

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital</i>	Date Written or Last Revision: May2010
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1. Policy Statement:

It is the policy of Stanford Hospital and Clinics and Lucile Packard Children’s Hospital to credential any physician providing services to our patients via Telemedicine based on procedures and specific criteria as they relate to distant site (*site where the practitioner providing professional services is located*) and originating site (*site where the patient is located*) .

This policy and the implementing procedure describe recommended actions to comply with statutory or regulatory requirements.

2. Definitions:

Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care provider and patient constitutes “telemedicine” for purposes of this policy.

3. Procedures:

In the event that Stanford Hospital and Clinics and/or Lucile Packard Children’s Hospital administration, medical staff leadership or faculty physicians agree to provide services via Telemedicine LINK, the following procedures will be applied. These procedures however, do not pertain to “interpretive services” in which an LIP provides official readings of images, tracings, or specimens through contract services and/or “consultations”.

A. Originating Site Practices: The following applies to patient care services via Telemedicine Link where the patient is located at Stanford Hospital and Clinics or Lucile Packard Children’s Hospital and services are provided remotely by a Licensed Independent Practitioner (LIP) that is not currently affiliated with SHC or LPCH.

In the event that SHC or LPCH would become an *Originating Site*, the following conditions would apply:

1. Credentialing procedures for the LIP who will be providing services to a Stanford/LPCH patient will follow the Visiting, Locum Tenens or Telemedicine Temporary Clinical Privileges Policy with the following provision:
 - Current State License (state of current practice if other than CA)

Before Telemedicine Privilege are granted, the following elements will be evaluated:

- Challenges to any licensure or registration
- Voluntary and involuntary relinquishment of any license or registration
- Voluntary or involuntary termination of medical staff membership

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- Voluntary or involuntary limitation, reduction, or loss of clinical privileges
- Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant
- Documentation as to the applicant's health status
- Relevant practitioner-specific data as compared to aggregate data, when available
- Performance Measurement Data including morbidity and mortality data, when available

B. Distant Site Practices: The following applies to patient care services via Telemedicine Link where the patient is located at a remote site and patient care services are provided by SHC/LPCH member of the Medical Staff at SHC/LPCH. In the event that SHC/LPCH Medical Staff member provides care as Distant Site provider, the following would apply:

1. Any and all credentialing documentation that can be released to the originating site will be per written consent for release of information for Telemedicine purposes from the individual LIP of the Medical Staff. The following is a list of the information that can be shared:
 - a) Copy of Initial Application or Reappointment Application
 - b) List of current approved privileges
 - c) Copy of California Medical Board Medical License verification
 - d) Copy of DEA Certificate verification
 - e) Copy of Fluoroscopy/X-Ray Certificate verification
 - f) Confirmation of current medical staff status and membership at SHC/LPCH
 - g) Copy of Curriculum Vitae
 - h) Copy of current Professional Liability (if applicable)

DOCUMENT INFORMATION:

A. Legal Authority/References

American Telemedicine Association
University of Hawaii Telemedicine/Telehealth Project – Department of Defense
Pacific Telehealth and Technecology HUI – VA/DoD Joint Telehealth Project
The Joint Commission – Telemedicine Standards MS 13.01.01

B. Author/Original Date

This Policy was authored by the Director, Medical Staff Services in February 2004

C. Gate Keeper of Original Document

The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Services Department.

D. Distribution and Training Requirements

None

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E. Requirements for Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Review and Revision History

This is a new policy
December 2006

G. Local Approvals

Credentials Committee - April 2004, 4/10
LPCH Policy Committee – 4/10
LPCH MEC – 5/10
SHC MEC – 5/10

Hospital Board Approvals

May 2004; January 2007, 5/10
SHC
LPCH

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SHC and LPCH