




MBTelehealth User Manual - Sites

July 2024

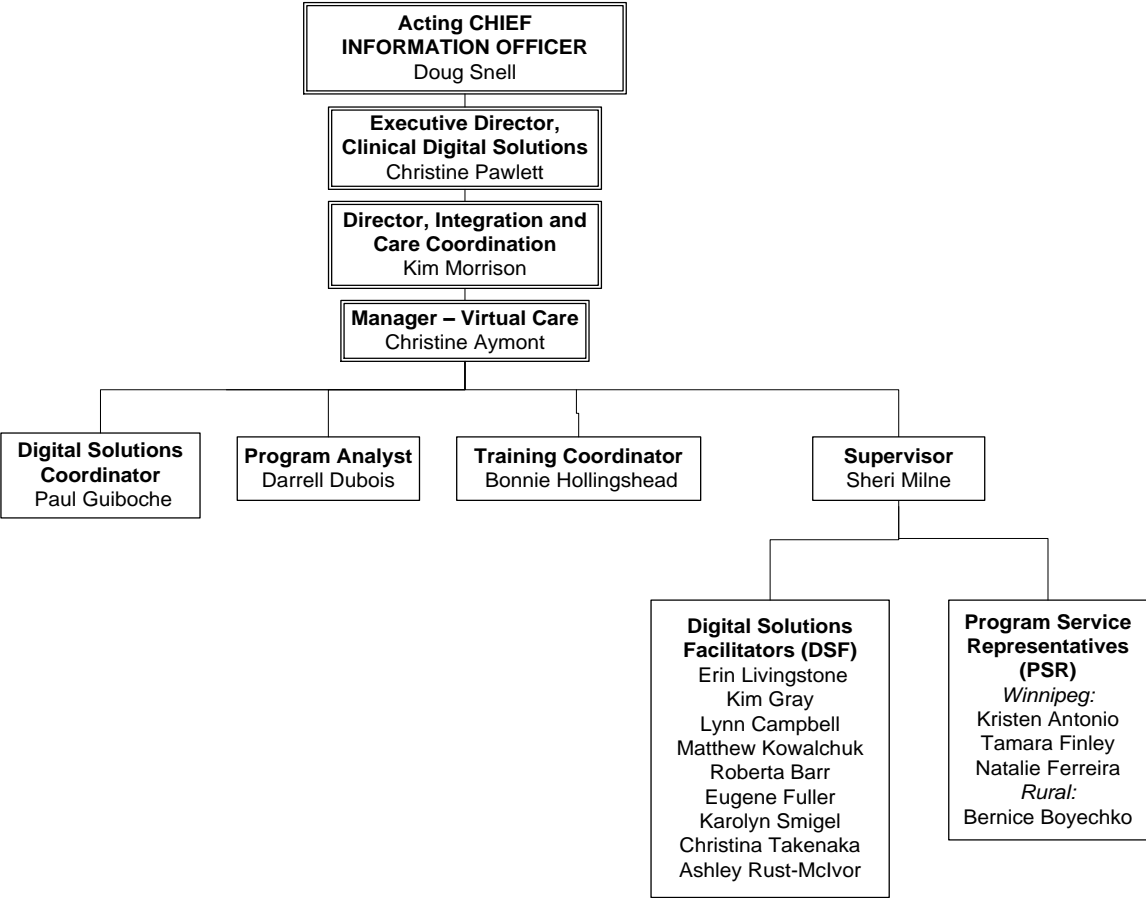
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 Standards, Procedures and Forms	Name: 2.20 Organizational Chart (Governance)	Number: 2.20	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 7, 2002	Revised Date: July 2024	

Virtual Care



July 2024

 Standards, Procedures and Forms	Policy Name: 3.50.10 Tracking Usage	Number: 3.50.10	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 22, 2002	Revised Date: October 2022	

PURPOSE:

Virtual Care is committed to monitoring network activities for purposes of ongoing quality improvement and program planning.

Designated staff will complete all required statistical logs in order to provide accurate, up-to-date information regarding utilization and technical issues at their site(s).

PROCEDURE:

The following forms must be completed as per the following instructions (see chart below for submission instructions)

3.50.30 Form 1 - MBTelehealth Clinical/Non-clinical Booking Forms


These forms are used to gather client information that must be entered in iScheduler. It will ensure that the host site and required client sites are scheduled in advance for a pending clinic. It will assist in ensuring that individual site statistics are accurate and up-to-date.

Virtual Care Monthly Utilization Reports

This information is a mechanism for sharing the utilization data in iScheduler with sites and regional partners. Any errors or omissions in the data should be reported as soon as possible to the Virtual Care Program Analyst.

SUMMARY OF FORMS

Form Name	Completed When	Submitted When	Submitted How	Submitted By	Submit To
3.50.30 Form 1 MBTelehealth Clinical/Non- Clinical Booking Forms	Per Session Completed at the consultant site for any MBTelehealth appointments, meetings or education session.	Minimum of 24 hours in advance	- Fax	Program or site contact at provider site	MBT Scheduling
Virtual Care Monthly Utilization Reports	Per Month	Created by 10 th day of the month or ad hoc.	- Email	Digital Solutions Facilitator	Virtual Care Program Analyst
Other Forms:					
Additional forms may be required for individual research project and/or external evaluation of MBTelehealth. Questions regarding the completion of other forms can be directed to the Manager, Virtual Care or to the individuals conducting the study.					

 Standards, Procedures and Forms	Name: 3.50.20 User Surveys	Number: 3.50.20	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: September 5, 2003	Revised Date: October 2022	

PURPOSE:

Virtual Care is committed to monitoring program activities and user feedback for purposes of ongoing quality improvement and program planning.

Designated Virtual Care staff and site contacts will ensure that all required surveys are completed and submitted to the Virtual Care Program Analyst in order to support ongoing evaluation activities. Completed surveys will be kept confidential.

PROCEDURE:

The following surveys must be distributed and collected per the following instructions (see chart below for submission instructions). All surveys are available from the Virtual Care Program Analyst.

eConsult Provider - Store and Forward and BASE eConsult Survey

This information will allow for ongoing feedback from providers who are using the eConsult services to support patient care.

eConsult Specialist - Store and Forward and BASE eConsult Survey


This information will allow for ongoing feedback from specialists who are using the eConsult services to support patient care.

MBTelehealth/Microsoft Teams/Zoom for Healthcare Provider Survey

This information will allow for ongoing feedback from providers who are using videoconference services that provide clinical services.

SUMMARY OF FORMS

Form Name	Completed When	Submitted When	Submitted How	Submitted By	Submit To
eConsult Provider Store and Forward and BASE eConsult Survey	Annually Virtual Care Program Analyst oversees annual distribution to all eConsult providers. Survey offered to all providers who have used the eConsult service in the past year.	Annually during the survey collection period	Respondents are asked to complete survey via Survey Monkey.	Survey recipient	Survey Monkey and Virtual Care Program Analyst will review
eConsult Specialist Store and Forward and BASE eConsult Survey	Annually Virtual Care Program Analyst oversees annual distribution to all eConsult specialists. Survey offered to all specialists who have used the eConsult service in the past year.	Annually during the survey collection period	Respondents are asked to complete survey via Survey Monkey.	Survey recipient	Survey Monkey and Virtual Care Program Analyst will review
MBTelehealth/Microsoft Teams/Zoom for Healthcare Provider Survey	Annually Virtual Care Program Analyst oversees annual distribution to all providers. Survey offered to all providers who have used videoconference services in the past year.	Annually during the survey collection period	Respondents are asked to complete survey via Survey Monkey.	Survey recipient	Survey Monkey and Virtual Care Program Analyst will review
<p>Other Forms:</p> <p>Additional forms may be required for individual research projects and/or external evaluation of Virtual Care Applications. Additional information shall not be collected without appropriate approval. Questions regarding the completion of other forms can be directed to the Manager, Virtual Care or the individuals conducting the study.</p>					

 Standards, Procedures and Forms	Name: 3.50.30 Block Bookings	Number: 3.50.30	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: June 2010	Revision Date: March 2023	

PURPOSE:

To ensure a consistent process is followed when scheduling block bookings for clinical and non-clinical events. Block bookings will ensure that the host site and required designated client sites are scheduled well in advance for a pending clinic.

POLICY:

1. All block bookings will be entered in the MBT scheduling system to include the host site (provider site) and designated client sites.
2. Block bookings can be scheduled up to a one-year in advance.
3. Sites with high utilization or guaranteed clients for the clinic may be added to the block booking at the time of scheduling. The client site will determine if they wish to be added, or if they wish to leave their site available for other events.
4. Designated client sites can be blocked for partial timeframes within the full block booking, based on client flow anticipated.

PROCEDURE:

1. A block booking is entered into the MBT scheduling system as a meeting to include the host site and designated client site(s), for the timeframes required. This will prevent other events being scheduled for this timeframe.
2. The client information will be submitted on Clinical Booking Forms or entered directly into the MBT scheduling system by self-schedulers.
3. If the block (or portion thereof) is being used for a case conference/meeting, a non-clinical booking form must be submitted, to ensure the event is tracked appropriately.
4. On each Friday, the MBT schedulers will be reviewed all block bookings from the previous week and will remove blocks that have no clients entered.

iScheduler Block Booking to Individual Bookings – Host Site


When you need to book Telehealth equipment for the whole day but are unsure of what clients will be seen.

1. Identify the date that is to be booked for the whole day(s).
2. Fill out a [Non-Clinical Booking form](#) for the full day(s).
3. If the block booking is no longer needed or one of the attending sites are no longer attending, please contact MBT Scheduling at 1-866-999-9698 Option 4, Option 2 to have the block booking canceled or adjusted.
4. As clients are seen fill out a [Clinical/Non-Clinical Booking form](#) for each client.
5. Once all clients have been seen, fax in all the clinical booking form to the fax number on the form. On a fax cover sheet indicate that the all-day block booking is to be canceled and these appointments put in their place.

Note: Forms needs to be filled out in full or the form will be sent back and will need to be resubmitted. If you are unsure how to fill the form, please reach out to your sites Digital Solutions Facilitator.

Block Booking to Clinical Bookings (next day) – PSR

1. Receive fax from clinic with all the clinical booking forms for clients seen the day before
2. Cancel Block Booking for the site for this time/date
 - Under Meeting search tab search site name
 - Put in date and click Meeting Topic , search block booking
 - This will bring up the only blocks for that date
 - Cancel the block
3. Click on **appointments>LATE/OVERBOOK.**
4. Click on Select Patient. Search for Patient or create a new one if not found
5. Enter the following information in the fields from the drop-down menus.
 - Request Site
 - Request Room
 - Scheduled by – Select your own name
 - Date – as provided
 - Start Time – as provided
 - Site – as provided
 - Room– as provided
 - Procedure – as provided
 - Consultant – Name provided on sheet
 - Appointment Type – Clinical Consultation
6. Click **Create Appointment.**
7. Click on **Book Appointment**
8. Do not attach document to booking
9. Once the Appointment has been successfully booked, click **OK.**

 Standards, Procedures and Forms	Name: 3.50.40 Urgent Clinical Events	Number: 3.50.40	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: June 2012	Revision Date: October 2022	

PURPOSE:

To ensure a consistent process is followed when arranging and reporting urgent clinical events

DEFINITION:


Urgent Clinical Event - Activity involving urgent care for a patient. Urgent Clinical Events include; Urgent Telestroke consults, Urgent Telepsychiatry consults, Urgent Neonatology consults, Urgent Emergency Room consults, and Urgent events with the Thompson Northern Crisis Services for Youth (NCSY) at Hope North. The key identifier for an Urgent Clinical Event is that it is an unscheduled event where a patient/client is present and/or being discussed in the session.

POLICY:

1. Programs that are current users of MBTelehealth (MBT) that anticipate urgent clinical events must have a process review completed by the Digital Solutions Facilitator. (see Clinical Process Review Guidelines procedure 7.05)
2. It is recognized that it may not be feasible to enter these events in the MBT scheduling system prior to their occurrence. However, if unable to schedule prior, the event must be reported on an Urgent Services Clinical Booking Form (USCBF) and faxed into MBT scheduling immediately after the event has occurred.

PROCEDURE:

1. The requestor must be a current user of MBT, and an intake discussion has been completed with the provider. This discussion may include:
 - a. Description of anticipated services to be provided
 - b. Identification of potential far end client sites
 - c. Provider site and equipment, in order to determine if equipment monitoring and reporting of connectivity issues is required
 - d. Review of processes / procedures relating to telehealth procedures and the reporting of Urgent Clinical Events
 - e. Review and discussion of potential impacts to the service delivery by the provider and impact on client sites
 - f. Review of MBT business hours and service desk support hours
2. A USCBF must be completed by the provider site after each urgent clinical event (exception for Telestroke as it is the responsibility of the referring site to complete the USCBF). USCBF must be submitted on the same day that the event occurred.
3. USCBF must be submitted to MBT scheduling. (Fax 204-975-7787) immediately after the event. USCFB will not be accepted after the 3rd working day of the following month.

 Standards, Procedures and Forms	Name: 4.20.10 Consent to Participate in Telehealth Services	Number: 4.20.10	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 22, 2002	Revised Date: October 2019	

PURPOSE:

To ensure that individuals utilizing MBTelehealth services understand how the services work and the potential benefits and risks accompanying the use of the services.

POLICY:

Individuals accessing clinical services, (i.e. videoconference or eConsult) will be provided information in order to understand how an event differs from a face-to-face consultation. All reasonable efforts will be made to ensure the individual is given the necessary information and explanations.

Note: This standard relates to consent to participate in a videoconference or eConsult events and does not replace the requirement to obtain consent for any treatment that arises from the events.


Definition:

Videoconference - the use of two-way information technology to link health-care providers and patients over long and short distances.

eConsult – enables a health-care provider to send digital images or diagnostic results of some health-related conditions to a specialist. The specialist may be able to make a diagnosis and suggest treatment without the patient having to travel.

PROCEDURE:

1. Consent must be obtained from the client prior to taking part in a videoconference or eConsult event. Verbal consent is sufficient. See MBT Procedure 4.25 (Documentation Standards).
2. Information will be shared with the client verbally and/or in written form and will include:
 - a) What is Videoconference or eConsult
 - b) How the technologies work
 - c) Potential risks and benefits of the technology
 - d) Right to withdraw at anytime
 - e) How care will be documented
3. No permanent reproduction by any means shall be made of the videoconference without prior knowledge and consent of all persons involved in the videoconference. See MBT Procedure 4.20.15 (Obtaining and Transmitting Permanent Images)

 Standards, Procedures and Forms	Name: 4.20.15 Obtaining and Transmitting Permanent Images	Number: 4.20.15	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 6, 2003	Revised Date: October 2022	

PURPOSE:

To ensure that clients are informed of any requests for permanent images (such as photographs, films, or video records) of live interactive videoconferences and that these images are shared and transmitted and disposed of in accordance with *The Personal Health Information Act* (“PHIA”) and the Shared Health PHIA Policies and Procedures.

DEFINITION:

A permanent image refers to any image captured in any medium that will be stored and/or transmitted for any reason.

PROCEDURE:

1. No permanent images by videotaping, photographing, filming, or digitally recording shall be done of any videoconference without prior knowledge and consent of all persons involved in the videoconference at all sites. See Procedure 4.20.10 (Consent to Participate in Telehealth Services”). Written consent is only required for reproductions being used for purposes not directly related to the provision of health care for that individual.
2. MBTelehealth staff does not provide support for filming. It is the responsibility of the individual requesting said recordings to make arrangements with their local audio visual department to provide these services.

Obtaining Images and Required Consents:

- 1) All permanent images taken for the purposes of transmission during live interactive videoconferencing, which are **not** stored beyond the date of the transmission, **do not** require separate consent as these are part of the videoconference consultation.
- 2) Permanent images obtained to support clinical service delivery (e.g. before and after photographs or pictures to be shared with a second consultant) **do not** require written consent. The clinician requesting the photo/video will inform patients of the images they require and indicate what they will be used for. Any permanent images obtained for the delivery of health care services are considered to be personal health information and must be stored in a secured location.
- 3) If requested, Digital Solution Facilitator – MBTelehealth can provide information about the mechanism that will be used to send this reproduction to the consultant site.
- 4) All other permanent images, such as those requested for educational purposes, require a separate consent to photograph and/or videotape using the template provided under Procedure

4.20.15 Form 1 - Consent for Clinical Photography, Video, and Audio Recordings. It is the responsibility of the requesting clinician to obtain the informed consent directly from the client. Digital Solution Facilitator – MBTelehealth will ensure that site contacts have consent forms at each site. Site contacts or local IT staff will ensure that the images are transported to the clinician using an acceptable mechanism. Any photographs taken for use by MBTelehealth for presentations, promotional information or website viewing must have consent of the person(s) involved. (Standards, Procedures and Forms 4.20.15 Form 2 - Consent for Photographs / Video for Public Presentation). A record of these consents will be kept by the Manager, Virtual Care.

Transmission of Images:

- 1) In compliance with Shared Health PHIA Policy 310.140.106 (Security and Storage of Personal Health Information), no personal health information can be transmitted via electronic mail without appropriate safeguards such as encryption. Digital images will be sent on disk via secured ground mail marked confidential or using an approved e-mail encryption program. Where possible, clients should be informed of the method that will be used to send their digital images.
- 2) Any images sent by MBTelehealth Staff for the provision of health care **must include the following notice**, either in the text of the encrypted e-mail or, for regular mail transmission, on an attached sheet of paper.


The information attached is being disclosed to you for consulting purposes only and may only be disclosed by you in accordance with PHIA, Section 22(2), which states:

“A trustee may disclose personal health information without the consent of the individual the information is about if the disclosure is:

(a) to a person who is providing or has provided health care to the individual, to the extent necessary to provide health care to the individual, unless the individual has instructed the trustee not to make the disclosure”

Disposal of Digital Images:

Site Contacts will ensure that any digital images are deleted in a secure manner once they are no longer required. This may include deleting images from digital camera flash cards, deleting from computer files (and then deleting from “trash” files), and/or overwriting or destroying video images. Staff unsure about the best method for disposal of any image will contact their Regional Privacy Officer, for guidance.

 Standards, Procedures and Forms	Name: 4.25 Documentation Standards	Number: 4.25	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 22, 2002	Revision Date: February 2021	

PURPOSE:

To ensure all sites utilizing MBTelehealth services adhere to consistent standards of documentation of clinical services when MBTelehealth services are involved.

POLICY:

1. All MBTelehealth services involving clinical service delivery require documentation in a permanent client record at both the local (client site) and the consultant site. **Note:** Clinical services are those that relate to the provision of health services to an individual or family. These include but are not limited to consultation with a specialist, discharge planning, and patient teaching. These do not include televisitation, broad community-based education activities and administrative uses.
2. Documentation will be integrated into existing medical records at the facility / site where telehealth is located.
3. The MBTelehealth program will not maintain any individual health information on clients.
4. The facility / site will determine what forms or electronic record will be used for documentation and the filing procedures.
5. Each facility / site will follow their documentation guidelines relating to who is able to document in the medical record.

PROCEDURE:

1. Documented Process

a) Local Site (client site)

Outpatients - An outpatient form or chart will be initiated for the client at the local site. Documentation will specify the MBTelehealth service provided to the client (i.e. videoconference or eConsult) as well as the name and/or specialty of the remote consultant(s).

Inpatients – Documentation of the MBTelehealth service provided (i.e. videoconference or eConsult) will occur in the client in-patient medical record, by the staff on the inpatient unit.

Community-based clients accompanied by community-based health professional - Clients receiving MBTelehealth services who are accompanied by a community-based health

professional (i.e. mental health counseling with the mental health worker in attendance) will not have an outpatient form or chart generated. The community-based health provider will document the visit on the client's usual medical record.

Blue Cross Services clients – No documentation is generated at the client site to ensure the anonymity of the client's identification.

Documentation:

Documentation will adhere to local site standards and will include but not limited to:


- date of session
- start and end time of session
- name of the remote consultant
- who accompanied the client (e.g. hospital staff, family)
- information relating to the MBTelehealth service provided, questions answered and consent provided.
- any procedures, teaching done by the facility staff must be documented on the form by the person providing the care.
- signature and designation of individual completing documentation.
- local (client) site documentation should not include specifics related to the content of the consult as it is the responsibility of the remote consultant to document all relevant clinical information.

b) Consultant Site

The remote consultant will document in the client medical record as they would for an in-person visit. All usual documentation standards are applicable.

In addition, documentation will specify the MBTelehealth service provided for the consultation, the physical location of the client, any difficulties incurred, and remedial steps employed, if any.

The remote consultant will send consultation letters back to the referring physicians in the usual manner.

 Standards, Procedures and Forms	Name: 4.30.10 Videoconference Usage	Number: 4.30.10	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 22, 2002	Revised Date: February 2021	

PURPOSE:

To establish a priority system for the use of MBTelehealth equipment and to ensure a consistent event scheduling process that reflects the needs and priorities of all users and that respects the autonomy of individual sites in determining local priorities.

PROCEDURE:

When scheduling MBTelehealth equipment, requests for event scheduling should be ranked in the following order, with clinical events given priority:


1. Clinical videoconference events of an urgent or emergent nature.
2. Clinical videoconference events of a non-urgent or emergent nature.
3. Non-Clinical videoconference events, conferences, physician CME programs and other educational events that are region-wide.
4. Non-Clinical videoconference events and administrative meetings.
5. Televisitation events
6. All other Non-Clinical videoconference events including requests for access by external organizations (such as pharmaceutical companies and non-profit organizations). Access for such use is at the discretion of the Director, Integration and Care Coordination or designate.

Access to MBTelehealth equipment is determined on a first come, first served basis with consideration of the above priorities.

In order to facilitate securing the telehealth equipment, where necessary and with the local site manager’s approval, time may be blocked in the MBT scheduling system in advance allowing for priority Clinical videoconference events. Conflicting event scheduling requests that cannot be resolved with alternate access times will be referred to the applicable Site or Program Manager(s) for resolution.

If an event scheduling conflict cannot be resolved at the local site, the MBTelehealth Scheduler will refer the issue to the Manager, Virtual Care or designate, for resolution with applicable Site or Program Manager(s) at the locations involved.

Requests for access to MBTelehealth for job interviews will be received from the recruiting Manitoba Health Region only. Requests from potential candidates for access to MBTelehealth to attend interviews at non-Manitoba locations will be referred to the closest local commercial videoconference facilities.

 Standards, Procedures and Forms	Name: 4.30.15 Event Scheduling	Number: 4.30.15	Page: 1 of 3
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: May 1, 2010	Revision Date: March 2023	

PURPOSE:

To ensure all events scheduled within the MBT scheduling system are completed in a consistent, accurate and timely manner.

DEFINITIONS:

1. **Clinical Event**

Activity involving care for a patient/client. Clinical events include specialist consultation, case conferences, discharge planning, and group sessions. The key identifier for a clinical event is if a patient/client is present and/or being discussed in the session.

2. **Education Event**

Activity involving information for educational purposes. No direct patient care will occur during an education event. Examples: Lunch and Learn, Staff Orientation, Academic Half Day, Grand Rounds.

3. **Administrative Event**

Activity involving administrative work. No patients are associated with an administrative event. Examples: Human Resources Meetings, Committee Meetings, Staff Meetings.

4. **Televisitation Event**

Activity involving a patient connecting to family for visitation purposes.

PROCEDURE:

1. **Request received** – Requests for event scheduling will be received by fax or email to MBT scheduling or, scheduled directly into the MBT scheduling system by self-schedulers. Requests made via Clinical Booking Forms (CBF) and Non-Clinical Booking Forms (NCBF), or self-scheduled, must be submitted for scheduling **no later than 12:00 (noon) the day before** the requested session date.
 - a. Referring health care providers can utilize their usual process for arranging a new clinical videoconference event or follow up visit for their clients. If a client or health care provider identifies a preference that videoconference can be utilized for the consultation, this should be noted on the referral.
 - b. The “*Catalogue of Specialized Services*” is an on-line database that identifies providers who utilize videoconference for clinical services. This database is not comprehensive and is limited to providers who have consented to have their names listed and have chosen to update their profile. The catalogue is located at <https://mbcatalogue.mbaccess.ca/>.

Note: Clinical events will only be accepted via fax.
2. **Request reviewed** – Requests for event scheduling will be reviewed by MBT scheduling to ensure all required information is present. If the MBT booking form is incomplete, MBT scheduling will contact the requester (by phone or email) to obtain the necessary information or return the MBT booking form for completion. Incomplete MBT booking forms may impact the event being scheduled in a timely manner.

3. **Input event scheduling request into MBT scheduling system by MBT scheduling** - MBT schedulers inputs the new event; ensuring room, codec, and required peripheral equipment (if required) are included for all sites.

When inputting the new event into the MBT scheduling system, the Clinical Booking Forms (CBF) or Non-Clinical Booking Forms (NCBF) (if submitted) will be uploaded in the Attachments section within the MBT scheduling system for review of the meeting details.

4. **Notification of new scheduled event** – MBT staff and site contacts will be notified of newly scheduled events and/or changes to existing events by an auto-generated email based on the MBT Scheduling Access Form, permission and notification requirements (6.25 Form 1). Confirmation for non-clinical events is by email to the requester.
5. **Requester contacted** – If the scheduled event request is declined for any reason; the requester will be notified by MBT scheduling (by phone or email) and given the option to reschedule.
6. **Confirmation of Events** – All event requests or event changes will be completed within forty-eight hours of receipt by MBT scheduling.

In the event of a delay of the forty-eight-hour guideline, an email notification will be distributed to Virtual Care staff for distribution to applicable stakeholders. Once the delay has been rectified, an email notification will be distributed to Virtual Care staff to advise the forty-eight-hour guideline has been restored.

Note: Delays in final event request confirmations can occur when scheduling out-of-province events. Once far-end site confirmation has been received, the dial-in number will be entered into the MBT scheduling system and the requester will be notified (by auto-generated email notification) that the out-of-province event is confirmed.

Letters – For clinical events, letters are available from the MBT scheduling system for appointment summary information and client appointment notification.

Cancellations/Modifications

All sites and requesters will be automatically notified of any cancellations or modifications to previously scheduled events, by either email or fax (depending on the event type).

Out-of-Manitoba Bookings:


1. It is the responsibility of the MBTelehealth requestor to provide the following information on a MBTelehealth Clinical Booking Form 4.30.15 Form 1 and Non-Clinical Booking 4.30.15 Form 2:
 - a. Conference contact names along with their phone and fax numbers and email address, for the host site and far-end site(s)
 - b. Videoconference program contact for out-of-Manitoba site
 - c. Telehealth location (site) for the host and far-end sites
 - d. Session Information – event title, requested date(s) and times
 - e. Billing Information if a billable event
2. The person requesting the event will be made aware of charges in accordance with MBTelehealth Procedure 4.40 Billing for Network Usage. A billing number/cost center should be provided at the time of the event requested (if applicable). Charges do not apply to out-of-Manitoba clinical consultations.

3. If the event requested is to occur after MBTelehealth regular operating hours, charges will be applied in accordance with MBTelehealth Procedure 4.40 Billing for Network Usage and is dependent on availability of local resources at the far end site(s), and of MBTelehealth staff.
4. Once the event is confirmed, the MBT scheduling will email an event confirmation and a billing quote to the requester.
5. Following the event an invoice for payment will be forwarded by Shared Health Finance Department.
6. The person responsible for the event scheduling request will notify MBTelehealth as soon as possible if the event is to be cancelled. If event charges are generated due to insufficient cancellation notice to far end site(s) or bridging agencies, etc., an invoice will be forwarded by Shared Health Finance Department.
7. In order to accommodate communication with far end site(s) and bridging agencies, etc., the MBT booking form should be submitted with as much advance notice as possible and no later than noon the day before the event date.

Whiteboard Review

Prior to the whiteboard being generated for the following day, it is reviewed by MBT scheduling to ensure all required information is included and all events are scheduled appropriately.

The review will include ensuring comments are recorded for missing dial-in information; events are removed if no attendee sites. Any issues identified will be corrected and applicable users will be notified.

 Standards, Procedures and Forms	Name: 4.30.20 eConsult Process	Number: 4.30.20	Page: 1 of 2
	Department: Virtual Care	Approval Signature:	
	Effective Date: August 2016	Revised Date: October 2022	

PURPOSE:

To provide a consistent guideline for MBTelehealth (MBT) eConsult Store and Forward service, in order to facilitate accurate and timely referrals to specialist providers available for eConsult referrals.

DEFINITION

MBTelehealth eConsult

eConsult allows a healthcare provider to send a secure electronic referral through MBT’s scheduling system to a specialist regarding a non-urgent condition for diagnostic and therapeutic assistance. The consult contains the patient’s demographic information, any relevant files (images, test results, medical reports, etc.) and information pertaining to a presenting condition.

Referring Provider

A referring provider is defined, for the purpose of eConsult, as a Nurse Practitioner (NP), or Medical Doctor (MD).

Specialist

A specialist is defined as a Medical Doctor (MD), Nurse Practitioner (NP) or Registered Nurse (RN) who specializes in certain practice areas (e.g. Dermatology, Infectious Diseases, Orthopedics, wound care, etc.)

CRITERIA


Access to the MBT Scheduling System with eConsult permissions is required as well as an approved device for capturing the images to be uploaded.

A site/program interested in the eConsult service will contact MBT for more details and request an intake form (<https://mbtelehealth.ca/services/econsult/>), complete, and return to initiate the process. When an intake form is received the site will be contacted by Digital Solutions Facilitator (DSF) to review the information and determine the next steps.

PROCEDURE:

1. The Referring Provider determines that a client’s condition requires consultation from a specialist and identifies that it is appropriate for eConsult.
 - a. An RN or Licensed Practical Nurse (LPN) may assess a patient and discuss with the supervising physician that an eConsult is appropriate as per the facility policy or guidelines. The RN, LPN or designate may then submit an eConsult to the specialist aliasing as the supervising physician.
 - b. An RN or LPN may submit an eConsult to another RN (nurse to nurse consult) as per the facility policy or guidelines.

- c. A Physician Assistant (PA) can assess a patient and determine if an eConsult is needed. The PA may consult with the supervising physician as per facility policy or guidelines. The PA or designate may then submit an eConsult to the specialist aliasing as the supervising physician.
2. Consent to participate in eConsult must be obtained from the client before proceeding. All reasonable efforts should be made to ensure the client is given the necessary information and explanations. Verbal consent is sufficient for eConsult. This does not replace the requirement to obtain consent for any other treatment that arises.
3. The Referring Provider or site designate takes the photographs of the condition, if required, according to eConsult Referring Guidelines for the specific specialty. The Referring Provider must provide a patient history and other information required to accompany the referral.
4. The referral is sent using the MBT Scheduling System after the Referring Provider (or site designate acting as the provider) has logged in, entered the client demographics (PHIN and MHSC are required), required referral information and uploaded relevant files (images, test results, medical reports etc.) pertaining to the presenting condition.
5. All photographs must be deleted from the camera or computer upon successful submission of an eConsult referral.
6. The Specialist, or designate, is notified by email when a new eConsult referral has been sent. The Specialist will log into the MBT Scheduling System to review the referral and provide treatment recommendations/feedback.
7. The Referring Provider or site designate will receive an email notification when the Specialist has completed their response to the referral. The Referring Provider or site designate will log into the MBT Scheduling System to view the Specialist's response.
8. Based on the site's documentation procedures, a copy of the completed consult information (which will include diagnosis and treatment) from the MBT Scheduling System will be maintained within the client's health record at the site. Complete consult information is contained within MBT Scheduling System *Store and Forward Consult Letter*. The complete consult and accompanying documents will also remain within the secure MBTelehealth Scheduling System indefinitely. Therefore, the MBT Scheduling System should not be relied upon as a record for the consult.
9. The Referring Provider will conduct the appropriate follow up with the client, based on the Specialist's response.
10. The Specialist may respond with a request for resubmission if there were issues with the initial referral. The specialist may also request a telehealth appointment or an in-person referral if he/she determines that a suitable assessment could not be provided by eConsult.

 Standards, Procedures and Forms	Name: 4.30.25 MBT Scheduling System - eConsult (Store and Forward) Data Retention	Number: 4.30.25	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 2018	Revised Date: October 2022	

PURPOSE:

1. To describe the retention of the images and documentation of personal health information in the MBTelehealth (MBT) Scheduling System - eConsult (Store and Forward) module.

DEFINITIONS:


MBT Scheduling System (iScheduler): Application for scheduling telehealth events.

MBT eConsult (Store and Forward): Service that facilitates electronic consultations between health care providers by providing a secure means to communicate personal health information. The service is a module in the MBT Scheduling System.

PROCEDURE:

Retaining eConsult (Store and Forward) records:

1. Site contacts will be responsible for printing completed consultations and filing them in their patient records following their documentation procedures (this may include saving electronic copies into an EMR) retaining them for the required time period.
2. MBT Scheduling System is not a repository of the attachments and other information uploaded for eConsult (Store and Forward) purposes. All consultations done within MBT Scheduling System are retained indefinitely. Providers are responsible for retaining copies of all communication in the health records of their patient.


 Standards, Procedures and Forms	Name: 4.30.45 Registration for Education Events	Number: 4.30.45	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: April 2004	Revised Date: October 2022	

PURPOSE:

To document a consistent process for the scheduling and registration for education events with MBTelehealth (MBT).

PROCEDURE:

1. The program delivering the education event will determine if the event is limited by invitation only or open registration to all MBTelehealth sites.
2. Scheduling of all education events requires that a Non-Clinical Booking Form (4.30.15 Form 2) be submitted by the event organizer to MBT scheduling, or self-schedulers can input the event directly into the MBT scheduling system.
 - a. Event scheduling requests received, at any time prior to the event, are subject to the availability of far-end sites and/or network capacity of the multipoint control unit. Sites should not consider their event registration confirmed until they receive an electronic confirmation, or the site is listed in the event Meeting Detail Information on the MBT scheduling system.
 - b. Individual telehealth sites are expected to monitor attendance. If recurring events consistently have no attendees at specific sites (as advised by the individual site), the site(s) will be removed from the recurring event schedule.
3. All sites **must** pre-register to join any education event no later than noon the day prior to the event. The site contact can self-register their site in the MBT scheduling system under the “Meetings – Register” option, or the requester can call the MBTelehealth Schedulers.


 Standards, Procedures and Forms	Name: 4.30.50 Televisitation Events	Number: 4.30.50	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by</i> <i>L. Loewen</i>	
	Effective Date: January 2002	Revised Date: October 2019	

PURPOSE:

To ensure the appropriate usage of the MBTelehealth (MBT) equipment and rooms during patient visitation events. Televisitation is an event held between individuals for the purpose of visitation, where patients and their families are separated by distance, allowing patients to remain located where the best care is available to them, without giving up the support and comfort of family contact.

PROCEDURE:

1. A televisitation event must be recommended by a health care professional at the client site.
2. A Clinical Booking Form (4.30.15 Form 1) is completed by the event requester indicating “Televisitation Requests Only” and faxed to MBT scheduling at 204-975-7787. No patient information or patient names may be sent by e-mail as per Manitoba’s Personal Health Information Act (PHIA) regulation.
3. The event should be booked in a “code blue” accessible room at the client site, if available.
4. A maximum of 30 minutes per televisitation event is allowed. Requests for additional time will be assessed on an individual basis.
5. Once the televisitation event is scheduled, MBT scheduling will notify (either email or phone) the event requester to confirm the event.
6. Upon confirmation of the televisitation event, the event requester will contact the far end site to discuss the site’s protocols and will inform participants presenting at the site for the televisitation event of this site’s protocols; indicate the date, time, and location of the event and explain participant responsibilities for the televisitation event. At the client site, a health care provider or escort will accompany the client to the televisitation event and will remain responsible for the client for the duration of the televisitation.
7. Participants are encouraged to arrive at the telehealth site 15 minutes prior to the televisitation event to familiarize themselves with the telehealth process & equipment.
8. There is no charge/fee for the use of this service within Manitoba to MBT network member sites. Charges are applied to events connecting sites that are outside of Manitoba. A quote will be provided to the event requester, at the time the event is scheduled.
9. Televisitation events cannot be cancelled with less than 24 hours’ notice unless there are extenuating circumstances. Cancellations with less than 24hour notice, exclusive of extenuating circumstances, may result in future denial of service.

 Standards, Procedures and Forms	Name: 4.30.60 Same Day Videoconference Events	Number: 4.30.60	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: June 2010	Revised Date: October 2022	

PURPOSE:

To ensure timely and accurate scheduling of Same Day Videoconference Events, (clinical and non-clinical events), requiring the use of the MBTelehealth (MBT) network, made after noon the day prior to, and up to, the day/time of the event, and not requiring any on-site or remote operational support.

PROCEDURE:

1. All Clinical and Non-Clinical Videoconference events that do not meet the Same Day Event criteria must be requested as per Procedure 4.30.15 (Event Scheduling).
2. All Urgent Clinical events must be reported as per Procedure 3.50.40 (Urgent Clinical Events).
3. There are two basic components to Same Day scheduling: site/codec availability and adding the requested event to the MBT scheduling system.
4. Self-serve option - A site can manually connect to a multi-site session by using information on the Whiteboard once they have been added to the event in iScheduler.
 - a. Multi-site sessions will still be connected to the event automatically at the scheduled start time, but the system will not keep trying to re-dial your site/equipment every few minutes. Use the self-serve option if you have missed your connection.

Site/Room/Codec Availability

When a call is received requesting an event to be scheduled for 'today' the first step is to determine if the event is possible.


1. The MBT schedulers will review the request to determine if the requested event can be scheduled. If a requested site is not available, the requester will be advised in order to determine whether the event should be scheduled with available sites only. If the event can be scheduled the requestor will contact the connecting site to determine if the event can be accommodated by the site.

If proceeding with scheduling of the event:

1. MBT schedulers will confirm that all sites are independent, i.e. no assistance required for client navigation at the far end site (for clinical events) or on-site assistance required for transporting, setting up and/or use of the videoconference equipment. If users are not independent, the event will not be scheduled.
2. The requester must advise the MBT Schedulers of the telehealth rooms to be booked, along with the codec (if applicable). If unable to do so, the event will not be scheduled.
3. **It is the responsibility of requesting sites to confirm the correct rooms/codecs for the event.**

Adding events to the MBT Scheduling System

In the MBT scheduling system, add non-clinical same-day events using the **DAY OVERVIEW** feature found in the **MEETINGS** section under **OVERVIEW**. MBT Non-Clinical booking forms are not always available at time of entry, therefore at a minimum the event name, start / end times and event contact person and contact information will be entered in the MBT scheduling system. In the event a booking form was not sent at time of booking, a request will be made for the site to send the form once time permits.

 Standards, Procedures and Forms	Name: 4.30.70 Evening and Weekend Coverage	Number: 4.30.70	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: December 2004	Revised Date: October 2022	

PURPOSE:

To establish a consistent process for responding to requests for events that are outside regular MBTelehealth (MBT) hours.

MBT hours for general inquiries and scheduling activities are Monday to Friday 0800 to 1600hrs CST.

MBT hours for technical issues are Monday to Thursday 0730 to 2100hrs CST and Friday 0730 – 1700hrs CST.

Requests for MBT services that require telehealth staff support outside of these hours will be accommodated dependent upon staffing availability and billed to the requester as per MBT Procedure 4.40 (Billing for Network Use).

Existing MBT members may utilize the network outside of regular MBT hours if they are scheduled in advance, are conducted independently, and do not require Technical/Service Desk support.

PROCEDURE:


1. When the MBT Scheduling receives a request for an event that occurs outside of regular hours they will:
 - a) Orientate the event requester to the “integrated key participant model” and indicate that the requester is required to identify contact persons who may either operate the equipment themselves or designate a key participant at **all** sites requested (including presenter site) prior to scheduling. These identified contact persons must make arrangements with the applicable site contacts for an orientation to the telehealth equipment and local site processes no less than one week prior to the event.
 - b) Inform the event requester that presenting sites may require staffing regardless of key participant availability due to technical or security requirements associated with hosting an event. The requester is responsible for ensuring **all** sites are aware of the pending event and have approved prior to scheduling.
 - c) Inform the event requester that the request will be forwarded to the Manager, Virtual Care for approval.
2. If the event is not approved, the MBT Scheduling will contact the event requester to advise.
3. If the event is approved, the MBT Scheduling will forward the request to the Manager, Virtual Care, Coordination of Care who will confirm Technical/Service Desk support staff availability. The request will also be forwarded to the Supervisor Virtual Care if a Program Service Representative (PSR) is required to manage the event. If it is determined by Technical Services and PSR that on-call technical support (support via telephone for technical issues that may arise during the event) is all that is required, the requester will not be billed for the event. If it becomes necessary for a technical

support person to be on-site for the event, a billing will be generated for the event (Procedure 4.40 Billing for Network Use). Events will not occur without on-call technical support unless prior authorization is obtained.

4. The MBT scheduler will attach the non-clinical booking form to the event within the MBT scheduling system, for the involved sites to be aware of the contacts/key participants.

General Principals:

- Staffing availability will be determined as soon as possible after reception of the event request to avoid unnecessary delays in scheduling of the event.
- When indicated, billing will occur as per Procedure 4.40 (Billing for Network Use).


 Standards, Procedures and Forms	Name: 4.30.80 Event Cancellation	Number: 4.30.80	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 2002	Revised Date: October 2019	

PURPOSE:

To outline a consistent method of notification for sites, clients and staff in the event of an MBTelehealth (MBT) session cancellation.

PROCEDURE:

1. In the event of a cancellation of a clinical event by the health care provider, excluding same day cancellations (see point 5), the health care provider or his/her clinic staff will phone the MBT schedulers who will remove the event from the MBT scheduling system or if a self-scheduler he/she will remove the event. Cancellation notification(s) will be automatically generated and forwarded to the identified MBT scheduling system users. The health care providers' clinic staff will notify the client of the cancellation. If the health care providers' clinic staff is unable to contact the client prior to the event, the local contact at the client site will inform the client that the event has been cancelled and the appointment will be rebooked by the health care providers' clinic staff. If no client attends a scheduled appointment, the local contact at the client site must phone the MBT schedulers to advise of client "no show".
2. In the event of a cancellation of a clinical event by the client, excluding same day cancellations (see point 5); the client will notify the health care providers' clinic staff as soon as possible. The health care providers' clinical staff will phone the MBT schedulers who will remove the event from the MBT scheduling system or if a self-scheduler he/she will remove the event. Cancellation notification(s) will be automatically generated and forwarded to the identified MBT scheduling system users.
3. In the event of a cancellation for an education or administration event, excluding same day cancellations (see point 5), the person requesting the cancellation will phone the MBT schedulers, who will update the MBT scheduling system accordingly. Cancellation notifications will be automatically generated and forwarded to the identified MBT scheduling system users. For a multi-site event, the person notifying MBTelehealth of the event cancellation must advise if only cancelling one site, or the entire event.
4. A minimum of 24-hour advance notice of event cancellation is required. If a site is not cancelled and no participants attended at the site, this site may be removed from ongoing related bookings.
5. In the event of a same day cancellation, after noon the day prior and up to the day/time of the scheduled event, the person requesting the cancellation will phone the MBT Schedulers to advise. MBT schedulers will remove the event from the MBT scheduling system and will notify the far-end local site contact(s) by phone. Cancellation notifications will be automatically generated and forwarded to the identified MBT scheduling system users.


 Standards, Procedures and Forms	Name: 4.50.10 MyMBT Messaging Account Audits	Number: 4.50.10	Page: 1 of 1
	Department: Virtual Care	Approval Signature:	
	Effective Date: May 2021	Revised Date:	

PURPOSE:

To periodically review user access to the MyMBT Messaging system and invoke access inactivation due to lack of use.

PROCEDURE:

1. Non-Regional DSF will request a user listing from the MyMBT Messaging system monthly to identify users who have not accessed the MyMBT Messaging system for the last 3-month period.
2. User listing will be reviewed by the Non-Regional DSF. After review, they will notify the TST resource for termination of the inactive users.
3. TST resource will terminate access to MyMBT Messaging.
4. Non-Regional DSF will update the Sugar profiles for the deactivated users
5. Users who require their access reactivated will have to submit a new MyMBT Messaging Bulk Account Intake Form to the service desk.

 Standards, Procedures and Forms	Name: 6.10 Telehealth Equipment Security	Number: 6.10	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: January 2002	Revised Date: September 2022	

PURPOSE:

MBTelehealth (MBT) equipment includes all videoconference equipment and peripheral equipment, MBT staff laptops and cell phones.

To ensure that telehealth equipment is:

- used appropriately,
- available when required for scheduled use,
- secured when not in use,
- maintained and kept in good working order and
- maintained and repaired in a consistent and timely manner.

PROCEDURE:

1. An inventory of telehealth equipment will be maintained by MBT.
2. Telehealth equipment and peripheral devices are to be used solely for approved activities related to the mandate of MBT unless otherwise specified.
3. Telehealth equipment is to be operated by persons that have been properly oriented and trained on the equipment use and processes.
4. Telehealth equipment must be maintained, secured and transported in a safe manner.
5. Telehealth equipment problems will be reported and documented promptly.

Telehealth Equipment Inventory

1. Telehealth equipment must be labeled with a proprietary label “property of” in case lost or stolen.
2. MBT Technical Services Team is responsible for ensuring that equipment serial numbers are tracked.
3. Any changes to telehealth equipment must be reported to the MBT Technical Services Team.

Telehealth Equipment Use

1. Digital Solutions Facilitator together with regional administrators and local site managers will ensure that the telehealth equipment is used only for activities consistent with the mandate of MBT. Prior approval from MBT and the local administrator is required for uses not consistent with this mandate.
2. Regional administrators, site managers and staff will identify and train any new local users. The Digital Solutions Facilitator is available to support local site staff with training of new users.

Training will include basic technical, documentation, privacy and security requirements (as appropriate to the situation) for MBT activities.


3. Digital Solutions Facilitator will ensure that all users have ready access to the Digital Health Service Desk phone number and that they understand the process for obtaining technical assistance before, during, or after an event.
4. Digital Solutions Facilitator will ensure that all sites have access to written instruction and any other documentation such as “quick reference guides” to assist them with using the MBT equipment. Training and reference material is available at www.mbtelehealth.ca/training.

Telehealth Equipment Security

1. All telehealth equipment is to be stored in a secured area when not in use and, where possible, protected from extreme conditions such as cold and moisture. Items that are particularly vulnerable to theft (such as electronic stethoscopes/digital cameras/laptop computers) must not be left unattended in an unsecured area.
2. Digital Solutions Facilitator together with local administrators will identify appropriate secure storage for telehealth equipment and peripherals. Together they will establish local procedures for storing and controlled access.
3. Digital Solutions Facilitator together with local administrators and local site contacts are responsible for ensuring telehealth equipment is in satisfactory working order. Any telehealth equipment malfunction or damage is to be reported immediately to the MBTelehealth Technical Services Team.
4. Any stored images on telehealth equipment/peripherals that is considered to be personal health information (such as digital images for upcoming clinics) must be stored separately from the telehealth equipment in a locked and secure area (e.g. by removing the flash card and storing in a locked file cabinet)
5. Lost telehealth equipment must be reported immediately to the Technical Services Team and the local site administrator (See Procedure 6.15).

Telehealth Equipment Transporting Off-Site

1. When telehealth equipment is removed from the local site, the user must obtain prior approval from the local administrator and ensure security of the telehealth equipment at all times.
2. When transporting the telehealth equipment in a vehicle, the user must ensure that it is stored securely, preferably in a non-visible area such as the trunk or glove compartment and should not be left unattended in a vehicle unless absolutely necessary.
3. If off-site storage is required, the telehealth equipment must be stored in a locked secure location.

 Standards, Procedures and Forms	Name: 6.25 Scheduling System Security	Number: 6.25	Page: 1 of 3
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: Jan 2009	Revised Date: October 2022	

PURPOSE:

To ensure MBTelehealth’s (MBT) Scheduling System security and integrity measures for the MBT Scheduling System are in place and operate in compliance with MBT’s obligations under the Personal Health Information Act (PHIA).

PROCEDURES:

The MBT Scheduling System stores patient demographic, patient PHIN and provider information on the MBT Scheduling Server, using security measures that protect the integrity and privacy of personal health information during all aspects of its use, processing, disclosure, transmittal, transport, storage, retention and destruction.

1. All MBTelehealth events will be scheduled in the MBT scheduling system with the exception of ad-hoc critical clinical and MyMBT Video to MyMBT Video. (Ad-hoc critical or urgent events must be scheduled after they occur).
2. Only authorized individuals will have access to information in the MBT scheduling system. Access will be limited to the information required to fulfill their job requirements.
3. Individuals must request access through the Digital Solutions Facilitator (DSF), sign the Condition of Use Agreement - MBTelehealth Scheduling System Security 6.25 Form 1 and have their managers approve the request. DSF will approve and assign functionality required to fulfill their job requirements and submit request to System Administrator.
4. Users will only log on to the MBT scheduling system from a Canadian location.
5. Information regarding the details of scheduled events will be shared on a “need-to-know” basis and will be protected from unauthorized access.
6. The MBT scheduling system will track unsuccessful login attempts and a user name will be locked after 5 unsuccessful login attempts.
7. The MBT scheduling server will be secured from unauthorized physical access. In the event that a change to a new device is required, all personal health information contained within the original MBT scheduling server shall be secured or removed.
8. Individuals who log into the MBT scheduling system must log out before leaving their workstations for an extended period of time. An automatic log out will occur after a 10 minute period of inactivity.
9. The MBT scheduling system will be backed up and the information shall be kept in a designated and secure storage location.

10. User ID's and passwords will be managed by Digital Health Service Desk TST. The initial password must reset on the first log in to the system. Users will be required to change their passwords every 90 days. Users with no activity within 180 days will have their access removed by DSF.

11. User privileges will be assigned as follows:

Role Name	User Title	Functionality Assigned to User			
		Read/View	Add	Delete	Modify
Initial Admin	TST	X	X	X	X
Site Admin	Project Coordinator, Training Coordinator, DSF, PSR's, Site Contacts	X			
Staff Group	PSR's, Providers, Self-Scheduler	X			
Scheduling Group	PSR's	X	X	X	X
Regional Services Group	DSF's, PSR's	X	X	X	X
Site Contact Group	Site Contacts			X	X
Site Contact Non-Clinical Group	Site Contacts			X	X
Self Scheduling Group	Self Schedulers		X	X	X
Self-Scheduling Non-Clinical Group	Self-Schedulers		X	X	X

DEFINITIONS:

Technical Services Team (TST): Manager Virtual Care Support, Integration and Care Coordination and team members who provide technical support on the MBTelehealth (MBT) network. A TST team member has Application Administrator responsibilities for the MBT scheduling system and as such requires high level access permissions.

Project Coordinator: Is responsible for ensuring consistent and standard approaches to Integration and Care Coordination application deployments and PMO functions.

Training Coordinator: Provides training documentation and hands-on training on Integration and Care Coordination applications and processes.


Digital Solutions Facilitators (DSF): MBT team members who are responsible for Digital Health services within their region along with coordinating the implementation of MBT solutions at a variety of health facilities in urban and rural Manitoba.

Program Analyst: MBT team member who provides research, educational and informational reporting and analysis.

Program Service Representatives (PSR): MBT team members who schedule clinical and non-clinical events and provide operational support to end-users.

Site Contacts: Users at MBT sites who have been trained in the use of the telehealth equipment and processes and have additional privileges to access the MBT Scheduling System.

Self-Schedulers: Users with specific permissions and training for the creation of clinical and/or non-clinical events in the MBT Scheduling System.

 Standards, Procedures and Forms	Name: 6.25.10 Scheduling System Access, Auditing and Monitoring	Number: 6.25.10	Page: 1 of 4
	Department: Virtual Care	Approval Signature:	
	Effective Date: June 2010	Revised Date: March 2023	

PURPOSE:

1. To describe how user access and termination requests are initiated, processed and authorized for the MBTelehealth (MBT) scheduling system
2. To describe the process for monitoring and auditing user access within the MBT scheduling system.

DEFINITIONS:

MBT scheduling system (iScheduler): Application for scheduling telehealth events

MBT eConsult (Store and Forward): Service that facilitates electronic consultations between providers by providing a secure means to communicate personal health information. The service is a module in the MBT scheduling system.

Application Administrator: MBT Technical Support Team member that manages and provides support for the MBT scheduling system.

Digital Solutions Facilitator (DSF): MBT team members who are responsible for Virtual Care services within their region along with coordinating the implementation of MBT solutions at a variety of health facilities in urban and rural Manitoba.

Manager/ or Supervisor, Virtual Care: Virtual Care solutions Manager/or Supervisor for MBTelehealth staff across the region.

PROCEDURE:

Patient Information Auditing

1. A Client Creation Report will be generated (monthly) from the MBT scheduling system by the Program Analyst and forwarded to Program Service Representatives (PSR) in an excel spreadsheet.
2. The Client Creation Report will be reviewed to determine duplicate, missing or incorrect information within the MBT scheduling system, errors in entering patient information (procedure 6.25.20), such as Personal Health Identification Number (PHIN), health care number, names.
 - a. If the PHIN is missing from a client record in the MBT scheduling system, a client search will be conducted in the Manitoba Client Registry to obtain the PHIN.
3. If confirmed that a duplicate client was created in the MBT scheduling system:
 - a) The client record (within the MBT scheduling system) with the most appointments attended will be updated with the correct client demographics

- b) The client record with the least number of appointments attended (within the MBT scheduling system) will have the appointments cancelled and will be created, as late overbook, in the client record that is being maintained.
 - c) Delete the client record (within the MBT scheduling system) with the cancelled appointments.
 - i. Search for the client record in the MBT scheduling system
 - ii. Open the client record to be deleted
 - iii. Click on “delete patient”
4. Once the review is completed, the PSR will note in the Client Creation Report and follow up as required.

Deleting Patient Information

1. A daily script is run in iScheduler to delete patient records that have not had a MBTelehealth event for 366 days, and where no future dated event is scheduled.

User Access Requests/Termination:

1. To request Scheduling System access, individuals must complete the MBT Scheduling System Access Form (6.25 Form 1); including signing the Condition of Use Agreement and have their manager approve the request.
2. DSF will verify that request was received from an authorized source, DSF will approve if appropriate, then submit to MBTH_Support.
3. The Application Administrator will create user access additions or changes in the application and advise the user when completed.
4. The Application Administrator will assign temporary passwords upon initial creation of user accounts. Users must change their temporary passwords on initial log in. Users are responsible for maintaining the integrity of their password. The Application Administrator will assign functionality required to fulfill their job requirements.
5. An authorized account requester (manager, DSF etc.) may submit a request to terminate access for a user by submitting a request directly to the Digital Health Service Desk. Digital Health Service Desk will advise requestor when completed.

Monitoring User Access:

1. Active and inactive user accounts will be monitored.
2. Users will be required to change their passwords every 90 days.
3. A Last Login report from the MBT scheduling system is run by the Program Analyst to identify users with no activity within 90 and 180 days. The report is sent directly to the responsible DSF to follow up. Users with no activity for 90 days will receive an email from the DSF informing them that they have not had any activity for the last 90 days (1st Notice).

1st Notice – MBT Scheduling System inactivity

In order for MBTelehealth to maintain our security measures that protect the integrity and privacy of the personal health information contained within the MBT scheduling system we conduct regular audits on user activity.

You have had no activity for at least 90 days within the MBT scheduling system. Please log into the scheduling system within the next 90 days to ensure MBTelehealth does NOT inactivate your access.

Please contact your regional Digital Solutions Facilitator (include contact information) if:


- You no longer require access to the scheduling system; or
- You require refresher training on the scheduling system or processes

4. DSF will send an email to MBTH_Support requesting that the access be inactivated for users who have not logged into the MBT scheduling system for at least 180 days or no longer require access
5. Users who require their access reactivated – a new Scheduling System Access Form will need to be submitted as per above and the DSF will discuss any site process changes and provide the necessary refresher training.
6. Users who require changes to their access or account profile (additional sites, user privileges) - a new Scheduling System Access Form will need to be submitted as per above.
7. Users whose initial submitted Scheduling System Access Form had incorrect or missing information – a new Scheduling System Access form is not required, however an email to MBTH_Support will be sent requesting the changes to be made.

APPENDIX A

The table below lists all external documents that provide greater context in support of this guide.

Document Title	Description
iScheduler Account Provisioning Procedure.pdf	Document can be found here - https://ehealthsp.manitoba-ehealth.ca/docrep_pub/eCML/Published CI Documents/iScheduler Account Provisioning Guide.pdf
iScheduler Application and Infrastructure Support Guide.pdf	Document can be found here - https://ehealthsp.manitoba-ehealth.ca/docrep_pub/eCML/Published CI Documents/iScheduler Application and Infrastructure Support Guide.pdf
6 25 Form 1 - Scheduling System Access Form.pdf	Request form for user accounts
6 25 Scheduling System Security.pdf	MBTelehealth procedure document
MBTelehealth-Videoconference Shared Service (MBT-VC Service)	Service description, terms and service level commitments
Manitoba Health User Access	MB Health policy titled: Health Authority user access – MB Health electronic information systems
Manitoba Health guidelines for Records of User Activity (RoUA)	

 Standards, Procedures and Forms	Name: 6.20.20 Missing Dial in Process	Number: 6.20.20	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: April 2011	Revised Date: October 2022	

PURPOSE:

To ensure that all events that require out-of-province dial in information are followed up on in a timely manner.

PROCEDURE:

Events booked outside 48 hours:

1. Seven days after an event has been scheduled:

Program Service Representatives (PSR) reviews events booked seven days prior, to ensure that the dial in information is complete. Events missing dial in information are followed up with the appropriate province’s telehealth contact.

2. Daily update of out-of-province events:

- a. When dial in information is received, the MBT scheduling system is updated with the information.
- b. Any feedback received from an out-of-province site is recorded as a comment in the MBT scheduling system, indicating that the information is pending.
- c. If the pending dial in information was not received by the time indicated, the PSR follows up with the out-of-province site and a decision is made to either cancel the event or to leave it pending. If the event is cancelled, a PSR will notify the event organizer from the MBT site.
- d. If no feedback has been received from the out-of-province site(s) by noon, the event will be cancelled within the MBT scheduling system and the event organizer from the MBT site will be notified.

3. PSR’s in Winnipeg, will generate the whiteboard (after 2:00 p.m. CDT) and will discuss any events with missing dial in information.

4. The out-of-province site will be notified that the event will be cancelled if the dial in information is not received by 12:00 (noon) CDT, the day prior to the scheduled event.

Self serve option for Multi-site connection:

If you are registered for a multi-site telehealth session and the event is already in progress and you are NOT connected, refer to MBT Scheduling System (iScheduler), Site Reports, Whiteboard. Dial appropriate number On MBT network.

Example:


Dr. Jones - Case Conference S.B. 97092

Start: 2/3/2021 13:00 End: 2/3/2021 14:00

If you are registered for this multi-site telehealth session and the event is already in progress and you are NOT connected, dial the appropriate number below.
(Note: If you have not registered for this event you must contact the MBT Schedulers to be connected.)

On MBT network 1100097092 and enter PIN 98618 when prompted

Outside of MBT network 1100097092@mbtelehealth.ca

 Standards, Procedures and Forms	Name: 6.35 Telehealth Equipment Cleaning Guidelines	Number: 6.35	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: July 2008	Revised Date: September 2018	

PURPOSE:

To ensure that all MBTelehealth (MBT) equipment is cleaned appropriately after each use.

GUIDELINES:

To avoid risk of electric shock, do not expose electrical elements to water, cleaning solutions or other potentially corrosive liquids or substances. Use facility/program approved cleaning solution to clean MBT equipment after it comes in contact with a patient, user and/or employee. Use a cloth i.e. microfiber cloth / Swiffer that has been dampened with an approved general disinfectant cleaning solution to wipe down the entire surface area of the equipment (all metal and plastic areas of the cart and remote, excluding camera lens and monitor


- **Otoscope** – Entire surface area is to be cleaned – use eye glass cleaner or alcohol swab on the lens. The tips are to be replaced after each use.
- **Horuscope** – The disposable ear tip is to be discarded after each use. Entire surface area of the scope is to be cleaned with alcohol wipes after each use. It is not intended to be sterilized.
- **Hand Held Camera** – Entire surface area is to be cleaned and all detachable pieces (use precaution when cleaning near lens – do not touch lens, as harsh products will damage lens). If contamination of lens occurs, contact MBT Technical Services Team, for manufacturer’s contact information.
- **Document Camera** – Entire surface area is to be cleaned excluding lens unless contamination has occurred. If contamination of lens occurs, contact MBT service desk, for manufacturer’s contact information.

Mobile Telehealth Cart

To avoid risk of electric shock, do not expose electrical components to water, cleaning solutions or other potentially corrosive liquids or substances

- Do not immerse cart or cart components in liquid or allow liquids to flow into the cart.
- Wipe all cleaners off the surface immediately after using a damp cloth. Thoroughly dry surfaces after cleaning.
- Do not use flammable cleaners on cart surfaces due to close proximity of electrical power and equipment.
- **Monitor** – The entire surface area is to be cleaned. A cleaner appropriate for plasma and LCD screens is to be used, such as Exponent Screen Magic.
- **Remote** – Entire surface area is to be cleaned.
- **Cords** – A/C Power, VGA, SVGA, DVI, S-Video, RCA, microphone cable - are to be cleaned.
- **Microphone** – Entire surface area is to be cleaned.

- **Codec** – To be kept dust free, no pressure to be placed on the camera. Do not use liquid cleaners or aerosol cleaners. Use a lint-free cloth lightly moistened with water for cleaning the exterior of the apparatus.
1. MBT equipment shall be cleaned on a regular cleaning schedule, determined by the facility / program where the equipment resides.
 2. Responsibility to supply cleaning solution is that of the facility where the equipment resides.
 3. Clients with infectious diseases and persons in contact with that client should use precautions as indicated for the specific infectious disease. These precautions will include the use of personal protective equipment (PPE) such as gloves, gowns, masks, etc, in accordance with the Infection, Prevention and Control Guidelines specific to the facility. Routine practices dictate that any person providing care must protect themselves from exposure to blood and body fluids. Hand hygiene is required before and after contact with a patient or equipment.

 Standards, Procedures and Forms	Name: 6.40 Multipoint Event Management	Number: 6.40	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: September 2004	Revised Date: March 2021	

PURPOSE:

To document a consistent process for management of events involving more than two sites to support technical operations during Multipoint Control Unit (MCU) controlled events.

PROCEDURE:

MBTelehealth (MBT) technical staff is responsible for ensuring multipoint events meet the highest technical, operational and security standards.

1. Event Management


- a) MBT technical staff will identify and ensure coverage for all events occurring which will require technical assistance, including all MCU events.
- b) The MBT scheduling system bridge integration system will trigger the MCU to dial all MCU events at the event start time. This requires that your site has been scheduled within the MBT scheduling system for the event.
 - i. Changes to registration for MCU events must be either entered directly into the MBT scheduling system by 1200h (noon) of the workday prior to the event or if after this cutoff, all changes must be made by the MBT schedulers.
 - ii. Sites that have missed the dial in or registered as a partial attend for an MCU event and are requesting to be connected after the start time can dial in using the dial in number and PIN on the Whiteboard, and may call the Service Desk if unsuccessful.

2. Bandwidth Management

- a) The standard bandwidth for MCU events will be (1024) kbps to maximize network capacity and ensure consistency across multiple events.

3. Security and Privacy

- a) Remote monitoring of all events by MBT technical staff will comply with procedures related to PHIA and the standard that all individuals that are able to see or hear telehealth sessions are announced and recognized when they join or leave a session.
- b) To limit risk of inadvertent transmission of audio or video:
 - i. MBT technical staff will wear the headset at all times when operating the remote monitoring application
 - ii. Remote monitoring functions will be disconnected when not actively monitoring
- c) Any actual or near miss events relating to a breach of security or privacy will be reported to the Manager, Virtual Care immediately. The Manager, Virtual Care will forward the incident to the Director, Integration and Care Coordination and, if applicable, to the Digital Health Privacy Officer.

 Standards, Procedures and Forms	Name: 7.06 Best Practice- Clinical Protocols	Number: 7.06	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: June 2012	Revision Date: October 2022	

PURPOSE:

To ensure a consistent process is followed when developing and documenting Best Practice Clinical Protocols for specific MBTelehealth (MBT) clinical events. Best Practice Clinical Protocols ensure that the host and client sites have consistent expectations of the clinical requirements for telehealth events.

DEFINITION:

Clinical Protocol (protocol): Recognized specialty-wide best practice framework that documents special requirements and is available on the Digital Health SharePoint -> MBTelehealth tab in addition to being attached as a link to clinical events scheduled for that specialty. [Clinical Protocols - All Documents \(manitoba-ehealth.ca\)](#)


POLICY:

1. Protocols are developed for clinical specialties (programs) when additional and/or specific needs are required.
2. The Digital Solutions Facilitator (DSF) coordinates the discussion and documentation.
3. Protocols are posted to the Digital Health SharePoint - MBTelehealth, under the Clinical Protocol tab. [Clinical Protocols - All Documents \(manitoba-ehealth.ca\)](#)
4. Protocols are reviewed and revised annually, or when a change to a process is identified and deemed necessary.

PROCEDURE:

1. The need for a protocol is identified.
2. A literature search of evidence-based best practices presently recommended is completed by the DSF.
3. Consultation with involved clinical provider(s), client site(s) personnel and DSF occurs to obtain information around expectations, barriers and current processes.
4. A draft protocol is created using the Clinical Protocol template using consistent formats and language, e.g.: client, provider, etc.
5. The draft protocol and any annual reviews are shared with the clinical provider(s) for review and feedback.

6. The draft protocol, any annual reviews, and feedback from the clinical provider(s) is forwarded to the Manager, Virtual Care for review and approval.
7. An incident is submitted to the Digital Health Service Desk for assigning to the MBT scheduling system Application Administrator, requesting that a link to the protocol be created as inactive in the MBT scheduling system production environment, and as active in the MBT scheduling system training environment. If an additional survey requirement needs to be added to the MBT scheduling system, the Clinical Survey Requirements Procedure (7.07) will be followed.
8. Testing is completed within the MBT scheduling system training environment. Once approved, the DSF will set a go-live date.
9. An incident is submitted to the Digital Health Service Desk for assigning to the MBT scheduling system Application Administrator, requesting that the protocol be made active in the MBT scheduling system production environment, effective on the set go-live date.
10. Communication via email with the Virtual Care Team, as well as all involved sites and providers, occurs before the go-live date.
11. A copy of the protocol document is posted on the Digital Health SharePoint -> MBTelehealth tab under Clinical Protocols.
12. The DSF will update the Table of Protocols and Surveys, which is posted on the Digital Health SharePoint -> MBTelehealth tab under Clinical Protocols.

 Standards, Procedures and Forms	Name: 7.07 Clinical Requirement Surveys	Number: 7.07	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: June 2014	Revision Date: October 2022	

PURPOSE:

To provide a consistent process for developing and documenting a Clinical Requirement Survey for a specific provider and/or clinical event type.


DEFINITION:

Clinical Requirement Survey (survey): Specialty-specific, mandatory or optional instructions developed to ensure that a host and client site has a consistent, clinical requirement expectation as part of a telehealth event; it can be applied to a specific provider or clinical event type within a specialty.

PROCEDURE:

1. A survey is developed for a clinical program when an additional and/or specific need is required that suits survey communication.
2. The MBTelehealth Digital Solutions Facilitator (DSF) coordinates the discussion, documentation, required approvals, routing, testing and communication associated with the survey request.
3. Surveys are reviewed and revised annually by the DSF and clinical programs, or when changes to the process are identified.
4. Consultation with involved clinical provider(s), client site(s) personnel and MBTelehealth Digital Solution Facilitators takes place to obtain information around expectations, barriers and present practices.
5. A draft survey is created using consistent language (client, provider, etc.).
6. The draft survey is shared with the clinical provider(s) for review and feedback.
7. The draft survey, containing feedback from the clinical provider(s), is forwarded to the Manager, Virtual Care for review and approval.
8. An incident is submitted to the Shared Health Service Desk, cc: MBTelehealth scheduling system Application Administrator, requesting that the survey be created as inactive in the MBTelehealth scheduling system production environment and as active in the MBTelehealth scheduling system training environment.
9. Testing is completed within the scheduling system training environment. Once approved, the DSF sets a go-live date.

10. An incident is submitted to the Shared Health Service Desk, cc: MBTelehealth scheduling system Application Administrator, requesting that the survey be made active in the MBTelehealth scheduling system production environment effective on the set go-live date.
11. Communication via email with the Virtual Care Team, as well as involved sites and providers, is sent out prior to the go-live date.
12. The Table of Clinical Protocols and Surveys is updated with the new survey [Clinical Protocols - All Documents \(manitoba-ehealth.ca\)](#)

 Standards, Procedures and Forms	Name: 7.10 Clinical Workflow Process	Number: 7.10	Page: 1 of 3
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: September 2003	Revised Date: October 2022	

PURPOSE:

To ensure a consistent and secure method of scheduling clinical consultations.

PROCEDURE:

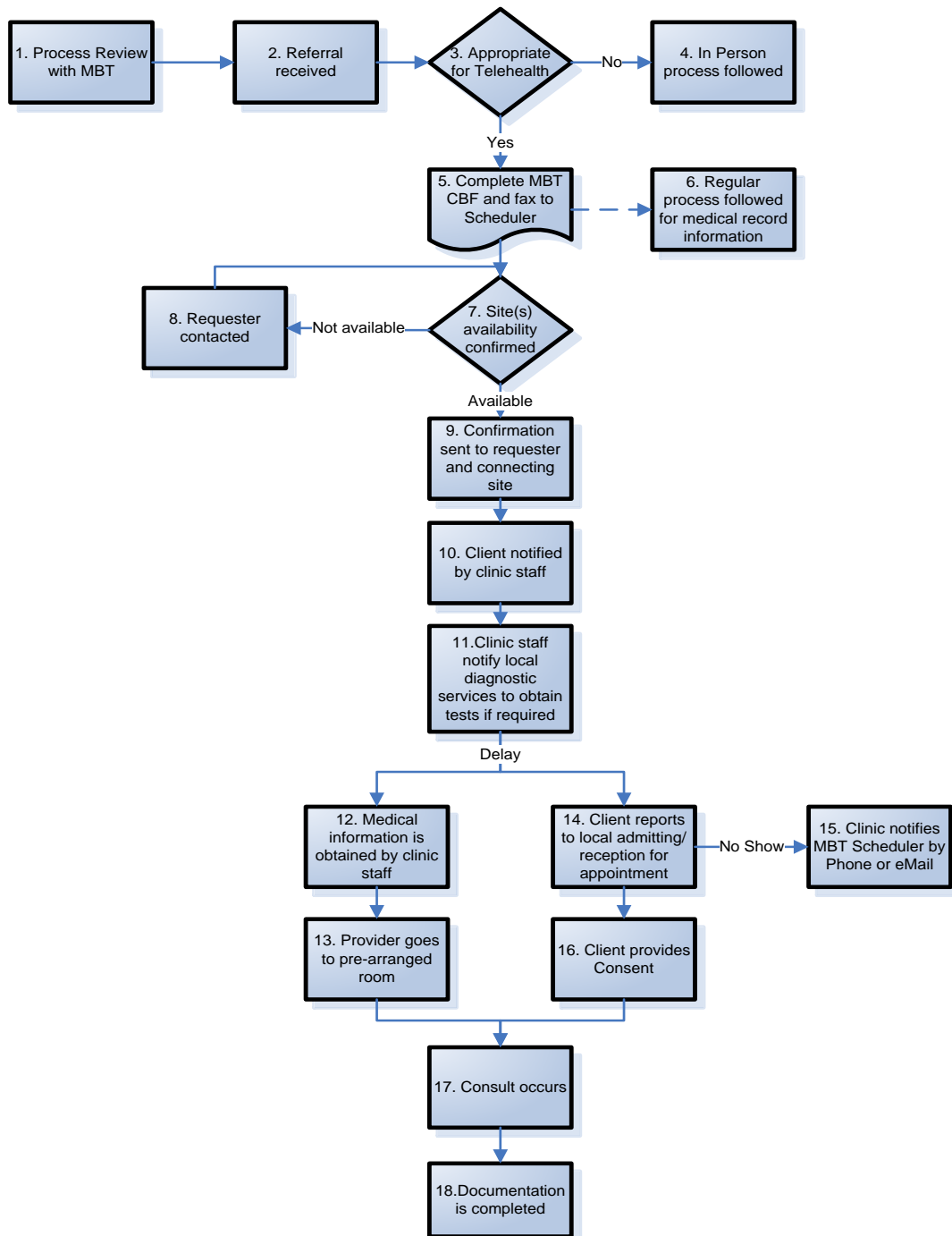
MBTelehealth (MBT) Workflow Process – Clinical:


1. A Clinical Process Review (as per Procedure 7.05) is completed and the provider is trained on the videoconference equipment as well as MBTelehealth (MBT) processes and procedures.
2. A referral request is received by a provider from a health-care practitioner, which may or may not indicate consult by telehealth.
3. The referral is reviewed by the provider to determine suitability for telehealth.
4. If the consult is not suitable for telehealth, a regular “in-person” clinic appointment is scheduled.
5. If the consult is suitable for telehealth, a Clinical Booking Form (CBF) is completed (see www.mbtelehealth.ca for booking forms) and faxed to the MBT Scheduling at 204-975-7787 by the provider or delegate, or the provider/delegate will self-schedule the appointment into the MBT scheduling system. A minimum of 2 patient identifiers (PHIN preferred for Manitoba residents) must be confirmed in the MBT scheduling system prior to selecting the patient record.
6. After completion of the MBT CBF or once the user has self-scheduled the event in the MBT scheduling system, the provider or delegate follows their regular process for gathering client-specific medical information for the appointment.
7. MBT Scheduling confirms that the requested site is available for the required date/time, within 48hrs of receiving the request. Out of province requests may take longer to confirm. If the appointment is self-scheduled, confirmation is not required. All out of province requests are submitted on a booking form.
8. If the requested site(s) is unavailable for the requested date/time, the provider or delegate is contacted by MBT scheduling by phone to explore an alternate date/time. If the appointment was self-scheduled, the requester will search for an alternate date/time.
9. If the requested site is available, a fax and/or email confirmation is sent to the provider or delegate and to the connecting site. If a CBF was submitted to MBT scheduling, it will be stored within the appointment record, in the MBT scheduling system.
10. The provider or delegate notifies the client of the appointment date, time and location, advising it will be by videoconference and confirming that the client is available to attend. If the appointment is cancelled, the provider or delegate contacts MBT scheduling to reschedule.
11. If a diagnostic test is required for the event, the provider is responsible for obtaining it.

Delay – the delay is noted to show there is a wait period from when the appointment is scheduled (step 11) to the day it occurs (step 12).

12. The provider's clinic staff arranges for the sharing of client-specific medical information (medical records, lab results, etc).
13. The provider presents to the telehealth room indicated on the event confirmation or within the MBT scheduling system and connects to the designated site.
14. The client reports to local admitting/reception and is registered as per the site's registration process.
15. If the client is a no show, the provider or patient site will notify MBT scheduling by email at schedule@mbtelehealth.ca or by phone at 204-940-8500 option 4, then option 2 in Winnipeg or 1 866-999-9698 option 4, then option 2 outside of Winnipeg.
16. At the local site, information is shared with the client to understand how a session differs from a face-to-face consultation (as per procedure 4.20.10), and verbal consent is obtained prior to taking part in the MBT event.
17. Consult occurs.
18. After the consult, documentation of the telehealth consultation is completed at both the client site and the provider site (as per procedure 4.25).

For same Day Requests see Procedure 4.30.15



 Standards, Procedures and Forms	Name: 7.11 Non-Clinical Workflow Process	Number: 7.11	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: August 2007	Revised Date: October 2022	

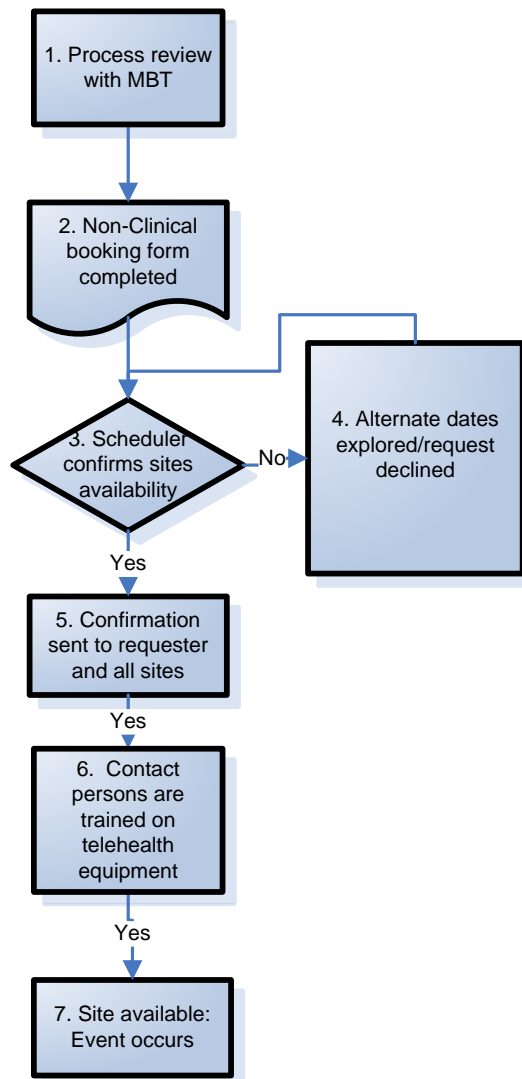
PURPOSE:


To ensure a consistent and secure method of scheduling non-clinical events.

PROCEDURE:

MBTelehealth (MBT) Workflow Process – Non-Clinical:

1. A review is completed, and the user is trained on the videoconference equipment as well as MBTelehealth (MBT) processes and procedures.
2. The requester completes the MBT Non-Clinical Booking Form (NCBF) (see www.mbtelehealth.ca for booking forms) and submits to MBT scheduling via email or fax, or the requester self-schedules the event into the MBT scheduling system. Prior to submitting the NCBF, the requester confirms with the far-end site that there is a contact person (records the name on the non-clinical booking form) who assumes responsibility for facilitating the session, and that a room is booked at the local site, as per the site’s room-booking protocol (rooms are recorded on the NCBF).
3. Within 48 hours of receiving the request, MBT scheduling confirms that the requested site is available for the required date and time. If the event was self-scheduled, confirmation is not required. For out-of-Manitoba events, a NCBF is required, and confirmation is not sent until the dial-in information is received from the far-end provider.
4. If the requested site is unavailable for the requested date/time, the requester is contacted by MBT scheduling by phone to try to reschedule. If it is not possible to reschedule the event, the request is declined. If the event is self-scheduled, the requester searches for an alternate date/time.
5. If the requested site is available, an email confirmation is sent to the requester and all sites involved.
6. All contacts identified on the NCBF will contact the Digital Solutions Facilitator or site contact for training on the telehealth equipment, if applicable. If the contact person is unable to be trained in time, the applicable contact person will advise the event requester to cancel their participation in the event. If a laptop is required for a presentation, the applicable contact person must arrange with the Digital Solutions Facilitator or site contact, to have the laptop tested, prior to the event.
7. If the site is available, the event occurs. All contacts identified on the NCBF are responsible for receiving training on the telehealth equipment prior to the event. The contact identified will assume responsibility for setting up the room and advising the appropriate people of the upcoming event. The event contact must follow their local site’s telehealth procedures to ensure that the equipment is secured after the event.



 Standards, Procedures and Forms	Name: 9.10.30 Room Naming Structure	Number: 9.10.30	Page: 1 of 2
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: October 2011	Revision Date: October 2019	

PURPOSE:

To provide consistent guidelines for the naming conventions of telehealth rooms within the MBTelehealth (MBT) scheduling system.

CRITERIA:

A telehealth room is only classified by one of the following criteria:

- Clinical Room – is only used for a clinical event.
- Meeting Room – is only used for a non-clinical event, such as a meeting, education, or administrative purposes.
- Hybrid – can be used for both a non-clinical or clinical event that does not require peripheral equipment (otoscope, hand-held patient camera).
- MyMBT Video – can be used for both a non-clinical or clinical event, using an individual's own computer or device and a software-based videoconferencing application.


PROCEDURE:

When a new site, an additional room or device is being implemented, the room usage is determined based on the above criteria, in conjunction with the site contacts. The project lead follows procedure 9.10.10 (New Site, Room, Equipment, and Device Addition) to have the room added within the scheduling system.

1. A clinical room is identified with CLIN in front of the room name and identified by the site. A clinical room that is limited in use to specific clinical activities, such as CancerCare, Neonatology or Telestroke, will have an additional room identification.
 - a. Multiple clinical rooms at the same site will be numbered (1, 2, etc) – CLIN1, CLIN2, etc, followed by the room name. To facilitate scheduling by MBTelehealth (MBT) staff or site self-schedulers, the number indicates the priority of room selection. CLIN1 indicates that this is the most commonly used room for a telehealth clinical event. If CLIN1 is unavailable, a conflict window appears, and the scheduler proceeds to book CLIN2. If a CLIN-designated room is not available and the event requires peripheral equipment, another date/time must be considered. A Hybrid room may be considered (see item 3 below) if the clinical event does not require peripheral equipment. A specialty room cannot be used if the event is not associated with the specific program.
 - b. CancerCare Manitoba clinical rooms are identified as CLINCancer or for multiple rooms CLINCancer1, CLINCancer2, etc, followed by the room name. Only CancerCare-identified sessions are scheduled in rooms identified with the CLINCancer designation. A site contact may adjust a room that a clinical event is scheduled in, based on their internal activity.
 - c. Emergency Program rooms such as an Acute Telestroke clinical room is identified as CLINER99-Telestroke, or for multiple rooms CLINER99-Telestroke1, CLINER99-Telestroke2 etc., followed by the room name. ONLY Telestroke or Emergency-identified events will be

scheduled in a room identified with the CLINER99-Telestroke designation. A site contact may adjust a room that a clinical event is scheduled in, based on their internal activity.

- d. Neonatology clinical rooms are identified as CLINNursery. A site will determine the designation of “nursery” room in their specific facility. Only a Neonatology-identified session is scheduled in a room identified with the CLINNursery designation. A site contact may adjust a room that a clinical event is scheduled in, based on their internal activity.
2. A meeting room is identified with MTG SM or LG in front of the room name and identified by the site.
 - a. SM for small meeting room, if the room holds less than 10 people. Multiple small meeting rooms are prioritized by numbers (1, 2, etc) – MTG SM1, MTG SM2, etc.
 - b. LG for large meeting room, if the room holds 10 or more people. Multiple large meeting rooms are prioritized by numbers (1, 2, etc) – MTG LG1, MTG LG2, etc.
 3. A Hybrid room is identified with HYBRID in front of the room name and identified by the site. This room is used for both a non-clinical and clinical event, if peripheral equipment is not required.
 - a. Multiple hybrid rooms are prioritized by number (1, 2, etc) – HYBRID1, HYBRID2, etc.
 4. A MyMBT Video event is identified by the user’s name and may be used for both a non-clinical and clinical event.
 5. A room name cannot exceed 28 characters, inclusive of the CLIN, MTG, HYBRID, and spaces.
 6. The room name of a decertified room is renamed with an “x” prior to the room name, indicating that it is not available for scheduling.

 Standards, Procedures and Forms	Name: 9.10.50 Site Name and/or Address Change	Number: 9.10.50	Page: 1 of 1
	Department: Virtual Care	Approval Signature: <i>Original signed by L. Loewen</i>	
	Effective Date: May 2017	Revised Date: October 2022	

PURPOSE:

To ensure that when an MBTelehealth (MBT) site moves or changes, the site name has the appropriate signage and systems updated to reflect the change, along with notifying the appropriate stakeholders.

PROCEDURE:

Once a site has advised of a change in name or address, the following steps are followed by the Digital Solutions Facilitator (DSF) responsible for the site:

1. Notify Digital Solutions Coordinator about name change; for review by the Manager, Virtual Care.
2. Update MBT scheduling system & TelePresence Management Suite (TMS).
 - Submit incident to Shared Health Service Desk to update site name in MBT scheduling system, TMS, and the Locations tab of the MBT website and pin on Google Maps. Use email template found on SharePoint to submit changes. This can be found using this link, [Email Templates - All Documents \(manitoba-ehealth.ca\)](https://www.manitoba-ehealth.ca/Email_Templates_-_All_Documents)
 - MBT Technical Services Team updates the MBT scheduling system and TMS, and notifies the requestor upon completion
3. Update room and wall signs.
 - DSF to request the Program Service Representative (PSR) to order new signs
4. Request that the Digital Solutions Coordinator update the MBT Site Information Database on SharePoint
5. Update Remedy information for the site
 - Submit incident to Digital Health Service Desk to update site name in Remedy
6. Update MBT Program Analyst
 - Submit notice to Program Analyst to update site name in reporting programs
7. Update site Memorandum of Understanding, and any related financial and legal documents
 - Notify the Digital Solutions Coordinator about the name/address change