Dial-JIPMER Service (24x7): Our Experience

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Abstract

Telemedicine enables health services to be connected across distance by the use of information and communication technology. Role of telemedicine on emergency services has a great impact on health services. JIPMER has developed 24x7 Help Line in Casualty for patients requiring Tele-Emergency Consultations. Teleconsultation is given to people who seek medical advice and guided for future treatment based on their complaints. Use of this service helps the patient in terms of cost and time and enables them to get specialist consultation if needed in real time. From our experience, use of telemedicine through dial JIPMER service has been satisfactory for both the patient and the Doctors and can be further extended to other institutions

Keywords: Telemedicine; Teleconsultation; Dial-Jipmer.

Introduction

Telemedicine enables health services to be connected across distance by the use of information

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Received on 09 June 2017 Accepted on 28 June 2017 and communication technology [1]. As the technology advances, the availability and accessibility to telemedicine tools becomes easy. Telemedicine helps in easy communication between the patient and the consultants, as well as the transmission of medical, imaging and health informatics data from remote areas [2].

This helps the patients to have specialist consultation in real time using video calls and also reduces the travelling time of the patients [3]. In earlier period telemedicine started its era with the help of telephones and radio, now use of mobile apps havemade it more effective [4]. Telemedicine has reduced the entire cost of health service [5]. Role of telemedicine on emergency services has a great impact on health services [6]. We would like to share our experience on the use of dial up services in JIPMER

Materials and Methods

JIPMER has developed 24x7 Help Line in Casualty for patients requiring Tele-Emergency Consultations. A Team of Senior and a Junior Doctors are given Smartphones, land line connections and a desktop with internet connection to attend any call of a patient requiring Tele-consultation. Those patients who have Internet Connection available in their Mobile, Tablet, Laptop or Desktop, can talk to JIPMER Casualty Doctor on duty using Free Skype Software downloaded in their system. To call JIPMER through Skype Service the ID is "Casualty Desktop Telemedicine JIPMER" or "Casualty Mobile Telemedicine JIPMER".

Doctors on duty will be informed regularly regardingbed vacancy status of all ICUs and availability of ventilator status. Doctor on duty will record the patient details including Name, Age, Gender, Address and relevant possible details

available with the patient/attender when they call. Consultations regarding emergencies will be given by the duty doctors (Figure 1), if needed the calls will be forwarded to the particular specialty doctor on duty.

To track unnecessary unwanted calls a call recorder system was also placed. Dial JIPMER Service (24x7)' is started under 'Citizen Centric Telemedicine Project' initiated by MoH & FW, Government of India to bridge the healthcare service divide between Urban & Rural and to provide services at doorstep of the Citizens.

For Real-Time Video Conferencing

A Desktop with external mike and speaker connected with internet (512 Kbps) minimum and installed free Skype software for providing Free Tele-Emergency Real-Time Video Conferencing Tele-Consultation online 24 X 7.

For Calling through Telephone Line

A Three Landline Telephone instruments with Toll Free Numbers and Two Smart Phones for providing Free consultations over Telephone 24 X 7.



Fig. 1: Doctor attending the call in Dial- Jipmer cell

Results

Statistics report of Dial-Jipmer services over the period of one year (January 2016 – December 2016)

Total number of calls received	2357
Telephonic consultations	2183
Real time (video conferencing)	174
Emergency consultations	703
Routine consultations	1310
Enquiries (not related to consultations)	224
Unwanted calls	120

Emergency consultations comprised of 29.8% of all calls received. Of all consultations majority were obtained through telephone (92.6%) and the remaining (7.4%) were through video conferencing using Skype id. There was significant number (344)

of unnecessary enquiries and un wanted calls were present (14.5%). Unwanted calls which were frequent in initial months has become drastically reduced following the placement of call recorder system. Feedbacks from the patients and consulting doctors were found to be satisfactory.

Discussion

Timely access to health services becomes mandatory in case of emergencies. Telemedicine helps in timely management of emergencies by giving tele consultations [7]. The 24 hour dial JIPMER service provides emergency consultation in case of causalities. The first aid to be given is described by

the duty tele consultant and further referral plan if needed is also given by the consultant. If the patient is not relieved of symptoms, patients are given timely consultation to visit JIPMER or the nearby hospitals where facilities are available. The patient is guided by the duty consultant about transportation and the formalities to be done in JIPMER. Nearly 2400 patients have utilized this service by dialing toll free numbers and 120 patients have contacted through video calls. Use of this service helps the patient in terms of cost and time and enables them to get specialist consultation if needed in real time.

Conclusion

From our experience, use of telemedicine through dial JIPMER service has been satisfactory for both the patient and the Doctors and can be further extended to other institutions.

Conflicts of Interest

Nil

Acknowledgement

Ministry of Health & Family Welfare (MOHFW), Govt of India has declared JIPMER as Regional Resource Centre (RRC) for South India states and has been provided free internet connectivity of 1 GB bandwidth through National Knowledge Network (NKN) through National Informatics Centre (NIC) Puducherry under National Medical College Network (NMCN) Project. Authors & JIPMER acknowledges the support given by NIC Puducherry and MOHFW, Govt of India.

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