

# Telemedicine Readiness Checklist

The Telemedicine Readiness Checklist highlights key success criteria to consider when implementing a telemedicine service at your organization. The criteria are based on best practices and lessons learned from the implementation of existing telemedicine programs. Completing the checklist will help you determine if your organization is ready to implement a new telemedicine program. If you are not ready to implement telemedicine, the checklist will give you a clear picture of what specific areas require attention before proceeding.

**Organization Name:** \_\_\_\_\_ **Site Name:** \_\_\_\_\_

**Team / Persons Completing Assessment:** \_\_\_\_\_

**Signature of Clinical Telemedicine Program Lead:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

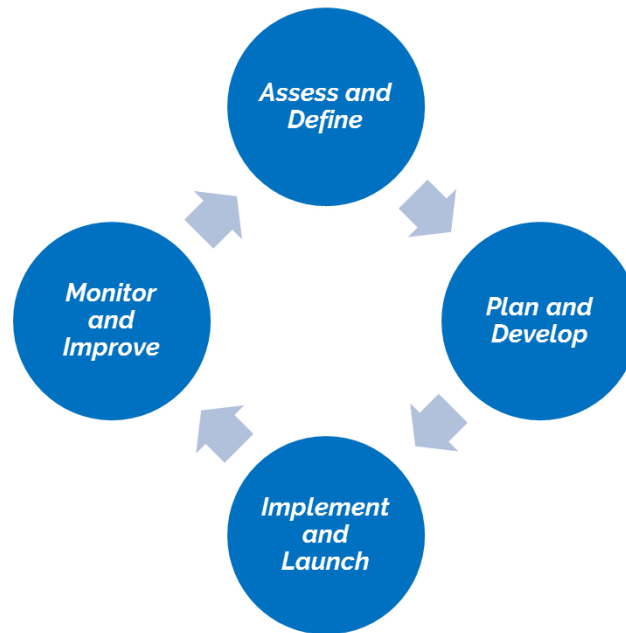
**Date:** \_\_\_\_\_

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## *Approach Framework*

Our telemedicine readiness checklist identifies four easy steps to consider when planning and executing the development and launch of a telemedicine program within your healthcare organization.

## *OTN's Telemedicine Readiness Framework*



1. **Assess & Define:** Research and determine what priorities you trying to solve with telemedicine
2. **Plan & Develop:** Understand what's required for implementation and build a plan around it
3. **Implement & Launch:** Gather all resources, equipment and execute activities required to set-up telemedicine
4. **Monitor & Improve:** Measure the success of your implementation and identify areas for continuous improvement

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| <b>ASSESS &amp; DEFINE</b>  | <b>YES</b> | <b>NO</b> | <b>UNSURE</b> | <b>RESOURCE MATERIALS</b> |
|---|------------|-----------|---------------|---------------------------|
| You have analyzed your performed a needs and have identified unmet healthcare needs for your organization.  |            |           |               |                           |
| You have prioritized activities that are suitable for telemedicine.   |            |           |               |                           |
| You have developed preliminary goals and objectives for your telemedicine program.  |            |           |               |                           |
| You have identified a clinical model of care that best suits your goals and objectives.   |            |           |               |                           |
| You have identified someone to champion telemedicine within your organization.  |            |           |               |                           |
| You have existing and potential relationships with specialty providers and/or community partners.   |            |           |               |                           |
| You have completed a technical needs assessment and have developed a technology plan to support your program needs (equipment, medical peripherals, internet connectivity). |            |           |               |                           |
| You have determined approximate start-up, and ongoing operating, costs for your telemedicine program and have developed a telemedicine business case.                       |            |           |               |                           |
| You have obtained organizational support and financial commitment to implement your telemedicine program.   |            |           |               |                           |
| <b>Comments:</b>  |            |           |               |                           |
|   |            |           |               |                           |

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| <b>PLAN &amp; DEVELOP</b>   | <b>YES</b> | <b>NO</b> | <b>UNSURE</b> | <b>RESOURCE MATERIALS</b>                    |
|---|------------|-----------|---------------|--|
| You have established a "Telemedicine Working Group" or team to manage your telemedicine program.  |            |           |               |  |
| All telemedicine users have been provisioning for OTNhub.   |            |           |               |  |
| You have developed a detailed implementation plan including timelines, key milestones, deliverables and technical requirements.   |            |           |               |  |
| You have developed and finalized clinical workflows, clinical protocols, referral forms, policies and guidelines to support your telemedicine program.  |            |           |               |  |
| Telemedicine roles and responsibilities have been clearly defined and you have assigned staff to support the telemedicine program.  |            |           |               | <a href="#">TM Staffing Guideline</a>        |
| Your clinical telemedicine room/space has the necessary equipment and medical peripherals to conduct clinical assessments (as required for your program) and provides physical privacy for patient consultations. |            |           |               | <a href="#">Space and Location Guideline</a> |
| You have developed a communication strategy to promote your telemedicine program internally and externally.   |            |           |               |  |
| You have developed a Benefits Evaluation" and "Performance Measurement Plan".   |            |           |               |  |
| <b>Comments:</b>  |            |           |               |  |
|   |            |           |               |  |

Updated: Nov. 30, 2022

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| <b>IMPLEMENT &amp; LAUNCH</b>   | <b>YES</b> | <b>NO</b> | <b>UNSURE</b> | <b>RESOURCE MATERIALS</b>           |
|---|------------|-----------|---------------|-------------------------------------|
| All telemedicine hardware, software, and peripheral equipment has been installed, configured and tested.                            |            |           |               |                                     |
| All users are provisioned with OTNhub accounts.   |            |           |               |                                     |
| All staff and healthcare providers supporting telemedicine have completed the required program and telemedicine equipment training. |            |           |               | <a href="#">OTN Training Centre</a> |
| You have completed a successful "Mock Session" to test your program model.  |            |           |               |                                     |
| <b>Comments:</b>  |            |           |               |                                     |

# Telemedicine Readiness Checklist

| <b>MONITOR AND IMPROVE</b>   | <b>YES</b> | <b>NO</b> | <b>UNSURE</b> | <b>RESOURCE MATERIALS</b> |
|--|------------|-----------|---------------|---------------------------|
| You have implemented a Benefits Evaluation and Performance Measurement Plan and regularly analyze your program's performance to ensure intended objectives are being met, and identify trends and areas for improvement. |            |           |               |                           |
| You regularly communicate with your remote partners to foster relationship development.  |            |           |               |                           |
| <b>YOU HAVE CELEBRATED YOUR SUCCESS!</b>   |            |           |               |                           |
| <b>Comments:</b>   |            |           |               |                           |