

Office Meetings/Sessions	Surgical or Major Procedures
<p>Most laboratory sessions</p> <p>Some subsequent ongoing treatments</p> <p>Most imaging sessions</p> <p>Most urgent care (if not complicated)</p> <p>Subsequent primary care provider meetings</p>	<p>Minor pre-op consultation (if no sedation)</p> <p>Most biopsies (if no sedation or visual ability is not restricted)</p> <p>Most outpatients (if no sedation or head/hands are not immobilized)</p>
<p>Minor emergency room (first 2 hours)</p> <p>Subsequent specialist meetings</p> <p>Complicated urgent care</p> <p>Some subsequent occupational and physical therapy sessions</p> <p>Initial occupational and physical therapy sessions (unless visual is limited or excessive physical is involved)</p> <p>Minor emergency room (2-6 hours)</p> <p>Major emergency room (first half-hour)</p>	<p>Sleep clinic pre-consultation</p> <p>Subsequent cancer treatments</p> <p>Subsequent kidney dialysis sessions</p> <p>Recovery room (if no sedation)</p> <p>Minor post-op consultation (if no sedation)</p> <p>Ephedrine procedure</p> <p>General hospital admission</p> <p>Sleep clinic post-consultation</p>
<p>Discussion of a serious diagnosis or major treatment plans (cancer, kidney, diabetes, etc.)</p> <p>Initial major treatment (any with instructions)</p> <p>Major imaging session (C-Scan)</p> <p>Initial primary care provider meetings</p>	<p>Initial kidney dialysis treatment</p> <p>Initial cancer treatments</p> <p>Major pre-op consultation (if sedated)</p> <p>Major post-op consultation (if sedated)</p>
<p>Major emergency room (more than 1/2 hour)</p> <p>Initial specialist Meetings</p> <p>Extensive occupational and physical therapy sessions</p> <p>Hospital admission transfer</p>	<p>Recovery room (if sedated; PACU)</p> <p>Any maternity labor</p> <p>Any major trauma surgery while patient is awake</p>

**How to use the Appropriateness Matrix:**

Situations/Scenarios are weighted from top (light) to bottom (heavy), moving down the matrix represents increased difficulty for achieving effective communication.

VRI providers should never be considered qualified or an equivalent to onsite interpreter in such difficult situations. A combination of onsite support would be likely required.

Situations/Scenarios above the yellow line would be in the "green zone" where VRI services could achieve effective communication, except for patients with special needs.

Situations/Scenarios between the yellow and red lines are in the "yellow zone" or "gray zone" which represent borderline use of VRI services. If the patient requests an onsite interpreter, the request should be honored. Additional visual aids may be helpful.

Situations/Scenarios below gray line is the "gray zone" where VRI services would never achieve effective communication in 95% of instances without any onsite support.

Anytime a patient or a family member needs a CDI, the matrix escalates the next level of difficulty of achieving effective communication through VRI without a CDI or at least support of an onsite interpreter.

"Red line" represents the absolute limit of VRI. However, an onsite CDI might still achieve effective communication with a VRI interpreter; but a CDI provided through VRI would not be feasible. Patients with special needs would also escalate the gray or red lines accordingly.

**VRI should not be used when the following instances occur:**

- Any time a sedation is used, which always affects visual ability
- Any time visual ability or use of hands are restricted
- Any time eye level is compromised due to a body position
- Any time VRI video screen has to be held by hands above the patient

**VRI is not appropriate for the following types of situations:**

- Highly sensitive communications  
*(i.e. diagnosis or discussion of a serious illness)*
- Initial meetings with a specialist
- Some occupational and physical therapy sessions
- Any time a legal decision would have to be made
- Most mental health settings
- Patient transport
- Eye exams

**VRI is not appropriate for the following types of patients:**

- Patients with an injury that impedes their ability to view the screen
- Patients who are heavily medicated or intoxicated
- Patients who are highly emotional or show violent tendencies
- Patients with a secondary disability (i.e. low vision)
- Patients who don't sign or have a different communication style
- Patients with signs of a stroke or loss of hand control
- Patients with cognitive limitations
- Children