

Standard Operating Procedures

Policy Name: Telemedicine

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Authority:	Originating Division:	Access Listing:
Commissioner	Health Services Division	Level I: All Access
	(Physical Health)	

I. <u>Introduction and Summary:</u>

Telemedicine technology will be utilized as a tool for the delivery of specialty consultation services to offenders. The Georgia Department of Corrections (GDC) Telemedicine System uses the Georgia Statewide Academic and Medical System (GSAMS) network. All GDC facilities will comply with Telemedicine Clinical Protocols. Telemedicine protocols are posted on Captiva (P-17-0003-01) and will be maintained on site, at the Telemedicine Hub Sites, and in the Utilization Management office. This policy is applicable to all facilities that house GDC offenders to include private and county prisons. Telemedicine services are currently not available at county correctional institutions and privatized facilities.

II. Authority:

- A. GDC Standard Operating Procedures (SOPs): 208.02 Telemedicine, 507.02.01 Health Record Management, Format and Contents, 507.04.10 Consultations and Procedures, 507.04.11 Referrals for Outside Healthcare Services, 507.04.26 Privacy of Care, 507.04.86 Right to Refuse Treatment. and 507.04.88 Medical Research;
- B. GDC Telemedicine System Manual, (See Captiva and each GDC Telemedicine Remote or Hub Site);
- C. NCCHC Adult Standards: Position Statement: "Use of Telemedicine in Correctional Facilities", November 9, 1997; and
- D. ACA Standards: 5-ACI-6A-05 (ref. 4-4348) and 5-ACI-6C-11 (ref. 4-4403-1).

III. Definitions:

- A. **Telemedicine** An interactive voice and color video communication system, integrated with biomedical science.
- B. **Telemedicine Hub Site** Augusta State Medical Prison will serve as the HUB site where the primary or consultant medical providers via electronic equipment will interact with medical staff and the offender at the Telemedicine Remote Site. The



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hub site is responsible for sending and receiving medical information required by clinical providers to provide Health Care Services for offenders located at the Telemedicine Remote Site.

- C. **Telemedicine Remote Site** A prison selected within the Facility Catchment Area responsible for providing Telemedicine services for designated facilities. This prison is also responsible for sending medical information to the clinical provider located at the Telemedicine Hub Site.
- D. **Telemedicine Hub Technician** Serves as the facilitating coordinator, controlling system operation at the HUB site, selecting all video sources as well as directing/communicating the operation of the room and patient camera at Telemedicine Remote Site.
- E. **Telemedicine Site Coordinator** Serves as the individual responsible at the Remote Site for facilitating and coordinating systems operation with the HUB site and designated facilities within the catchment area. This individual will serve as the site coordinator for security staff.
- F. **Facility Catchment Area** A grouping of facilities in general proximity to each other identified by Facilities Division for transportation purposes.
- G. **Home Facility** Prison/Center where the offender is presently incarcerated or assigned.
- H. **Utilization Management (UM)** Oversight activities performed at a central location by the Utilization Management Medical Director or designated staff that result in recommendations to facilities regarding medical movement across the state to ensure appropriate medical care is delivered in a cost-effective manner.
- I. **Telemedicine Clinical Protocols** The clinical guidelines developed by the Office of Health Services with input from the consulting physicians. These guidelines include scheduling, required medical documentation (paperwork, labs, x-rays, etc.), required medical procedures, necessary equipment, case management, and



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documentation. Telemedicine Clinical Protocols are located on Captiva (P-17-0003-01).

IV. Statement of Policy and Applicable Procedures:

- A. Telemedicine will be provided by all GDC prison facilities:
 - 1. Telemedicine services will be available at other sites as determined by the Office of Health Services in concert with Facilities Division.
 - 2. Each GDC Telemedicine facility medical section will be responsible for identifying two (2) individuals who will be the primary and secondary contact persons for the Telemedicine Hub Site and Telemedicine Remote Site.
 - a. The Responsible Health Authority will supervise this procedure; and
 - b. The Responsible Health Authority will have a thorough understanding of the Telemedicine System.
 - 3. Offenders in need of a medical evaluation will be brought to an area appropriate for a medical examination with provision for privacy of care.
 - 4. Health records will be maintained in a confidential and secure manner in physically secure areas under the immediate control of health services personnel.

B. Utilization Management Process:

- 1. Requests for Telemedicine Services will be submitted to the Utilization Management office in accordance with the Telemedicine Clinical Protocols (P-17-0003-01) using SCRIBE.
- 2. If the consultation request is approved, UM will select those consultations appropriate for Telemedicine services based on the Telemedicine Clinical Protocols.



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3. The Home Facility will receive notification of approved Telemedicine consults and scheduled appointments through the SCRIBE Consultation Module.

C. Consent or Refusal of Telemedicine Services:

- 1. Upon entry to the Georgia Department of Corrections (GDC), offenders will be asked to read and sign a general informed consent document. This document will serve as consent to perform non-invasive examinations, procedures, and treatments until the offender's release from GDC. Form P82-0001.001 is the English version and form P82.0001.02 is the Spanish version. This signed consent form will:
 - a. Be filed in the consent section of the health record; and
 - b. Exceptions to obtaining informed consent will be in compliance with state and federal laws or public health requirements.
- 2. Offenders who refuse Telemedicine services will be followed in accordance with SOP 507.04.86 (Right to Refuse Treatment). Offenders will not have the option to choose the method of consultation.
- 3. Offenders may refuse Telemedicine services at the Home Facility. If the offender does refuse, then transportation to a Telemedicine Remote Site is not necessary. If the condition is considered to be of a critical nature, the clinical provider will then determine whether the offender will be transported.
- 4. If the offender refuses, the original signed refusal will be filed in Section 3 of the health record under the "consents" tab and faxed to the Telemedicine Hub Site for placement in the Telemedicine Patient Shadow File (See IV.F.).

D. Movement of Offenders:

1. Telemedicine consults will be coordinated between Telemedicine Hub Sites, Telemedicine Remote Sites, and catchment facilities (See P-17-0003-02) in



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accordance with the established Telemedicine Catchment Transportation System, and current transportation practices. Movement of offenders for Telemedicine clinics will be in compliance with SOP 208.02 (Telemedicine, Facilities Division).

- 2. All Telemedicine clinics will be scheduled on Monday through Friday, between the hours of 8:00 a.m. and 3:30 p.m., unless otherwise determined based on consultant availability.
- 3. All Telemedicine consults will take place in accordance with established GDC Telemedicine Sites/Facility Catchment Areas.
- 4. The Telemedicine Hub Site and/or contract vendor appointment schedulers will be responsible for scheduling Telemedicine clinics.
- 5. Transportation notification, when applicable, will occur via SCRIBE within ten (10) days in advance of the Telemedicine appointment date. The notification will include:
 - a. Names of all offenders scheduled for Telemedicine clinics statewide;
 - b. Offender GDC ID number;
 - c. The Home Facility name;
 - d. The date and time of the Telemedicine consultation; and
 - e. The name of the Telemedicine clinic.

E. Responsibility - Offender's Home Facility:

1. Each Home Facility will be responsible for ensuring all documentation specified in the Telemedicine Clinical Protocols and referenced below is faxed or emailed to the Telemedicine Hub Site and/or local physicians office ten (10)



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days prior to Telemedicine consults. Documentation being faxed to the Telemedicine Hub site will be documented on the Telemedicine Clinic Checklist (P-17-0003-03) and will include all documents listed on the clinical protocol and any special requests made by the consultant, and the following:

- a. Supporting documents as specified by the clinical protocols; and
- b. A Refusal of Treatment Form if the patient refuses a Telemedicine clinic appointment.

F. Offender Telemedicine Records:

- 1. Telemedicine Shadow File The Telemedicine HUB Site will prepare a Telemedicine Patient Shadow File for each offender. An identification system for all Telemedicine Patient Shadow Files must be maintained. A Telemedicine Clinic Checklist, P-17-0003-03, will be completed for each patient's file documenting time frames of receipt of documentation and ensuring that necessary medical documentation is present.
- 2. Telemedicine Patient Shadow Files will be maintained and stored in accordance with Medical Records SOP 507.02.01 (Health Record Management, Format and Contents).
- 3. The Telemedicine Shadow File will not contain original records, only copies.
- 4. The Telemedicine Patient Shadow File will include at a minimum:
 - a. Telemedicine Hub Patient Shadow File Checklist;
 - b. Approved Consultation Request (copy);
 - c. Any previous Consultation Recommendations written by the Consultant (copy);



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- d. Supplemental Patient Information (copies);
- e. Lab reports;
- f. Radiology reports;
- g. Biopsy reports;
- h. Operative reports; and
- i. Procedural reports.
- 5. Progress note, to include telemedicine encounter (copy). The original progress notes and a dictated consultation report will be mailed/emailed to the Home Facility so that these items can be placed in the medical record; and
- 6. Supporting documents (copies), in accordance with established protocols:
 - a. Each patient file will be labeled with the offender's name, GDC I.D. number; and
 - b. If the patient refuses a telemedicine clinic appointment, A Refusal of Treatment Form (Copy) is placed in the Telemedicine Patient Shadow File.
- G. Telemedicine Clinic Start Up Connection and Operation:
 - 1. The Telemedicine Hub Technician and Telemedicine Site Coordinators will turn on the equipment and connect with each other at least sixty (60) minutes prior to the start of the Telemedicine clinic to conduct an operational check of the equipment at each site.
 - 2. The maintenance vendor is to be notified immediately by the Telemedicine Hub Coordinator of any network malfunctions that occur.



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- 3. The Statewide Telemedicine Clinical Coordinator is to be notified immediately of any problems that occur. The Statewide Telemedicine Clinical Coordinator will notify the GDC Clinical Systems Manager of all equipment and bandwidth problems that result in cancellations or delays of scheduled clinics.
- 4. The Telemedicine Site Coordinator is to document all contacts with the maintenance vendor in the Maintenance Log (P-17-0003-04). The Maintenance Log will be maintained in the Telemedicine room.
- H. Telemedicine Hub Technician responsibilities will include but not be limited to the following:
 - 1. The Telemedicine Hub Technician will:
 - a. Verify ten (10) days prior to the scheduled clinic that all required paperwork has been received and complete the Telemedicine Clinic Checklist (P-17-0003-03); and
 - b. This individual will be responsible for contacting the Home Facility for necessary paperwork and notifying the Statewide Telemedicine Clinical Coordinator.
 - 2. The Statewide Clinical Coordinator will be responsible for identifying problems and notifying the GDC Statewide Clinical Systems Manager and the contract vendor Director of Patient Care.
 - 3. The Telemedicine Hub Technician will be responsible for ensuring that all pertinent documentation resulting from a Telemedicine Clinic is forwarded back to the Telemedicine Remote Site for insertion into the offender's health record prior to the end of each clinic.



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- 4. After each presentation, the consulting physician will dictate a consultation note that will be mailed/emailed to the Telemedicine Remote Site and placed in the medical record; and
- 5. Ensure that related Telemedicine Clinical Protocols are available and followed.
- I. Presenting Physician Responsibilities will include, but not be limited to, the following:
 - 1. The presenting clinician will enter a progress note in the offender's medical record documenting the presentation to the consultant.
 - 2. The presenting clinician will review the consultant's findings and recommendations and will date and initial the consultation form.
 - 3. The clinician will discuss the findings and recommendations with the patient and develop a written plan of care. Documentation will include what was discussed with the patient and whether the patient agrees to participate in the plan.
 - 4. If the clinician disagrees with the recommendations of the consultant, the provider will document the rationale for the disagreement and recommend an alternative treatment plan.
 - 5. The clinician will monitor the patient to determine that the plan of care has been implemented and the desired clinical results are achieved.
 - 6. If the Telemedicine clinic is cancelled, a note will be written in the progress note section of the medical record describing the reason for the clinic cancellation.
- J. Telemedicine Quality Improvement Activities:
 - 1. Data collection, analysis, and evaluation will serve as an integral part of



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Telemedicine and will enhance and ensure continuous quality improvement of the Health Care delivery system.

- 2. The Statewide Telemedicine Clinical Coordinator will report information to the CQI Director.
- 3. Accordingly, data will be collected and reported on a monthly basis to the Office of Health Services.
- 4. The Statewide Telemedicine Clinical Coordinator will attend quarterly statewide CQI committee meetings to report findings and review corrective actions.
- 5. Telemedicine Services may be audited in conjunction with the Office of Health Services audit process or through an independent process. Additional monitoring will occur through the GDC SCRIBE process or any other OIT system implemented by GDC.
- V. <u>Attachments</u>: None.
- VI. Record Retention of Forms Relevant to this Policy: None.