

# Fuller tours telemedicine at hospital

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Assembly member Jean Fuller toured Ridgecrest Regional Hospital's growing telemedicine facilities and got a look at the hospital's ongoing re-development projects during a tour Friday afternoon.

From the outset, Fuller was impressed by the hospital's Outpatient Pavilion.

"Wow," she said. "It's so beautiful. It's not like a hospital at all."

But it was the hospital's capabilities in telemedicine – the ability to deliver health care to patients in Ridgecrest from providers far away – that seemed to most excite Fuller.

In the nursery on B Wing, Dr. Earl Ferguson – who heads up the hospital's telemedicine efforts – showed Fuller the new telemedicine unit. A tall cart on wheels with a high-definition screen and camera at eye level, the unit seemed at first to be little more than a rolling television. Then John Faltys, the consultant who helped the hospital implement the current system, started showing Fuller what it could do.

First, he showed her how clear and detailed an image it could capture with its powerful zoom camera and high-definition screen. (This reporter has threatened not to go on assignment again without first visiting the aesthetician after seeing his face magnified to several times its actual size in sharp detail from at least eight feet away.)

Ferguson explained that the high-definition capabilities of the camera and screen allow specialist physicians like neonatologists at Loma Linda University Children's Hospital to see newborn patients in such detail that the specialists can carefully examine their physical condition.

Dr. Larry Cosner, who has also been actively involved in the hospital's telemedicine development, pointed out that the system can also transmit live data like the readouts from heart-rate and blood-pressure monitors. The remote physician would have the same information and as good or better view of the patient than caregivers at the bedside.

Although the hospital often transfers seriously ill newborns to facilities with a higher level of care and consults by telephone with specialists before the transfers, having this system in place can improve the ability of specialists at the receiving hospital to guide the treatment of sick newborns waiting for transfer, said pediatrician Dr. Kitty Ferguson.

To demonstrate more of the capabilities of the system, Faltys connected the unit in the nursery to Loma Linda, where three members of its telemedicine team were waiting to virtually meet Fuller.

"We at Loma Linda are indebted to Ridgecrest for where we got our start," said Dr. Billy Hughes.

He recalled that when RRH first approached Loma Linda about getting connected for telemedicine, he thought that continuing education for healthcare providers would be the primary purpose of the system. But RRH staff put their focus on developing systems that would increasingly allow patients in Ridgecrest to receive specialty care from experts in far-away places like Loma Linda.



Using the systems RRH has developed and implemented over the years has gotten Loma Linda's telemedicine program going. Dr. Hughes' colleague Dr. Paul Simms added that after RRH upgraded to the new system being shown to Fuller, the hospital gave its old system to the hospital on Catalina Island.

"If you go to Catalina, you can now get psychiatric care because Ridgecrest gave them the old video equipment."

During Fuller's conversation with the Loma Linda team, Faltys activated another part of the system's capabilities. He added a window to the screen that showed a pair of interpreters, one of which translated both sides' words into sign language.

The other interpreter demonstrated live translation into Spanish. And the system can connect at any time to other interpreters who can translate into a variety of languages.

Faltys also showed Fuller that the unit was fully mobile, with no wires for either power or network connections. After being used in one department at the hospital, it can easily be moved to another, he said. Fuller also visited the office of Dr. Richard Karoll, the hospital's pathologist and laboratory director.

Karoll and his assistants showed Fuller a new microscope that scans tissue slides that are made to look for diseases like cancer. She first peered at slides under a pair of traditional microscopes, then saw a slide on a large, bright screen after it had been scanned by the new microscope.

Pathologists like Karoll often want to get a second opinion from recognized experts when dealing with slides that may show serious disease, said Karoll. The old method of sending slides to another pathologist and waiting for the report could take days.

But with the new system, another pathologist can view the slide – complete with notes drawn electronically on it by Karoll – in minutes.

"The old joke in medicine is that you can either send the patient or the slide," said Cosner. "Now you can send the data."

Fuller called the new technology amazing and commended RRH for working at the cutting edge of increasing specialized care to patients in Ridgecrest.

Her visit to Ridgecrest also included a speech to Ridgecrest Republican Women, Federated and a demonstration of computerized medical information at Southern Sierra Medical Clinic.