _____														
<table style="width: 100%; border: none;"> <tr> <th style="width: 30%; border: none;"></th> <th style="width: 40%; border: none;">Telehealth Locations</th> <th style="width: 30%; border: none;">Contact Name and phone number</th> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>				Telehealth Locations	Contact Name and phone number									
	Telehealth Locations	Contact Name and phone number												
PATIENT INFORMATION (If more than 1 patient attach patient list)														
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 40%; height: 20px;"></td> <td style="border: 1px solid black; width: 60%; height: 20px;"></td> </tr> <tr> <td style="border: none;">Name (First/Last) Please Print</td> <td style="border: none;">Date of Birth DD/MM/YYYY</td> </tr> </table>					Name (First/Last) Please Print	Date of Birth DD/MM/YYYY								
Name (First/Last) Please Print	Date of Birth DD/MM/YYYY													
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> <tr> <td style="border: none;">Place of Residence (Mandatory)</td> <td style="border: none;">Province</td> <td style="border: none;">Postal Code</td> </tr> </table>						Place of Residence (Mandatory)	Province	Postal Code						
Place of Residence (Mandatory)	Province	Postal Code												
MCP # _____ Other: _____ (please specify)														
PROVIDER INFORMATION (complete if attending provider is OUTSIDE of Newfoundland and Labrador)														
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 40%; height: 20px;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> </tr> <tr> <td style="border: none;">NL Family/Referring Provider (First/Last Name) Please Print</td> <td style="border: none;">Fax (xxx) xxx-xxxx</td> <td style="border: none;">Email</td> </tr> </table>						NL Family/Referring Provider (First/Last Name) Please Print	Fax (xxx) xxx-xxxx	Email						
NL Family/Referring Provider (First/Last Name) Please Print	Fax (xxx) xxx-xxxx	Email												
ADDITIONAL RELEVANT INFORMATION <u>Please select requirements below:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Height (cm) <input type="checkbox"/> Weight (kg) <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Vital Signs </div> <div> <input type="checkbox"/> Hand held camera Other: _____ </div> </div>		Comments Please provide additional information as appropriate (escort or type of assists necessary, gait assessment, oxygen dependent, stretcher required for patient assessment, etc).												





USE OF TELEHEALTH EQUIPMENT MEETING and GROUP SESSION REQUEST FORM

Please fax completed form to 709-752-6057 for processing
Any questions please contact 709-752-6019

This request form is for the use of Telehealth equipment for Clinical (e.g. group sessions for client education, case consultation without client present, etc.) and Non-Clinical (Administrative) Use.

Please Note: Clinical use of telehealth equipment takes priority over Administrative use.

Office Use Only: ID _____

Booking Information

Session Date: _____

Booked Time: _____ to _____ Time Zone: ☐ Island
Start Finish ☐ Labrador

Requested By: _____

Organization: _____

Contact email: _____

Contact Tel Number: _____

Session Information

Title/Purpose: _____

- ☐ Client Education (e.g. Diabetes Education, Improving Health My Way program, Parenting Sessions, etc.)
- ☐ Clinical Support (e.g. Case Consultation without client present)
- ☐ Clinical Support: Other _____
- ☐ Administrative (e.g. Staff Meeting)
- ☐ Staff Education

Presenter/Chairperson: _____

Host/Presenter Site _____ Host room name/number: _____

Remote/Participant site(s) and room name/number:

Will a laptop be used? Yes _____ No _____

ADDITIONAL RELEVANT INFORMATION

Office Use Only

Bridge Required: Yes _____ No _____



Appendix I

Telehealth Client Information Sheet

TELEHEALTH Client Information Sheet



Benefits of Telehealth

- Telehealth allows you to stay close to your home for your health care appointment.
- Telehealth helps reduce travel time for your appointment, as well as any physical and emotional stress associated with travel (e.g. distance, illness, weather).
- Telehealth can bring previously unavailable health care services to you (e.g. specialty services).

Your Privacy is Protected

Only authorized health care providers have access to your Telehealth appointment. Your personal information is protected under the *Provincial Personal Health Information Act (PHIA)*. Telehealth appointments occur on a private and secure provincial health information network.

Using videoconferencing telehealth connects you with your health care provider, while you are in a different health care facility. A "Telehealth Video Appointment" is very similar to a face-to-face appointment. You can see, hear and talk to your health care provider.



Dr. Jonathan Greenland, Radiation Oncologist

What You Can Expect at a Telehealth Appointment

- You will be in a room that has a television and videoconferencing equipment. On the TV, you will see and talk with your provider, who will be at a different location.
- You can speak with each other as though you were in the same room.
- Upon arrival to the health care facility you will present at registration. It is important to bring your MCP card and the details of your Telehealth appointment.
- A staff member will bring you to the room where the appointment will be held.
- The staff member will turn on the equipment and answer the "call" from your health care provider.
- A staff member may be required to stay with you during the appointment or you may be attending alone.
- Your family member can also stay for the appointment if you and your health care provider agree.
- Let someone know if you are uncomfortable, or are having difficulty seeing or hearing clearly.
- Recording an appointment is not permitted without the consent of your health care provider.
- If you have questions make sure you ask.
- Your health care provider will let you know of any follow up that may be required following the appointment.



info.telehealth@nlchi.nl.ca 1-877-752-6006 www.nlchi.nl.ca

Appendix J
Room Signage



TELEHEALTH SESSION IN PROGRESS!

Appendix K

Registration Protocol

UNDER DEVELOPMENT

Appendix L

Troubleshooting

Telehealth Troubleshooting Tips		
System	Problem	Corrective Action
Start Up-Do this First!		
Connect the network cable (LAN) to the video port in the wall before turning on the system.		
The system does not start or respond in any way	The power switch is off.	Turn on the power switches for the system and all equipment connected to it.
	The power cord is not connected.	Make sure the system's power cord is in place and that it is connected to the power outlet.
	The power outlet is not active or the system's power is not operating properly	Check power to outlet by plugging in another device. If the outlet is active it may be the system. Call technical support.
The system does not respond to the remote control	No, low, or dead batteries in the remote control.	Install 4 AAA batteries in the remote.
	The batteries are installed incorrectly.	Insert batteries in the correct +/- position.
	The infrared sensor is not receiving signals from the remote control.	Point the remote directly at the camera and press a button. If the light on the system flashes, the remote control works properly. Turn off the overhead room lights and try using the remote again.
Error message occurs when placing a call	The system is not connected to the LAN (network wall jack).	Verify that the LAN cable is connected properly.
	The system's LAN cable is bad.	Replace the system's LAN cable.
The monitor remains black when you use the remote control.	The monitor's power cord is not plugged in.	Connect the monitor's power cord and then power on the monitor.
	The monitor is powered off.	Power on the monitor.
No audio at your site.	The far site is muted.	Ask the far site to unmute the microphone.
	The volume on the monitor may be turned all the way down.	Turn up the volume on the monitor.
	The far site's microphones are not placed correctly.	Ensure microphone is placed near the person speaking and that person is facing the microphone.
Not enough volume during a call	The people at the far site are too far from microphone.	Ask the people at the far site to move closer to the microphone.
	The volume is set to low on the system.	Turn up the volume using the remote control.
You hear yourself on your system's monitor.	The far site microphone is too close to the system.	At the far site, ensure the microphone is placed 5 feet away from the system.
	The far site audio volume may be too loud.	Turn down the audio volume at the far site.

Appendix M

Healthcare Provider Survey



Newfoundland and Labrador Telehealth Program Health Care Provider Satisfaction Survey

2017-07-27

This survey is for **Health Care Providers who are using the Telehealth service to provide care to their clients**. The survey is being conducted to assist with ongoing quality assurance of the Newfoundland and Labrador Telehealth Program. Your feedback is very important in evaluating telehealth services.

Date: _____ Program/Purpose of Telehealth Session: _____

Participation in the survey is voluntary. All responses given on this form will be kept confidential. The information you provide will be combined with the information provided by other survey participants and individual responses will not be identified.
For the purposes of this survey, telehealth refers to the appointment or consultation between a provider and a patient at different locations via the Telehealth Program.
Once you have completed this survey, please place it in the envelope provided.

Section 1

1. Was this your first Telehealth consult? ☐ Yes ☐ No
Type of consult: Initial Consult ☐ Follow-up ☐ Pre-operative ☐ Post-operative ☐
2. What is your current position?
Physician ☐ Nurse ☐ Dietitian ☐ Social Worker ☐ Physiotherapist ☐
Occupational Therapist ☐ Other: ☐ _____
3. Who requested the Telehealth appointment?
Patient ☐ Health Care Provider ☐ Unknown ☐
4. What was the reason for considering Telehealth as the form of service delivery for this appointment? _____
5. Did you have any issues with scheduling this Telehealth appointment?
☐ Yes ☐ No
If Yes, please explain: _____
6. Did this appointment start at the scheduled time?
☐ Yes ☐ No
If no, please explain? _____
7. Was a support staff person at the patient site requested?
☐ Yes ☐ No
If yes, was the required staff member present? _____



1

Newfoundland and Labrador Telehealth Program Health Care Provider Satisfaction Survey

2017-07-27

Section 2

Please indicate your level of agreement or disagreement with each of the following statements regarding your satisfactions of the telehealth appointment.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
I was satisfied with the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to present the same information I would have presented in person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was comfortable with my ability to interact with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to communicate with the health care professional at the other site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable using the Telehealth technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the use of Telehealth to colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would use the Telehealth service again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received sufficient training on the Telehealth system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3

Please indicate for each of the following how beneficial or not beneficial the Telehealth consultation was in comparison with an in-person visit?

	Extremely Beneficial	Somewhat Beneficial	Not Beneficial
Initiated treatment earlier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevented deterioration of condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoided admission to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient did not have to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabled more frequent access to patient (continuity of care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient waitlist was reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4





Newfoundland and Labrador Telehealth Program Health Care Provider Satisfaction Survey

2017-07-27

What changes, if any, would you suggest for improving the Telehealth service?
Please be as specific as possible.

Do you have any other comments or concerns regarding the Telehealth service that you would like to share?



3



Newfoundland and Labrador Telehealth Program Health Care Provider Satisfaction Survey

2017-07-27

For evaluation purposes, would you be willing to be contacted for an interview regarding your experiences with the Telehealth session? ☐ Yes ☐ No

If **Yes**, please complete this portion of the evaluation form. Thank you!

Name: _____

E-mail: _____

Phone #: _____

Thank you for taking the time to complete this questionnaire!



4

Appendix N



**Newfoundland and Labrador Telehealth Program
Patient/Client/Resident or Family Member
Satisfaction Survey**

2017-07-19

Date: _____ Program/Purpose of Telehealth Session: _____

This survey is being conducted to help evaluate the Newfoundland and Labrador Telehealth Program. Your feedback is very important in evaluating telehealth services. Participation in the survey is voluntary and will not affect your health care in any way.

All responses given on this form will be kept confidential. The information you provide will be combined with the information provided by other survey participants and individual responses will not be identified.

For the purposes of this survey, Telehealth refers to the appointment or consultation between a provider and a patient at different locations via a Videoconferencing session (i.e., video camera and video screen).

Once you have completed this survey, please place it in the envelope provided.

1. How do you think your Telehealth appointment compares to an appointment done in-person? Was your Telehealth session: (Select one response only)

- ☐ Much better
☐ Somewhat better
☐ About the same
☐ Somewhat worse
☐ Much worse
☐ Not Applicable

2. Why was your appointment set up as a Telehealth appointment?

- ☐ I requested it be done via Telehealth to avoid travel
☐ My health care provider suggested it
☐ Other (please specify): _____

3. If Telehealth were not available would you have: (Select one response only)

- ☐ Travelled to see the health care provider in person
☐ Waited to see the health care provider at a travelling clinic
☐ Not seen the health care provider at all
☐ Other (please specify): _____

4. Did a health care staff member attend the appointment with you?

☐ Yes ☐ No

If, yes, was this helpful to you (explain)? _____

5. How far would you have to travel, roundtrip, for your appointment if Telehealth were not available? Please provide your best estimate. (Select one response only)

- ☐ 0-50 kilometers ☐ 101-200 kilometers ☐ 501-1000 kilometers
☐ 51-100 kilometers ☐ 200-500 kilometers ☐ >1000 kilometers



1



Newfoundland and Labrador Telehealth Program Patient/Client/Resident or Family Member Satisfaction Survey

2017-07-19

6. How much would it have cost you to travel for your appointment if Telehealth were not available? Please provide your best estimate and consider all costs associated with travelling for an in-person appointment including travel, accommodations, meals, child care, loss of pay from work, and any other related costs. (Select one response only).

☐ \$1-\$100 ☐ \$101-\$500 ☐ \$501-\$1000 ☐ > \$3000
☐ \$1001-\$1500 ☐ \$1501-\$2000 ☐ \$2001-\$3000 ☐ No Cost

7. Please specify the types of expenses you would have incurred if you had to travel for your appointment? (Please check all that apply.)

☐ Flight ☐ Gas ☐ Other (please specify): _____
☐ Meals ☐ Accommodations _____
☐ Child care ☐ Lost time from work _____

8. Please indicate your level of agreement or disagreement with each of the following statements regarding your satisfaction with your Telehealth appointment today.

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree	Neither Agree nor Disagree
a) I understood what Telehealth was prior to attending my appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I was satisfied with the overall quality of my Telehealth appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I was comfortable seeing the specialist/health care provider by Telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Telehealth made it easier for me to see the specialist/health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I was provided with a clear explanation of what to expect during my Telehealth session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The room and equipment was set up properly prior to my appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What changes, if any, would you suggest for improving the Telehealth service? Please be as specific as possible.

10. Do you have any other comments or concerns regarding the Telehealth service that you would like to share?



2



**Newfoundland and Labrador Telehealth Program
Patient/Client/Resident or Family Member
Satisfaction Survey**

2017-07-19

For evaluation purposes, would you be willing to be contacted for an interview regarding your experiences with the Telehealth session? Yes ☐ No ☐

If **Yes**, please complete this portion of the evaluation form. Thank you!

Name: _____

E-mail: _____ Phone #: _____

Thank you for taking the time to complete this questionnaire!



3



Newfoundland and Labrador Telehealth Program Satisfaction Survey for Staff Supporting Telehealth Appointment

Date of appointment: _____ Program: _____

This survey is being conducted to assist with ongoing quality assurance of the Newfoundland and Labrador Telehealth Program. Your feedback is very important in evaluating Telehealth services.

Participation in the survey is voluntary. All responses given on this form will be kept confidential. The information you provide will be combined with the information provided by other survey participants and individual responses will not be identified.

For the purposes of this survey, Telehealth refers to the appointment or consultation between a provider and client/patient/resident at different locations via the Telehealth Program.

Once you have completed this survey, please place it in the envelope provided.

Section 1

1. What is your current staff position?
☐ PCA ☐ LPN ☐ RN
☐ Other (please specify): _____
2. Were you requested to accompany the client/patient/resident as a Telehealth escort by the consulting health care provider?
☐ Yes ☐ No ☐ Unknown
3. Were you required to stay for the Telehealth session?
☐ Yes ☐ No
4. Were you required to provide hands on care or complete an assessment for the Telehealth session? (Please check all that apply)
☐ Reposition client/resident/patient in bed/stretcher for appointment.
☐ Take vital signs
☐ Remove/change dressing
☐ Listen to breath, heart or bowel sounds (circle all that apply)
☐ Check neurological signs
☐ Check peripheral pulses and/or do neurovascular checks
☐ Lift or complete ROM of limb(s)
☐ Other (Please specify): _____
5. If you were required to provide hands on care or complete an assessment for the Telehealth session, did you feel comfortable doing same?
☐ Yes ☐ No
If no, please provide explanation:





Newfoundland and Labrador Telehealth Program Satisfaction Survey for Staff Supporting Telehealth Appointment

Section 2

6. Was this your first time supporting a Telehealth appointment?
☐ Yes ☐ No

7. Please select appointment type:

☐ Initial Consult ☐ Pre-operative
☐ Follow-up ☐ Post-operative

8. Was the Telehealth video appointment able to take place?

☐ Yes
☐ No. If no, please provide explanation:

9. Were you satisfied with the appointment?

☐ Yes ☐ No

10. Did you understand your role in supporting the Telehealth session?

☐ Yes ☐ No

11. Did you feel comfortable using the equipment?

☐ Yes
☐ No. If no, please provide explanation:

12. Do you feel you received sufficient training on the Telehealth equipment / process?

☐ Yes
☐ No. If no, please provide explanation:

13. Were you able to hear and see the health care provider clearly?

☐ Yes
☐ No. If no, please provide explanation:





Newfoundland and Labrador Telehealth Program Staff Satisfaction Survey

14. What was the outcome of the Telehealth session? (**Check all that apply**)

- ☐ The consulting health care provider completed the appointment via Telehealth.
- ☐ The health care provider made client care recommendations. (e.g. dressings)
- ☐ The health care provider made recommendations for medication changes.
- ☐ The health care provider made a follow up client appointment.
- ☐ The health care provider requested the client be seen in a clinic/office instead of by Telehealth. If so, please provide explanation:

15. If the health care provider requested a follow up appointment, what type of appointment did they request?

- ☐ Telehealth appointment
- ☐ Face to face appointment in the health care providers office/clinic
- ☐ Client to be referred to a new health care provider (e.g. specialist)
- ☐ Emergency Room
- ☐ Not specified

Section 3

Please do not provide any identifying client information such as: name, age, gender, diagnosis etc.

16. Based on your observations or comments received do you feel the client/patient/resident felt comfortable with the appointment via Telehealth?

- ☐ Yes
- ☐ No. If no, please provide explanation:

17. Did a family member also attend the appointment?

- ☐ Yes
- ☐ No





Newfoundland and Labrador Telehealth Program Staff Satisfaction Survey

18. Did the client/patient/resident or family member provide you with any feedback about the appointment?

19. Do you have any comments or concerns regarding the Telehealth appointment that you would like to share?

20. What changes, if any, would you suggest for improving Telehealth services?

21. Would you recommend the use of Telehealth to colleagues?

- ☐ Yes
☐ No





Newfoundland and Labrador Telehealth Program Staff Satisfaction Survey

For evaluation purposes, would you be willing to be contacted for an interview regarding your experiences with the Telehealth appointment?

- ☐ Yes
☐ No

If **yes**, please complete this portion of the evaluation form. Thank You!

Name: _____

E-mail: _____

Phone number: _____

Thank you for taking the time to complete this questionnaire!

If you have any further comments or require further information about Telehealth, please contact your Regional Telehealth Lead.

Eastern Health: Shannon Perry (709)777-3591; Shannon.Perry@easternhealth.ca

Western Health: Karen Tulk (709)637-5000, ext. 5375; karentulk@westernhealth.nl.ca

Labrador-Grenfell Health: Viva Pittman (709)897-3137; viva.pittman@lghealth.ca


Central Health: Allison Scott (709)884-4282; Allison.scott@centralhealth.nl.ca



5

Appendix P

Technical System Maintenance Checklist

		Telehealth Periodic Maintenance Checklist				
PM Checklist	Name	Date	Comment	Completed by:		
SITE/ROOM	UNIT NAME					
Replace batteries in remote						
check ALL cables (including microphone cable - both ends)						
confirm serial numbers - Codec						
check software version						
directory						
check with end users for training (equipment & iScheduler)						
check with end users for any technical issues/quality issues						
Check peripheral devices						
Check carts (wheels included)						
Clean system						
check camera lens						
check supplies for devices						
check for manual in cart						
check for correct labels (contact information)						
ensure 'confidential sign' is available or on the cart						
Check Port Labelled Telehealth						

Appendix Q

Telehealth Unit Checklist



Codec Certification

RHA:

Site:

Serial Number:

IP Address:

Software Version:

Make & Model Number:

Hostname:

	Complete	Incomplete	N/A
1. Unit setup is complete and configured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Codec NIC has been set to 100 full duplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Confirm current software is loaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Confirm options have been installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Telehealth address list has been imported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Welcome text is set to Helpdesk telephone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If Multipoint Unit is present, complete test call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Unit password set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Far end camera control is set to on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Auto answer off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Test call with other endpoint complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Codec can be reached via Ping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Unit Name and Helpdesk stickers have been placed visibly on equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. IP inventory and Master IP list have been updated and provided to Prov Team & Scheduler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Peripherals:

List current peripherals:

	Complete	Incomplete	N/A
1. Confirm peripherals are working & in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Update prov team & scheduler of new peripherals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Onsite Tech:

Additional Comments:

Completed by:

Date:

Signature:

Certification Complete: Yes ☐ No ☐



Appendix R

Telehealth Equipment Tracking

UNDER DEVELOPMENT

Appendix S

Provincial Telehealth Advisory Committee Terms of Reference



Telehealth Advisory Committee Terms of Reference March 2016

Mandate

The Newfoundland and Labrador Provincial Telehealth Advisory Committee is responsible for providing leadership, support and guidance for the Telehealth Program. Using the Provincial Telehealth Strategic Plan as the guiding direction, the NL Telehealth Advisory Committee will provide leadership for the ongoing strategic development of Telehealth to support the health system in its delivery of services, increasing access for patients/clients/residents, regardless of location.

Membership

Members of Newfoundland and Labrador Telehealth Advisory Committee are appointed by the CEO from the organization, which they represent. The membership of the Committee Includes:

- Two representatives from Eastern Health (one will be an executive member)
- Two representatives from Central Health (one will be an executive member)
- Two representatives from Western Health (one will be an executive member)
- Two representatives from Labrador-Grenfell (one will be an executive member)
- Two representatives from NL The Centre for Health Information (one will be an executive member)
- One representative from Newfoundland and Labrador Medical Association
- One representative from the Association of Registered Nurses of Newfoundland and Labrador
- Two representatives from the Department of Health and Community Services (Regional Services Branch and Population Health Branch)

Adhoc members will be included by the chair and committee on an "as needed" basis with examples noted below:

Project leads from Provincial Initiatives (such as TeleStroke)

Chair

The NL Telehealth Advisory Committee shall be chaired by the Program Manager of Telehealth from the Centre for Health Information

Roles/Responsibilities

The Newfoundland and Labrador Telehealth Advisory Committee members represent their respective jurisdictions on matters relating to telehealth and where necessary may escalate issues to the provincial e-Health Executive committee.

NL Provincial Telehealth Advisory Committee
Terms of Reference

1



Responsibilities include:

- To provide ongoing strategic direction for continued growth, sustainability and continuous quality improvements for telehealth provincially.
- Strategic planning on telehealth initiatives and projects for the explanation of the telehealth program.
- To understand and identify challenges and strategies for telehealth at a provincial level related to quality, risk management, and utilization
- Promotion and communication planning to increase telehealth awareness for health care providers and the population.
- Moving to reduce barriers for the health care provider, patients and support system.
- To address issues/concerns and initiatives brought forward from the Provincial Stakeholders Working Group.
- Collaborate on the new Provincial Telehealth Strategic Plan and update every three years.
- To create, adopt and monitor key performance indicators related to privacy and security, provincial standards and potentially others as determined.
- Committee members are responsible to serve as the liaison for their jurisdiction, bringing the jurisdictional input to the committee and subsequently sharing committee recommendations and decisions back to their jurisdictions.

The Newfoundland and Labrador Telehealth Advisory Committee is not a legal entity, and will not have legal or contractual responsibility for Newfoundland and Labrador Telehealth Program and the personal health information associated with it.

Recommendations and Decision-making

Recommendations and decision-making will be made by consensus. It is desirable that consensus is achieved.

Dispute Resolution

A dispute within the Committee that cannot be resolved may be escalated to the provincial eHealth Executive Committee, which includes representation from the 4 RHAs, the DHCS and the Centre

Meetings

NL Provincial Telehealth Advisory Committee
Terms of Reference

2



Meetings will be held quarterly. Meetings may take place in-person or via any other method approved by the Committee. Quorum for meetings will be attendance by a simple majority of advisory committee members.

Minutes

Secretariat support will be provided by the Centre.

Communications

Minutes of the meeting will be shared with each regional Committee and the executive of all organizations with representation on the Committee. These organizations may circulate/distribute these minutes according to their practices. Regular communiqués will be prepared by the Committee for use by stakeholders.

Duration

The Newfoundland and Labrador Telehealth Advisory Committee will remain in place for the life of the Newfoundland and Labrador Telehealth Program or until such time as the committee, in consultation with the eHealth Executive Committee, deems necessary. This will be reviewed annually.

Dated

NL Provincial Telehealth Advisory Committee
Terms of Reference
3

Appendix T

Telehealth Technical Group Terms of Reference



NL Centre for Health Information

Telehealth Technical Coordinators Terms of Reference (ToR)

Mandate

To ensure effective communication between members of the Telehealth Technical Coordinators and stakeholders pertaining to the technical components of the Telehealth Program.

Composition

The working group shall consist of the Telehealth Technical Coordinators from each Regional Health Authority (RHA) and the Provincial Telehealth Program Manager (NLCHI). Term of 2 years

Chair - Paul Mercer, Central Health

Co-Chair – Program Manager of Telehealth and RIU, NL Centre for Health Information

Minutes

Minutes must be documented and distributed for each meeting. A member of group will be responsible for minute taking.

Frequency of Meetings

Third Thursday of each month for 1 hour via audio conference

Roles & Responsibilities

- standardization of documentation
- technology review/technical recommendations
- develop process for testing and deployment of technology within the region
- work with the Regional Telehealth Coordinator to develop and communicate regional requirements for Telehealth applications and services
- coordinate the upgrading and maintenance of Telehealth application and network platforms
- assist with training of clinical users
- provide training to regional IT staff as required
- provide ongoing support and troubleshooting of the regional Telehealth infrastructure
- maintain up to date understanding of current Telehealth technologies and applications
- use standard naming convention for system directory

Terms of Reference will be reviewed on an annual basis.

Reviewed: 21 January, 2016

Newfoundland and Labrador Centre for Health Information

www.nlchi.nl.ca

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