

TELEHEALTH PROJECT SUMMARY TEMPLATE

Please provide information on all major projects in the last ten years (1998-2008) and any planned future projects

SUMMARY WRITER: **Karen Seth**

PROJECT NAME: **Hawaii Neuroscience Telehealth Network**

ORGANIZATION/AGENCY (and primary contact): **The Queen's Medical Center Neuroscience Institute**

FUNDING (source and amount): **Office for the Advancement of Telehealth - \$479,318 over two years**

START UP FUNDS: **Queen Emma Research Fund - \$25,000**

REIMBURSEMENT (submitted/not submitted): **not submitted**

DURATION (start time and date): **9/30/2006 to present**

PURPOSE/INTENT (100 words maximum):

Neurology and neurosurgery specialty care are not widely available in rural settings. The overall objective of the project is to improve the quality of acute neurological and neurosurgical care for patients with stroke and other acute neurological injuries at rural sites throughout the state of Hawaii through a neuroscience telehealth network. The project will determine if this network 1) is easy to use with few system or technical failures, and 2) will enhance the quality and scope of patient care at the initiating sites, during transport and for those who are transferred.

MAJOR CRITICAL ACCOMPLISHMENTS: **Established initial site at Hilo Medical Center Emergency Department.**

CRITICAL SUCCESS FACTORS: **No sites existed prior to grant award. A team of committed specialty providers, clinical champions at all sites, communication, network management by a designated project manager, outreach and education have been key to developing this network.**

CRITICAL BARRIERS (overcome or not): **QMC spent much of the first year overcoming the following challenges: establishing the protocol and informed consents, obtaining Institutional Review Board approval, solidifying the data collection system and personnel at the hub site, and overcoming the challenge of executing subcontracts. Since project start-up, the primary challenges have included patient enrollment, which has been limited by time pressure in the Emergency Dept. and malpractice coverage related issues that resulted in QMC implementing a restrictive research protocol imposed by the Institutional Review Board (IRB). To overcome those challenges, QMC agreed to seek changes in the self-insured policy for malpractice and to take the project out of the research protocol. Informed consent is now included with the rural hospital's regular consent. The project is now a service project rather than a research study. Grant funding will sustain project until August 2009.**

MAJOR LESSON LEARNED: **Consistent communication and face-to-face contact between providers is needed to establish a project successfully. The process that is set-up for the telehealth sessions and the technology and equipment needs to be flexible and very easy to use for the providers; otherwise they will not take the time out of the busy clinical schedule to use the technology.**

CURRENT STATUS (active, planned, dormant, completed, other?): **Active**

PARTNERING ORGANIZATIONS: **Hilo Medical Center**

IS THERE A CLINICAL CHAMPION OR A COMMITTEE OVERSEEING THE TELEMEDICINE PROGRAM? **The physician champion is Cherylee Chang, MD, Medical Director, Queen's Neuroscience Institute/Neurocritical Care and there is project management, administrative and data support from the Neuroscience Institute.**

TECHNOLOGY USED: Installation of the equipment and technical support of the telehealth system is provided by Interactive Care Technologies, LLC, which is headquartered in Honolulu, HI. Daniel Davis, MD, CEO, provides technical consultation. The telehealth system includes a sophisticated ASP server application and ISP routing methodology that layers internet connectivity and wireless, stand-alone, high-resolution, examination camera systems with one-touch activation that will be placed in Emergency Departments at rural sites.