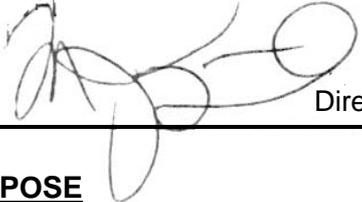




**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT THE USE OF TELEPSYCHIATRY	POLICY NO. 202.36	EFFECTIVE DATE 7/7/10	PAGE 1 of 5
APPROVED BY:  Director	SUPERSEDES NA	ORIGINAL ISSUE DATE 7/7/10	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To provide timely and appropriate telepsychiatric services by the Los Angeles County-Department of Mental Health (LAC-DMH).

POLICY

- 2.1 Upon approval by the LAC-DMH Medical Director, telepsychiatric services may be provided to clients when equivalent in-person services are not available.

DEFINITION

- 3.1 Telepsychiatry is the use of two-way real time-interactive audio and video between a psychiatrist and a client in order to provide psychiatric care when distance separates participants who are in different geographical locations.

PROCEDURES

- 4.1 Technical Services/Equipment/Environmental requirements shall include:
 - 4.1.1 Two cameras of sufficient quality to support general web-based video communications.
 - 4.1.2 Electronic signals transmitted in a secure fashion.
 - 4.1.3 Evaluation and/or treatment performed in an environment where there is a reasonable expectation of absence of intrusion by individuals not involved in the client’s direct care.
 - 4.1.4 The physical presence or immediate availability (e.g., situated outside the office) of an Authorized Mental Health Discipline (AMHD) during the session with clients who may need the security or reassurance that such presence provides.



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4.2 Consent

4.2.1 Explicit informed consent for telepsychiatry must be obtained and documented.

4.2.1.1 The consent form must explicitly state that the client has been provided with the options of telepsychiatry, face-to-face evaluation by a psychiatrist at a later date and/or at another facility.

4.2.1.2 The consent must clearly indicate that, the client has decided to receive telepsychiatric services rather than the other alternatives.

4.2.2 Video and audio transmission shall not be retained in any medium, including the clinical record, prior to the establishment of a related policy and procedure, which must also include the consent of the client or guardian. Specific mention of the retention of this transmission will be required on any consent form approved for this purpose.

4.2.3 All consents for treatment and other procedures applicable to face-to-face encounters must be obtained for telepsychiatric encounters.

4.3 Telepsychiatric Treatment

4.3.1 Familiarity: A psychiatrist providing telepsychiatric services must have sufficient clinical familiarity with the client to provide those services requested but is not required to be immediately available on an ongoing basis to the client or treatment team.

4.3.2 Treatment Planning and Consultation: A psychiatrist providing telepsychiatric services must be reasonably available to members of the treatment team for consultation and planning regarding any specific evaluative or treatment services rendered during the telepsychiatric encounter but is not required to be immediately available on an ongoing basis to the treatment team.

4.3.3 Selection Criteria: General: Except for additional criteria necessitated by technologic aspects of electronic linkages, all selection criteria pertaining to face-to-face practice of psychiatry applies to the practice of Telepsychiatry.

4.3.3.1 Telepsychiatric selection criteria ensure that the client is assessed for appropriate psychological, physiological and medical stability, is conscious, and non-violent.



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4.3.3.2 Physical Restraint: Clients must be free of physical restraints during telepsychiatric encounters.

4.3.3.3 Physiological Stability: The telepsychiatrist must determine that a client has sufficient physiological stability to safely permit the completion of telepsychiatric assessment and treatment in the clinic setting.

- To the extent that the program resources exist, physiological stability will be assessed and documented by both onsite and remote staff.
- Physiological stability means that the client’s medical condition is not such that requires medical assessment and services which may not be available on site.
- After the onsite staff has gathered information, the telepsychiatrist must assess the client’s physiological stability and document the findings.

4.3.3.4 Impulse Control: Clients must have sufficient self-control to remain safely in a room with telepsychiatric equipment.

- The client’s impulse control must be assessed by a clinician prior to each telepsychiatric session.
- An on-site clinician shall be present or immediately available in case the client is no longer able to remain safely in the room.

4.3.3.5 Sensory Acuity: Clients must have sufficient sensory acuity to permit meaningful perception of audio/video linkage signals, except in specific situations approved by the LAC-DMH Medical Director or his/her designee.

4.3.4 Assessment:

4.3.4.1 Review of Records: Applicable records from a remote site must be sent in advance of telepsychiatric encounters.

4.3.4.2 History: Relevant psychiatric, developmental, social, medical, and substance abuse histories may be obtained during the telepsychiatric encounter.

4.3.4.3 Mental Status: Relevant mental status exam may be obtained via the telepsychiatric encounter.



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- 4.3.4.4 Physical Examination: A qualified clinician must be available at the treatment site to perform and transmit results of the examination for routine vital signs including heart rate, respiration, standing and sitting blood pressure, and temperature.
- 4.3.4.5 Neurological Examination: A qualified clinician must be available to confirm findings of the neurological exam, as visually performed by the telepsychiatrist, including presence of tremor, ataxia and other dyskinesias.
- 4.3.4.6 Laboratory Examination: The telepsychiatrist must have access to all laboratory examinations and results necessary for assessment of the client.
- 4.3.5 Psychopharmacology:
 - 4.3.5.1 The telepsychiatrist must ensure the availability of electronic or physical transmission of prescription to a dispensing pharmacy.
 - 4.3.5.2 The telepsychiatrist must ensure the availability of electronic or physical transmission of orders and results related to necessary laboratory examination.
 - 4.3.5.3 Based upon the telepsychiatrist's orders, sample medications available at the clinic where the client is being seen may be dispensed.
 - 4.3.5.4 Clinic policies related to storage and dispensing of medication are applicable in such cases.
- 4.3.6 Psychotherapy: The telepsychiatrist must ensure that proper conditions exist for the engagement of the client and significant others in any form of psychotherapy that is undertaken during the telepsychiatric encounter.
- 4.3.7 Emergency General Medical Treatment: When indicated by results of telepsychiatric medical examination, the clinic must have the capacity to signal for paramedical support and to transport to a general medical emergency room. This requirement necessitates the presence or immediate availability of a clinician where the client is being seen.
- 4.3.8 Documentation
 - 4.3.8.1 General Documentation: All documentation applicable to face-to-face encounters and telephone calls must be maintained for telepsychiatric encounters.



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4.3.8.2 Necessary elements of the Clinical Record must be transmitted between the facility in which the client is being treated and at the location from which the telepsychiatrist delivers services. The specific components that comprise the appropriately completed Clinical Record must be explicitly specified by agreement between the linked sites.

4.3.8.3 When the service is completed, the supporting documentation should be faxed from the psychiatrist to the clinic where the Client Record is maintained. Copy quality must be sufficient to support photocopy transmission. Transmission must occur as quickly as possible, but in no case should be postmarked or date-stamped more than 24 hours after the encounter. Refer to DMH Policy 500.21, Safeguards for Protected Health Information.

4.3.8.4 The original supporting documents must be delivered to the clinic by a mail delivery service within 24 hours after the encounter.

4.3.9 Quality Improvement

4.3.9.1 General Quality Improvement: All quality improvement activities related to psychiatric treatment may be conducted in the same manner for telepsychiatric encounters.

4.3.9.2 Special Quality Improvement: Special quality improvement activities, including process and outcome studies may be conducted to assess specific questions related to the telepsychiatric encounter and situation.

4.3.9.3 Use of Quality Improvement Investigation Results: Results of quality improvement activities may be used to change on an ongoing basis policies and procedures related to telepsychiatric treatment.

HYPERLINKS

LAC-DMH Consent for Telepsychiatric Services
DMH Policy 500.21, Safeguards for Protected Health Information **(For LAC-DMH Operations Only)**

RESPONSIBLE PARTY

LAC-DMH-Office of the Medical Director