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TELEMEDICINE CLINICAL PROTOCOL

Organization:
Huron Perth Health Care Alliance

Service/Program/Clinic: Huron Perth
Helpline and Crisis Response Team
(HPHCRT)

Consultant:

Protocol prepared by:

Date protocol effective:

Date protocol last reviewed:

1.0 Overview

In keeping with the South West LHIN's philosophy and direction towards integration and timely access to service, the Huron Perth Helpline and Crisis Response team (HPHCRT) has partnered with the 8 hospitals in Huron and Perth to provide increased opportunity for face to face assessments and consultation through the use of video conferencing. The use of video conferencing will enhance the ability for individuals to gain access into the system and begin their recovery through assessment, treatment and support.

For the 8 hospitals; a phone contact (1-888-829-7484) and a request for assessment and consultation with the HPHCRT initiate the process for videoconferencing when appropriate. A face to face assessment will be provided utilizing this technology and consultation with the most responsible clinician completed.

Inclusion Criteria

1. The individual who has been medically assessed and does not require admission for any medical reason (e.g. overdose, physical health concerns).
2. The individual who has been medically cleared and could go home if not for psychological/mental health issues.

Exclusion Criteria

1. The individual who requires acute detoxification for alcohol or substance abuse
2. The individual who requires detoxification but has refused this services
3. The individual who is combative/ acting out

2.0 Referral and Scheduling Procedure

1. Emergency Department (ED) to contact Huron Perth Helpline and Crisis Response Team (HPHCRT) – 1-888-829-7484
2. ED and HPHCRT will determine if patient will be seen in person or via OTN.

3. **If determined that patient would benefit from HPHCRT consult via OTN, ED staff will speak with patient about the technology and obtain verbal consent for the process and HPHCRT will link with them.**

3.0 Preparation Requirements

Patient Preparation

1. Patient informed consent obtained using Telemedicine checklist
2. Patient placed in Emergency department space that has previously identified and set-up as OTN clinical space

Telemedicine Studio Preparation

Referring Site:

1. Emergency Department will set up OTN camera in the emergency room with an OTN data drop and will ensure the OTN system is connected and turned on
2. Emergency Department staff will organize supervision of the patient if required, during the OTN session in the Emergency Department
3. If HPHCRT are in attendance in the emergency department and coordinating access to specialists via OTN, HPHCRT will remain with the patient for the duration of the session
4. The patient is positioned in front of the OTN system

HPHCRT Site:

1. HPHCRT worker will verify OTN camera number with Emergency Department staff
2. Crisis Worker dials the referring site using the global address book.
3. The crisis worker will ensure the camera frames the crisis worker sitting at the table. The view of the crisis worker should be from the head to the mid-chest.
4. The HPHCRT Worker may ask permission of the client/patient to speak to his/her family/significant others privately by videoconference. Best practice guidelines have identified engaging the family/significant others in participating in the crisis treatment plan and follow-up improves outcomes.
5. Maintains a log of the consults done, so support staff at HPHA can schedule the consults into Ncompass (scheduling software) on the next business day. Each month's consults are all scheduled by the third business day of the following month.

4.0 Telemedicine Session

1. **The HPHCRT Program is considered an "urgent" telehealth application therefore telecrisis sessions may not be pre scheduled with OTN, instead HPHCRT, as the consulting site, will connect the video systems point to point, using the camera directory (GAB). The telemedicine activity will be captured after the event has occurred by HPHA – MH program administrative staff.**

Starting Telemedicine Sessions

1. **The cameras are connected**
2. The Referring ED Staff verifies the identity of the patient.
3. The HPHRTC worker or consultant introduces himself or herself to the patient before the session begins.
4. The patient encounter continues with the assessment components as required.

Ending Telemedicine Sessions

1. **HPHCRT Worker will summarize the crisis assessment to the nurse/referrer and will make suggestions for disposition of the client/patient's case. When the physician is available, the worker can make recommendations regarding the crisis plan directly to the physician.**
2. If the Referring physician is no longer available, HPHCRT will convey to the ER physician in attendance the recommendations and crisis plan. The telemedicine session will then be concluded.
3. The patient is registered under Crisis Intervention and telemedicine session is documented within the patient's chart.
4. Admission to the appropriate Schedule 1 Hospital, if required, will follow the established protocols.
5. The ED Nurse will follow the physician orders for the crisis client/patient.
6. The patient is informed of the plan of care with ED physician and HPHCRT.

Assessment protocol for face to face

No Admission/ HPHCRT role with the client and the ER

- Patient to participate in screening with the helpline clinician and be connected into Mental Health and Addiction services where appropriate within the next business day.
- The helpline clinician will complete the Core OCAN, Suicide risk assessment, violence risk assessment and the GAINS Screener in order to assist them in determining the appropriate service provider.
- Helpline clinician will complete a fax cover sheet identifying the organization for which the client is being referred.
- As per the HPHA requirements, Helpline clinician will contact the organization during the organization's business hours to alert them to the fax being sent.
- The fax cover sheet, copy of Core OCAN, GAINS screener and suicide risk assessments will be forwarded to the organization.
- The identified clinical intake worker will set aside one hour in the morning to review faxes and contact the potential client for the purposes of setting a face-to-face or telephone appointment, for completing the initial assessment and beginning involvement with the client.
- The organization's clinical intake worker will attempt to connect with the client a minimum of 3 times within the 48 hours.
- Upon setting a date and time for the client, the organization will contact the HPHCRT to confirm if contact was made. Helpline clinicians will note the outcome on the client's chart.

Admission

- HPHCRT will review assessment findings with the most responsible ER physician
- Admission request with the Schedule 1 facility must be a Dr to Dr request.
- HPHCRT will assist to facilitate the admission