Key to TSA's new Integrated Code Process Headings

Service Blueprint – (telehealth only) Description of the elements that make up a robust telehealth service framework developed prior to service start and patient ramp up.

Initial Action – Action undertaken on receipt of data to verify /confirm accuracy of data and source and determining next action.

Post Initial Action – (telehealth only) Escalating of health related data as per predetermined healthcare pathways.

Standard Models	Infrastructure Service
Safeguarding	It should be acknowledged that implementing telehealth is often part of a major clinical change process and as such should be developed within a programme design - project & programme management framework. Prior to a new service start the following should be agreed: • modelling tools that will be used (if any) • risk stratification tools that will be used (if any) • disease state(s) which will be monitored, single or co-morbid • service(s) which ii to be a part of • type of service model – i.e. telehealth alone or combined telecare service, and which of technology(s) will be used i.e. the service model (s) and the times of operating • clear roles and responsibilities of all of the actors involved. • clear handoffs and responsibilities annotated and signed of between each of the organisations/ actors involved. • who has/ retains clinically responsibility of patient • the level of service patients/ internal /external customers can expect • help desk for patient queries • service protocols agreed for: - setting patients up on the system, what type of clinical/ non-clinical monitoring should take place - who is responsible for setting up initial clinical data thresholds - who is responsible for receiving and handling clinical and non-clinical data - non receipt of clinical data - data received outside of thresholds and escalation pathways in and out of hours - any changes required in patient health questioning and vital sign monitoring All of the above should be imbedded in Standard Operating Procedures (SOP'S) and signed off by the clinical governance structure which ensures the patients using the services are safeguarded prior to a new service 'go live'. All of the above agreements embedded in service SLA's.

Standard Models	Infrastructure Service
Governance Clinical / Organisational	Prior to new service start the service there should be: • clear organisational and operational governance structures in place – either stand alone or embedded in other structures. • a recognised clinical lead that is responsible for the clinical service if the monitoring service makes clinical decisions. • a recognition that telehealth is an enabler in clinically re-designing services and processes; the outputs of these new processes are to embed technology in clinically effective pathways. • recognition that implementing telehealth is a major clinical change process which can cover more than one organisation (dependant on the model). It is a change one that requires time, resources, skills and knowledge and 'buy in' from a number of key stakeholders. • stakeholder engagement strategy • demonstration that the service development is clinically not technology lead. The service/process should demonstrate how: • the protocols, algorithms, assessment tools used within the service and software tools are evidence based i.e. Map of medicine, NICE guidance, HAD. QUAL's etc. • it achieves clinical effectiveness • it links into existing /other clinical pathways/ services • it links with other/ existing clinical information systems • patient engagement in service set up has been achieved • adverse incidents will be reported and acted on • KPIs are agreed across organisation, reporting timelines and structure

Standard Models Staff and Training	**Service Infrastructure** • The service must identify roles & responsibilities of staff across the whole process • All roles must use the relevant competency frameworks – e.g. Skills for Health • If a clinical service – the staff roles should be based on relevant clinical competencies - such as the ICN tele- nursing competencies • There should be comprehensive training programmes tailored to each of the actors involved within the service and tailored to the individual technology / software.
Privacy and Data protection *Also see Legislation re: DSA	Prior to service start agreement: • Who the patient's data will be shared with and how: i.e. GP's, GP out of hours, Ambulance services • Data Sharing Agreements are in place and signed by all parties/ organisations prior to start including technology/software provider– NHS DSA template.
Partnership working *Links with Governance	Prior to service start agreement on : • clear handoffs and responsibilities annotated between each of the organisations/ actors involved. • who has/ remains clinically responsibility of the patient* • the level of service patients/ internal /external customers can expect

Standard Models	Service Infrastructure
Communication	Patient communication needs to include: • training checklist • informed consent which explains that the patient can withdraw for the service at any time. • tailored information on the service that can expected and explanation where the service is not an emergency service • when data is required/ uploaded to data monitoring software • education content, coaching & support on condition management • where to go for help for - technology problems • patient experience gathering: quality of life, change of conditions, ease of use • exit strategy; step-down plan • exit questionnaire
Access to / and working in the home	As for Telecare
Technology Management	Prior to service start the following should be agreed: • Data download / triggers - data received in real time or specific data times?* - can patient send data to centre outside these times – will they be read/ action on?* - timeframe triggers need to be informed by patient death, removal of kit *(note – feed into patient information) The system should be matched against: • Interoperability - whether the software / technology is Interoperable with (for examples): - GP, community nursing , telecare, social care records • Has data timestamps for date receipt and subsequent action • Agreement on safe & secure transmission of data • Data management & integration e.g. Timeframe triggers need to be informed by patient death, removal of kit

Standard Models	Service Infrastructure
Business continuity	• As for Telecare • SLA for handoffs as above
Planning and development of the TSC	In planning ensure that the TSC design ensures security and integrity of patents records/ data
Legislation	• Data Sharing Agreements are in place and signed by all parties/ organisations prior to start including • technology/software provider– NHS DSA template. • Technology / software must meet CfH Health Informatics standards ` • Meets CfH Health Informatics and for safe & secure transmission of data • Medical devices legislation • Department of Health Standards for Health • NICE • Care Quality Commission (England only)

Standard Models	Service Infrastructure
Key Performance Framework	**Monitoring/triage:** • Review of data • Response/communication Escalation **Technical:** • Installation • Support times Fixes/replacements **Patients:** • Changes in condition **General:** • Reduction in hospital admissions e.g. 50% for LTC • KPIs associated with intended success criteria • Number of patient monitored days • ££ per patient reduction