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Health informatics — Telehealth services — Quality planning guidelines



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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, to supersede AS ISO 13131:2017.

The objective of this document is to provide processes that can be used to analyse the risks to the quality and safety of healthcare and continuity of care when telehealth services are used to support healthcare activities. Using risk management processes, quality objectives and procedures are derived which provide guidelines for the operations of telehealth services. These include the following:

- (a) Management of telehealth quality processes by the healthcare organization.
- (b) Strategic and operational process management relating to regulations, knowledge management (best practice) and guidelines.
- (c) Healthcare processes relating to people such as healthcare activities, planning, and responsibilities.
- (d) Management of financial resources to support telehealth services.
- (e) Management of information management and security used in telehealth services.
- (f) Processes related to the planning and provision of human resources, infrastructure, facilities and technology resources for use by telehealth services.

This document provides a set of example guidelines containing quality objectives and procedures for each domain. Organizations can apply the quality and risk management processes described in Clauses 5 and 6 to develop quality objectives and procedures appropriate to the telehealth services they provide.

This document does not provide guidance for the manufacture, assembly, configuration, interoperability or management of devices, products or technical systems.

Annex A provides procedures for the implementation of telehealth services by a large organization. Annex B provides use cases for the application of quality planning guidelines in different types of real-world telehealth services.

This document is identical with, and has been reproduced from, ISO 13131:2021, *Health informatics — Telehealth services — Quality planning guidelines*.

As this document has been reproduced from an International document, a full point substitutes for a comma when referring to a decimal marker.

Australian or Australian/New Zealand Standards that are identical adoptions of international normative references may be used interchangeably. Refer to the online catalogue for information on specific Standards.

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.

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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 of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 215, *Health informatics*.

This first edition cancels and replaces the ISO/TS 13131:2014, which has been technically revised.

The main changes compared to the previous edition are as follows:

- alignment with ISO 9000:2015, ISO 9001:2015, ISO 31000:2018 and ISO 13940:2015;
- addition of informative annexes providing use cases illustrating applications of this document;
- improvement in the clarity of the clauses on quality management and risk management.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

Healthcare activities rely on communication between healthcare actors. When the point of care is geographically separated from healthcare resources and healthcare actors are geographically separated, technology enabled services can support healthcare activities. There are diverse forms of healthcare activity, including care by a health professional, self-care activity, treatment, investigation, management, assessment, and evaluation, provision of resources, documentation and education. (For an explanation of these terms, refer to ISO 13940). Health services rely on many technical devices and services including, but not limited to facsimile machines, telephones, cameras, mobile phones, mobile devices, health state monitors, diagnostic scanners and communications services including email, telephony, video conferencing, image transmission and electronic messaging to convey health information and data between healthcare actors.

These services can be described as telehealth services because information and communication technology services are being used to support healthcare activities. Telehealth services can include but are not limited to telemedicine, telecare, mhealth (healthcare supported by mobile devices), remote use of medical applications, tele-monitoring, tele-diagnostics and virtual care^[30]. Examples of health services include but are not limited to tele-pathology, tele-dermatology, tele-cardiology, tele-rehabilitation, tele-oncology, and tele-orthopaedics. Healthcare activities that directly or indirectly support care recipients include but are not limited to teleconsultation, telephone advice, health alarm systems and health status monitoring at home. Telehealth services can support immediate healthcare activities using synchronous communications services such as a telephone or video conversation, or delayed health care activities using asynchronous communications services such as messaging services.

Within the healthcare industry, these services are described as digital health or ehealth (electronic health) products provided to support healthcare activity. Electronic health information systems are an example of products that support the capture, storage and transmission of healthcare information and data, which may or may not be used for telehealth services. It is expected that telehealth services will improve the quality of health and healthcare. For example, healthcare professionals can have health information about the care recipient available in the right place at the right time, and they will have easier access to support from medical specialists. The care recipient can be monitored in his or her home, and receive advice without the need to travel to consult a health advisor or healthcare professional as well as having easier access to healthcare information and education to support self-care.

NOTES

Australian Standard®

Health informatics — Telehealth services — Quality planning guidelines

1 Scope

This document provides processes that can be used to analyze the risks to the quality and safety of healthcare and continuity of care when telehealth services are used to support healthcare activities. Using risk management processes, quality objectives and procedures are derived which provide guidelines for the operations of telehealth services. These include but are not limited to the following domains:

- management of telehealth quality processes by the healthcare organization;
- strategic and operational process management relating to regulations, knowledge management (best practice) and guidelines;
- healthcare processes relating to people such as healthcare activities, planning, and responsibilities;
- management of financial resources to support telehealth services;
- management of information management and security used in telehealth services;
- processes related to the planning and provision of human resources, infrastructure, facilities and technology resources for use by telehealth services.

This document provides a set of example guidelines containing quality objectives and procedures for each domain. Organizations can apply the quality and risk management processes described in [Clauses 5](#) and [6](#) to develop quality objectives and procedures appropriate to the telehealth services they provide.

This document does not provide guidance for the manufacture, assembly, configuration, interoperability or management of devices, products or technical systems.

[Annex A](#) provides procedures for the implementation of telehealth services by a large organization. [Annex B](#) provides use cases for the application of quality planning guidelines in different types of real-world telehealth services.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

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

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

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 care recipients.

[SOURCE: ISO 9241-20:2008, 3.1, modified — Notes to entry removed and example added]

3.1.2**accountability**

state of being answerable for decisions and activities to the organization's governing bodies, legal authorities and, more broadly, its stakeholders

[SOURCE: ISO 26000:2010, 2.1]

EXAMPLE Accountability for healthcare activities delivered by a healthcare organization.

3.1.3**appropriateness**

extent to which healthcare activities enable care recipients to achieve specified objectives

3.1.4**competence**

ability to apply knowledge and skills to achieve intended results

[SOURCE: ISO/IEC 17021-1:2015, 3.7]

EXAMPLE Competence to participate in healthcare activities of care recipients or healthcare professionals.

3.1.5**confidentiality**

property that information is not made available or disclosed to unauthorized individuals, entities, or processes

[SOURCE: ISO/IEC 27000:2018, 3.10]

EXAMPLE Confidentiality of information to maintain the privacy of the care recipient in society or social life.

3.1.6**continuity of care**

component of patient care quality consisting of the degree to which the care needed by a patient is coordinated among practitioners and across organizations and time

[SOURCE: ISO/TR 18307:2001, 3.42]

EXAMPLE Continuity of healthcare especially when several healthcare professionals or organizations share the delivery of services to a single care recipient.

3.1.7**dependability**

ability to perform when and as required

EXAMPLE Dependability of healthcare for care recipients.

[SOURCE: ISO 9000:2015, 3.6.14]

3.1.8**effectiveness**

extent to which planned activities are realized and planned results achieved

[SOURCE: ISO 9000:2015, 3.7.11]

EXAMPLE Effectiveness of healthcare activities in improving the quality of life and health outcomes of care recipients and their informal caregivers.

3.1.9**efficiency**

relationship between the results achieved and the resources used

[SOURCE: ISO 9000:2015, 3.7.10]

EXAMPLE Efficiency of healthcare activities in improving the quality of life and health outcomes of care recipients.

3.1.10

inclusivity

intention or policy of including people who might otherwise be excluded or marginalized, such as people with physical disabilities, learning disabilities, or racial and sexual minorities

[SOURCE: The Oxford Pocket Dictionary of Current English, 2009]

EXAMPLE Inclusivity of the care recipient in society or social life

3.1.11

safety

freedom from unacceptable risk or harm

EXAMPLE Safety measures that maintain the health of care recipients.

3.1.12

transparency

openness about decisions and activities that affect society, the economy and the environment, and willingness to communicate these in a clear, accurate, timely, honest and complete manner

[SOURCE: ISO 26000:2010, 2.24]

EXAMPLE Transparency of healthcare activities.

3.1.13

usability

extent to which a product can be used by specified users to achieve specified goals with effectiveness, efficiency and satisfaction in a specified context of use

[SOURCE: ISO 9241-420:2011, 3.42]

EXAMPLE Usability of the systems providing healthcare for care recipients and healthcare professionals.

3.2 Actors

3.2.1

carer

caregiver

person who provides care

Note 1 to entry: A carer can be a healthcare professional or an informal caregiver.

3.2.2

care recipient

patient

client

subject of care

service user

subject of healthcare

healthcare actor with a person role; who seeks to receive, is receiving or has received healthcare

Note 1 to entry: In applying this document it is possible that the subject of care is considered to be a group of people

[SOURCE: ISO 13940:2015, 5.2.1]

3.2.3

care team

group of collaborating carers who provide care to a care recipient

EXAMPLE A group of caregivers who collaborate to support a diabetic child; the care team includes his parents (informal caregivers), a primary healthcare professional, a community nurse (healthcare professionals), a teacher and a sport coach (other professionals).

3.2.4

healthcare actor

organization or person participating in healthcare

Note 1 to entry: An individual person may be regarded as a legal entity in some situations depending on the service being delivered and the relevant national legislation.

[SOURCE: ISO 13940:2015, 5.2]

3.2.5

healthcare organization

healthcare provider having an organization role

[SOURCE: ISO 13940:2015, 5.2.3.1]

EXAMPLE A care team, a group practice, a hospital department, a hospital care unit, a self-employed healthcare professional, a service providing healthcare advice.

3.2.6

healthcare third party

healthcare actor other than a healthcare provider or the subject of care

[SOURCE: ISO 13940:2015, 5.2.4]

3.2.7

healthcare personnel

individual healthcare actor having a person role in a healthcare organization

[SOURCE: ISO 13940:2015, 5.2.3.3]

3.2.8

healthcare professional

healthcare personnel having a healthcare professional entitlement recognized in a given jurisdiction

[SOURCE: ISO 13940:2015, 5.2.3.3.1]

3.2.9

informal caregiver

person, other than healthcare professional, who provides care

EXAMPLE A family member, a neighbour.

3.2.10

organization

persons or groups of people that has its own functions with responsibilities, authorities and relationships to achieve its objectives

Note 1 to entry: An organization may in some cases be a single health professional

[SOURCE: ISO 9000:2015, 3.2.1, modified — Note 1 to entry replaced and note 2 to entry removed.]

3.2.11

subject of care proxy

healthcare third party having a person role with the right to take decisions on behalf of the subject of care

[SOURCE: ISO 13940:2015, 5.2.4.3]

3.2.12

supporting organization

organization that provides services to healthcare organization but that does not provide healthcare services

EXAMPLE Healthcare financing bodies such as insurance institutions, suppliers of pharmaceuticals and other goods. Internet and application service providers. Manufacturers and suppliers of devices not related to the health of an individual.

3.3 Care

3.3.1

adverse event

unintended event that has a negative influence on healthcare processes

[SOURCE: ISO 13940:2015, 8.2.4]

3.3.2

authorization by law

provision in legislation that in certain circumstances can overrule the need for informed consent

[SOURCE: ISO 13940:2015, 11.2.9]

3.3.3

care

interactions between a care recipient and a healthcare actor to benefit the health state of the care recipient

Note 1 to entry: The term 'care' is frequently used in combination with other words, such as 'healthcare' or 'care recipient'.

Note 2 to entry: Care also includes interactions between carers who are not healthcare professionals such as informal caregivers.

3.3.4

care plan

healthcare plan

dynamic, personalized plan including identified needed healthcare activities, health objectives and healthcare goals, relating to one or more specified health issues in a healthcare process

[SOURCE: ISO 13940:2015, 9.2]

3.3.5

clinical guideline

set of systematically developed statements to assist the decisions made by healthcare actors about healthcare activities to perform with regard to specified health issues

[SOURCE: ISO 13940:2015, 9.2.4]

3.3.6

consent competence

capability of the subject of care and/or the subject of care proxy to give informed consent or dissent

[SOURCE: ISO 13940:2015, 11.2.8]

3.3.7

health record

data repository regarding the health and healthcare of a subject of care

[SOURCE: ISO 13940:2015, 12.2]

3.3.8**healthcare**

care activities, services, or supplies related to the health of an individual

[SOURCE: ISO 13940:2015, 3.1.1, modified — "management" removed from definition and note to entry removed.]

3.3.9**healthcare activity**

activity intended directly or indirectly to improve or maintain a health state

[SOURCE: ISO 13940:2015, 7.2]

3.3.10**healthcare funds**

financial resources provided for healthcare delivery

[SOURCE: ISO 13940:2015, 7.2.10]

3.3.11**healthcare mandate**

mandate (commission) based on a commitment and either an informed consent or an authorization by law, defining the rights and obligations of one healthcare actor with regard to his or her involvement in healthcare processes performed for a specific subject of care

[SOURCE: ISO 13940:2015, 11.2]

3.3.12**healthcare needs assessment**

healthcare assessment during which a healthcare professional considers a subject of care's health need and determines the needed healthcare activities

[SOURCE: ISO 13940:2015, 7.2.7.5]

3.3.13**healthcare process**

set of interrelated or interacting healthcare activities which transforms inputs into outputs

[SOURCE: ISO 13940:2015, 8.2]

3.3.14**healthcare service**

service that is the result of a healthcare process

[SOURCE: ISO 13940:2015, 8.2.6]

3.3.15**health state**

physical and mental functions, body structure, personal factors, activity, participation, and environmental aspects as the composite health of a subject of care

[SOURCE: ISO 13940:2015, 6.5]

Note 1 to entry: The WHO International Classification of Functioning, Disability and Health identifies five health components; body function, body structure, activity, participation and environmental factors which form the basis for this entry. The Constitution of the World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

3.3.16**informed consent**

permission to perform healthcare activities, voluntarily given by a subject of care having consent competence or by a subject of care proxy, after having been informed about the purpose and the possible results of the healthcare activities

[SOURCE: ISO 13940:2015, 11.2.6]

3.3.17**procedure**

specified way to carry out an activity or process

[SOURCE: ISO 9000:2015, 3.4.5, modified — Note to entry removed.]

3.3.18**process**

set of interrelated or interacting activities that use inputs to deliver an intended result

[SOURCE: ISO 9000:2015, 3.4.1, modified — Notes to entry removed.]

3.3.19**professional health record**

health record held under the responsibility of one healthcare provider and maintained by one or several healthcare professionals

[SOURCE: ISO 13940:2015, 12.2.1]

3.3.20**protocol**

customized clinical guideline

[SOURCE: ISO 13940:2015, 9.2.4.1]

3.4 Quality and risk**3.4.1****procedure**

specified way to carry out an activity or process to manage quality

[SOURCE: ISO 9000:2015, 3.4.5, modified — Note to entry removed.]

3.4.2**process**

set of interrelated activities that use inputs to deliver an intended result

[SOURCE: ISO 9000:2015, 3.4.1, modified — "or interacting" removed from definition and notes to entry removed.]

3.4.3**quality**

degree to which a set of inherent characteristics of an object fulfils requirements

[SOURCE: ISO 9000:2015, 3.6.2, modified — Notes to entry removed.]

3.4.4**quality characteristic**

inherent characteristic of an object related to a requirement

[SOURCE: ISO 9000:2015, 3.10.2, modified — Notes to entry removed.]

3.4.5**quality management**

management with regard to quality

[SOURCE: ISO 9000:2015, 3.3.4, modified — Note to entry removed.]

3.4.6**quality management system**

part of a management system with regard to quality

[SOURCE: ISO 9000:2015, 3.5.4]

3.4.7**quality manual**

specification for the quality management system of an organization

[SOURCE: ISO 9000:2015, 3.8.8, modified — Note to entry removed.]

3.4.8**quality objective**

objective related to quality

[SOURCE: ISO 9000:2015, 3.7.2, modified — Notes to entry removed.]

3.4.9**quality plan**

specification of the procedure and associated resources to be applied when and by whom to a specified object

[SOURCE: ISO 9000:2015, 3.8.9, modified — Notes to entry removed.]

3.4.10**requirement**

need or expectation that is stated, generally implied or obligatory

[SOURCE: ISO 9000:2015, 3.6.4, modified — Notes to entry removed.]

3.4.11**risk**

combination of the probability of occurrence of harm and the severity of that harm

Note 1 to entry: The probability of occurrence includes the exposure to a hazardous situation and the possibility to avoid or limit the harm.

Note 2 to entry: In certain applications of this term, it can be positive, negative or both, and can address, create or result in opportunities and threats.

[SOURCE: ISO/IEC Guide 51:2014, 3.9, modified — Note 1 to entry modified and note 2 to entry added.]

3.4.12**risk analysis**

process to comprehend the nature of risk and its characteristics including, where appropriate, the level of risk

Note 1 to entry: The process of risk analysis is described in ISO 31000:2018, 6.4.3.

3.4.13**risk assessment**

overall process of risk identification, risk analysis and risk evaluation

Note 1 to entry: The process of risk assessment is described in ISO 31000:2018, 6.4.1.