Telemedicine Readiness Assessment

Date: _____

A. Clinic Environment:

1. Do you have a dedicated space for the telemedicine room? ____yes ____no
2. Do you have the ability to take vital signs prior to the patient encounter and have those available for the presenter? ____yes ____no
3. Will the room size accommodate the equipment, a dedicated network port, presenter, and patient? ____yes ____no
4. Can the temperature be controlled in the room? ____yes ____no
5. Does the room provide dust control for the equipment? ____yes ____no
6. Does the room meet quality assurance standards for cleanliness? ____yes ____no
7. Does the room contain an inventory of clinical supplies appropriate for the specialties to be utilized? ____yes ____no
8. Does the room have security locks and limited access? ____yes ____no

B. Records:

1. Are telemedicine records being integrated into the EHR record?
____yes ____no
2. Are telemedicine forms being integrated into the patient record?
____yes _____no
If no, please explain.
3. Are telemedicine patient records being integrated into the patient's medical record located at the facility for non-telemedicine encounters?
_____yes _____no
If no, please explain.
4. Are steps taken to ensure patient privacy and confidentiality?
_____yes _____no
If no, please explain.
5. Are there informed consents on each patient encounter?
_____yes _____no
6. Are final reports being received in a timely manner?
_____yes _____no
7. Are final reports being communicated to the healthcare professional?

_____yes _____no
Please explain your answer:

8. Are final reports being placed in the patient's medical record?
    _____yes _____no

C. Provider Utilization/Equipment Utilization and Inventory:
1. Check appropriate boxes to describe types of providers using the system
    _____MDs who have presented a real time telemedicine case
    _____MDs who have presented a stored and forward case
    _____MDs who have received formal training on case protocols
    _____MDs requesting additional case presentation training

    _____Nurses, NPs, PAs who have presented a real time case
    _____Nurses, NPs, PAs who have presented a stored and forward case
    _____Nurses, NPs, PAs who have received formal training on case protocols
    _____Nurses, NPs, PAs requesting additional case presentation training

2. Steps taken within the facility to encourage providers to use the telemedicine system
    _____agenda item at staff meetings
    _____agenda item at medical staff meetings
    _____agenda item at nursing/PA/other staff meetings
    _____agenda item at administrative staff meetings
    _____system noted on internal calendars
    _____system discussed in internal newsletters
    _____other (please describe)

3. Do you need assistance with workflow?   _____yes _____no

D. Equipment/Software Locator Information:
1. Is all your telemedicine equipment/software located in a single locked room?
    _____yes _____no
2. If you answered no to question 1, please respond to the following questions.
    Provide location for the following equipment:
    Real time video unit_____
    Peripheral devices _____
    Store and forward equipment, if any_____
    Telemedicine Protocol Manual_____
    Telemedicine patient forms_____
    Telemedicine evaluation/satisfaction forms_____
    Equipment manuals and documentation_____
    Equipment software_____

Telemedicine room keys_____

E. Administration:
1. Does your facility's administrative staff support telemedicine patient care?
   _____yes _____no If yes, please describe:

2. What would you like to see your administrative staff do to enhance your Telemedicine capacity? Please describe:

3. Would training of facility personnel in how to market the program in the community be worthwhile?   _____yes _____no

F. Forms:
1. Do you have a demographics form? If so, is it being filled out completely?
   _____yes _____no   If no, please explain.

2. Are patient satisfaction forms (SF) being completed?
   _____yes _____no   If no, please explain.

3. Are referring provider satisfaction forms being completed?
   _____yes _____no If no, please explain.

4. Do you have other forms being completed for telemedicine encounters?
   _____yes _____no If yes, please explain.

5. Are protocols in place for reviewing and updating the patient information form on follow-up visits?   _____yes _____no If no, please explain.

6. Are any of the following telemedicine forms available for use?
   Telemedicine Patient Consent Form   _____yes _____no
   Demographics Form - Referral Site   _____yes _____no
   Patient History Notes   _____yes _____no
   Insurance cards front and back, legible.   _____yes _____no

G. Personnel:
1. Has there been sufficient telemedicine training of personnel and healthcare professionals at the facility?   _____yes _____no
   If yes, describe how the training is taking place:

   If no, please explain:

2. How many hours per week is the site coordinator involved in telemedicine activities?

      _____less than 10 hours
      _____less than 15 hours
      _____less than 20 hours
      _____less than 25 hours
      _____less than 30 hours
      _____greater than 30 hours

3. Is there backup coverage available for the site coordinator?   _____yes   ____no

4. Who is the backup?_____

5. Describe the accountability of the site coordinator for telemedicine activities?

6. How many hours per week is the site coordinator involved in telemedicine activities?
      _____less than 10 hours
      _____less than 15 hours
      _____less than 20 hours
      _____less than 25 hours
      _____less than 30 hours
      _____greater than 30 hours

7. Is there backup coverage available for the site coordinator?   _____yes ____no

8. Who is the backup?_____

H. To what extent do you perceive the following to be barriers to implementing telemedicine in your community?

	Significant	Moderate	Not a barrier
Attitudes of employer			
Competition			
Confidentiality			
Initial costs			
Lack of medical staff			
Lack of technical staff			

Licensure issues			
Medical staff resistance			
Ongoing costs			
Patient acceptance			
Reimbursement			
Time commitment			
Training			

I. Telemedicine Billing
1. Are procedures in place for patient registration and gathering of insurance information?
   _____yes _____no
   If yes, describe them below:

2. Are patients to be educated on the billing procedures for telemedicine?
   _____yes _____no
   If yes, describe how in the space below.

3. Are procedures in place for obtaining prior authorizations from insurance companies?
   _____yes _____no   If not, please explain:

J. Follow Up Visit:
1. Are procedures in place followed for follow-up visits recommended by the telemedicine consultant?   _____yes _____no   If yes, describe below.