Library Telehealth 101

A Guide to Getting Started

This guide was made possible through partnership with the following organizations:

Contents

Project Support Thank You

The foundational information included in this toolkit is brought to you through the partnership of the Blue Cross of Idaho Foundation (BCIF), Idaho Commission for Libraries (ICfL), and Cornerstone Whole Healthcare Organization, Inc (C-WHO). This toolkit is meant to be a resource hub for libraries who are meeting the many needs of their communities, one of which is providing patrons access to telehealth services and other video conferencing meetings where they would otherwise lack access. Throughout this toolkit you will find resources to assess your library's readiness to implement a telehealth access site and learn the fundamentals for implementation. We would like to thank our partnering organizations for the thoughtful leadership and funding to make this project possible.

The Library Role in Telehealth[1]

Due to the rural nature of Idaho, many communities lack sufficient medical and mental health care services to meet the needs of their residents. For many rural Idahoans, as well as those belonging to historically underserved groups, accessing these services requires long wait times for a local provider (if they exist) or traveling a long distance both ways to reach a clinic or hospital. Vulnerable populations such as the elderly or disabled, have additional hurdles seeking health care due to lack of independence or the ability to transport themselves to appointments. These barriers can ultimately lead some Idaho residents to choose not to seek services like mental health care, preventative check-ups, or support for managing chronic conditions like diabetes.

Connecting patients and doctors through telehealth is one way to overcome these barriers. However, while some patients may be able to access telehealth services from their home, others may lack sufficient internet speeds, may not have appropriate devices, may not have good enough digital literacy skills, or may lack privacy or a quiet space within their home. Libraries can help bridge this gap by providing a safe, private, reliable location to access telehealth services with staff who can help patients use the technology. As highly trusted and well-connected institutions within their community, libraries are a perfect place to build or expand a community's telehealth infrastructure.

Libraries, healthcare partners and patrons should have a clear understanding of each other's roles in providing telehealth access at the library, as this will ensure a positive working relationship and a good experience for everyone. In general, the role of the library is to provide a safe, private, welcoming, and functional space with staff who can help navigate technology. It is the patient's responsibility to secure a provider and communicate with that provider to schedule appointments. The role of the healthcare provider is to provide medical care and a secure platform through which to connect. The table below provides a summary of these roles and responsibilities.

Roles and Responsibilities of Library Staff, Healthcare Providers, and Patient/Patrons

	Library Staff	Healthcare Provider	Patient/Patron
Schedule the telehealth appointment*		✓	✓
Reserve the telehealth space at the library (this could be done by either the provider or the patient, depending on the situation)*		✓	✓
Provide access to the appointment via a secure platform (e.g. a Zoom link sent by email)		✓	
Provide medical advice, diagnosis, and care, answer medical questions		✓	
Provide clear instructions about how to reserve the space and when it is available	✓		
Accept and manage bookings and ensure availability of the space for those who have reserved it	✓		
Create and maintain the space, including privacy barriers, furniture, and technology.	✓		
Provide support for using technology and navigating digital interfaces and meeting platforms.	✓	✓	

* A full pre-visit check-list for patients is provided in the appendix of this guide in an easy-to-print format. This may be a helpful resource to provide as part of your overall service model.

What is Telehealth[2]

The American Telemedicine Association (ATA) defines telemedicine as: "The delivery of any healthcare service or transmission of wellness information using telecommunications technology." Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth. In 2022, CMS defined Medicare telehealth services as "...services ordinarily furnished in person that are instead furnished via a

telecommunications system and are subject to geographic, site of service, practitioner, and technological restrictions."

A simplified definition of telehealth that is most applicable to libraries is as follows: telehealth is healthcare, provided at a distance, in real time, using technology. Libraries should understand that telehealth is health *care*, provided by a licensed medical practitioner. The role of a library is to provide an access point to this service. Library staff may support digital navigation and technology support, but they are not expected to, nor should they attempt to provide medical advice, counseling, or other services.

Key Terms to Know in Telehealth[3]

- **Distant site** – the location where the distant provider is housed and offering health information or treatment by remote means to the originating site.

- **Latency** – any delay in transmission of the picture or audio in a telehealth encounter. (Anyone who has Skyped on a bad connection has seen this phenomenon.) It can create awkward stepping on each other's sentences or long pauses.

- **Originating site** – the location of the patient when telehealth is used, whether at home using a smart device or in an office at a local primary or mental health clinic.

- **Patient portal** – a secure internet sign-on that allows patients to contact their provider, review medical tests and records, access health education materials and seek appointments. Most provider networks develop a patient portal before they move to full video appointments.

- **Peer-to-peer telehealth** – providers talking to each other over a video link, often for specialists to offer education to general providers or consult on individual cases. This is commonly occurring now in specialties from renal to burn care and expanding every month.

- **Peripheral devices** – measurement or monitoring devices that plug into, for example, a tablet computer providing a video link. The peripherals can be stethoscopes, blood pressure cuffs, audiology tools or a pulse oximeter, among others.

- **Real time** – usually refers to a live videoconference or link to patient, where the provider and patient can see each other and can interact nearly as they would in a face-to-face encounter.

- **Store-and-forward** – uploading a patient record or a digital photo for a distant provider to review at another time. The technology is used often in dermatology and other specialties.

- **Telehealth** – the delivery and exchange of health information, education, patient encounters and provider consultations through any technology other than traditional face-to-face office visits. Some evolving definitions of the word exclude older services delivered only by voice-over-phone connection, but most consider it to include all exchanges made that are not in-person.

- **Telehealth Clinical Technician (TCT)** – a designated job category with alternative titles in provider organizations. The TCT works at the patient's end of the telehealth link, handling the cameras or other technology, educating the patient and following the remote provider's instructions to gather information, among other duties.

- **Telehome care** – home technology that is quickly moving beyond monitoring and straight to video visits using the consumer's own smartphone, tablet computer or desktop with camera. The "visits" must be routed through the provider's security or encryption systems for patient privacy.

- **Telemedicine, telepsychiatry and telemental health** – Telemedicine refers to delivery and exchange of physical medicine through technology. Interestingly, "telemedicine" was the semiofficial state government term for all telehealth services but was statutorily changed to "telehealth" in House Bill 15-1029. Telemental health is an emerging term meant to cover mental health access through technology, whether by patient appointments on video link, telephone consultations or other means. Telepsychiatry is a subset of telemental health, indicating the presence of a psychiatric MD and any accompanying prescription drug management or inpatient hospital requirements.

- **Telemonitoring** – a more passive form of telehealth than a live video appointment. It often involves providing a homebound patient with tools to record and transmit important health information, such as blood pressure, blood sugar levels or weight, to a central case manager.

   Telepresence – using a robot camera or other remotely controlled health tool to make a diagnosis or assessment of a patient by long distance.

Benefits of Telehealth[4]

Telehealth provides benefits and advantages to all parties accessing or involved in the healthcare space. The following list discusses a few:

Patients:

- In some cases, traveling to see a generalist or specialists is not necessary when telehealth is used. This means patients can save the cost of travel, the expense of staying in the 'big city,' if the distance is such that an overnight stay is necessary.

- Hospitalized patients whose care is supervised by a specialist via Telehealth have the advantage of staying in their home community where family and friends can easily visit. Studies have shown that recovery is faster when patients are close to home.

- The danger of traveling in winter weather is reduced or negated.

- With less time spent traveling and sitting in waiting rooms, patients have more flexibility in scheduling an appointment time that works for them and their preferred treating organization. Children miss less school when they receive healthcare services via telehealth.

- Patients can receive care rather than foregoing treatment to save time and money.

Providers:

- Traveling specialists who provide care through telehealth can save "windshield time," converting the hours spent traveling to hours spent seeing patients.

- Practices can become more efficient by seeing patients at an originating site of their choice for initial or follow-up care.

- Providers can serve more patients, thus easing healthcare access shortages.

- Rural providers can receive continuing education with telehealth connections, avoiding travel time and out-of-practice time.
- Providers can often achieve quicker access to specialty providers for consultations on patient needs.

Critical Access & Rural Hospitals:

- Conducting additional assessments, follow-ups, and providing distance monitoring services to increase revenue and keep their doors open.
- Better serving the surrounding communities because of expanded services.
- Staff also receive training via telehealth connections and having an active telehealth set-up reduces the need for travel.
- Administrative staff also save travel time and funds by attending meetings or making patient contacts over telehealth systems.

Communities:

- Receiving more specialty care available locally.
- Ensuring money spent for healthcare stays within their community and cycles through community businesses.
- Increasing availability of healthcare and remaining attractive for new families and businesses looking to relocate.

Payers and Counties:

- Reducing costs for emergency transport possible.
- Maintaining lower healthcare costs through Critical Access Hospital services.
- Patients receive care sooner, thus avoiding escalation of illness and long-term care needs.

Increasing Access Through Telehealth[5]

In 2020, the COVID-19 shutdown forced telehealth to become the preferred or only way that healthcare was delivered for a period of months. This rapid expansion of use of telehealth by healthcare providers, dental providers, mental health providers, and other medical specialties caused a revisioning of the role of telehealth when direct service was not available or possible. While the use of telehealth has not been maintained as the primary means of healthcare services, its use remains higher than at any other point in history. Nearly, one-in-five (1-in-5) healthcare sessions were conducted via telehealth between April 14, 2021, through August 8, 2022. Laws on the use of telehealth have followed new research showing effectiveness and placing reasonable safeguards in place. Thereby access to healthcare through telehealth has included:

- Increased use of secure video platforms to conduct appropriate assessments, treatments, and follow-up healthcare services.
- General acceptance and use of telehealth technology by all nationalities, age ranges, educational level, household income, insurance type, and geographical region (with the Western U.S. utilizing telehealth nearly 25% of the time).

Table 1. Rates of Telehealth Use and Audio-only vs. Video Modality, by Demographic Categories, April 14, 2021 – August 8, 2022

	% with a Telehealth Visit in Previous Four Weeks April 14, 2021 to August 8, 2022	Second Cohort* (July 21, 2021 to August 8, 2022)		
		% with a Telehealth Visit in Previous Four Weeks	% of Telehealth Visits by Video in Previous Four Weeks	% of Telehealth Visits by Audio-only in Previous Four Weeks
Race and Ethnicity				
Hispanic or Latino	23.9	22.7	49.7	50.3
White alone, not Latino	20.7	19.6	61.3	38.7
Black alone, not Latino	26.1	25.0	50.1	49.9
Asian alone, not Latino	21.7	20.8	49.5	50.5
Two or more races + Other	25.5	24.2	59.8	40.2
Age				
18-24 years	17.6	16.0	72.5	27.5
25-39 years	20.7	18.6	69.3	30.7
40-54 years	22.7	20.9	60.9	39.1
55-64 years	23.6	21.1	52.1	47.9
> 65 years	24.6	22.0	43.5	56.5
Education				
Less than high school	24.5	24.0	35.8	64.2
High school or GED	20.7	19.7	46.5	53.5
Some college/Associate's degree	22.8	21.6	58.3	41.7
Bachelor's degree or higher	22.4	21.3	66.7	33.3
Household Income				
Less than $25,000	26.4	25.3	47.6	52.4
$25,000 - $34,999	23.3	21.9	48.9	51.1
$35,000 - $49,999	21.8	20.6	53.3	46.7
$50,000 - $74,999	21.0	19.9	56.9	43.1
$75,000 - $99,999	20.2	19.2	62.0	38.0
> $100,000	20.4	19.4	67.9	32.1
Insurance				
Medicare	26.8	25.5	46.1	53.9
Medicaid	28.3	26.8	53.4	46.6
Private	20.2	19.2	65.3	34.7
Other Health Insurance	24.4	23.1	53.8	46.2
Uninsured	9.4	9.0	46.9	53.1
Census Region				
Northeast	23.3	22.3	59.6	40.4
South	21.3	20.1	58.0	42.0
Midwest	18.7	17.7	57.7	42.3
West	24.9	23.9	54.1	45.9

The Healthcare Landscape

This information is also available in the form of a twenty-minute video available on the ICfL Telehealth Toolkit webpage. Please visit libraries.idaho.gov/telehealth to access this and other resources.

When libraries offer telehealth access points in their facilities, they become important links between their patrons and the healthcare system. However, most library staff are not experts when it comes to the healthcare system or the healthcare landscape in their communities. Libraries who build positive and cooperative relationships with healthcare providers will have higher success utilizing a telehealth space. For this reason, it is helpful for library staff to

understand the healthcare system at a high level as they navigate these new and important relationships.

Although all healthcare organizations have a mission to prevent and intervene in patient health specific to their practice specialty, the ways in which they do so and the ways in which they are paid for their services depends on the type of organization they are. These differences have an impact on the types of services a patient has access to, which in turn will affect the types of uses a library may need to respond to with their telehealth access point.

Often physicians in **rural areas** have fewer resources, both financial and technological, which results in struggles to keep up with technological advances that larger organizations in **urban settings** may have access to. Federal funding or state funded initiatives can help aid in improving access to services.

Hospitals

The term "hospital" applies to a wide range of facilities. In general, a hospital is a facility that provides 24-hour medically monitored care to patients, except as noted otherwise.

- Community Hospitals - could be for profit or not-for-profit depending on their structure. They may be independently run or part of a larger healthcare system. For example, if you consider St. Luke's or Saint AL's, those are some of Idaho's larger healthcare systems. These hospitals often have over 1000 beds at one location or through a combined system within one local area.

- Rural Hospitals – are almost always smaller in size and usually have 100 beds or fewer. Therefore, they have less staff, offer less services, and rely on larger hospital systems to accept specialty treatment and care needs. A sub-group of rural hospitals are critical access hospitals.

- Critical Access Hospitals (which is a federal designation) - generally have 25 or fewer beds and are located at least 35 miles from another hospital. These types of hospitals make up about 75% of rural hospitals, and they receive extra funding from the Centers for Medicare and Medicaid (CMS) to offset costs and help keep the hospital open. It is significantly more expensive to run a hospital in a rural area than it is in an urban area. This is because of volume, fewer coming through the doors each day and therefore it's harder to maintain the required levels of staffing and oversight to meet federal and state regulations.

- VA Hospitals - are run by the federal government and while veterans are the priority, under certain circumstances nonveterans might receive care from a VA Hospital. If you have a VA hospital local in your area, make sure you reach out to them for they see patients via telehealth in their regional areas as well.

- Psychiatric Hospitals – often independent psychiatric hospitals will be located in urban communities, while communities with smaller populations have a designated psychiatric bed or two in the local rural hospital. Though it is more common for rural areas to not have any psychiatric hospitals within close proximity and also lack any designated psychiatric beds, and so those patients who present to the emergency department within a psychiatric crisis will often be transported to a more urban area to access the psychiatric hospital.

- State Hospitals - are state-run hospitals where psychiatric patients needing long-term hospitalization or individuals with disabilities that require long-term care are treated. Long-term care could be defined as treatment lasting from three months to a year, but sometimes longer, depending on the need of the individual. Individuals typically cannot admit themselves to state hospitals. The admission process is fairly rigid and guarded because there is, from a federal standpoint and state standpoint, a desire and a need to keep patients in their local communities and deliver care at their local hospitals rather than having them in state hospitals.

- Surgery Centers - these are outpatient settings where patients receive planned surgery and follow-up care. For example, an individual will go in for surgery in the morning and then be released back to their home to recover from the surgery. They typically return to the surgery center or surgeons' primary practice for follow-up assessment and treatment. These centers must be accredited and meet building codes for hospitals. It's always good to have a connection to any local surgery centers that are near you or in your area, as many times follow-up care can occur through telehealth.

Healthcare Clinics

There are many different types of healthcare clinics, and the following is meant to be a brief overview of those types at which individuals may be receiving treatment. In general, a health clinic is defined as an outpatient setting where patients seek healthcare services and leave when their appointment is over.

- Specialty Clinics - include a broad range of outpatient clinics focused on providing a specialized service. These include specialties such as mental health, women's health, orthopedics, or various other specialties. Many specialty clinics offer services in-person and via telehealth platforms.

- Primary Care – is the physician or type of provider that most people see when they get sick (e.g., cold or flu). Primary Care Physicians (PCPs) also manage individuals' wellness visits. The focus of Primary Care is really on preventive medicine and treating patients for their general medical needs. While many communities have physical clinic locations, telehealth is becoming more common to allow for flexibility in scheduling, reducing travel time, or time away from work and family.

- Urgent Care – are clinics which provide same day access and walk-in services. They often triage injuries and illnesses, either treating in-office or advising patients when they need to be transferred to the ED or emergency department.

- Rural Health Clinics – are located in rural areas and in areas that are designated as rural or health professional shortage areas. Most of the state of Idaho is considered a health professional shortage area. Many clinics have the opportunity to be considered a rural health clinic but must fill out paperwork to receive such a qualification. The state Office of Rural Health at the Department of Health and Welfare on the Division of Public Health receives applications from different clinics that want to qualify for this status, and then they determine applicability. The benefit of going through such a process is Rural Health clinics are sometimes eligible for additional state and federal funding and may also increase reimbursement rates slightly. However, this designation also comes with additional regulations that clinics must follow.

- Federally Qualified Health Centers (FQHCs) - are federally funded non-profit health centers and clinics that serve medically underserved areas and populations. They provide primary care services regardless of your ability to pay, and services are provided on a sliding fee scale. Most federally qualified health clinics also take insurance of all kinds, but they do have that unique focus on offering a sliding fee scale and making primary care more affordable to people who don't have insurance. In Idaho, the Idaho Community Health Center Association or ICHCA, is the association that works with all the federally qualified health centers or FQHC's.

- Certified Community Behavioral Health Clinics (CCBHC) - are a relatively new type of clinic for Idaho. These clinics are designed to ensure access to coordinated, comprehensive behavioral healthcare for anyone who requests care, regardless of their ability to pay. This is also a federal designation and there are federal funds to support these clinics. Many of the federally qualified health centers are starting to receive this designation and are applying for grants to be able to deliver these kinds of services.

Public Health and Public Health Districts

Public Health is a division of the Department of Health and Welfare, and it develops and provides funding for statewide initiatives related to healthcare. Its bureaus include clinical and preventive services, which focus on maternal and child health, family planning, sexually transmitted infections (STI) prevention; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the Bureau of Community and Environmental Health, which includes oral health, chronic disease, tobacco prevention, physical activity and nutrition; vital records and health statistics; the Bureau of Rural Health and Primary Care, which includes the State Office of Rural Health; the Bureau of Communicable Disease Prevention, which includes epidemiology, food protection, immunization, refugee health screening and healthcare, associated infections; also emergency or medical services and preparedness or EMS; and laboratories are all housed within the Division of Public Health.

Federal funds that come into the Division of Public Health are often passed through to the local public health districts so they can act in coordination across many multiple public health needs across the state.

The Division of Behavioral Health provides funding for mental health and substance use disorders, including drug and alcohol treatment services across the state. Most of the funding goes to contractors to manage the statewide provider network. It also works in collaboration with local regional mental health services, which do provide some mental health services and to certain groups of individuals within the region.

It also manages the state psychiatric hospitals and the seven public health districts in Idaho, which provide a range of services to the local community and sometimes have local clinics in which they provide some immunizations and minimal healthcare services.

Regional mental health is often located in your local Department of Health and Welfare building. They deliver limited mental health services to certain individuals within the region. Mental Health staff at regional mental health centers or at local regional mental health offices confirm mental health holds for patients who are deemed to be a danger to themselves or others. That means when somebody presents to a hospital and they don't want to receive psychiatric care, but they've been identified as a danger, meaning they're wanting to harm themselves or somebody

else, then the regional mental health staff will complete an assessment and make that confirmation.

Crisis Centers

Crisis centers are supported with funding provided by the Division of Behavioral Health. These are centers where somebody who is experiencing a mental health crisis, or a substance use crisis can go to receive care for up to 23 hours and 59 minutes. As of 2023, there is a Crisis Center in each region of the state. You can find the most current list of Adult and Child/Adolescent crisis centers in Idaho at:

https://healthandwelfare.idaho.gov/services-programs/behavioral-health/statewide-crisis-centers

Healthcare Payers

Healthcare payers are companies or organizations that pay for healthcare services. These include the Centers for Medicaid and Medicare (or CMS) that was referenced earlier, as well as commercial insurance (e.g. Blue Cross of Idaho or Select Health). The types of care that medical providers deliver are based on the requirements set up in their contracts for reimbursement. Healthcare payers also drive how patients access care, sometimes requiring preauthorization or preapproval before receiving services. Preauthorization or preapproval policies require providers to offer a clinical formulation and/or justification as to why an individual needs a specific service or a specific procedure. In hospitals, the payers may set a number of days a patient stays in the hospital. Within outpatient clinics, it can set the types of procedures that are available to an individual or what services the provider can deliver to that patient.

Additionally, some clinics, like Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs), receive additional financial supports from the federal government, and to supplement the actual cost of services and allow them to serve more patients or a wider range of patients. But this also requires an additional level of certification and authority over those clinics, so sometimes these federally funded organizations have to offer services slightly differently.

How to Connect with Healthcare Services

By offering a telehealth space, libraries will be a connection point for library patrons and their healthcare providers. Reach out to your local hospitals, your healthcare clinics, and other organizations that provide health and behavioral health and let them know about your telehealth space. Often local Emergency Management Systems (EMS) coordinators or your local fire departments can be a good point of contact to help you connect into other healthcare systems.

If you don't know individuals who work in your local hospitals or clinics, reach out to your local public health district and ask for connections to those systems. Local public health districts have many connections to the healthcare providers in your area and are always eager to help make those connections for you.

Unless you know a medical provider personally, trying to get a hold of them can be really challenging. Medical providers spend a majority of their working hours treating patients. The best way to let medical offices know about your telehealth space is to talk directly to the office manager. Office managers not only hold a place of authority within the clinic, they also are the key to providing information to all staff in the clinic, including the physicians.

When navigating hospital systems in a rural area, these organizations are typically smaller, so you may have access to individuals like the CEO, the chief medical officer, or the chief operating officer. Often, these individuals can connect you with the rest of the hospital system so that you can talk about your telehealth space and share any flyers or advertisement materials.

When contacting Emergency Departments (ED/ER) it is advised to connect with the lead nurse or the charge nurse. These individuals share information with the rest of their team on a regular basis and can promote the presence of a telehealth space for any prescribed follow-up services.

Telehealth Technology Considerations

One of the most challenging aspects of managing a telehealth space is understanding the technology components that are required. For telehealth to be most effective, both the patient and the provider must be able to clearly see and hear one another. Achieving a clear connection requires good internet access and appropriate, up-to-date technology. This section will outline many of these considerations but may not be comprehensive depending on the space or limitations of your facility. Please always reach out for consultation when you are uncertain or need clarification on installing a specific piece of equipment/technology.

Terminology

- 3.5 mm Auxiliary Cable – A common connector for headphones or speakers to connect to a computer or other devices.
- Cardioid Pick up Pattern – This is the most common voice pick-up pattern, with the highest sensitivity to sound coming in from directly in front of the microphone.
- Dynamic Microphone - Microphones that turn sound waves into a voltage with the use of a magnet.
- Echo Cancellation – used to cancel acoustic feedback between a speaker and a microphone in teleconferencing.
- Ethernet – a wired connection back to your router that provides internet to a device.
- Internet Service Provider – the company or network who provides connections to the millions of servers and computers around the world.
- Mbps – Mega Bits Per Second - this is the connection rate from between the device or router and the internet service provider.
- Modem – a device that connects the router to the internet service provider.
- Noise Suppression – the process of removing static and background noise from a signal.
- Privacy Screen – A slider or film that blocks or obscures the view of a camera or monitor from people attempting to view them.
- Router – the device that transmits and connects all devices on a network and allows them to connect to the internet service provider through the modem.
- USB – Universal Serial Bus – this is a common type of wire for connecting devices to a standard PC.
- Wireless Access Point – A range extender for your router to increase how far the Wifi signal can reach.

- <u>Wi-Fi</u> - a wireless networking technology that uses radio waves to provide wireless high-speed Internet access.

Technology/Equipment Room Set-up

A room setup for virtual meetings should contain a few key features to ensure a clear connection, good productivity, and best use. Necessary items include: :

- Video Camera (for telehealth communication)
- Speakers or Headphones and a Microphone (for telehealth communication)
- Computer Screens (for better visibility & productivity)
- Computer (for use of web-based apps)
- Video/Audio Technology (for improved performance of purchased external devices)
- Internet (to provide connection to web-based applications)
- Proper Sound Treatment (to ensure privacy of individuals using these rooms)
- Proper Lighting (to ensure quality of conversation and introductions)
- Neutral wall colors and minimal décor (to ensure clean visual background)

The following sections will further detail the requirements of the above list.

Video Camera

There are many video camera set-ups, however the easiest plug and play device is a USB webcam that connects directly to the PC via a cable. Most cameras now come with a "privacy screen" that allows you to slide a cover over the camera. It is recommended to utilize a camera that supports a minimum of 720p resolution, as anything under this will not provide adequate quality. Cameras above 720p may incur additional expense and is generally not necessary for a telehealth meeting. There are many devices in the $20–30-price range that will adequately meet your needs. It is also best practice to utilize brands of the same make for as many of your PC products as possible, as this may reduce compatibility issues.

Best Practices for Cameras:

- <u>Cleaning</u> - As the camera should not be touched often it will likely require minimal cleaning. Creating a cleaning routine, along with the keyboard and mouse, would be advisable. To clean the camera, wipe down the body and lens with a wet or dry microfiber cloth. Do not use chemicals on the camera lens.
- <u>Set-up</u> - Plug the camera USB cable into the computer. In computer settings, set the camera as your default camera and test the camera by launching a camera app or conducting a test telehealth call. Some cameras may prompt you through an auto guided setup for this process.

Speakers, Headphones, and Microphone

When it comes to telehealth, it is imperative that both patients and physicians can be heard clearly and easily understood. The best way to achieve this is by using quality audio equipment. Below is a quick summary of the pros and cons associated with different speaker/microphone options.

	Pros	Cons
External Speaker/Microphone	Fewer cleaning requirements Hands-free	Can lead to sound bleed or hearing background noise Some devices can be harder to set up and position correctly Can cause echo in some video conferencing and telehealth platforms May require extra steps to ensure patron privacy from outside the space
Headphones	Usually easy to set up (i.e. plug and play) More private experience Many headphones come with built-in microphones for clearer pick-up	Need to be cleaned after each use More wear and tear, may need to be replaced sooner

Best Practice for External Speakers

Set-up - There are a variety of different speakers on the market, but the easiest to set-up are USB speakers that should automatically work once connected. Non-USB external speakers, e.g. Bluetooth speakers, will likely cost more and may also have occasional issues with connectivity. Additionally, any product costing more than $50 may be more powerful or feature rich than needed. Many speakers in the $15–25- price range will adequately meet your patrons' needs.

Placement - Speakers should be placed at an equal distance from each other and the listener, then pointed towards the listener's ears to make a triangle shape. See image on the right.

Cleaning - Speakers should not need to be touched very often, though some do have volume adjustments built into the casing. Some parts, such as dials or knobs, will need to be cleaned as often as the computer mouse and keyboard.
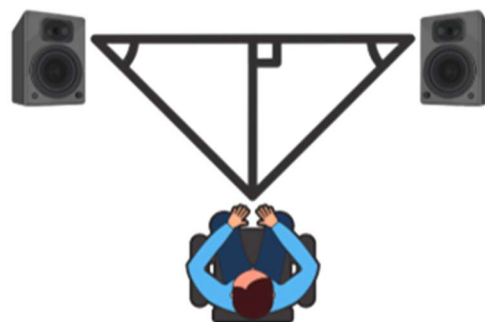
Best Practice for Microphones

Selection & Set-up – (This section applies to stand-alone microphones that are not part of a headset, i.e. desktop microphones). Choosing the right microphone can be confusing depending on the style, pickup pattern, and connection. A dynamic microphone with a cardioid pick-up pattern (single direction) will block out outside room noise, registering only what is directly in front of the mic. The downside of a cardioid pick-up is that the the user can be hard to hear if their mouth is not close enough to the microphone or if they are not speaking loud enough, but these issues are generally solvable by the virtual participant asking the local participant to move closer to the mic. A microphone with a USB connection is recommended for ease of use and a plug-and-play set-up.

Cleaning – desktop microphones generally have different types of materials. Harder, more durable, materials can withstand wipes such as Clorox or alcohol, but you will need to be more mindful around the head of the microphone (where you speak into). Use a cloth lightly moistened with an isopropyl alcohol and water solution to wipe down the surface to clean and disinfect. Standalone microphones should be cleaned on the same schedule as keyboards, knobs, dials, and other surfaces that are touched by patrons frequently. The microphone should be wiped down at least once a day; however, the more frequently microphones are cleaned the less germs are spread using this device.

Best Practice for Headphones

Set-up - Headphones are typically designed to plug-and-play using a 3.5 mm Auxiliary cable or USB connection. If the headphones have a built-in microphone, this should work without any additional set-up.

Cleaning - Headphones will need to be disinfected after each use. Using a spray liquid with a clean cloth or wipes (alcohol, Clorox, etc.) is safe to use on harder, more durable surfaces like plastics. Ear cushions, however, should be handled more delicately. A dry cloth and light disinfectant can be used to remove any oils and bacteria from the ear cushions. Additionally, if the headphone have a boom style microphone (one extending from the side of the headphones), this will need to be disinfected after each use due to the proximity to an individual user's mouth.

Computer Screens

Computer screens are a necessary accessory for all personal computer set-ups. In general, only one screen is necessary for systems that are primarily used for telehealth and other video conferencing purposes. However, if a computer will also be used for non-telehealth purposes by patrons, such as virtual work or presentations, two screens are recommended. The best practices outlined below are meant to ensure general ergonomic considerations for all users, but in certain circumstances this may require adjusting a monitor or camera for both telehealth parties to be able to see each other effectively.

Best Practice for Computer Screens

Set-up - The center line of the monitor(s) should be at eye level via a stand, mount, or desk attachment. If using two screens, the main screen should be positioned to consume 70% of your main sedentary view and the secondary monitor consume 30% of your main sedentary view. This will help reduce strain on an individual's neck during use.

Cleaning - Wipe screen(s) down with a wet or dry microfiber cloth, do not use chemicals or window cleaners on your screen as this will ruin the material on the screen. The monitor screens in your telehealth space do not need to be cleaned as frequently as keyboards and other high-touch surfaces, but should be checked periodically and cleaned as needed.

Environment Considerations & Sound Treatments

Often rooms used or repurposed for telehealth fail to consider how sound and visual background affects the environment or space. For example, empty rooms naturally echo and allow noise to travel unabated, and cluttered and busy walls behind a user can impact the quality of their visibility. There are multiple ways to reduce sound reverberation and background distractions, but the specific application will depend on the appropriateness and design of the space.

- A carpeted room can be great to reduce reverberation, echoing, and limit sounds/voices traveling. A rug is a secondary idea for rooms without carpet.
- Noise dampening panels made from materials such as acoustic foam, canvas style paintings, or cloth tapestries, also reduce undesired sounds from traveling.
- Furniture such as cloth-covered couches will also reduce reverberation better than hard surfaces such as tables and uncovered chairs.
- White Noise Machines may not quiet a room, but when placed outside a door can reduce or disguise the conversation being held between two individuals (whether via telehealth or in-person).
- The wall within view of the webcam and behind the user should be plain, neutral, and not display a light source (such as a window) causing the user to be backlit. This wall would serve as a great place to have paintings or wall treatments for appearance and sound reduction.

Best Practice for Computer Screens

Set-up - selectively add furniture into the space, such as carpets/rugs; foam panels, canvas style artwork, or cloth tapestries; couches or covered chairs; or position a white noise machine outside the door.

Cleaning - perform/schedule general furniture vacuuming/cleaning as needed. This should be completed on the same schedule as all other furniture in the building.

Lighting

Lighting is important to ensure individuals are properly seen during their telehealth appointment or session. Bad lighting can cause mental tiredness or eye strain from looking at a computer screen for too long. With the telehealth space, bad lighting can also negatively impact a provider's ability to see the patient's present condition.

Best Practice for Lighting

Set-up - Ensure there is sufficient light above or behind the individual to illuminate the room (but avoid strong light sources directly behind the user that can cause them to be backlit and put their face in shadow). Additionally, locate lighting either directly behind the camera (such as a single light ring) or place two (2) sets of lights, with one to the right and one left of the camera. This will reduce shadows and provide optimal view of the individual's face and torso.

Cleaning - Dust light fixtures and occasionally wipe down the surface of the light bulb/lighting fixture will ensure proper brightness, reduce odd glares, and/or shadows.

Video/Telehealth Conferencing Technology

Most computers will require installation of common virtual conferencing platforms, such as Zoom or Microsoft Teams. Other telehealth specific programs, such as Doximity or Doxy.me, will be run in the computer internet browser and require acceptance of camera and microphone access. Generally, once these are accepted these permissions are retained. Libraries using software that re-sets the computer to a baseline configuration after each power cycle (such as DeepFreeze) may need to ensure that particular default setting preferences are saved into the computer's baseline configuration.

Zoom Settings - will usually adjust settings automatically based on a computer's default video/audio inputs and outputs. You may double check these default settings through:

- Settings>Video>Camera> Select the camera you are using.
- Settings>Audio>Speaker> Select the speakers or headphones you are using
- Settings>Audio>Microphone> Select the microphone you are using
- Settings>Audio>Audio Profile> Select the Zoom Optimized Audio setting to automatically apply any background noise suppression (and echo cancellation if speakers are being used)

Microsoft Teams - will usually adjust settings automatically based on a computer's default video/audio inputs and outputs. You may double check these in the settings through:

- Settings>Devices> Under Audio devices you can choose which Speaker and Microphone you are using. Noise Suppression settings are also found in this menu and should be turned to "Auto" by default.
- Scroll down to camera to choose your camera of choice.

Pro Tip – To ensure patient privacy and safety, virtual backgrounds should not be used.

Broadband Internet

To provide telehealth connections, all computers need a Wi-Fi or ethernet connection to communicate to the internet service provider. It is recommended to have 100mbps for every 8 devices being used, as one device will consume roughly 10-20mbps for an average telehealth scenario. You can check each device's network speed and connection stability by using a speed test available on the web (just web search "speed test" and select an option to run the test).

Libraries with additional questions about broadband internet speeds or set-up are welcome to contact ICfL's Library Technology Consultant, who is a member of the E-Services team. Staff contact information can be found at https://libraries.idaho.gov/about/staff/.

Set-up – The internet connection point is typically installed by the Internet Service Provider, but often the Service Provider will not connect beyond the modem point.

- The Modem will be connected to, at minimum, a router.

- Routers often include Wifi access points, but also may be connected to a network switch which allows devices to physically connect wires to each other and the internet.
- Wifi extenders may also be necessary to relay Wifi signals into the modem in larger buildings.

Cleaning - most of this technology will be located in closets and in walls as part of the building infrastructure, with that there will be little to no cleaning needed. However, on an annual or semi-annual basis, dusting the router, network switch, and Wifi extenders is recommended.

Have you tested your Library's internet and found it was below the recommended speeds?

Please consider taking advantage of the Idaho State Broadband Reimbursement Program:

https://libraries.idaho.gov/technology-services/e-rate/state-broadband-reimbursement/

About the Program:

The Idaho Commission for Libraries is responsible for reimbursing Idaho public libraries for the after E-rate discount portion of the cost of approved broadband services. Broadband services include bandwidth for direct internet access and wide-area networks (WANs).

Minimum and maximum amounts of bandwidth eligible for reimbursement, which is based on total population served for public libraries.
- Total Population Served < 50,000: Minimum 4 Mbps & Maximum 200 Mbps
- Total Population Served ≥ 50,000: Minimum 4 Mbps & Maximum 1 Gpbs

Reimbursements for entities over the maximum must be appealed to the EORC.

Policy Recommendations

Libraries should ensure that their public-facing policies, as well as their internal-facing procedures cover the use and maintenance of the telehealth space. These documents should include information that clarifies expectations and allows staff and the public to use the space safely and fairly. Any policies or procedures put in place for the telehealth space should be consistent with other reservable and/or private enclosed spaces within the library (such as meeting rooms, study rooms, etc.).

Most public libraries offer telehealth access through a multi-purpose space that is also used for activities such as study, video calls, or private virtual meetings with case workers. In these cases the policy and procedures should consider the multiple uses and needs for the space.

Below are topics your library should consider including in its public-facing policies. The specific criteria included in each library's policy will depend on the unique circumstances of that library and the preference of the board. In general, a public policy should not get "into the weeds," and should be general enough to allow staff to adapt and change their procedures as needed to carry

out day-to-day operations. The policy should be specific enough that staff can use it to enforce expectations and behaviors with patrons using the space.

- What are acceptable uses for the space, including what types of uses are allowed or not allowed? At the very least, this should include a statement that the space may not be used to conduct any activity that is illegal in the state of Idaho.
- Who is allowed to use the space? For example, are children under 10 allowed to use the space without being accompanied by an adult? Are more than one person allowed into the space at the same time? Are there any exceptions to these rules?
- When is the space available or not available? For example, some libraries may have their telehealth access point set up in a space that is also used for other functions. Make sure that your policy outlines when the space is available for private uses such as telehealth. This statement does not need to include specific days and times, but should generally address things like whether preference is given to the space for library activities, if the space is not available during community classes, etc.
- How do patrons get access to the space? Are reservations required? Must reservations be made in advance, or is the room open to walk-in traffic if it is not already in use? Although your policy doesn't need to specify the details about how to reserve the space, it should at least outline the expectations or requirements for reserving the space.
- Under what circumstances will library staff interceded or remove access to the space? For example, do library staff have the right to interrupt a meeting if they believe a patron's or staff's safety or health is at risk? Do staff have the right to interrupt or deny a reservation if they believe that the space is being used for an illegal activity?

Below are topics the library should consider including in its procedure manual. The procedure manual (or similar document) is used internally by staff to ensure consistent operations and to guide the day-to-day duties of staff in running the library. The specific criteria included in each library's procedure manual will depend on the unique circumstances of that library. Procedures should be specific enough to allow staff to fulfill their duties or provide back-up support when other staff are not available. The procedure manual should include adequately detailed process instructions and responsible parties for the following:

- Scheduling the space.
- Cleaning the space (including a cleaning schedule for various equipment)
- Checking patrons in or out of the space (if applicable).
- How to use the various technology in the space. At a minimum, how to turn on the equipment and how to ensure that the microphone, camera, and speakers are functioning properly.
- What to do if a patron asks for help in using the space or its technology.
- Who to contact if there are technology problems, and some common trouble-shooting tips.
- What to do in an emergency (quick reference provided in appendix).

Scheduling Recommendations

A major consideration of a successful library telehealth program is how a patron schedules time in the room/pod. This is also the area of biggest risk for a HIPAA violation [6].

Scheduling Method Pros and Cons

Phone/In Person/Email booking

- <u>Con:</u> Admin heavy on library staff.
- <u>Con:</u> Limited to scheduling during business hours
- <u>Pro:</u> Certain patrons may feel more comfortable with analog methods rather than electronic scheduling
- <u>Pro:</u> No additional software scheduling costs/fees

Online booking platform

- <u>Con:</u> May be difficult for some patrons to navigate online booking platform
- <u>Con:</u> May have extra cost associated with purchased or integrated software
- <u>Pro:</u> Potentially less admin on library staff
- <u>Pro:</u> Patrons can self-schedule at their convenience regardless of library business hours

Considerations for Schedule Method

- What current methodology or workflow is being used to schedule meeting spaces in your library?
- What is efficient about this method, what is in-efficient?
  - What are the man hour costs to schedule spaces over the course of a month?
  - Are there consistent problems with double booking or losing a reservation?
  - What is the process for a patron to utilize the space after reserving a room/space?
  - If your library utilizes an electronic scheduling system, can this system/software be utilized for the telehealth pod/room as well?
- If using multiple methods, ensure the Library's scheduling methods are synced together to prevent double booking.

Information considerations when booking a telehealth pod/room

- If the space is solely advertised and used as a telehealth room, please follow HIPAA guidelines.
  - For such rooms, the scheduling process should limit or avoid collecting any information that is considered Patient Health Information. Such as: patient's full name, date of birth, address, healthcare patient ID numbers or other unique identifiers.
  - Any information should be limited to library staff knowledge only. For example, do not post a printed pod/room schedule on the door for all other patrons to see.
  - Best practice is to limit the personal information to only what is necessary.

- o Please consult a HIPAA expert for further information.
- If the pod/room being used for telehealth is advertised and used as a multi-purpose space with general video conference capabilities (including, but not limited to telehealth) then it doesn't need to follow HIPAA regulations.
  - o Best practice is to limit the personal information collected in the scheduling process to only what is necessary.
  - o You may post a printed pod/room schedule on the door, but consider using patron First Name, Last Initial (only) to respect patron's privacy.

Scheduling blocks

- You may need additional time between appointments for the following considerations:
  - o Time for a patron to sign-in and prepare for their telehealth appointment.
  - o Time to clean and/or sanitize the space in between patrons.
  - o Time in case an appointment runs late

Patron/Educational Materials

There are various materials a library may consider having available for patrons using a telehealth pod/room/space. Below are general examples. Please consult a lawyer to ensure that documentation or postings meet the threshold of legal considerations and risk minimization for your organization.

Liability Waiver[7]

- A liability waiver is a legal document that a person who participates in an activity may sign to acknowledge the risks involved in their participation. By doing so, the company attempts to remove legal liability from the business or person responsible for the activity.
- Liability documentation may be in the form of a wall poster, digital (online) form, or physical document signed upon arrival by patrons.

Self-Guidance Materials

- Patrons will have various levels of comfort with telehealth appointments and technology. Therefore, it is recommended to have self-guidance materials available. Below are some examples:
  - o Patient Telehealth Checklist (See reference material labeled Patron Material Example)
  - o Video on "How to Prep for a Telehealth Appointment" (See reference material labeled Patron Material Example)
  - o Video on "What to Expect from a Telehealth Visit" (See reference material labeled Patron Material Example)
  - o Instructions on how to access telehealth technology and equipment. See "Getting patients set up with telehealth technology" in Patron Material for ideas on what to include.

How to Handle an On-Site Emergency

Libraries should expect to encounter few medical or mental health emergencies related to their telehealth space. However, having a plan in place ensures the safety of your patron experiencing the emergency, as well as the other patrons at the library at the time of the emergency. The responsibility of the library should be considered within the Good Samaritan Law guidelines.

Good Samaritan Law Guidelines[8]

Idaho Statute 5-330 states that people rendering good-faith aid or medical attention at the scene of an accident or emergency shall not be held responsible for civil damages in any court of this state. Thereby, any library employee or patron that attempts to help a person in a mental health or medical emergency will not be held liable for the outcome of that emergency.

One caveat to this law is that if a person offering or administering emergency first aid or emergency medical attention, engages in gross negligence in the care or treatment (i.e. intentionally engages in care/treatment that is beyond their training, scope of knowledge, or known to cause additional injury or death) of said injured person or persons, the Good Samaritan clause for immunity would inapplicable.

In the case of Emergency To-dos and Don't-dos:

*This list is also provided in the appendix as a printable quick-reference guide for staff.

Do:

✓ In the case of a medical or patron safety emergency direct a nearby person to call 911 (or call yourself if no one else is available).

✓ Keep eyes on the individual to always monitor their condition.

✓ Ask if any patrons present are trained medical professionals.

✓ If the individual is breathing and responsive speak to the individual and gather as much information as possible to relay back to the 911 dispatcher.

✓ Follow all 911 dispatcher instructions.

✓ If the person is not breathing, begin CPR if you or another nearby person has been trained in such. If there not someone present with CPR training, move the person into the Recovery Position (please use link or web search for more information).

✓ Remain aware of contact with bodily fluids (i.e. blood, silva, etc)

✓ If the person is experiencing a mental health emergency and is responsive, please contact 988 and allow the individual to speak with the crisis specialist. If the person is unresponsive, please contact 911.

Don't:

✗ Don't wait to call 911 until after you have collected information.

✗ Don't engage in medical interventions that you have not been trained in.

✗ Don't attempt to drive someone to a medical clinic or hospital.

- ✘ If the person recovers, don't attempt to physically or otherwise restrain someone until emergency responders arrive at the library (However, it's okay to encourage the individual to wait to be checked out).
- ✘ Don't immediately leave the scene once emergency responders arrive. Remain present to convey whatever information you have on the individual.

Local Emergency Contact Numbers

If your library has a provider or provider group who consistently provides telehealth services through your telehealth pod(s)/room(s) it is best practice to equip them with the local emergency numbers. If a provider or provider group is located outside your county their calling 911 will route to their local 911 dispatch office and require re-routing to the 911 dispatch office where your library is located. A list of Idaho direct emergency contact numbers are listed in the Appendix: **Idaho Emergency Services Contact Numbers.**

Mental Health Crisis Centers

In addition to 988, Idaho offers help for individuals facing a mental health crisis through the use of regional Crisis Centers. Per the Health and Welfare website, Crisis centers provide emergency substance use disorder and mental health services for adults 18 and older.

Crisis centers are a place for adults to go for help if they are experiencing a behavioral health crisis, such as suicidal thoughts or withdrawal from drugs. They receive a bed, food, and services from mental health professionals so they can decide what to do next.

All services are provided without charge to patients in need. Referrals and connections are made to appropriate community resources. Clients may remain at the facility for up to 23 hours and 59 minutes, but most people get the help they need in less time. Services provided include 24-hour hotline, detox services, and crisis intervention and prevention.

A full list is provided in the Appendix and you can find also find the most current list here:

https://healthandwelfare.idaho.gov/services-programs/behavioral-health/statewide-crisis-centers

> **Please see Appendix for an easy-to-display list of crisis center locations and phone numbers, as well as other crisis and help resources. Your library may elect to hang that resource in a public space as a self-help guide.**

Additional Resources

Telehealth best Practices / Toolkits

- Telehealth Guidance for Providers Section: https://telehealth.hhs.gov/providers/
- Telehealth Guidance for Patient Section: https://telehealth.hhs.gov/patients/
- Northwest Regional Telehealth Resource Center (NRTRC) Tools and Resources: https://nrtrc.org/resources/index.shtml
- American Telemedicine Association (Membership Required): https://www.americantelemed.org/resource/
- Rural Health Link (HRSA) Resources: https://ruralhealthlink.org/resources/#
- Counseling Compact Toolkit: https://counselingcompact.org/tool-kit/

Patron Material Examples

- What to Expect from a Telehealth Visit - https://www.youtube.com/watch?v=Olgs6mMXt6U
- Patient Telehealth Checklist: https://nrtrc.org/resources/downloads/patienttelehealthchecklist.pdf?v=XEcdpvhl_n0&feature=youtu.be
- How To Prep for Your Telehealth Appointment: https://telehealthresourcecenter.org/resources/videos/how-to-prep-for-your-telehealth-appointment/
- Getting patients set up with telehealth technology: https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/getting-patients-set-up-with-new-technology

Learning Opportunities

- Telebehavioral Health 201 Series (Free CEUs): https://nrtrc.catalog.instructure.com/programs/telebehavioral-health-201
- NRTRC Trainings: https://nrtrc.catalog.instructure.com/
- Rural Health Link (HRSA) Resources: https://ruralhealthlink.org/training-materials/
- Digital Literacy: https://allofus.nnlm.gov/digital-health-literacy
- Digital Navigator: https://telehealthresourcecenter.org/wp-content/uploads/2023/07/Digital-Navigation-Toolkit-Combined-Edits-AUG-2023.pdf

Telehealth Organizations

- Telehealth Gov: https://telehealth.hhs.gov/
- Northwest Regional Telehealth Resource Center: https://nrtrc.org/
- American Telemedicine Association: https://www.americantelemed.org/
- Rural Health Link (HRSA): https://ruralhealthlink.org/

Other Resources

- 211 Idaho Care Line
- Findhelpidaho.org
- List of Idaho State Services: https://healthandwelfare.idaho.gov/offices
- LGBT National Hotline: **(888) 843-4564**
- Trevor Lifeline (for LGBTQ+ Youth): **(866) 488-7386**

- Trans Lifeline: **(877) 565-8860**
- Veterans Crisis Line: **(800) 273-8255 and press 1**
- National Domestic Violence Hotline: **(800) 799−7233 | text "START" to 88788**
- SAMHSA National Helpline (Substance Use): **(800) 662-4357**

References:

1. *Telehealth in libraries* (no date) *Idaho Commission for Libraries*. Available at: https://libraries.idaho.gov/telehealth/ (Accessed: 10 August 2023).

2. *Telehealth Basics* (2023) *ATA*. Available at: https://www.americantelemed.org/resource/why-telemedicine/ (Accessed: 10 August 2023).

3. *Telehealth Glossary* (no date) *The Colorado Health Foundation*. Available at: https://coloradohealth.org/insights/stories/telehealth-glossary (Accessed: 10 August 2023).

4. *Education & training* (no date) *Northwest Regional Telehealth Resource Center*. Available at: https://nrtrc.org/education/what.shtml (Accessed: 10 August 2023).

5. *Updated national survey trends in telehealth utilization and modality ...* Available at: https://aspe.hhs.gov/sites/default/files/documents/7d6b4989431f4c70144f209622975116/household-pulse-survey-telehealth-covid-ib.pdf (Accessed: 11 August 2023).

6. Summary of the HIPAA Privacy Rule. Available at: https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html (Accessed: 20 October 2023).

7. *Liability waiver* (2022) *Wikipedia*. Available at: https://en.wikipedia.org/wiki/Liability_waiver (Accessed: 05 October 2023).

8. *Idaho Legislature* (no date) *Idaho State Legislature*. Available at: https://legislature.idaho.gov/statutesrules/idstat/title5/t5ch3/sect5-330/#:~:text=That%20no%20action%20shall%20lie,aid%20or%20emergency%20medical%20attention (Accessed: 27 October 2023).

Idaho Emergency Services – Local Contact Numbers

The emergency contact numbers listed below directly connect to 911 dispatch in each of the counties listed. Please provide the phone number for the county where you are located to your telehealth medical or mental health provider during your intake session.

COUNTY / LOCATION	Phone Number
Local Medical Emergencies	911
Mental Health Crisis	988
Ada County	208-377-6790
Adams County	208-253-4227
Bannock County	208-236-7111
Bear Lake County	208-945-2121
Benewah County	208-245-2555
Bingham County	208-785-1234
Blaine County	208-788-3831
Boise County	208-392-4411
Bonner County	208-265-5525
Bonneville County	208-529-1200
Boundary County	208-267-3151
Butte County	208-538-7321
Camas County	208-764-2261
Canyon County	208-454-7531
Caribou County	208-547-2563
Cassia County	208-878-2251
Chubbuck Police	208-237-7172
Clark County	208-374-5403
Clearwater County	208-476-4521
Custer County	208-774-3327
Elmore County	208-587-2100
Fort Hall Police Department	208-238-4000
Franklin County	208-852-1234
Fremont County	208-624-4482
Gem County	208-365-3521
Gooding County (SIRCOMM)	208-324-1911 or 208-735-1911
Idaho County - Grangeville and surrounding areas	208-983-1100
Idaho County - Kooskia and surrounding areas	208-926-4221

Idaho Emergency Services – Local Contact Numbers (Page 2)

COUNTY / LOCATION	Phone Number
Idaho County - White Bird, Elk City areas	800-922-9141
Idaho Falls Police Department	208-529-1200
Idaho State Police North	208-209-8730
Idaho State Police South	208-846-7500
Jefferson County	208-745-9210
Jerome County (SIRCOMM)	208-324-1911 or 208-735-1911
Kootenai County	208-446-1300
Latah County	208-882-2216
Lemhi County	208-742-1680 or 208-756-8980
Lewis County	208-937-2447
Lewiston Police Department	208-746-0171
Lincoln County (SIRCOMM)	208-324-1911 or 208-735-1911
Madison County	208-372-5001
Minidoka County	208-434-9561
Moscow Police Department	208-882-2677
Nampa Police Department	208-465-2257
Nez Perce County	208-799-3131
Nez Perce Tribal Police	208-843-7141
Oneida County	315-736-0141
Owyhee County	208-495-1154
Payette County	208-642-6006
Pocatello Police Department	208-234-6100
Post Falls Police	208-773-3517
Power County	203-226-2311
Shoshone County (SIRCOMM)	208-324-1911 or 208-735-1911
Teton County Sheriff	208-354-2323
Twin Falls (City of) Police	208-735-7315
Valley County	208-382-5160
Washington County	208-414-2121

Mental Health Crisis Centers

24/7 Crisis Lines

Idaho Mental Crisis Help: 988

Veterans Crisis Line: (800) 273-8255

Crisis Text Line: HOME to 741741

Western Idaho Community Crisis Center

524 Cleveland Blvd., Ste 160

Caldwell, Idaho 83605

208-402-1044

https://www.widccc.org/

Pathways Community Crisis Center of Southwest Idaho

7192 Potomac Drive

Boise, Idaho 83704

833-527-4747

https://www.facebook.com/SWIdahoCrisisCenter/

Southeast Idaho Behavioral Crisis Center

1001 N 7th Ave N Ste 160

Pocatello, Idaho 83201

208-909-5177

https://www.seibcc.com/

Behavioral Health Crisis Center of East Idaho

1650 N Holmes Avenue

Idaho Falls, Idaho 83401

208-522-0727

https://www.eastidahocrisis.com/

Crisis Center of South Central Idaho

570 Shoup Avenue W

Twin Falls, ID 83301

208-772-7825

https://www.facebook.com/crisiscenterofsouthcentralidaho/

Rural Crisis Center Network

Locations in Lewiston,

Orofino and Moscow

877-897-9027

https://latahrecoverycenter.org/about/rural-crisis-center-network/

Northern Idaho Crisis Center

2195 Ironwood Court, Suite D

Coeur D' Alene, Idaho 83814

208-625-4884

https://www.nicrisiscenter.org/

Crisis and Help Resources

FindHelpIdaho.org

Idaho Care & Resource Line: 211

National Domestic Violence Hotline: (800) 799−7233 |

   OR text "START" to 88788

SAMHSA Nat'l Helpline (Substance Use): (800) 662-4357

LGBT National Hotline: (888) 843-4564

Trevor Lifeline (for LGBTQ+ Youth): (866) 488-7386

Trans Lifeline: (877) 565-8860

In the case of Emergency Do's and Don'ts

Do:

✓ In the case of a **medical** or patron **safety** emergency direct a nearby person to **call 911** (or if no one else is available, call 911 yourself). When in doubt, it's best to call.

✓ Keep eyes on the individual to always monitor their condition.

✓ Ask if any patrons present are trained medical professionals.

✓ If the individual is breathing and responsive speak to the individual and gather as much information as possible to relay back to the 911 dispatcher.

✓ Follow all 911 dispatcher instructions.

✓ If the person is not breathing, begin CPR if you or another nearby person has been trained in such. If there not someone present with CPR training, move the person into the [Recovery Position](#) (please use link or web search for more information).

✓ Remain aware of contact with bodily fluids (i.e. blood, silva, etc)

✓ If the person is experiencing a mental health emergency and is responsive, please contact 988 and allow the individual to speak with the crisis specialist. If the person is unresponsive, please contact 911.

Don't:

✗ Don't wait to call 911 until after you have collected information.

✗ Don't engage in medical interventions that you have not been trained in.

✗ Don't attempt to drive someone to a medical clinic or hospital.

✗ If the person recovers, don't attempt to physically or otherwise restrain someone until emergency responders arrive at the library (However, it's okay to encourage the individual to wait to be checked out).

✗ Don't immediately leave the scene once emergency responders arrive. Remain present to convey whatever information you have about the individual or situation.

My Telehealth Checklist

Before the telehealth visit

- ☐ I have a device with a camera, speaker and microphone. *A device might be a computer, tablet, laptop or a smartphone.*
- ☐ I have a quiet and private place with good lighting for my telehealth visit.
- ☐ I have internet (or other connection such as my phone data plan) for a telehealth visit. *Being able to stream movies means my internet should be good enough for telehealth.*
- ☐ My provider's office has confirmed that a telehealth visit is okay for my visit reason or concern; I don't need an in-person visit.
- ☐ I've asked my provider's office to do a test connection with me to make sure everything works okay. *Not always needed but can be helpful.*
- ☐ My provider's office knows if I need translation or other support during my telehealth visit, including having a family member or caregiver join the telehealth visit.
- ☐ I've submitted any forms or information – either paper or online – that my provider's office needs me to fill out or provide.
- ☐ I have my list of questions ready.
- ☐ I have all my medication bottles nearby for when they ask me what I'm taking.
- ☐ I have closed all extra windows, tabs and applications on my device and asked everyone else in my house not to use the internet during my telehealth visit.
- ☐ My device is either plugged in or fully charged.
- ☐ I know how I will receive the link to join my telehealth visit, and I know how to find it. *The link may be sent by email, text, or online portal or some other way.*
- ☐ They gave me instructions on how to start or join the telehealth visit.

During the telehealth visit:
While I won't be able to check this list during the visit, these are things to think about.

- • I have my questions, concerns and issues organized and listed by importance (if possible). (If it's an option, I have sent my list to my provider BEFORE the meeting.)
- • My face is centered in the screen. The camera is aimed at me, not at the ceiling or just showing my forehead or chin.
- • The provider or care team has clarified how much time we have.
- • I can see and hear the provider and the care team members. If not, I need to let them know.
- • They gave me back-up plan in case we have technical problems. *I have a phone number to call.*
- • I know what the treatment plan is and have asked the provider to send me a copy of the treatment plan for future reference.
- • If tests or referrals to specialists are ordered, I know why I am getting them and where I need to go.
- • My provider told me when I need schedule my next or follow-up visit.
- • I have a number to call with any follow-up questions.
- • I have a number to call if I have problems after hours.
- • My provider's office has told me what my copay or fees are for the telehealth visit and how to pay.