



Last quarter, we reported that Senator Cecile Bledsoe had introduced Senate Bill 133 that encourages the use of telemedicine in order to improve access to care and to authorize reimbursement and regulation of services provided through telemedicine. On April 2, 2015, Governor Hutchison signed SB133 into law making Arkansas the 23rd state to enact a telemedicine parity law and joins Louisiana as the only states with telemedicine parity laws that cover physician services exclusively. The parity provisions of the law go into effect July 2015 for Medicaid and January 2016 for commercial payors. Brief of Law: <http://arkansaselink.com/arkansas-telemedicine-law-arkansas-act-887/>

Jon Wilkerson, the chair of the Arkansas Spinal Cord Commission had a recent experience that exemplifies the role of telemedicine in modern healthcare. Jon, who lives with a spinal cord injury, experienced a complication not uncommon to people with these type injuries – while traveling to a conference. On a Saturday morning, Jon decided to call the TRIUMPH Call Center. Before noon he had spoken with a nurse and a doctor who diagnosed an issue with his medication pump and electronically referred him to the appropriate healthcare provider who could correct the problem remotely. This call center encounter prevented a 20 mile drive to an emergency room, lengthy waiting time, and probable transport to another facility resulting in a weekend hospital stay. Rather than spending his weekend in a hospital bed, Jon was able to resume his weekend activities (watching football) confident that he received appropriate care.

This program is funded through a contract between the Arkansas Spinal Cord Commission Trauma Rehabilitation Program and UAMS Center for Distance Health. For more information about these services, please call the TRIUMPH Call Center at 1-855-767-6983.

If you are interested in finding out more about continuing education opportunities, check out the examples of and links to CME/CE available via telehealth: <https://learnondemand.org/default.aspx>

If you'd like to discuss what others are doing or have ideas to further leverage the e-Link network, email us at arkansaselink@uams.edu or call 501-603-1280. To find out where Arkansas Telehealth sites are located in each county, go to <http://telehealth.uamsweb.com/telemedicine-in-your-town/>

TRIUMPH: Tele-Rehabilitation Interventions with University-based Medicine for Prevention and Health

The relevance of Telemedicine is felt in many demographics: moms with high-risk pregnancies, men and women experiencing stroke symptoms, cardiac patients, and neonatal intensive care babies to name a few. There is another segment of the population benefiting from telemedicine: individuals with traumatic brain injuries or spinal cord injuries. The TRIUMPH Call Center operated by the UAMS Center for Distance Health is available to all Arkansans with traumatic brain injuries or spinal cord injuries and their families. Trained Call Center personnel provide triage, emergency support, and treatment guidance 24 hours a day.

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Telemedicine/Outreach Update

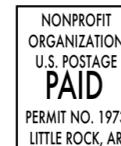
By Rosalyn Perkins, MNsc, APN, Telemedicine Clinical Services Director



The ANGELS outreach team has reached out to several communities around the state such as Jonesboro, Lake Village, and Malvern. We spoke with members of the medical (family practice and obstetrics) community regarding future plans and receiving feedback on how well we are providing obstetrical services along with suggestions on things we can do different.

It is always a pleasure to build new relationships and put faces with names, as well as nurture old relationships. It is ANGELS' pleasure to serve the great state of Arkansas and we appreciate your partnerships and input.

Please contact ANGELS at 866.273.3835 or 501.526.7425 www.angels.uams.edu/



Tdap Vaccine in Pregnancy

By Crystal Marcussen, APRN, MNsc, WHNP-BC



What Is The Tdap Vaccine?

The Tdap vaccine protects those who are vaccinated from Tetanus, Diphtheria, and Pertussis. Tetanus, commonly called Lockjaw, causes painful muscle tightening and stiffness throughout the entire body. It commonly causes tightening in the head and neck, where the infected person cannot swallow or sometimes even breathe. Tetanus kills about 1 in 5 people infected. It is often associated or contracted from rusty metal. Diphtheria is a disease that usually initiates with symptoms of sore throat and fever. It can

cause a thick whitish, grey coating to form on the back of the throat and can lead to respiratory problems such as a cough and can often block the airway for breathing. It often causes a swollen neck or "bull" neck due to swollen lymph nodes. Diphtheria is spread through direct contact or through the air with those infected. Pertussis, commonly called Whooping Cough, causes severe coughing spells, which can lead to difficulty breathing, vomiting, weight loss, and disturbed sleep. Those infected with Pertussis often develop complications, such as pneumonia, leading to hospitalizations and possible death. This disease is spread from person to person through close contact and respiratory secretions.

Why should I Receive This Vaccine in Pregnancy?

You may have heard about the recent outbreaks of Pertussis, or Whooping Cough, in the news lately. There has been a recent resurgence of Pertussis due to lack of vaccination in the United States. Infants who are younger than three months are at a very high risk of severe infection, and in newborns less than one month, Pertussis can be life-threatening.



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Most Pertussis deaths come from those infants that are too young to receive the childhood Pertussis vaccine-the DTap. The DTap vaccine is administered at 2, 4, and 6, months of life, with boosters at age 15-18 months and 4-6 years in children. Due to these risk factors it is recommended that all pregnant women receive the Tdap vaccine in every pregnancy. The administration of the Tdap vaccine during pregnancy helps the growing baby build antibodies and protection against these diseases and most importantly Pertussis. These antibodies help protect the baby as soon as he or she is born in the short-term until the baby can receive the DTap vaccine at 2 months of age.

When Should I Receive the Tdap Vaccine?

It is recommended by The American College of Obstetrics and Gynecology (ACOG) and The American Academy of Pediatrics (AAP) that all pregnant women receive the Tdap vaccine between 27 and 36 weeks of gestation with EVERY pregnancy.

Is the Vaccine Safe?

Yes. There are no theoretical or proven concerns about the safety of the Tdap vaccine during pregnancy. The available data proves that the vaccine is safe when given to pregnant women or women in the postpartum period. Some people, however, should not receive the Tdap vaccine. Those that have had a severe allergic reaction after a dose

of any Tetanus, Diphtheria, or Pertussis vaccines, or those that have had a coma or seizures within 7 days of receiving a childhood dose of DTP or DTap should not receive the Tdap vaccine. You should talk to your healthcare provider if you have epilepsy, any nervous system problem, ever had Guillian-Barre Syndrome, or have had severe pain or swelling after any vaccine containing Diphtheria, Tetanus, or Pertussis.

Are There Any Side Effects That I Should Expect?

The most common side effects from the vaccine are redness, swelling, or pain at the injection site, body-ache, fatigue or fever. Most side effects are mild, and do not affect activities of daily living, and should reside in a couple of days. You should consult your doctor if severe side effects or symptoms occur after vaccination.

Who Else Should Receive the Vaccine?

It is estimated that in 80% of cases of Pertussis in babies, someone in the household got the baby sick. You can help to protect your baby by making sure everyone around the baby is up to date on their Tdap vaccine. This is often referred to as cocooning; because it helps form a cocoon of disease protection around the new baby. Therefore, we recommend that all family members and caregivers be updated on their Tdap vaccine.

Education

By Barbara Smith, RN, BSN, CPC, Director, Guidelines, ANGELS and Sarah R. Kinder, DNP, APN, Assistant Professor, Department of OB/GYN



ANGELS Guidelines

Why is the ANGELS Program developing guidelines and encouraging their use?

In April 2015 a Committee Opinion was released by the American College of Obstetricians and Gynecologists recommending the use of clinical guidelines and standardized practices: “Clinical Guidelines and Standardization of Practice to Improve Outcomes.” This opinion explains how adherence to guidelines and checklists can result in improved patient care and better clinical outcomes. The Committee Opinion notes as a barrier physicians’ lack of awareness of the existence of guidelines and the difficulty of applying guidelines in practice.

Arkansas has addressed this barrier by sponsoring the Antenatal and Neonatal Guidelines, Education and Learning System (ANGELS) initiative. On the ANGELS website, registered providers can access defined best practices for over 200 obstetrical, neonatal, and pediatric conditions. Annually reviewed and updated by content experts and specialty providers, the guidelines reflect national standards adapted for Arkansas and appropriate, local practice conditions.

The Committee Opinion emphasizes the importance of provider engagement in the process of developing guidelines. “The process to develop protocols must be collaborative, inclusive, and multidisciplinary...” ANGELS depends upon participation by providers in Arkansas, as well as out-of-state peer reviewers, in the guidelines development process. Provider feedback is highly encouraged. Teleconferencing network meetings allow for collaboration with providers across the state. Interested providers do not need to be present at the teleconference to participate in the guideline development and improvement. Comments and suggestions for improvement can be submitted directly online after each guideline or submitted via email to CDHEducation@uams.edu.



In summary the Committee Opinion states that “standardization of practice to improve quality outcomes is an important tool in achieving the inspired shared vision of patients and their health care providers.” We invite you to check out the most recent practice guidelines at <http://angelsguidelines.com>. Your comments are most appreciated.

ANGELS CDH Outreach Education

By Margaret Glasgow, BSN, RNC-OB



In March, most courses for outreach education had to be rescheduled due to inclement weather. One AWHONN Intermediate Fetal Monitoring Course for Jefferson Regional Medical Center in Pine Bluff was completed.

In April, two AWHONN Intermediate Fetal Monitoring Courses were held at JRMC to complete the rescheduled courses at that facility. One AWHONN Intermediate Fetal Monitoring Course at Bradley County Medical Center in Warren was presented. OB Simulations were held for NEA Baptist Memorial Hospital in Jonesboro, North Arkansas Regional Medical Center in Harrison, and Saline Memorial Hospital in Benton. Topics presented included shoulder dystocia, neonatal resuscitation of the neonate delivered after a shoulder dystocia, postpartum hemorrhage, and eclamptic seizure.

In May, one AWHONN Intermediate Fetal Monitoring course and one AWHONN Advanced Fetal Monitoring Course were presented for Mercy Hospital Northwest Arkansas in Rogers. Also presented were AWHONN Intermediate Fetal Monitoring Courses for Baptist Health Medical Center in Stuttgart and Mena Regional Health System in Mena.

The Call Center Update

Tammy Bowen, RN, Nurse Project Manager



The ANGELS call center has embraced the spring season with efforts to run with the spirit of renewal! We have been reviewing, revising and refreshing on existing policies regarding processes within the call center, as well as developing new ones that we believe will help with streamlining and updating procedures as they been conducted in the past. As always, if any of our partners would like input or to ask questions about our policies, we are always happy to hear from you.

Aside from policy reviews, we have been busy doing what we'd like to think we do best: working with our patients to assist with any concerns they see fit to bring to our attention. Our phones are hopping with calls, and besides the triage aspect of our business, we've been tracking and trending some of the research activities that we're currently participating in with our medical faculty. We have been managing patients with hypertension concerns using new technology that allows monitoring of postpartum hypertensive patients from their homes, and communicating with them as needed if concerns are identified. We are also working with our clinicians who

Pediatric/Neonatal Update

By Shannon Lewis, RN, BSN, Medical Services Administrator



Peds PLACE

Peds PLACE is an interactive weekly pediatric teleconference jointly sponsored by the University of Arkansas for Medical Sciences and Arkansas Children's Hospital. Peds PLACE is a convenient way for physicians to collaborate on everyday pediatric topics. Join us every Thursday from 12:10-1:10 CST. Peds PLACE offers 1.0 hour of free CME. To learn more about Peds PLACE online use the link to see our You Tube video.

http://youtu.be/v27Ed_cjnVQ

Telenursery

Tele-nursery, led by Dr. R. Whit Hall, professor in Neonatology; meets at 8:15 am on M/W/F for a brief census rounds, and help facilitating transports and back transports. Questions are answered, consults are done, follow up on your transported patients is given, discussions about best

are working on a statewide project relating to using 17P for antepartum patients who are identified as at risk for preterm delivery and appropriate for progesterone therapy.

As already stated, we love hearing from you! If anybody has questions, concerns, suggestions or requests of ANGELS, please don't hesitate to let us know. We wish you all a happy summer!



practice, and promotion of regionalization. If your nursery is interested in participating please contact Shannon Lewis RN, for more information **501-526-7819**.

“Enhancing Intubation Skills through Tele-Intubation” is a recently completed research study designed by Dr. Whit Hall. A videolaryngoscope connected to a telemedicine unit was utilized in the study to determine if resident exposure would improve cognitive skills and decrease intubation times in a neonatal manikin. Study results showed that those residents who received the hands-on instruction were able to perform an intubation in approximately half the time it took a resident that received only the usual and customary NRP training. This same group of residents also were shown to have higher cognitive scores. This model can also be adapted in the community settings to help train and even assist providers in real time by establishing an airway, a critical lifesaving skill. For more information in the community model, please contact Dr. Whit Hall at **501-526-7838**.