SAFE USE OF VIDEOCONFERENCE IN HEALTHCARE

<table>
<thead>
<tr>
<th>Author</th>
<th>Telemedicine Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Date</td>
<td>March 2005</td>
</tr>
<tr>
<td>This Revision</td>
<td>June 2006</td>
</tr>
<tr>
<td>Next Review Date</td>
<td>March 2008</td>
</tr>
<tr>
<td>Approved by</td>
<td>Clinical Governance Committee</td>
</tr>
<tr>
<td>Date of Approval</td>
<td>July 2005</td>
</tr>
<tr>
<td>Review Body</td>
<td>Clinical Governance Committee</td>
</tr>
<tr>
<td>Policy Number</td>
<td>IMT17</td>
</tr>
<tr>
<td>Classification</td>
<td>IM&amp;T</td>
</tr>
<tr>
<td>CONTENTS</td>
<td>Page Number</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>1. Introduction</td>
<td>2</td>
</tr>
<tr>
<td>2. Scope</td>
<td>2</td>
</tr>
<tr>
<td>3. Location of Equipment</td>
<td>2</td>
</tr>
<tr>
<td>4. Advice On Effective Videoconferencing</td>
<td>3</td>
</tr>
<tr>
<td>5. Good Practice</td>
<td>5</td>
</tr>
<tr>
<td>6. Videoconferencing (Videoconsultation) Involving Patient/Nurse/Clinician</td>
<td>6</td>
</tr>
<tr>
<td>7. Videoconferencing in Cancer Care Multidisciplinary Meetings</td>
<td>8</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

1.1 Videoconferencing equipment offers health professionals within Ceredigion & Mid Wales NHS Trust the potential to open up the care and treatment of patients locally. It also has the potential to be abused. As with all other Electronic Communication mediums, staff should be aware that they have a responsibility to ensure all computer equipment is used in a way that guarantees the safety of all those involved in its use. The purpose of this document is to provide guidance on the safe use of videoconferencing equipment.

2. SCOPE

2.1 This policy applies to all Trust staff in all Trust locations that have authorization to use videoconferencing equipment and to staff in Ceredigion Local Health Board.

3. LOCATION OF EQUIPMENT

Bronglais Hospital

Meetings Room, Trust Headquarters – Dual screen unit, document camera and videomicroscope Classroom, Postgraduate Centre – Dual screen unit, document camera and videomicroscope Resuscitation Room 2, Accident and Emergency Department – Medlink cart for clinical use Two portable sets of equipment which can be loaned out to staff to use in their own room (desk unit and laptop)

Tregaron Hospital

Day Room – Medlink cart for clinical use

Cardigan Hospital

Minor Injuries Unit – Medlink cart for clinical use Sister’s office – portable unit which can be moved to meetings or board rooms as required

Local Health Board

Board Room, Local Health Board Headquarters, Lampeter – Executive Videoconferencing System for meetings
4. ADVICE ON EFFECTIVE VIDEOCONFERENCING

- Do not leave videoconferencing equipment unattended or “in conference” in locations that are isolated
- Patients should never be left to videoconferencing unsupervised
- Be aware that if the videoconferencing equipment is “in conference”, it needs to be monitored by an authorized member of staff
- Only authorized members of staff (i.e. those who have received training) should take responsibility for a videoconference. Line Managers should retain a list of authorized staff in their department.
- Training can be arranged by contacting the Telemedicine Project Manager (628814 delyth.lewis@ceredigion-tr.wales.nhs.uk) or IT Helpdesk (635444 BGHITHelpdesk@ceredigion-tr.wales.nhus.uk).
- Only videoconferencing with known and approved sites and with location’s permission
- Seek patient’s written consent to take part in a videoconferencing
- Patients must be assured that their privacy is being maintained at all times.
- On commencement of videoconferencing, personnel at remote site should be asked to introduce themselves and confirm they are the only staff who is able to view the screen. (This should be documented on the consent form).
- Do not leave videoconferencing equipment on ‘auto-answer’
- Ensure the videoconferencing equipment is secure
- Ensure the videoconferencing equipment is not switched off at the mains (battery back up requires continuous electric power). Equipment will bleep if off at the mains power.
- Formal complaints about misuse of videoconferencing equipment will be managed according to the Trust’s existing grievance and disciplinary policies or the Staff Concern Policy
- Do not make overseas calls unless prior approval has been granted by the Telemedicine Project Manager
5. **GOOD PRACTICE**

5.1 Nominate a lead person to manage the videoconference. This lead person should control the camera, microphone and ensure smooth running of the videoconference.

5.2 Lead person to ask the people at the other site if they can hear you – have them introduce themselves so you can be sure that you can hear them and introduce the participants on site here.

5.3 Use natural gestures when you speak.

5.4 Place the microphone on the table in front of the people in the meeting.

5.5 Speak in your normal voice without shouting.

5.6 Use the ‘mute’ button when not speaking.

5.7 When adjusting the camera during the meeting try to fill the screen as much as possible with people rather than with the table, chairs, walls or the floor.

5.8 Sometimes there may be a slight delay between sites, consider pausing briefly for others to answer you or to make comments.

5.9 Don’t place papers or other objects on or in the way of the microphone and don’t rustle papers or tap on the microphone or table.

5.10 As with any meeting, try to limit side conversations and ensure that only one person speaks at any one time.
6. VIDEOCONFERRING (VIDEOCONSULTATION) INVOLVING PATIENT/NURSE/CLINICIAN

6.2 Duty to the patient

6.2.1 Health professionals within Ceredigion & Mid Wales NHS Trust have a duty to ensure the provision of at least the same quality of care when a video consultation is used as part of a patient’s treatment as when a face-to-face meeting takes place.

6.2.2 Staff using videoconferencing should ensure that they have the extra knowledge and skill that will enable them to use technology such as videoconferencing safely and effectively.

6.2.3 Staff should ensure that the principles of clinical governance applied during face-to-face consultations is also applied to video consultations.

6.3 Specific Risks

6.3.1 Staff should be aware of the limitations of videoconsultations, for instance, the ability to undertake a physical examination of the patient by the clinician at remote location.

6.3.2 Staff should be satisfied whenever they make a clinical judgement that they have sufficient information to form such a judgement and that the information itself is of appropriate quality and reliability.

6.3.3 Staff should be satisfied with the quality of an audio or video broadcast and should abort the call if the quality is poor.

6.4 Keeping records

6.4.1 It is the duty of the health professional to keep appropriate clinical records and staff should ensure that videoconsultations are recorded.

6.4.2 All videoconsultations must be recorded in the Videoconferencing Register stating date, time, patient name, staff/clinicians involved and unique patient identifier number. This register must be stored in the locked cabinet of the videoconferencing unit.

6.4.3 A record must also be written on the patient’s casualty card or medical record, stating date, time, unique identifier, staff involved, purpose of consultation, the clinical information shared, conclusions and actions or patient management plan and signed. A copy of the Patient Consent Form should also accompany the casualty card, which is available from the stationery stores.
6.5  Patient consent

6.5.1 Staff must ensure that the patient has given consent and signed the Patient Consent Form before videoconsultation starts. This forms part of the patient’s record and should be filed with the casualty card which is available from the stationery stores. On commencement of videoconferencing, personnel at remote site should be asked to introduce themselves and confirm they are the only staff who is able to view the screen. (This should be documented on the consent form).

6.5.2 Patients must be given the option to receive treatment in conventional manner, eg travel to specialist or tertiary centre

6.5.2 Reference should be made to the Trust’s Consent Policy.

6.6  Privacy

6.6.1 Videoconsultations should be treated as private meetings and staff should ensure that the patient is fully informed of the procedure and those who may see and hear them. Confidentiality must be preserved at all times.
7.1 Keeping Records

7.1.1 It is the duty of the health professional to keep appropriate clinical records and staff should ensure that multidisciplinary videoconferences are recorded and documented.

7.1.2 All videoconferences must be recorded by the Cancer Services Coordinator stating date, time, patient name, staff/clinicians involved and unique patient identifier number using the standard documentation.

7.1.3 A record must also be written on the patient’s casenote stating date, time, unique identifier, staff involved, purpose of consultation, the clinical information shared, conclusions and actions or patient management plan and **signed by the clinician**. This should be filed in the patient’s casenotes.