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# Use of Telemedicine in Alternate Care Sites

July 28, 2020

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# Resources

- [ASPR TRACIE COVID-19 Page](#)
  - [COVID-19 Telemedicine/Virtual Medical Care Resources](#)
  - [COVID-19 and Telehealth Quick Sheet](#)
- [ASPR COVID-19 Page](#)
- [CDC COVID-19 Page](#)
- [Coronavirus.gov](#)
- [Telehealth.hhs.gov](#)



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# Alternate Care Site Framework

- Broad term for any building or structure of opportunity converted for healthcare use that provides additional healthcare capacity (e.g., beds) and capability (e.g., ventilators) for an affected community, outside the walls of a traditional, established healthcare institution
- Serves various patient types (e.g., COVID-19 or non-COVID-19) and purposes (e.g., non-acute, hybrid, or acute care)
- Established in many types of buildings (e.g., hotel or arena)

# Alternate Care Site Toolkit

## Federal Healthcare Resilience Task Force Alternate Care Site Toolkit Third Edition

### Product Purpose:

This Alternate Care Site (ACS) Toolkit is medical operations guidance and was developed to help state, local, tribal, and territorial (SLTT) entities address potential capacity and capability gaps in healthcare systems during the 2020 SARS-CoV-2 virus (COVID-19) pandemic. It is intended to provide medical operations guidance and technical assistance to SLTT entities in establishing and operationalizing an ACS used to care for COVID-19-positive or presumed positive patients. If an ACS is used to treat non-COVID-19 patients, additional considerations will apply.

### Intended Audience:

State, Local, Tribal, and Territorial Entities  
FEMA Regional Administrators  
HHS Regional Administrators  
Healthcare Systems

- Best practices reference to support state, local, tribal, and territorial entities in establishing and operationalizing ACSs
- Provides “one good approach” that can be leveraged in total or in part



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# Virtual care: new models of caring for our patients and workforce



The coronavirus disease 2019 (COVID-19) pandemic has accelerated the widespread adoption of collaboration and communication software to enable medical care at a distance<sup>1</sup> and reduce the risk of transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) between patients and health-care providers from gathering together in hospitals, offices, or clinics. Most virtual care solutions have been implemented to ensure adequate physical

and give suggestions for how these innovations might be implemented at other institutions.

Maintaining an adequate supply of health-care workers is vital to reducing mortality due to COVID-19. Many health-care systems have struggled to preserve members of the workforce after community spread has begun. At our hospital (Massachusetts General Hospital, Boston, MA, USA) at the start of the epidemic, health-care workers who were exposed to COVID-19

*Lancet Digital Health* 2020

Published Online

May 6, 2020

[https://doi.org/10.1016/](https://doi.org/10.1016/S2589-7500(20)30104-7)

[S2589-7500\(20\)30104-7](https://doi.org/10.1016/S2589-7500(20)30104-7)

npj | Digital Medicine

[www.nature.com/npjdigitalmed](http://www.nature.com/npjdigitalmed)

PERSPECTIVE

OPEN



## A digital embrace to blunt the curve of COVID19 pandemic

Lee H. Schwamm<sup>1,2,3,5</sup>, Alistair Erskine<sup>1,2,5</sup> and Adam Licurse<sup>1,2,4,5</sup>

Digital health, virtual care, telehealth, and telemedicine are all terms often used interchangeably to refer to the practice of care delivered from a distance. Because virtual care collapses the barriers of time and distance, it is ideal for providing care that is patient-centered, lower cost, more convenient and at greater productivity. All these factors make virtual care tools indispensable elements in the COVID19 response. In this perspective, we offer implementation guidance and policy insights relevant to the use of virtual care tools to meet the challenges of the COVID19 pandemic.

*npj Digital Medicine* (2020) 3:64; <https://doi.org/10.1038/s41746-020-0279-6>



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Digital health, virtual care, telehealth and telemedicine are all terms often used interchangeably to refer to the practice of care

to-consumer, fee-for-service model, but these services contribute to fragmentation of care and do not allow for documentation in

# Supporting the Mission and Objectives of the Response

1. Reduce staff exposures and risk
2. Preserve the essential human elements of care
3. Address barriers and inequality

# Virtual Care Tech - *Tablets*



VICS  
(Video Intercom  
Communication  
System)



VICS Rounding  
Tablet  
(for non-unit staff)



Patient Connect

# COVID-19 Response Areas

## Video Intercom System (VICS)

- Allows for providers to communicate with patients at the bedside via tablet

## Limited Virtual Consults

- Minimize patient transfers, increase access to care

## Virtual Rounds

- Allows for providers to communicate with patients at the bedside via tablet

## PatientConnect

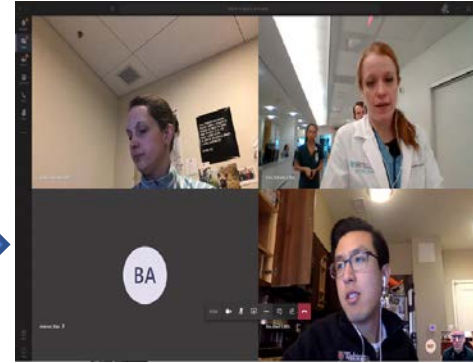
- Enables virtual connections for admitted patients on hospital-provided devices
- Family/friends, providers, interpreters

# Uses/Impact



VICS  
(Video Intercom  
Communication  
System)

Virtual Rounds



Patient  
Connect



# Uses/Impact

Boston Hope  
(Boston Convention Center)



Isolation Hotel



# Practical Considerations

- Devices
- Bandwidth
- Use of an EMR
- Interpreter services
- Patients' technical facility





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# Telehealth-Telemedicine: Field Operations

- Potential uses
  - Medical consultation
  - Situational awareness
  - Footprint/logistics problem solving

# Telehealth-Telemedicine: Field Operations

- Equipment
  - Windows 10 Tablet Intel I7 Processor with 16 GB of memory, SSD hard drive. An android/apple based cellular phone or tablet could be used.
  - HD USB Video Camera
  - Bluetooth or USB Wired Headset
  - Wi-Fi or Cellular based connection/hotspots

# Telehealth-Telemedicine Field Operations

- Options
  - Portable ultrasound (android tablet utilized via Adobe connect)
  - Bluetooth or USB connected Otoscope
  - Bluetooth or USB connected Stethoscope
  - Bluetooth connected cardiac monitor

# Telehealth-Telemedicine: Field Operations

- Challenges
  - Security: Utilize HSIN as an option
  - Access to broadband: Particularly challenging in rural areas or where broadband connections have been disrupted
  - Fire walls: Hospital IT may block user access

BEST PRACTICE: Test it out frequently with all likely users



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# Javits New York Medical Station

- Multi-agency ACS
- 3,000 max patient capacity
- 28 days of operations
- 119 peak day admissions
- 453 max census
- More than 1,000 unique patients



# Telemedicine Capability

- Northwell tele-psychiatry
- Language phone
- NYJMS telemedicine pilot



# Telemedicine Pilot Goals

- Whether equivalent medical care could be provided by telemedicine
- Would patients be receptive to care through telemedicine
- Could the traditional workflow be mimicked
- Could a telemedicine model be scaled to other sites
- Could the bedside attendant support the remote physician with no previous telemedicine training

# Pilot Data

- 18 unique patients were seen
- 44 patient encounters over seven clinical days
- Used the same workflow and processes as previously established by the traditional medical encounter
- Diagnostic capability: stethoscope, exam camera, vitals
- No EHR

# Lessons Learned

- Comparable medical care was able to be delivered
- Patient's were very receptive, appreciated no mask
- Rapid deployment is possible, but not preferred
- Competing agendas need to be addressed
- Scalability is feasible

# Best Practices

- Plan and train in advance
- Develop an SOP and brief stakeholders as early as possible
- Set-up telemedicine programs now and learn from controlled practices
- Someone must know the process
- Don't be afraid to give it a shot
- Mimic the traditional workflow where possible

# Question & Answer



# Contact Us



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