

A CHAT WITH GEORGE FLEMING

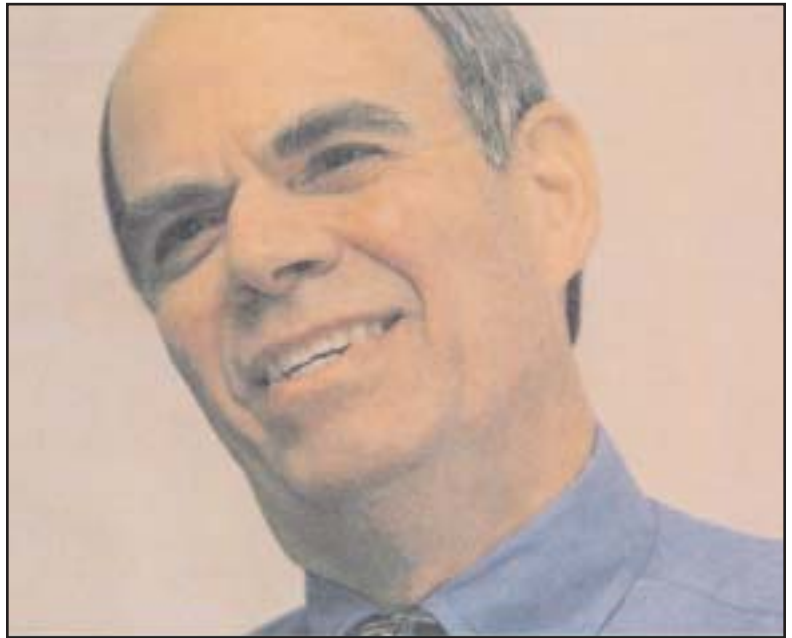
— a chat with george fleming —

New possibilities in hospital TV

TeleHealth Services of Raleigh has been supplying hospitals with televisions since 1957, when innovation was giving patients the ability to watch Milton Berle on a set the size of a washing machine. Today TeleHealth, which provides more than 40 percent of the nation's hospitals with television equipment, is helping many hospitals make the transition from analog to digital TV. Its TIGR system lets hospitals offer patients on-demand specialized health-care education programming on topics such as reducing risk for stroke or managing diabetes (WakeMed in Raleigh is one of TeleHealth's many North Carolina clients offering this service). Patients use the telephone at their hospital bedside to order programming stored in a digital file server, which routes the content to the television in their room. Often, hospitals can use existing televisions and telephones.

When its TigrVue system, which can run on a television set or on a touchscreen computer mounted near the bedside, hits the market over the next couple of years, patients will be able to watch television, search the Internet, view programming and order hospital services, such as a visit from the chaplain or a side of light cream cheese with their morning toast.

Connect's Jean P. Fisher talked recently with George Fleming, 52, president and chief executive of TeleHealth. The company is a division of TeleRent, which rents furnishings and television equipment to hotels. TeleRent has about 100 employees at its office in South Raleigh. Since 1989, it has been owned by New York-based ITOCHU International.



STAFF PHOTO BY HARRY LYNCH

Q. What are some of the products and services you provide to hospitals?

A. Traditionally, we provided televisions, and that includes the programming that goes with it. About four years ago, because of some changes in technology, it became feasible to provide very sophisticated video on-demand to hospitals to help with their patient education.

Q. Why is that a good thing? What does that allow hospitals to do that they can't do with just a TV and a VCR?

A. The problem with a TV and a VCR is that it takes a lot of time for nurses, and it's typically a nurse, to first find the videocassette, get hold of the VCR, wheel a VCR on a stand into the room and then get the attention of the patient. Nurses are always pressed. They don't really have the time to do this. The result is that, in many facilities the need to immediately get a patient access to a patient-education film, goes unmet. With a fully integrated system, it's possible for a patient, the moment they have availability to watch something, the moment a physician or a nurse has cued them in to what they should be educated on, they can get it.

Q. What are some of the selections that might be available to you as a patient in a hospital that has one of these systems?

A. If you've just gone through any kind of cardiac procedure, for example, your doctor may be most concerned with your diet and exercise program. Push a button, you get the film and someone is educating you about that. If you've gone through back surgery there are things

you should and shouldn't do. Those are just a couple of examples.

Q. So the physician can point you to specialized education that suits your medical needs and while you're lying there recovering, you can be getting this information.

A. Exactly. And in fact, with the new technology, you're actually able to test people after they've seen the video to see if they understood critical points.

Q. How does the patient access the programming?

A. Patients access it through the telephone. We chose that very carefully because about half of the people in a hospital, half of the days in a hospital are for people 65 years of age and older. They are extremely familiar with a telephone. They are not very familiar with a lot of the other interactive devices that you might use. How do you use a menuing system, for example. The telephone has the advantage of everybody knowing how to use it. You pick it up, dial the number or the film your doctor or nurse has checked off, and you're watching it.

Q. How does the hospital choose the programming? Do you provide it, do they provide it?

A. Most hospitals have pretty sophisticated procedures for reviewing the content of any of their patient education materials. Most of our clients have already got a large library. They pare that down to the titles they think will be most used. We actually monitor the titles that are on there and let them know the titles that don't get used so they can replace those with more popular ones.

Q. Tell me a little about who your clients are. Where would be encountering TIGR systems if I'm a patient?

A. You could find TIGR systems in the largest teaching hospitals in the country down to hospitals as small as 100 beds.

Q. How many clients do you have?

A. For the TIGR system, which offers the particular video on-demand, we have more than 100. That's an important number because there really are so many hospitals in the United States that still do not have even a basic scheduled play system for patient education. So for that 100 to have a sophisticated video on-demand is really a step forward for their patients.

Q. What are the prospects for growth in this market?

A. There's a huge amount of interest among hospitals of all sizes. As the technology becomes more widely known and the costs of some of the high-technology components come down, really every hospital, certainly every hospital over 100 beds, would want to have this kind of patient education on demand. Education in hospitals is typically done by nurses. There is no more caring group than nurses, but they are very limited for time. What this system does is allow them to have a personal contact with the patient and then supplement it with a certified program from the hospital playing on the television. There's also the problem now of shorter stays. Patients are pretty busy. If they are relying only on scheduled play, they are not able to typically get the film when they're most ready to learn from it and benefit from it.

Q. Do many hospitals have scheduled play programming?

A. More than half of hospitals don't have even scheduled

play. And the problem with scheduled play is that if you happen to miss the program slot at 2 o'clock because you're out having a test, you may not be able to get back to it before you're discharged.

Q. Tell me about some of the other products and services you have in development.

A. One of the things that we're actually actively marketing now provides Internet connection for patients. The Internet has become an increasingly important player in health-care information. Some studies have shown that more people go to the Internet for health information than go to their doctors. What we've decided to do is provide systems that allow patients to access the Internet. One of the popular areas for this is maternity. You've got a young audience. Almost everyone who comes in to maternity is very familiar with the Internet and is an Internet user. Second, they usually have a lot of news they want to communicate to people far and wide. That means that an e-mail connection is really ideal for them.

Q. How long will it be before patients start to see that capability in hospitals?

A. Hospitals take a lot of time to make decisions. They involve a lot of professionals in those decisions, and there are a lot of options for them to consider. It's very typical for hospitals to start looking at options now that they may not actually make a decision on for 12 months or more. Hospitals typically replace their televisions every six to seven years. Right now we're on the brink of a major changeover as we go from analog televisions to digital televisions. There's going to be a

huge amount of consideration in the next three to four years on the right platform for hospitals. As we look at the year 2010, the television on the wall in the hospital will be totally different from what we've been used to for the last 40 years. It gives hospitals a tremendous amount of opportunity to look at the range of services they want to provide to their patients and select technology to deliver what they had been having to use individual staff members for.

Q. Is there anything that we haven't covered that you'd like to add?

A. I'd just make sort of a philosophical comment on where our company is coming from. Although hospitals make wonderful efforts to give you all the comforts they can give you in that setting, it's still true that almost every aspect of your normal routine changes. You can't eat the way you would eat at home. You can't dress the way you would dress at home. You can't have visitors the way you would at home. You can't even go to the bathroom the way you would at home. One of the things you can do is watch your television. Television is a sort of electronic fireside that is an important part of many people's lives. It keeps them connected, it keeps them entertained and at its best it keeps them educated. The importance of a great television system in a hospital, we think, should not be underestimated.

JEAN P. FISHER