
Health informatics — Telehealth services — Quality planning guidelines

*Informatique de santé — Services de télésanté — Lignes directrices
pour la planification de la qualité*



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Contents

	Page
Foreword	vi
Introduction	vii
1 Scope	1
2 Normative references	1
3 Terms and definitions	1
3.1 Quality characteristics.....	2
3.2 Actors.....	3
3.3 Care.....	5
3.4 Quality and risk.....	7
3.5 Services.....	10
3.6 Devices.....	10
4 Application of these guidelines	10
5 Quality management of telehealth services	11
5.1 Quality management.....	11
5.1.1 Telehealth service quality planning.....	11
5.1.2 Guidelines for quality and risk management.....	12
5.2 Management of quality characteristics.....	12
5.2.1 General.....	12
5.2.2 Guidelines for quality characteristics.....	13
5.3 Description of service scope and context.....	13
5.3.1 General.....	13
5.3.2 Guidelines for description of services.....	13
5.4 Description of healthcare processes.....	14
5.4.1 General.....	14
5.4.2 Guidelines.....	14
5.5 Evaluation and monitoring.....	14
5.5.1 General.....	14
5.5.2 Guidelines for evaluation and monitoring.....	14
6 Risk management	15
6.1 Telehealth service risk, quality and safety assessment.....	15
6.2 Risk assessment - Identification.....	16
6.2.1 General.....	16
6.2.2 Guidelines for risk assessment.....	16
6.3 Risk assessment - analysis.....	17
6.3.1 General.....	17
6.3.2 Guidelines for risk analysis.....	17
6.4 Risk assessment - evaluation.....	17
6.4.1 General.....	17
6.4.2 Guidelines for risk evaluation.....	17
6.5 Risk treatment.....	18
6.5.1 General.....	18
6.5.2 Guidelines for risk treatment.....	18
7 Financial management	18
7.1 Quality characteristics.....	18
7.1.1 General.....	18
7.1.2 Guidelines for sustainability.....	19
7.1.3 Guidelines for healthcare funds.....	19
7.1.4 Guidelines for service payment.....	19
8 Service planning	19
8.1 Quality characteristics.....	19
8.1.1 General.....	19

8.1.2	Guidelines for service design	19
8.1.3	Guidelines for service availability	20
8.1.4	Guidelines for duration of care	20
8.1.5	Guidelines for service level agreements	20
9	Human resources planning	21
9.1	Quality characteristics	21
9.1.1	General	21
9.1.2	Guidelines for human resources skills and training	21
9.1.3	Guidelines for consultation with human resources	22
10	Care planning	22
10.1	Quality characteristics	22
10.1.1	General	22
10.1.2	Guidelines for healthcare processes	22
10.1.3	Guidelines for care plans	22
10.1.4	Guidelines for healthcare continuity	22
10.1.5	Guidelines for emergency procedures	23
10.1.6	Guidelines for when clinical guidelines and protocols are unavailable	23
10.1.7	Guidelines for adverse event management	23
10.1.8	Guidelines for professional health record management	23
11	Responsibilities	24
11.1	Quality characteristics	24
11.1.1	General	24
11.1.2	Guidelines for healthcare mandates	24
11.1.3	Guidelines for informed consent	24
11.1.4	Guidelines for care recipient preferences	25
11.1.5	Guidelines for care recipients' expenses	25
11.1.6	Guidelines for providing appropriate healthcare services	25
11.1.7	Guidelines for ensuring competence of care recipients	26
11.1.8	Guidelines for design of telehealth services	26
11.1.9	Guidelines for execution of care plans	26
12	Facilities management	27
12.1	Quality characteristics	27
12.1.1	General	27
12.1.2	Guidelines for healthcare organization facilities	27
12.1.3	Guidelines for care recipient facilities	27
13	Technology management	28
13.1	Quality characteristics	28
13.1.1	General	28
13.1.2	Guidelines for safety and quality	29
13.1.3	Guidelines for service support	29
13.1.4	Guidelines for service delivery	29
13.1.5	Guidelines for infrastructure management	30
13.1.6	Guidelines for deployment management	30
13.1.7	Guidelines for operations management	30
13.1.8	Guidelines for technical support	31
13.1.9	Guidelines for device management	31
14	Information management	32
14.1	Quality characteristics	32
14.1.1	General	32
14.1.2	Guidelines for privacy	32
14.1.3	Guidelines to protect care recipient identity	32
14.1.4	Guidelines for confidentiality of health records	32
14.1.5	Guidelines for consultations, ordering and prescribing	33
14.1.6	Guidelines for coordination and scheduling	33
14.1.7	Guidelines for data quality	33

Annex A (informative) Procedures for the implementation of telehealth services by a large organization	35
Annex B (informative) Using quality planning guidelines in real-world telehealth services	37
Bibliography	46

Foreword

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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).

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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.