

# Client Safety and Telepractice

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## Introduction

Every day, thousands of errors occur in health care systems (Institute of Medicine, 2003). Medical emergencies, falls, psychological emergencies, and unsafe events can cause harm to those seeking services in health care systems. In traditional settings, personnel are available to assist in summoning help for those involved in emergency situations. Client safety requires a health care system that can respond in a timely manner to emergencies. Telepractice is a health care delivery system which must also be implemented in a manner that ensures client safety and prevents harm. Safety and quality cannot be separated, thus health care professionals must provide a culture of safety for clients served via telepractice as well as in-person (Department of Veterans Affairs, 2013).

The American Speech-Language Hearing Association (ASHA) Code of Ethics states "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally (ASHA, 2010)." The use of telepractice to provide speech-language and audiology services obligates clinicians to think about delivery of services in a setting where a clinician is not physically present.

Evidence supporting the efficacy of telepractice continues to be forthcoming (Lemaire, Boudrias, & Greene, 2001; Georgeadis, Brennan, & Baron, 2004; Mashima, Birkmire-Peters, Syms, Holtel, Burgess, & Peters, 2003; Theodoros, Constantinescu, Russell, Ward, Wilson, & Wootton, 2006; Boisvert, Hall, Andrianopoulos,

& Chaclas, 2012). Not only do clinicians desire ways to provide efficacious treatment, but client safety is critically important as we strive to provide speech-language and audiology services which are convenient and accessible. Emergency situations may arise in a client's home or remote clinic during a telepractice session. A plan to manage such situations should be in place and practiced before they occur.



As an example, Imagine you have just concluded a telepractice session to a remote clinic. Your client is alone in the treatment room. After disconnecting, you continue with your day. As your client rises to leave the room, he or she trips and falls. If your client is unable to call for help he or she may lie on the floor without immediate attention until a staff member enters the room. In most cases, as long as the door to a treatment room is closed clinic staff assumes a client is being treated by a clinician and does not enter due to privacy concerns. Falls are the second leading cause of accidental or unintentional injury deaths worldwide and the greatest number of fatal falls happen to adults over age 65 (World Health Organization, 2012). Anyone treating this population should be aware of this finding.

In another example, you may observe a client suffer a medical emergency during a telepractice session. Having a plan for summoning medical staff to assist could mean the difference in life, death, or disability for your client. In a telepractice application you don't have the ability to call for help just outside your door. Your client could be hundreds of miles away.

Or suppose you are conducting a telepractice session to a client alone in his or her home and you notice smoke and realize the house is on fire. If you are located in another town or state and call 911, you will lose valuable response time dispatching emergency services to the client's location. Calling 911 only works in the local area from which you are calling. Additionally, you could lose time if you call local emergency personnel but don't have the client's address readily available.

Therefore, prior to initiating a telepractice application, safety concerns for clients should be considered. Whether in a client's home or a remote clinic, a number of steps can be taken to prepare for emergencies, possibly eliminating unsafe conditions. These include locating emergency numbers and available persons to assist in an unsafe or emergency situation.

## Telepractice to Remote Clinical Sites

Telepractice from clinic to remote clinic can be a safe, effective way to provide speech and language services with a few preliminary safety measures. In most cases clients are escorted to the therapy room and left alone or with an

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accompanying family member. Here are safety considerations to implement:

- An initial meeting with staff at both locations is important in identifying safety concerns and solutions.
- A plan should be developed at this meeting and practiced to make certain all staff involved are familiar with their role in the event of an emergency.
- If an unsafe condition is identified by a remote clinician, emergency numbers should be prominently displayed for quick access.
- A phone number for emergencies should be provided by the remote clinic which will always be answered by a staff member. In case no one is available to answer that phone, local police, fire, and rescue numbers should be easily accessible for the location of the remote clinic.
- SLP or Audiology practitioners should also have the address of the remote clinic available to give to emergency personnel. Remember -calling 911 from your location in another town or state will not be beneficial to your client at a remote site. Local emergency numbers can be found at <http://www.usacops.com/>. Your plan should also include persons to contact in case of a medical, psychological, or life-threatening situation at the remote site.
- At the conclusion of a telepractice clinic visit, never disconnect the camera until the client leaves the room and is in the presence of staff at the remote clinic.

## Telepractice to Client's Home

Telepractice to a client's home via the Internet can also carry a certain level of risk that should be given consideration and pre-planning. Safety measures to implement for telepractice to a client's home are:

- Ask the client for the street address where the home telepractice session will be conducted.
- Clinicians should also ask this question at the beginning of each session. With portable devices, clients have the potential to travel to virtually any location, so it is essential that clinicians know where clients are physically located during a telepractice session in case of an emergency.
- Then, using the previously mentioned website, obtain local emergency numbers and have them readily available.
- Detailed contact information should also be obtained from the client as to who could be contacted in case of an emergency. A home phone or cell phone of family members living in the home or close by should be listed.
- Finally, a telephone contact number at the client's home should be listed in the event of a technical disruption during the session. A disruption of Internet service may also be indicative of an emergency or other type of problem.

## Conclusion

As speech-language pathologists and audiologists move into the telepractice arena, all aspects of delivering speech-language and audiology services must be considered. Although client safety may not have been considered when conducting in-person treatment in the past, it must now be considered and preparations made in case the unthinkable happens. Telepractice has many potential and exciting uses, but it is the responsibility of speech-language pathologists to make sure the safety and security of the clients is of utmost importance. Telepractice should never be referred to as "better than nothing" but when using this technology strides should be made to provide the same

high quality service and safety assured in any in-person encounter.

## Disclaimer

These contents do not represent the views of the Department of Veterans Affairs or the United States Government.

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