

PALOMAR POMERADO HEALTH EMPLOYEE MAGAZINE

Momentum

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Iris Makes the Rounds

PPH Nurses
of the Year

PPH expresscare
Nurse Practitioners

Magnet Site Visit

Cerner's
Smart Semi





Meet Iris – aka RP-7

She's only 5' 5" tall, and she doesn't take up much space, but Iris is making quite an impact on doctors, nurses and patients in Pomerado Hospital's (POM) Intensive Care Unit (ICU) and Emergency Department (ED). In fact, POM night shift nurses gave Iris her name. It's descriptive rather than flowery. They consider her another pair of eyes looking in on a patient. That's significant because Iris is a robot, or more precisely, a Remote Presence® or RP, created by InTouch Health, a privately held robotics technology company based in Santa Barbara, Calif. Iris is the seventh version that InTouch has developed, hence her official name, RP-7.

Benjamin Kanter, M.D., a Palomar Pomerado Health (PPH) physician since 1988, is the clinical champion for the RP-7 at POM and Palomar Medical Center (PMC). The district first began leasing the robot in May, at the urging of PPH's Chief Technology and Innovation Officer, Orlando Portale. Since then, Dr. Kanter has been using Iris on teaching rounds, introducing doctors and nurses alike to its potential use. He believes the robot provides health care givers and their patients numerous and remarkable new advantages.

"Medicine is changing," states Dr. Kanter. "We need to

figure out more efficient ways to deliver better care to more people. The RP-7 allows physicians and hospitals to extend their reach. It's technology that's working to enhance the role of physicians, not replace it."

Dr. Kanter, a critical care and pulmonary medicine specialist with the Escondido Pulmonary Medical Group explains that the RP-7 virtually allows a doctor to be two places at one time – at the bedside of a patient who's just suffered a stroke or heart attack, while sitting in an office, at home, or even in another hospital many miles away. He explains that the technology is especially useful for a hospital district such as PPH, which will ultimately have satellite facilities in remote areas of the county, where specialists would otherwise not be able to see a patient within a minimum amount of time.

"There are many areas of the United States that are underserved, and have no access to state-of-the-art services," says Dr. Kanter. "As long as there is an expanding population, and there are decreasing reimbursements, and a deficit of specialists, there's no question the need for Telemedicine is increasing." He cites American Telemedicine Association figures showing there are approximately 200 telemedicine programs in

the United States involving close to 2,000 medical institutions.

Nurses, too, appreciate what Iris brings to them – especially those on the night shift. Maria Sudak, R.N., MSN, CCRN and manager of intensive and intermediate care at POM, says the robot delivers a full team of disciplines to nurses working at night. “We’re ecstatic,” claims Sudak. “We can communicate with doctors in real time, and they can see what we’re talking about. There’s so much more accessibility, and there’s a lot to be said to see the expression on a nurse’s, patient’s or family member’s face, rather than to hear a voice on the phone. I’ll never forget when Dr. (James) Otoshi beamed in on Iris and spoke with a patient’s husband one night at bedside. Dr. Otoshi was able to give him an update and reassure him that his wife was improving. When the doctor’s face is there, it makes a tremendous difference.”

POM nurse Rene Rhoden, R.N., CCRN wasn’t quite sure what to think when she first saw Iris in the ICU, but she soon recognized her as a very useful tool for the night shift. “It allows for ‘rounding’ during night shift, instead of only during the day and it gives us a face to face with doctors. If we call a doctor because there’s a major problem, he or she can load up and go into the room with us. I saw Dr. Kanter assess a new patient via the robot and it was great because he could see her for himself. He’s also shown us how he can access data such as CT scans and bring them up on the monitor so we could discuss results with him. It was very cool and really helpful.”

Physicians can also view EKG’s, and record information on the patient’s monitors and then play it back on the RP-7 screen as a data stream for students they’re teaching. They can use a drawing device to circle or underline areas of interest. Dr. Kanter says it took him approximately 20 minutes to learn how to use the robot, and he’s eager to train 30 PPH physicians before the district’s year-long lease of Iris is up. So far six physicians are using it. They share five laptop control stations throughout the district, as well as a permanent station in the ICU at PMC.

Currently, physicians use Iris in addition to their daily in person visit, never as a substitute. Consequently, they do not

receive reimbursement for making remote visits at PPH. “She is used in situations where we’d otherwise be limited to a plain old telephone call,” explains Dr. Kanter. “Iris gives us much more information in a much shorter period of time.”

Dr. Kanter realizes that there will always be some resistance to technology from those who have practiced traditional medicine throughout their careers. But he believes that the need for physicians to interact with patients from a distance will become more important as populations continue to expand, government reimbursements continue to decrease and the number of medical specialists in the United States continues to decline. “For example, only a third or so of the ICU patients in the United States are able to obtain care from physicians trained in critical care,” states Dr. Kanter.

At this point, it’s too soon for anyone in the district to know whether Iris will have a permanent home at PPH, or whether a newer, streamlined version of the RP-7 will be up for consideration. There are cases throughout the country where rural hospitals receive state grants to help pay the costs associated with the cutting edge technology and that could possibly be the case for PPH, with its plans to open satellite facilities throughout the county.

But it is outpatient use of the RP-7, says Dr. Kanter, that has the greatest potential to generate revenue. “If physicians can use

this technology to consult with doctors on cases in other parts of the country, or examine patients in hard to reach locations, or perhaps take a case for a hospital that doesn’t have an appropriate specialist on board, it absolutely extends the reach of the hospital and all of its resources.”

Iris is leased at a cost of \$96,000 a year, but Dr. Kanter isn’t worried about the robot generating ample revenue to make it a sound investment. He’s more concerned about physicians and other health-care workers throughout the district not understanding or accepting revolutionary changes in health care that devices like the RP-7 can bring.

“We need the right people with entrepreneurial spirit to embrace this technology,” claims Dr. Kanter. “We can provide better medical care, we can save lives, and we can improve our bottom line by leveraging the technology that’s available today.” **M**



MARIA SUDAK PICTURED WITH IRIS AND DR. KANTER



DR. KANTER OPERATES IRIS FROM A REMOTE LOCATION.