Reporting Guidelines for Service Activity Statistics Related to Telehealth Services
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Background

Telehealth is defined as the use of communications and information technology to deliver health care services over large and small distances, including remote and rural areas (Canada Health Infoway).

Telehealth enables the delivery of equitable health services to patients in Newfoundland and Labrador regardless of location. By reducing the need for patients, family and specialist travel, Telehealth enhances the continuity and capacity of care throughout the health care system.

Newfoundland and Labrador was one of the first provinces to explore using technology to deliver health care in rural and remote areas and has had some form of Telehealth in place for over 30 years. Under the leadership and governance of the Newfoundland and Labrador Centre for Health Information (the Centre) and continued collaboration with the Regional Health Authorities (RHAs) and the Department of Health and Community Services, Telehealth has advanced remarkably with an expanded infrastructure and tremendous growth in usage.

With growing use of Telehealth as a means to deliver care, questions continue to arise regarding registration processes and accurate statistical data collection such as:
- Why and how inpatients/clients receiving services via Telehealth should be registered?
- What will be the impact on statistical data reporting for participating sites, given the link between registration processes and MIS statistical data collection?
- How can MIS activity statistics such as Visits Face to Face be collected accurately and consistently on a provincial basis?
- What provincial/regional statistics related to Telehealth should be provided by regional registration systems or by other means?

It is important to note that utilization statistics related to Telehealth services are available through the Telehealth iScheduler system operated by the Centre for Health Information on behalf of the regional health authorities. Such statistics identify the number of sessions booked at various sites, equipment required, physician/service involved, etc. As a result, this level of detail does not need to be captured within MIS statistical reporting. In addition, statistics generated through the iScheduler are not intended to represent registration statistics of the regional health authorities.

This document outlines the recommended application and interpretation of service activity statistics in relation to inpatients/clients/residents who receive care via Telehealth services. It also provides guidance for accurate registration practices for Telehealth users. All regional health authorities are encouraged to review registration, data collection and reporting processes to ensure compliance with these guidelines.

Applicable MIS Standards and Guiding Principles

Functional Centres
Within the NL Chart of Accounts, functional centre 711 10 51 20 Primary Health Care-Telehealth exists. This functional center can be used to record expenditures related to the compensation of Telehealth Coordinators, Telehealth equipment expenditures, and other related costs. This functional centre should not report caseload, activity or workload statistics related to Telehealth visits by inpatients, clients or residents.

Service Activity Statistics
The statistics Visit-Face- to- Face and Attendance Day Face-to-Face are defined in the 2011 MIS Standards as:

Visits - Face-to-Face 4 50
The occasions during which service recipient activities are provided face-to-face or by videoconference on an individual or group basis. These services are documented according to the health service organization's policy and are provided for longer than five minutes. A service activity statistic, a sub-category of Service Activity and Caseload Status, Broad Group 4.

Attendance Days - Face-to-Face 4 83
The calendar days during which primary service recipient activities are provided face-to-face or by videoconference on an individual or group basis. These services are documented according to the health service organization's policy and are provided for longer than five minutes. A service activity statistic, a sub-category of Service Activity and Caseload Status, Broad Group 4.

Service activity statistics are reported by functional centre, similar to caseload and workload statistics. The Visit Face-to-Face statistic is generally reported by Nursing Ambulatory Care Services (713) such as Emergency, Specialty Clinics, and Day Surgery Programs as well as Community (715) functional centres such as Public Health Nursing, Mental Health and Additions Programs, etc. This statistic is also reported by Therapeutic (714) functional centres such as Medical Imaging Nursing or as an optional statistic for various therapeutic disciplines.

The Attendance Day Face-to-Face statistic is the primary activity statistic reported by Therapeutic (714) functional centres and may be reported by Nursing Ambulatory Care Services (713) and Community (715) functional centres where appropriate. NOTE: Readers are referred to Appendix L of the Provincial Reporting Requirements User Guide for a detailed listing of statistical reporting requirements for each functional centre.

Activity statistics related to the service providers within these functional centres should be collected and reported regardless of whether the Visit/Attendance Day-Face-to-Face was conducted via videoconference or in person. There should not be a need for a separate data collection process for Telehealth visits, i.e. Visits/Attendance Days Face-to-Face can be captured via the registration process within Meditech, recorded on paper or electronic spreadsheet as are Visits/Attendance Days Face-to-Face conducted in person.

Activity, Caseload and Workload statistics are reported for Unit-Producing Personnel-UPP (e.g. nurses, social workers, lab technologists, dietitians, etc. involved directly in the provision of care). They are not reported for physicians (Medical Personnel).

Registration Principles

The method of service delivery should not be the determining factor in registration. All patients/clients/residents presenting for services must be registered to the applicable functional centre providing the service. Registration is necessary for several reasons:

- Accurate identification of the person to receive services within the information system of the RHA and access to the health record belonging to that person;
- Continuity of care;
- Accountability from a risk management perspective; and
- Accurate utilization statistics derived from the registration system.

In the case of a Telehealth visit, there are usually two different sites (and their applicable functional centres) involved with that visit; a referral site to which the person presents for service and a host site in which the primary provider is located. The person must be registered at the referral site as well as at the host site providing

the consultative service. By doing so, clinicians can access the person's health record in local electronic systems for review and documentation as well as support tracking of services.

During the Meditech registration process the functional centre providing the service to the patient is identified in the 'LOCATION' data field within the Meditech registration screens. The functional centre should be a valid functional centre, in compliance with the Provincial Chart of Primary Accounts. When a client presents for a Telehealth visit at a community health office, the person may be registered in Meditech or registered in CRMS and the applicable program/service (i.e. functional centre) is associated with that visit.

There is significant variation in how Telehealth services are supported within the regional health authorities. In some situations, a person may present for a Telehealth service but not receive any services from a health care provider at that site. E.g. a person registers upon arrival at the local Health Centre, proceeds to a videoconference-equipped room and has a half hour session with a specialist located in another facility. Registration is still required for purposes of continuity of care and risk management in such situations. In this scenario, the applicable referral site functional centre cannot be identified so the 'LOCATION' can be recorded as 'Telehealth'. By doing so, visit statistics will be accurately reported for each valid functional centre and not overstated while still capturing those that did not involve a health care provider on the referral site.

The physician/service provider providing the service remotely can be recorded as the 'Attending Physician' if the visit does not include a physician on the referral site. This information may be found on Telehealth iScheduler reports provided to registration staff or provided directly by the patient.

Additional details related to a visit can be recorded in the 'REASON FOR VISIT' field. Such details would be visible in the Visit History of PCI but would not be useful for statistical reporting purposes.

Current services utilizing Telehealth:
There are a number of services currently utilizing Telehealth with different arrangements in terms of staff involvement, dependent usually on clinical need. Examples include patient assessment and follow-up in clinical areas such as cardiology, dermatology, diabetes care, mental health and oncology. The type and number of service providers required at the referral and host site varies considerably. Despite such variation, from an MIS reporting point of view, the basic principles for statistical reporting apply to the Unit-Producing Personnel (UPP) who are involved in the provision of care.

REGISTRATION AND STATISTICAL REPORTING EXAMPLES

The following scenarios illustrate the correct method of reporting service activity statistics in compliance with the MIS Standards for functional centres that provide some or all of their services via Telehealth. These scenarios illustrate the most common situations encountered but do not represent all possible scenarios. For additional guidance, please contact the MIS Standards staff at NLCHI.

Scenario #1
On September 10 a videoconference took place between a client attending a specialty clinic of Sir Thomas Roddick Hospital and the wound care team at Western Memorial Hospital. The clinic nurse accompanied the client to the videoconferencing room where they connected to the team at Western Memorial Hospital and discussed the case for 30 minutes. The team at Western Memorial consisted of a surgeon, wound care nurse and dietitian.

<u>Sir Thomas Roddick Hospital (Referral Site)</u>
Registration: Client is registered to the applicable clinic functional centre. MIS Statistics
to be reported by the clinic functional centre:
- One Visit Face-to-Face-Client Hospital
- 30 Service Recipient Workload Units for the nurse

<u>Western Memorial Regional Hospital (Host Site)</u>
- Registration: Client is registered to the applicable specialty clinic. There would <u>not</u> be an additional registration for the Telehealth visit.

MIS Statistics to be reported:
- One Visit Face-to-Face-Client Hospital (reported by the specialty clinic functional centre for the nurse)
- 30 Service Recipient Workload Units (reported by the specialty clinic functional centre for the nurse)
- One Attendance Day Face-to-Face-Client Hospital (reported by the Clinical Nutrition functional centre)
- 30 Service Recipient Workload Units (reported by the Clinical Nutrition functional centre for the Dietitian)

No activity or workload statistics are reported for the surgeon.

Scenario #2
On September 12 a videoconference took place between an inpatient on the Combined Medical/Surgical Nursing Unit of Dr. Charles LeGrow Health Centre and an Oncology multi- disciplinary team at the General Hospital-Health Sciences Centre in St. John's. The nurse accompanied the inpatient to the videoconferencing room where the team at the General Hospital discussed his case for one hour. The team at the General Hospital was comprised of an oncologist, nurse and social worker.

<u>Dr. Charles LeGrow Health Centre (Referral Site)</u>
Registration: The person is already registered to the Combined Med/Surg Nursing Unit functional centre as an inpatient. There would be no additional registration at this site.

MIS Statistics to be reported by the Combined Med/Surg Nursing Unit functional centre (712 30):
- One Inpatient Day
- 60 Service Recipient Workload Units for the nurse

<u>General Hospital (Host Site)</u>
Registration: The patient is registered as a Client-Hospital to the Oncology Specialty Clinic. There would <u>not</u> be an additional registration for the Telehealth visit.

MIS Statistics to be reported by the Oncology Specialty Clinic functional centre (713 50 55):
- One Visit Face-to-Face-Client Hospital for the nurse
- 60 Service Recipient Workload Units for the nurse

MIS Statistics to be reported by the Social Work functional centre (714 70):
- One Attendance Day Face-to-Face-Client Hospital
- 60 Service Recipient Workload Units

No activity or workload statistics are reported for the oncologist.

Scenario #3
On Sept 20, a client has a 30 minute Telehealth visit with the nephrologist at the General Hospital-Health Sciences Centre in St. John's while receiving an outpatient dialysis treatment in James Paton Memorial Hospital in Gander. The nurse attends the session with the client.

James Paton Memorial Hospital (Referral Site)
Registration: Client is registered to the Dialysis Unit functional centre.
MIS Statistics to be reported by the Dialysis Unit functional centre (713 40 85):
- One Visit Face-to-Face-Client-Hospital
- 30 Service Recipient Workload Units for the nurse in addition to all other workload units generated during the visit that day.

General Hospital (Host Site)
Registration: Client is registered to the Dialysis Unit or other designated functional centre. There would not be an additional registration for the Telehealth visit.

MIS Statistics to be reported by the Dialysis Unit or other designated functional centre (713 40 85) functional centre:
- One Visit Face-to-Face-Client Hospital

No activity or workload statistics are reported for the nephrologist.

Scenario # 4
On September 5, a videoconference took place between a client who attended a videoconferencing session at the Labrador Health Centre in Happy Valley-Goose Bay and a hematologist at St. Clare's Hospital in St. John's. The equipment was previously set up by IT personnel at the Labrador Health Center. A clerk escorted the client to the videoconferencing room and stayed until the technical connections were made, then left the room. No staff members were present throughout the session with the client.

Labrador Health Centre (Receiving Site)
Registration: Client is registered to the Location: Telehealth MIS Statistics
to be reported: Nil

 St. Clare's Hospital (Providing Site)
Registration: Client is registered to the Hematology specialty clinic functional centre (713 50 10 55). There would not be an additional registration for the Telehealth visit.

No activity or workload statistics are reported for the hematologist.

Scenario # 5
On September 18 a client presents to the local Community Health office to participate in a videoconference session with a psychiatrist who is participating from his private office. The equipment was previously set up by a clerk who escorted the client to the videoconferencing room and stayed until the technical connections were made, then left the room. A mental health counselor was present throughout the session with the client. The physician dialed into the session and recorded his notes on the paper file retained by his office practice.

Community Health Centre (Referral Site)
Registration: Client is registered in CRMS to the applicable Mental Health and Addictions program.
MIS Statistics to be reported:
- One Visit Face-to-Face-Client Community

Physician Office (Host Site)

Registration: Client appointment was noted in the office scheduling system. No additional registration is completed by the RHA.

No activity or workload statistics are reported for the physician.

Scenario #6

On March 3 a client presents to the Eastern Health Community Health Building in Marystown to participate in a 30 minute videoconference appointment with a Nurse Practitioner from the surgery program. The Nurse Practitioner is in the General Hospital – Health Science Centre, St. John's and is participating from her office. The equipment was previously set up by an IT staff member. A Community Health Nurse meets the client 15 minutes before the video conference appointment and completes and documents the client's height, weight and vital signs required for the appointment. The client is then escorted by the nurse to the videoconferencing room and accepts the incoming call from the nurse practitioner. The Community Health Nurse does not attend the videoconferencing appointment. The Nurse Practitioner dialed into the session and recorded her notes during the session.

Eastern Health Community Health Building (Referral Site)

Registration: Client is registered in CRMS and associated with a Home/Community Nursing Service functional centre (715 92 21 **)

 MIS Statistics to be reported by the Community Health Nurse:
- One Visit Face-to-Face Client Home Care
- 15 Service Recipient Workload Units for the nurse

Nurse Practitioner Office (Host Site)

Registration: The client is registered as a Client-Hospital to the Bariatric Surgical Clinic (713 50 15 80). There would not be an additional registration for the Telehealth visit.

MIS Statistics to be reported by the Bariatric Surgical Clinic functional centre (713 50 15 80):
- •One Visit Face-to-Face-Client Hospital for the nurse practitioner
- •30 Service Recipient Workload Units for the nurse practitioner

Scenario #7

On Sept 5, a client has a 30 minute Telehealth visit with the Multi-organ Transplant Team (specialists, nurse coordinator and social worker) at the Victoria General Hospital in Halifax, Nova Scotia while attending an outpatient visit with the specialist at the Gastroenterology Specialty Clinic at the General Hospital –Health Sciences Centre in St. John's.

General Hospital-Health Sciences Centre, St. John's (Referral Site)
Registration: Client is registered to the Gastroenterology Specialty Clinic functional centre.

MIS Statistics to be reported by the Gastroenterology Specialty Clinic functional centre (713 50 10 50):
- •One Visit Face-to-Face-Client-Hospital

No activity or workload statistics are reported for the specialist.

Victoria General Hospital, Halifax (Host Site)
Registration: Client is registered to the Transplant Nursing Unit functional centre (712 20 90). There would not be an additional registration for the Telehealth visit.

MIS Statistics to be reported to the Nova Scotia MIS database:

- One Visit Face-to-Face-Client Hospital (reported by the Transplant Nursing Unit functional centre for the nurse)
- 30 Service Recipient Workload Units (reported by the Transplant Nursing Unit functional centre for the nurse)
- One Attendance Day Face-to-Face-Client Hospital (reported by the Social Work functional centre)
- 30 Service Recipient Workload Units (reported by the Social Work functional centre for the social worker)

No activity or workload statistics are reported for the transplant specialists.