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2005-04-07

Our Best Practice Models for Telemedicine and eHealth

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Presented at Med-e-tel 2005 Conference in Luxembourg.

<http://hdl.handle.net/123456789/3524>

Presentation

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*Department of Informatics and Telemedicine
Donetsk R&D Institute of Traumatology and Orthopedics
Donetsk, Ukraine*

BEST/GOOD PRACTICE MODELS FOR TELEMEDICINE AND E-HEALTH

Anton Vladzymyrskyy, M.D.

The basic problem of telemedicine not lack of technology, but organizational problems and ignorance how to use technology

Prof.R.Wootton, JTT



???



Good/Best Practice Model -

set of decisions

**(organizational, medical, technical,
economical, etc.)**

**on the basis of the generalized
personal experience for achievement
of the specific target in the field of
telemedicine and e-Health**

We have developed 4 Good Practice Models

- ✓ Best practice model for teleconsultation's theory
- ✓ Best practice model for telemedicine equipment
- ✓ Best practice model for telemedical law and ethics decisions for Eastern Europe
- ✓ Best practice model for teleconsultation in urgent trauma

One more – in progress...

Best practice model for teleconsultation in trauma and pathology of the hip

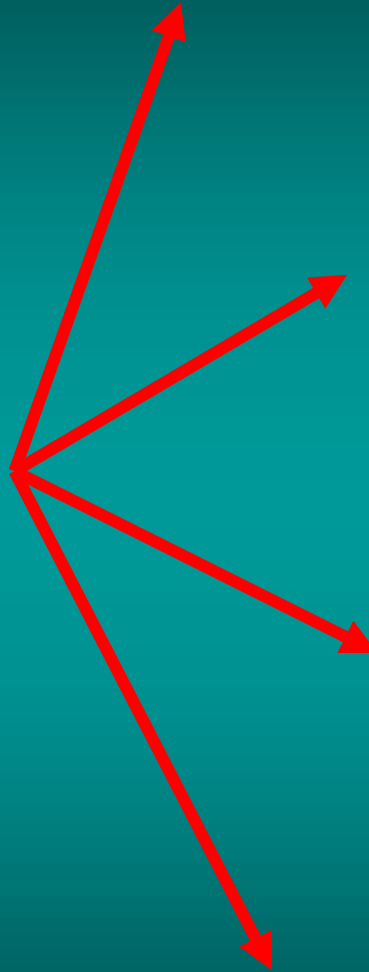
**Best/Good
Practice Model**

Background

Main goals

Decisions

Contact info



BEST PRACTICE MODEL FOR TELECONSULTATION IN URGENT TRAUMA

by Department of Informatics and Telemedicine of Donetsk R&D Institute of Traumatology and Orthopedics (Donetsk, Ukraine)
<http://www.telemed.org.ua>

Background

The increasing of quality of treatment for traumatized and polytraumatized patients is one of the most important problems in modern medicine. Due to telemedicine not only the doctor in charge or the staff of the local hospital are concerned with treatment of the patient, but the "collective intellect" of all the physicians of our planet.

Main goals

- equipment and communication
- technologies

Decisions

Telemedical work station (TWS)

Main TWS for urgent trauma:

- PC, SVGA monitor, multimedia equipment, CDROM
- high quality scanner
- digital photocamera with short video clips
- printer
- modem
- sets of any equipment for diagnostic and treatment
- auxiliary equipment
- mobile GSM phone with camera and MMS technology

Secondary TWS for urgent trauma:

- 1) Mobile 1:
 - mobile GSM phone with camera and MMS technology
- 2) Mobile 2:
 - PDA
 - digital camera for PDA
 - wi-fi card or mobile phone for GPRS

Communications' ways:

- direct Internet line (for big medical establishments)
- dial-up Internet line
- GPRS or Wi-Fi Internet line
- mobile phone+SMS+MMS line

Principal scheme for using of different kinds of TWSs is presented on fig.

Priority of different medical datas and technologies for teleconsultation in urgent trauma

Skeletal trauma:

- data - digital x-rays (jpeg), locus morbi pictures (jpeg), CT, MRI (jpeg/dicom), short case history (important informations, tests etc only);
- technology – e-mail+ICQ/MSN, SMS+MMS, web-application+urgent call

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Maxillo-Facial trauma:

- data - digital x-rays (jpeg), locus morbi pictures (jpeg), short case history (important informations, tests etc only), CT (jpeg/dicom).

- technology – SMS+MMS, e-mail+ICQ/MSN, web-application+urgent call

Polytrauma:

- data - digital x-rays (jpeg), locus morbi pictures (jpeg), CT (jpeg/dicom), MRI (jpeg/dicom), short case history (important informations, tests etc only)

- technology – videoconference, e-mail+ICQ/MSN, web-application+urgent call

Brain trauma:

- data - CT (dicom), MRI (dicom), short case history (important informations, tests etc only), digital x-rays, locus morbi pictures (jpeg)

- technology - e-mail+ICQ/MSN, videoconference, web-application+urgent call

Abdomen/Thorax trauma:

- data - CT (dicom), short case history (important informations, tests etc only), MRI (jpeg/dicom), digital x-rays (jpeg)

- technology - e-mail+ICQ/MSN, videoconference, web-application+urgent call

Non-emergency cases for teleconsultation (confirmation of treatment, determination of complication prevention methods, the patient doubting diagnosis, treatment and its results, complaint analysis, search for alternative solutions for clinical tasks) – web or special application, mailing lists, e-mail, second-opinion.

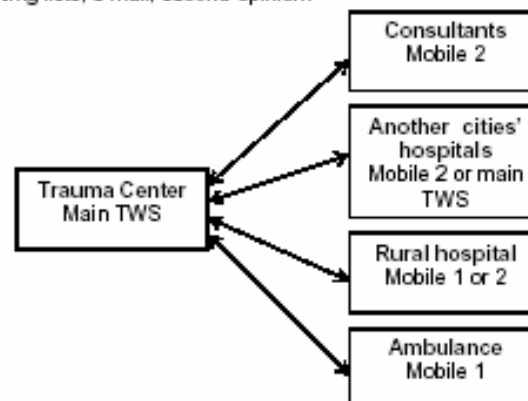


Fig. Scheme for using of different kinds of TWSs

NB! During usage of open technologies (mailing lists, forums, ICQ, MSN etc) it is necessary to pay special attention for confidentiality and anonymity of the medical information (patients consent, anonymisation, encryption, digital signature etc)

Contact

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TELEMEDICINE IN UKRAINE

**GOOD PRACTICE MODELS
DATA BASE**

by Department of Informatics and Telemedicine of Donetsk R&D Institute of Traumatology and Orthopedics (Donetsk, Ukraine)

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Good practice model for teleconsultation's theory

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Mission Statement

The ISfT exists to facilitate the International dissemination of knowledge and experience in Telemedicine and eHealth and to provide access to recognized experts in the field worldwide!

Please direct questions and critics to contact@isft.net

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Good Practice Models

It is mandatory to reach as many individuals as possible in case of an as of yet unpredictable natural disaster such as the South East Asian Tsunami.

In this section, several texts and instruction are compiled which deal with easy-to-read and easy-to-apply steps to take immediate measures in such situations.

Please observe that one of the main issues, of course, is the internationality of this compilation. Centers from all over the world are encouraged to submit their texts and instructions here.

BEST PRACTICE MODEL FOR TELECONSULTATION IN URGENT TRAUMA

(Ukraine)

[BPM_TK_trauma.pdf](#) 12.11 KB
Best Practice Model for Teleconsultation in Urgent Trauma

BEST LAW-ETHICAL PRACTICE MODEL FOR EASTERN EUROPE

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[BPM_legal.pdf](#) 20.51 KB
Best Law-Ethical Practice Model for Eastern Europe

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BEST TELEMEDICAL EQUIPMENT'S PRACTICE MODEL

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