Guideline

Section: Privacy	**Number:** 09.10.G.v4
Subject: Documentation and Storage of Patient Telemedicine Records at Member Sites	**Associated Document Form Number:** N/A
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PURPOSE

Patient telemedicine consultation sessions should be documented as part of a patient record and should conform to both organizational policies and procedures and the individual health care provider's professional governing body standards. Documenting telemedicine consultations according to the same guidelines and standards as traditional face-to-face patient visits will help to ensure continuity of clinical patient care services.

GUIDELINE

OTN recommends that both the consulting and referring site(s) involved in the telemedicine consultation, document the event in the same manner as a face-to-face patient visit. Documentation should be stored in the patient's health record in accordance with an organization's policies and procedures.

On occasion, a Consultant may conduct a telemedicine consultation from a site where she/he has neither hospital privileges nor access to the organization's dictation or transcription services. Since OTN does not provide dictation services for Members, this policy offers a couple of recommended solutions.

1. Example of a strategy used by many OTN Members for patients or clients (herein referred to as 'patients') seen in the hospital setting
   - Patients are registered as out-patients at both the referring and consulting sites
   - A health record is generated at both the consulting site and the referring site
   - Documentation occurs at both the consulting site and the referring site. Health care professionals use existing organizational out-patient forms for documentation of the telemedicine consultation. The completed forms are filed in the patient's health records.
   - The health records are stored in conformance with the institutions' policies and procedures.
   - The patient registration form typically contains the information the Consultant requires in order to enable sharing of the clinical note with others, like the Referring Physician. In addition to the Referring Physician, the Consultant distributes a copy of their clinical note to the referring site Health Records Department so that a copy can be placed in the patient's health record at the referring site.

2. Transcription/Dictation Services:
   Consultants might consider the following options:
   - The possibility of accessing transcription services at the site where the patient is located; or
   - Accept the responsibility of producing the consultative note through his/her own means.

DEFINITIONS

Consulting Location - The location that provides consultation services (patient not physically present).

Referring Location - The location where the patient receives consultation services (patient physically present).

REFERENCES

Morris, J.J. (1996). Law for Canadian Health Care Administrators. Butterworths. pp. 335.

Public Hospitals Act (1990), R.R.O., Reg. 965, s. 19.

National Initiative for Telehealth (NIFTE) Framework of Guidelines (2003). Ottawa.

Canadian Council on Health Services Accreditation (2006, January). Telehealth Supplementary Criteria.