



KO eHEALTH TELEMEDICINE

What do we do?



CTC training session at Cat Lake First Nation (from left) Carmen McFritridge, Privacy and Quality Assurance Coordinator; Eunice Ombash, CTC Cat Lake; Donna Roberts, Clinical Services Coordinator.

"Over the years we have seen how telemedicine has improved access to health care services within our communities. These Services combined with community based health services are helping us to improve our overall health"

KO Chair

KO eHealth - Telemedicine

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The KO eHealth-Facilitated Services Model

Carrying coordinated and facilitated medical services to clients in remote settings



Critical to the success of technology carrying medical services in any setting is the capability at facilitation on the patient / client end – the proper connectivity and technology (the tools) for the job as well as proper skills and technique in working with a broad range of clients, including approach, manner and use of local language. Indeed, without the proper training and culturally appropriate approach with patients at the community level, all the expensive technology and infrastructure will mean nothing in terms of the final results.

KO Chiefs and health staff understood this fact from the onset. They knew they could not simply drop the equipment into the communities, encourage people to buy in, and then expect success with integrating the new technology.

Existing local health workers, both regulated and un-regulated, normally face heavy workloads, and few are willing to try to make additional time in their already full work days to learn new skills and be there with each consult as the community support or 'agent' for an outside specialist. Larger urban medical centres may more easily assign existing staff persons to additional new roles requiring new skills to enable a new health services delivery model. However, this was not an option in small remote communities, and the KO Chiefs committed existing KO staff and resources to develop a realistic model which was appropriate and had reasonable chances of success in their remote communities.

KO development efforts succeeded, and KO eHealth (Tele-Health at the time) was born in 2002.



Teleophthalmology success story at Poplar Hill First Nation (left to right) Jill Owens, William Owens (Patient); Rachelle Degreche, Teleophthalmology Nurse; Rebecca Suggashie, Poplar Hill CTC.

At present, KO eHealth includes 26 partner First Nations. Each community site has dedicated space, equipment and bandwidth to support and facilitate the carrying of medical and other health related services.

Each partner community site is staffed by a Community Tele-medicine Coordinator (CTC), a local individual knowledgeable in the local language and customs, and trained in the technology and clinical approaches required for successful facilitation of consults and information gathering and transmission.

The CTC in each community is responsible to ensure the delivery of high-quality tele-medicine services. In addition, the CTC acts as an eHealth advocate and supporter to develop eHealth initiatives within the community. Working under the authority and functional direction of the Community Health Director, with administrative direction provided by the KO eHealth Community Supervisor, the CTC plans, implements, and works to ensure maximum usage of tele-medicine by providing a direct link between the community members and the greater healthcare network.

CTCs receive extensive training in order to effectively perform their critical roles at the community level. In addition to their training in administrative aspects of their role, CTC become proficient in the use of the specialized tele-medicine tools and equipment (such as the In Home Cameras, AMD patient cameras, otoscope, tele-stethoscope), as well as the technical basics of connectivity for video-conferencing and other related data transmission.



Wesley McKay, Community Education Program Coordinator