



Health informatics—Telehealth services—Quality planning guidelines



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- Engineers Australia
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Australian Standard®

Health informatics—Telehealth services—Quality planning guidelines

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Preface

This Standard was prepared by the Standards Australia Committee IT-014, Health Informatics.

The objective of this Standard is to provide advice and recommendations for the development of risk-managed quality objectives and guidelines for telehealth services that use information and communications technologies (ICTs) to deliver healthcare over both long and short distances. It can apply to the design, implementation, management, operation and evaluation of all types of telehealth services.

This Standard is identical with, and has been reproduced from, ISO/TS 13131:2014, *Health informatics — Telehealth services — Quality planning guidelines*.

As this document has been reproduced from an International Standard, the following applies:

- (a) In the source text 'this Technical Specification' should read 'this Australian Standard'.
- (b) A full point substitutes for a comma when referring to a decimal marker.

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The terms 'normative' and 'informative' are used in Standards to define the application of the appendices or annexes to which they apply. A 'normative' appendix or annex is an integral part of a Standard, whereas an 'informative' appendix or annex is only for information and guidance.

Contents

Preface	ii
Foreword	v
Introduction	vi
1 Scope	1
2 Normative references	1
3 Terms and definitions	1
3.1 Quality characteristics	1
3.2 Actors	3
3.3 Care	5
3.4 Quality	7
3.5 Risk	8
3.6 Telehealth	9
4 Conformance	10
5 Quality and risk management	10
5.1 Telehealth risk, safety and quality assessment	10
5.2 Telehealth quality characteristics	10
5.3 Management of quality characteristics	11
5.4 Establishing the context for telehealth services	12
5.5 Risk assessment — Identification	12
5.6 Risk assessment — Analysis	12
5.7 Risk assessment — Evaluation	12
5.8 Risk treatment and quality	13
6 Quality management of telehealth services	13
6.1 Quality characteristics	13
6.2 Services description	13
6.3 Processes description	14
6.4 Quality planning	14
6.5 Risk assessment	14
6.6 Risk treatment	15
6.7 Service improvement	15
6.8 Safety improvement	15
7 Financial management	15
7.1 Quality characteristics	15
7.2 Sustainability	16
7.3 Healthcare funds	16
8 Service planning	16
8.1 Quality characteristics	16
8.2 Service design	17
8.3 Service levels	17
8.4 Duration of care	17
9 Workforce planning	17
9.1 Quality characteristics	17
9.2 Workforce skills and training	18
9.3 Consultation with workforce	18
10 Healthcare planning	18
10.1 Quality characteristics	18
10.2 Healthcare processes	18
10.3 Healthcare plans	19
10.4 Healthcare continuity	19
10.5 Unavailable clinical guidelines and protocols	19

10.6	Adverse event management.....	19
10.7	Professional health record management.....	20
11	Responsibilities.....	20
11.1	Quality characteristics.....	20
11.2	Healthcare mandate.....	20
11.3	Informed consent.....	21
11.4	Care recipient preferences.....	21
11.5	Care recipients expenses.....	22
11.6	Appropriate healthcare services.....	22
11.7	Competence of care recipients.....	22
11.8	Execution of healthcare plan.....	23
12	Facilities management.....	23
12.1	Quality characteristics.....	23
12.2	Healthcare organization facilities.....	23
12.3	Care recipient facilities.....	24
13	Technology management.....	24
13.1	Quality characteristics.....	24
13.2	Service support.....	25
13.3	Service delivery.....	25
13.4	Infrastructure management.....	26
13.5	Deployment management.....	26
13.6	Operations management.....	26
13.7	Technical support.....	27
14	Information management.....	27
14.1	Quality characteristics.....	27
14.2	Privacy.....	27
14.3	Care recipient identity.....	28
14.4	Confidentiality of health records.....	28
14.5	Consultations, ordering and prescribing.....	28
14.6	Coordination and scheduling.....	29
14.7	Data quality.....	29
Annex A	(informative) Examples of telehealth risk assessments.....	30
Bibliography	32

Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation on the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the WTO principles in the Technical Barriers to Trade (TBT) see the following URL: [Foreword - Supplementary information](#)

The committee responsible for this document is ISO/TC 215, *Health Informatics*.

Introduction

Aging populations are driving the demand for healthcare in many countries. Extended life expectancy will bring increased health issues for many people. Health systems are seeking to lower the demand for hospital beds by shortening the periods of hospitalization and providing more health care outside of the acute sector. The acute sector can also be geographically concentrated in capital cities which increases the potential demand for health services in primary care, community care settings, and preventative health care. Despite such measures, the demand for healthcare professionals and resources is likely to increase across all these care settings.

The use of information and communication technologies (ICT) is growing within the healthcare sector. The applications for ICT include devices and equipment that have embedded software. Originally, ICT was mainly used only within larger healthcare organizations, but has now spread throughout the healthcare sector. Applications and devices that use many types of information and communication technologies, including embedded software are now widely available for use in hospital clinics and the homes of patients or clients.

Healthcare organizations and healthcare supporting organizations can provide or support healthcare services using information and communications technologies (ICTs) to deliver health services and transmit health information over both long and short distances. The use of ICT in this way is known as telehealth or telemedicine services.

Although the use of ICT applications to deliver health care in community settings, in patient's homes, and connect healthcare professionals is seen as advantageous, there are additional risks to the quality of health care services when delivered at a distance using ICT. This Technical Specification provides guidelines on the development of quality plans to manage these risks. These guidelines are intended for use by healthcare organizations and healthcare supporting organizations.

A quality plan identifies the desired quality characteristics, related quality objectives, and quality procedures. This Technical Specification provides examples of generally applicable quality plans applicable to telehealth services.

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1 Scope

A growing number of initiatives in various countries around the world, most of them small-scale, are described as telehealth or telemedicine or m-health projects. It is not yet clear when the term telehealth or telemedicine should be used to describe such initiatives, because these terms can be described and interpreted in different ways in the absence of a unifying concept.

Telehealth is the use of information and communications technologies to deliver healthcare and transmit health information over both long and short distances. Telehealth is a form of care provision that extends the reach of care, reduces the need for care recipient or client travel and mobility, supports choice in healthcare service delivery, preventative care, individual self-care, and may also increase the efficiency of care. Currently telemedicine is seen as providing a subset of a broader suite of telehealth services. Telehealth also includes ICT applications that support a wider set of activities including educational and administrative use.

This Technical Specification provides advice and recommendations on how to develop quality objectives and guidelines for telehealth services that use information and communications technologies (ICTs) to deliver healthcare over both long and short distances by using a *risk management process*. The following key requirements are considered when developing quality objectives and guidelines for telehealth services:

- management of telehealth quality processes by the healthcare organization;
- management of financial resources to support telehealth services;
- processes relating to people such as workforce planning, healthcare planning, and responsibilities;
- provision of infrastructure and facilities resources for telehealth services;
- management of information and technology resources used in telehealth services.

2 Normative references

The following documents, in whole or in part, are normatively referenced in this document and are indispensable for its application. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 31000:2009, *Risk management — Principles and guidelines*

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1 Quality characteristics

3.1.1

accessibility

usability of a product, service, environment, or facility by people within the widest range of capabilities

EXAMPLE Accessibility of healthcare for recipients.

[SOURCE: Based on ISO 9241-20]