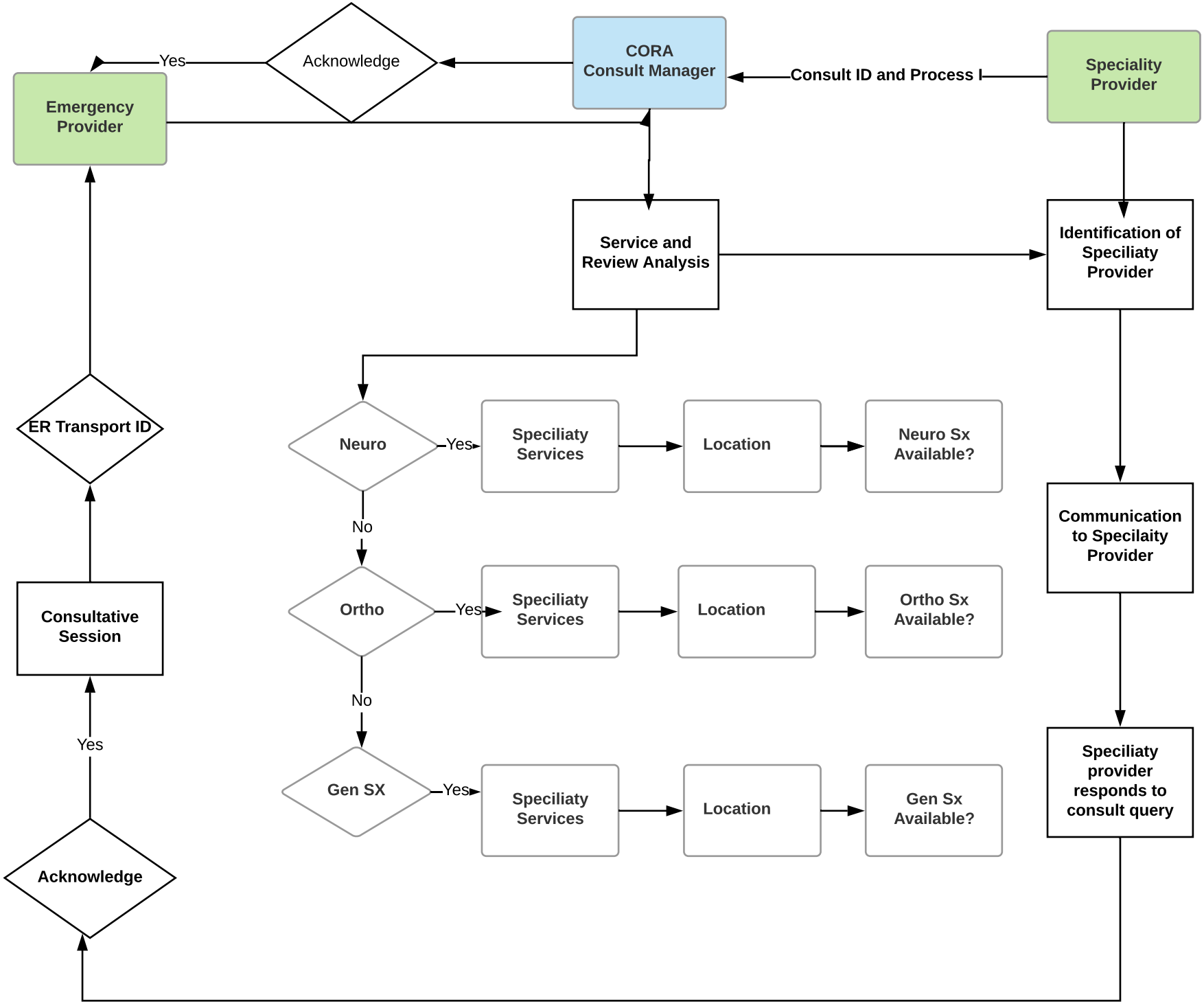
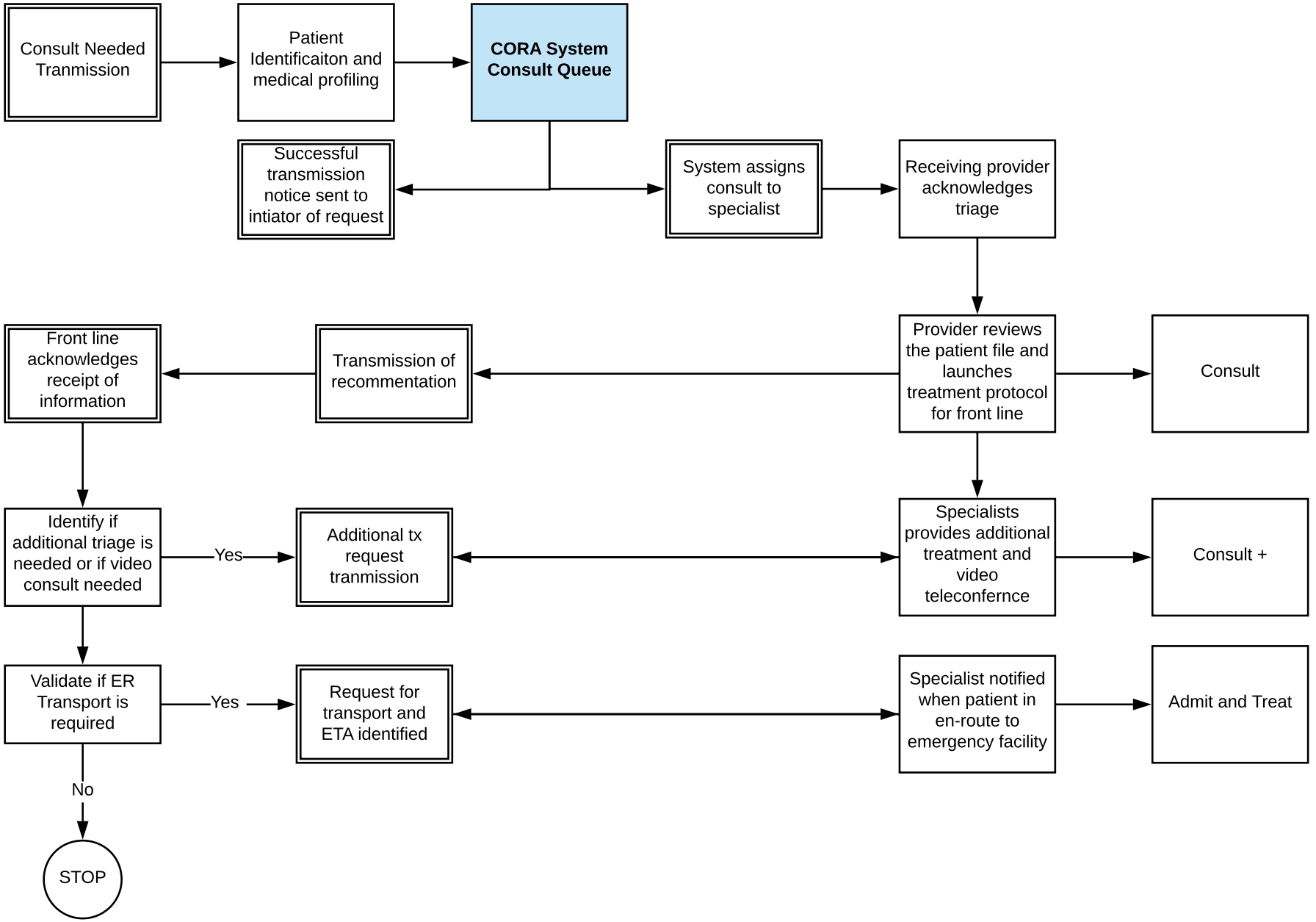
VIRTUAL CONSULT REASONING WORKFLOW

Wendelyn Bradley | December 11, 2018



CONSULT COMMUNICATION PROCESS FLOW



Global Teleconsultations Portal (GTP)

Provider to Patient

Virtual Video Visits (V3)

Remote Health Monitoring (RHM)

Urgent and Emergent Care-Telecommunication

Patient Facing

Provider to Provider

Consultation-Email

Image Sharing

Specialty Case Carts

Data Exchange

Location #1

Location #2

Remote Field #1

VIRTUAL MEDICAL CENTER

CORA-COMMUNICATION REASONING

Request Received-Location #1

ID Priority

Request Received-Location #2

Send-Review High Priority Message to Receiving Specialty Provider pool

Response-Send-Note when receiving provider message opened and respond to sender

Receiving specialty provider reviews and launches consult response or request for video teleconference

Initiate-Log-Survey-Exchange response between treating and specialty provider

CORA-CONSULT ESCALATION REASONING

Identification of response time parameters and Not Met criteria. Launch 2nd tier communication

Send-High Priority Page to secondary tier consultation specialty pool.

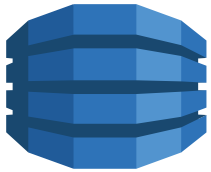
Display-Emergency Consult needed-to all defined specialty providers

Response-Send-Note to initiating provider that 2nd tier communication in process or has responded

Receiving specialty provider reviews and launches consult response or request for video teleconference

Initiate-Log-Survey-Exchange response between treating and specialty provider

CORA



REASONING

CORA-CLINICAL CONSULT REASONING

What is Glascow Coma Scale?

Query of lab results and identification of needed labs or blood administration

Query of radiology films and results and identification of needed orders or procedures

Links to clinical practice guidelines for associated diagnosis

Summary review and identification of missing parameters prior to completing consult request

Creation of needed Emergency Order Set based on initiating provider input based on pt assessment

CORA-CLINICAL ORDER SET CREATION -STAT

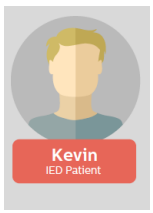
Continuous Monitoring
Full Code

Head CT with contrast

Intubate and Ventilate with settings-FIO2 40%-Peep 2-RR-16
Keep % O2 sat above 95%
Do not turn
Head Spiral Splint

Repeat CBC
Type and Cross 4 units PRBC's
Administer 2 units wide open of universal donor PRBC's

Notify receiving facility of pending transport to OR for Emergency Craniotomy



Operational care scenario

WHAT

Frontline point-of injury

Kevin is injured by an IED explosion. They are in a no-comms situation. Physiological parameters are needed from patient.

First Responder
Physiological monitoring and Review of Systems Assessment

- Field medic
- General surgeon
- Neurosurgeon
- Virtual therapist

Providers

Initial decisions being made

Decisions are influenced by embedded clinical decision support that was uploaded before mission.

Display and Guide First Responder
Review and CDS Clinical Care Guidelines and treat. Clinical documentation and incorporation of remote monitoring.

Evacuation begins

They reach a point where comms kick in. Recorded physiological parameters and interventions get communicated to next level of care.

Patient Prepared for Transfer When Stablized
Communication to receiving facility and transport medical team with up-to-date clinical assessment and images.

Prep for next level of care

Providers in triage begin to make decisions about where patient goes (OR, ICU, etc). Questions and video are relayed back-and-forth.

Specialty Provider Consultation
Suspicion of head injury detected without confirmation with CT Scan. Neurosurgery Consultation Request routed and can have Tier 1 review by ICU MD prior to consult.

Patient arrives at field hospital

There is only a general surgeon on-duty. Nearest neurosurgeon is 100 miles away. During scans, they detect a head injury.

Avoid transfer to inappropriate facilities.
Clinical assessment based on guidelines and communication with appropriate facility that can provide neurosurgery services.

Connect with neurosurgeon

Live video takes place and the neurosurgeon wants to see scans. Patient is stabilized enough to get transported to Landstuhl military hospital.

Speciality Provider Dashboard Review
Neurosurgeons on the speciality network will have access to data prior to the films being ready. When the films are ready he can request Video Consultation with Treating Field Hospital.

Preparing for transport

While preparing for transport to Landstuhl, information is loaded up from the previous period of care. That info is packaged and transmitted to the next level of care.

Communication and Access to Vital Patient Information
Communication dashboard receives request for transfer, approved for transfer, ready for transfer and transfered. Each level of care has standardized messaging regarding patient location with the care continium.

In transit to military hospital

Whit in-transit, there are in-flight emergencies and a need to get back in touch with care providers on the ground.

Communication and Access to Vital Patient Information
Air medical transport has access see's patient declining and asymmetric publics. Recommendation for response treatment patterns-Validate ICP Line Clear-Do you still want a consult request?

At Landstuhl hospital

After initial arrival and cleanup at Landstuhl, Kevin is in for a prolonged stay, so the providers there begin integration with his family through a virtual therapist.

Patient Assessment-Treat-Transfer
Interdisiplinary Care Consult via Virtual Consultation with Family. Due to trauma experience planning for behavioral health couseling. Tool to help reintergration process.

Flight to Walter Reed

Once ready, Kevin has a long flight to the US to continue his care at Walter Reed Medical Center.

Communication and Access to Vital Patient Information
Air medical transport need anti-anxiety medication for patient and needs access for ordering and treating.

Back in the U.S. for care

At Walter Reed Medical Center, providers begin to look at rehabilitative medicine, mental health issues, and continued family integration.

Multidisiplinary Care Planning
Rural home environment and no services. Spends time a Walter Reed and planning on contacting via video consult to the location VA in the West Virginia where the pateint lives.

Continued care through VA

Remaining stateside, Kevin is discharged and ends up going through the VA system for further care.

Care Planning
Patient is in wheel chair and PTSD. He utilizes virtual consultation for physical therapy and behavioral health to avoid transportation and lack of compliance.

OPERATIONAL CARE SCENARIO TREATMENT NODES

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