



## School Telehealth – Getting Started: Tip Sheet #4 – Staffing, Training, & Workflow

**School Telehealth Programs** use registered nurses (RNs) working under physician standing orders to provide high quality, comprehensive health care to students while they are at school. For care that is needed beyond what a RN can provide, they use specialized video and audio connections to link youth at the school clinic to primary care providers located in a pediatric or school-based health center in their community.

### + Staffing: Required Roles and Responsibilities

While a single person may cover one or more of these roles, the following functions should be considered:

*At the Distant Telehealth Site:*

- **Clinicians/Healthcare Providers** at the distant site who are committed to telehealth services.
- A **Nurse Practitioner** at the distant site who is dedicated to receive linked telehealth visits from the school clinic during designated hours is ideal.  
*(The “prime time” for student visits is also a busy time for most physician offices. Having an NP who can cover these high volume times alleviates stress on the practice overall, while ensuring availability/coverage for the telehealth clinic.)*
- **Medical Director**, who is the supervising physician of record for the Registered Nurses at the originating school clinic site.

*At the Originating School Clinic:*

- **Program Coordinator**, responsible for:
  - Training of nurses and other staff.
  - Ensuring policies and procedures are updated and adhered to.
  - Primary contact for anyone in the schools about the telehealth program — teachers, principals, parents.
  - Lead on presenting the program to parent, faculty & community groups (in the school and out, such as County Commissioners or Rotary)
- **Office Staff**, responsible for:
  - Phones and scheduling.
  - Ordering and restocking supplies.
  - Collecting enrollment and consent forms.
  - Processing claims and sending out bills for co-pays.
  - EHR “Owner” — primary contact.
- **Registered Nurses (RN)** to staff school clinic, facilitate telemedicine visits and implement standing orders.  
*(While telemedicine equipment can be operated easily by most people after a short demonstration, ideally an RN — who has a larger scope of practice and clinical experience — should provide the telemedicine exam. Additional training may be required—see TipSheet #6—Training RN’s.)*
- **IT Staff** to help with equipment, software and connectivity issues. This can be a shared resource with the school or distant site — but ideally would be on-call during clinic hours.

## + Hiring Considerations at the Telehealth Clinic:

- Candidates should be screened by human resources and the medical director for qualifications, and by coworkers for culture fit.
- Screening should include assessment:
  - Of comfort level with sensitive issues (sexual health, LGBTQ) to ensure the candidate is free of bias and that personal beliefs will not conflict with services to be provided.
  - Ideal candidates should be flexible, able to “go with the flow” and willing to switch between tasks/roles.
  - Of any potential conflict of interest with the school community or community, in general.

## + Training and Role Recommendations:

- Having the telehealth school clinic RN staff shadow individual distant site clinicians for assessment techniques will gain buy-in from the clinicians. The clinicians at the distant site need to fully trust the assessment skills of the RN staff to act as their proxy during an assessment via telehealth. Each clinician has a unique style of practice and physical assessment, this in-person “hands-on” training provides an understanding of each clinician’s unique preferences, language, and expectations.
- RNs will need to be fully trained in all aspects of the equipment (how to use and hold it properly) and in how to improve or maximize performance of the equipment (e.g. removing cerumen from the ear canals for better image quality). Ideally, both the distant site provider and the RN will be trained together (in the same space) and have the opportunity to practice with the equipment. See RN Training tip sheet.
- Identify IT *and* clinic staff responsible for technical issues and interfacing with telehealth equipment company.  
These will be invested/champions of the model. Duties will include:
  - Setting up and testing new equipment.
  - Becoming a ‘super-user’ of both the equipment and the EHR in order to be the first person to call for tech support.
  - Testing the equipment and connections regularly.



### Workflow Sample:

- See example workflows for SBHC and PCP distant site providers.  
<http://www.cahctelehealth.com>

### Workflow Tips and Recommendations:

- When the originating school site uses a *different EHR/billing system* than the distant site, there are added considerations for workflow and documentation. It will take additional time to register new students from the originating school site into the EHR of the distant telehealth site. A registration workflow process can help medical assistants (MAs) register patients at the distant site. Another helpful method is to *appoint a telehealth technician* to manage telehealth registrations. The workflow might look something like this: RNs from originating school clinic sites across the county scan consent documents into a web-based portal (such as AGNES Interactive); and then a centrally located telehealth technician with access to the portal uses the scanned consent documents to register students into the distant telehealth site’s EHR system. Note: Many sites have reported that AGNES Interactive works best through Google Chrome.
- Bring in required surveys (screenings, risk assessment, satisfaction) early in your process to incorporate them as part of routine care. In addition to providing valuable clinical and program insight, the resulting information can provide data for grants and PR efforts, as well as facilitate billing and process improvement.
- It can be helpful to have a half hour or so gap between when the RN begins working with the student and when they are scheduled to be seen by the provider at the distant telehealth site. With strong standing orders in place, this gap provides time for the RN to begin the assessment — and to run any necessary tests in advance (e.g. rapid strep, urine analysis)
- Be rigorous about documenting change in processes and why they occurred (the lessons learned) — and include these findings in new hire training materials.