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| **Steps in the Process** | **Failure Mode** | **Failure Causes** | **Failure Effects** | **Likelihood of Occurrence** | **Likelihood of Detection** | **Severity** | **Risk Profile Number (RPN)** | **Actions to Reduce Occurrence of Failure** |
|  | *(What could go wrong?)* | *(Why would the failure happen?)* | *(What would be the consequences of each failure?)* | *(On a scale of 1-10, with 10 being the most likely, what is the likelihood the failure mode will occur?)* | *(On a scale of 0-10, with 10 being the most likely NOT to be detected, what is the likelihood the failure will NOT be detected if it does occur?)* | *(On a scale of 1-10, with 10 being the most likely, what is the likelihood that the failure mode, if it does occur, will cause severe harm?)* | *(Likelihood of occurrence X likelihood of detection X severity)* |  |
| **Develop criteria  for which patients are candidates for telemedicine services.** | Staff not appropriately trained on criteria. | Not sharing the criteria or properly training on how to implement. | Patients inappropriately scheduled for telemedicine rather than in-person. | 2 | 1 | 3 | 6 | Educate and document training.  Document competency with application of criteria. |
|  | Criteria too strict | Decreased number of telemedicine visits and increase in office visits. | More office visits than needed. | 5 | 3 | 1 | 15 | Review and revise criteria as appropriate to allow more telemedicine visits.  Review and revise criteria to exclude patients who need to be seen in-person. |
|  | Criteria too inclusive | Delay in care because telemedicine visits would need to be rescheduled as office visits.  Not capture emergent /urgent needs. | Patient harm from delay in care because not seen soon enough. | 5 | 3 | 7 | 105 | Patient education or literature with education of symptoms that require an in-person or emergency room visit.  Educate and document staff training on symptoms that require referral to the emergency room. |
| **Advertise telehealth services.** | Advertising doesn’t reach patients/ patients unaware of services *(wrong address, wrong email, etc.)* | Patient with no email address on file.  Wrong contact information in file. | Patient unaware of the service. | 4 | 4 | 1 | 16 | Validate if patients have an email address for communication upon in-person visit. |
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| **Advertise telehealth services, *continued.*** | Advertising doesn’t reach patients/ patients unaware of services *(wrong address, wrong email, etc.)* | Patient cannot read.  Patient cannot read English. | Patient unaware of the service. | 4 | 4 | 1 | 16 | Consider other means of advertising: Mail, text, email, radio, health fairs, billboards, commercials, etc.  Validate patient’s mailing address at each in- person visit.  Provide written information on the services in languages other than English.  Educate the patient during in-person visit using the interpretation service if necessary. |
| **Schedule patient when they seek telehealth appointments.** | Patient forgets date/time. | Distractions  Doesn’t write down the time/day of appointment. | Delay in care. Visit is not able to be conducted and has to be rescheduled. | 5 | 1 | 6 | 30 | Send electronic reminder of appointment once it  is made.  Send electronic reminder of appointment once it is made. |
| Many people want to use the service. | Criteria not specific enough. | Overabundance of scheduling and not enough physicians to meet the need. | 5 | 2 | 7 | 70 | Education of patients on how the process works and when it is appropriate to use.  Review criteria to ensure appropriate. |
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| **Schedule patient when they seek telehealth appointments, *continued.*** | Many people want to use the service. | Criteria not specific enough. | Overabundance of scheduling and not enough physicians to meet the need. | 5 | 2 | 7 | 70 | Track and trend telehealth visits to determine which ones were not appropriate for telehealth. Use the information to refine telehealth criteria. |
|  | Difficult to schedule among in-office visits. | Unable to determine length of time in-office or telemedicine visits will take. | Visits are not on time.  Patients get frustrated and leave or disconnect.  Patient dissatisfaction.  Clinician is hurried, which could lead to mistakes.  Patients may seek healthcare elsewhere. | 7 | 7 | 7 | 343 | Utilize a virtual waiting room for patients with an expecting waiting time or a timeframe.  Keep patients updated on how much longer until their visit.  Obtain call back information and offer to either call the patient when the physician is ready or to reschedule.  Collect information from satisfaction surveys to improve current process.  Allot adequate time for each visit. Consider blocking portions of the day for telehealth only.  Identify dissatisfied patients by surveying patients after their visits. Intervene appropriately depending upon the expectation that was not met. |
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| **Educate patient on process and expectations  for the call.  *Re: quiet room,  alone, etc****.* | Communication barrier. | LEP issues. | Inability to properly care for patient without understanding language. | 6 | 2 | 8 | 96 | Obtain language services through telehealth platform. |
|  | Patient unable to work technology. | Unfamiliar with using technology. | Delay in care. Inability to complete the visit. | 5 | 3 | 6 | 90 | Develop a step-by-step tutorial/literature patients can use to access telehealth. |
|  | Patient does not have ability to connect to telemedicine technology. | Unable to access telemedicine services. | Continue to seek in-person visits. | 4 | 2 | 2 | 16 | Schedule in-person visit. |
| **Verify the patient using 2 identifiers.** | No policy on verifying 2 identifiers. | Have not developed a policy.  Distractions | No consistent means to confirm the patient and to confirm appropriate medical record is being used for history. | 3 | 3 | 8 | 72 | Develop a policy in which all patients are identified by 2 patient identifiers. Compare the information to the medical record being used for the visit.  Educate clinicians and staff to verify and document verification of 2 patient identifiers in medical record. |
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| **Verify the patient using 2 identifiers, *continued.*** | Clinician does not remember to verify the 2 identifiers. | Not familiar with policy. | Utilize information for the wrong medical record to care for the patient on the telemedicine call. | 5 | 7 | 8 | 280 | Educate clinicians and staff to verify and document verification of 2 patient identifiers in medical record. |
| **Obtain consent.** | Patient refuses or patient doesn’t understand. | Did not understand the risks associated. | Delay in care. Unable to complete visit. | 1 | 1 | 6 | 6 | Schedule in-person visit. |
|  | Verbal consent is not witnessed by 2 professionals. | Not an in-person visit. | Patient can dispute proper consent obtained. | 3 | 6 | 6 | 108 | Document both staff members (one who may be the physician) present for patient verbalization of the virtual consent. |
| **Conduct the telemedicine visit.** | Patient unable to connect – lack of understanding. | Knowledge deficit in using technology. | Delay in care, visit would need to be rescheduled. | 5 | 3 | 6 | 90 | Develop a step-by-step tutorial/literature patients can use to access telehealth.  Schedule an in-person visit instead. |
|  | Malfunction of audio/visual connection. | Internet speed not fast enough.  Internet connectivity issues. | Inability to complete the visit, would need to reschedule in the office.  Delay in care, visit would need to be rescheduled. | 7 | 3 | 6 | 126 | Set forth technical specifications in educational literature.  Schedule in-person visit.  Schedule in-person visit or reschedule telemedicine visit if appropriate and connectivity problems are thought to be temporary. |
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| **Conduct the telemedicine visit, *continued.*** | Inability to obtain vital sign, use medical diagnostic instruments, or physical assessment to diagnose/ treat patients. | Not an in-person visit. | Limited clinical picture. | 8 | 3 | 6 | 144 | Inform patient of risks of limited assessment in the consent form.  Educate patients on when to go to the ED.  Schedule for visit to clinic for in-person visit if patient well-being is in question. |
|  | Difficulty in visualizing patient’s appearance. | Poor lighting in patient’s home | Limited clinical picture, especially if a wound or rash would be present. | 5 | 3 | 5 | 75 | Inform patient of risks of limited assessment in the consent form.  Educate patients on when to go to the ED.  Schedule for in-person visit if patient well-being is in question or if an adequate assessment cannot be conducted. |
|  | Background noise in patient’s home. | Others present during the visit or pets. Television or radio noise. | Ineffective communication distraction, misunderstanding. | 5 | 5 | 7 | 175 | Educate patients, upon obtaining a telemedicine appointment, on environmental needs (quiet area) for the visit. |
|  | Privacy/ confidentiality issues. | Other family present in or near the room where the patient is doing the visit. | Others overhearing private medical information. | 7 | 8 | 5 | 280 | Educate patients, upon obtaining telehealth appointment, on the environmental needs for the visit. |
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| **Conduct the telemedicine visit, *continued.*** | Privacy/ confidentiality issues. | Staff walking into the room where clinician is conducting visit. | Staff hearing or seeing private medical information. | 4 | 4 | 2 | 32 | Post signage on door that telehealth visit is in progress and do not disturb. |
| **Conduct the telemedicine visit, *continued.*** | Inaccurate patient diagnostic information, such as the patient reporting their own glucose readings, blood pressure readings. | Knowledge deficit in how to properly use equipment.  Lack of calibration.  Old equipment | Inaccurate information to base clinical treatment. | 8 | 9 | 9 | 648 | Inform patient of risks of limited assessment in the consent form.  Educate patients on when to go to the ED.  Schedule for in-person visit if patient well-being is in question or if an adequate assessment cannot be conducted.  Request patient to verbalize how they use the equipment to aid in verifying proper use. |
| **Ordering testing or medications.** | Wrong medical record used to review history. | Failure to use 2 patient identifiers. | Medication allergy not recognized.  Duplicative medications ordered.  Duplicative testing ordered  Review of wrong patient historical documents and results of tests. | 3 | 5 | 8 | 120 | Use 2 patient identifiers to verify correct patient and correct medical record.  Conduct a medication reconciliation review to verify medications listed in medical record are accurate.  Verify presence of allergies with every visit. |
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| **Establish follow up needs.** | Patient does not remember the follow-up date or does not schedule the follow-up. | No date reminder card is given.  Unable to schedule right away before disconnecting. | Patient condition worsens. | 7 | 7 | 3 | 147 | Electronically send the patient the follow-up date/time/type of visit immediately after the telehealth call ends. |
| **Document appropriate visit information.** | Wrong medical record pulled up. | Failure to use 2 patient identifiers. | Documentation placed in the wrong chart. | 3 | 5 | 8 | 120 | Use 2 patient identifiers to verify the correct patient and correct medical record. |
| **End the call.** | Patient did not get all questions answered or has more questions once the visit ends. | Felt rushed to end the visit or did not think of questions while in the visit | Misunderstands orders given for plan of care. | 2 | 5 | 7 | 70 | Ensure adequate time is allotted for each visit.  Ensure patient knows how to contact the clinic if they have follow-up questions or need clarification. |