

POLICY: It is the policy of NARBHA to establish priorities for the use of the Telemedicine network.

PROCEDURES:

- A. NARBHA's telemedicine network use is prioritized to accommodate the clinical, administrative, and training needs of NARBHA and its provider network.
 1. Clinical applications, including psychiatry, medication management, psychiatric evaluation, counseling, clinical staffings, member/client consultations, Title 36 hearings, American Sign Language interpretation for clinical services, and other direct clinical activities have priority over other telemedicine uses at NARBHA headquarters.
 - a. Other previously scheduled activities that conflict with clinical applications are cancelled if necessary to accommodate a clinical activity.
 - b. NARBHA Telemedicine staff is responsible for notifying the meeting requestor/chair and telemedicine site coordinators of such cancellations.
 - c. The original requestor of the cancelled meeting is responsible for notifying conference participants of such cancellations.
 2. If scheduling conflicts at NARBHA headquarters take place involving non-clinical videoconferencing applications, including training and administrative meetings, NARBHA Telemedicine staff notifies the parties involved so that the parties can work out the conflict.
 - a. If the meeting requestors are not able to work out which activity has priority for use of the system, the Department Chiefs of these staff are notified and attempt to work out the conflict. Conflicts that remain unresolved at this level are forwarded to the CEO.

MONITORING:

NARBHA Telemedicine staff maintains a log of events that are cancelled or re-scheduled at NARBHA headquarters to accommodate a clinical priority. The report is reviewed by the Director of Telemedicine on an annual basis. The Director of Telemedicine makes recommendations for additional clinical telemedicine rooms as needed.

APPROVED:

	<u>10/14/11</u>
Mick Pattinson, Ph.D.	DATE
Chief Executive Officer	

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