

 HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Touching Lives Everyday" Policies and Procedures	Department:	Policy No.:
	Information Technology	TEL 0021
	Issued by: Barbara Kahana Vice President & CIO	Revision No.: N/A
Subject: Administrative Use of HHSC Video Teleconferencing System	Approved by: Thomas M. Driskill, Jr. President & CEO	Effective Date: October 15, 2003
		Supersedes Policy: N/A
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I. PURPOSE:

The purpose of these rules is to establish a standard internal operating procedure for reserving and utilizing the HHSC video teleconferencing (VTC) systems by Hawaii Health Systems Corporation (HHSC) corporate and facility employees.

These procedures apply, but are not limited, to the following sites:

Hilo Medical Center
Hale Ho'ola Hamakua
Kau Hospital
Kohala Hospital
Kona Community Hospital
Maui Memorial Medical Center
Kula Hospital
Lanai Community Hospital
Kauai Veterans Memorial Hospital
Samuel Mahelona Memorial Hospital
Leahi Hospital
Maluhia
HHSC Corporate Office

II. POLICY:

The Information Technology Department (ITD) is responsible for defining and maintaining operational guidelines and procedures for using the HHSC VTC systems.

A. HHSC VTC USE PROCEDURES

1. The VTC Coordinator shall be responsible to maintain the VTC room schedule for their respective facility or corporate office. The VTC coordinator may assist with the conference, but is not responsible for the technical operation of a VTC session (e.g., moving cameras, setting up document feeder, etc.).

2. An HHSC employee interested in scheduling a VTC connection shall be referred to as the Teleconference Coordinator. The Teleconference Coordinator is responsible to coordinate approval(s) and availability of VTC room(s) with the participating site VTC Coordinator(s).
3. The Teleconference Coordinator is responsible to complete a "Teleconference System Use Form" (TSU) for VTC requests and to send the form to the VTC Coordinator. The Chief Executive Officer/Hospital Administrator or a designee must approve all VTC requests.
4. VTC rooms may be scheduled between the hours of 7:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays. Advance scheduling of VTCs is necessary in order to assure technical resources. VTCs scheduled outside of these hours may incur overtime costs.
5. VTC enables HHSC facilities to communicate and perform organizational and facility work with each other in a cost-effective manner. It is strongly recommended that all conferences be scheduled via the HHSC bridge in order for ITD to be able to troubleshoot and support users of HHSC conference facilities.
 - a. The designated VTC Coordinator will schedule the VTC via the HHSC bridge. (This presumes the VTC Coordinator has received training from the ITD staff.)
 - b. For technical problems experienced during video-teleconferences, contact the HHSC ITD Hotline at (808) 733-9883.
6. VTC Coordinators shall be responsible to maintain a log of all VTC connections and to complete a VTC Monthly Log. VTC Coordinators shall e-mail or fax the Log to the Corporate ITD no later than the 5th day of the following month.

B. OUTSIDE AGENCY VTC USE PROCEDURES

Please refer to HHSC Policy TEL 0019, Administrative Use of HHSC Video Teleconferencing System by Outside Agencies.

- Attachments:**
1. HHSC Teleconference System Use Form (HHSC VTC Form 1 v1)
 2. HHSC Teleconference System Use Form Descriptions

(Submit Form to VTC Coordinators if HHSC use OR e-mail vtcadmin@hhsc.org if outside agency)

1. Name of Teleconference Coordinator & Organization:

For more information, call 808-733-9878 or 808-733-4089

HHSC Teleconference System Use Form Descriptions

1. Name of Teleconference Coordinator

The name of the person responsible for coordinating the conference. (i.e. arranging for site and participant availability, contacting participants, rescheduling participants if need be, etc).

2. Name of Teleconference

A descriptive name for the conference (i.e., the title of the meeting).

3. Phone Number

The phone number for the teleconference coordinator.

4. Fax Number

The fax number for the teleconference coordinator.

5. Teleconference Coordinator's E-mail Address

The e-mail address for the teleconference coordinator.

6. Date(s) of Conference

The date requested for the conference. If you are a satellite site, please state the date in GMT.

NOTE: If there is a conflict with an existing conference, the teleconference coordinator will be notified to reschedule for another date.

7. Start Time of Conference

The starting time requested for the conference. If you are a satellite site, please state the time in GMT.

NOTE: If there is a conflict with an existing conference, the teleconference coordinator will be notified to reschedule for another time.

8. End Time of Conference

The ending time requested for the conference. If you are a satellite site, please state the time in GMT.

NOTE: If the conference extends into another conference, the teleconference coordinator will be notified reschedule for another time.

9. Entity Type

Check whether the originating organization is internal to the Hawaii Health Systems Corporation. If not, please check "Other" type.

10. Meeting ID – (HHSC Use Only)

Meeting ID - Allows tracking and data manipulation. This ID will be created by the HHSC VTC Coordinators.

11. Video Conference Type

Please select only one type of conference:

Continuous Presence - The screen is split into four sections, with one site in each section. This mode allows for six sites that can be seen and heard by everyone.

Voice Activated - The active site (with a person speaking) is shown full screen to all the other participating sites. When a participant at another site begins speaking, focus will be shifted to the person speaking.

NOTE: It takes a couple of seconds for the bridge to figure out who is actively speaking and make the switch. Whenever a site does not have someone speaking they need to mute their site, so the bridge doesn't put the focus on them.

12. Special Notes

Please list any special notes that may apply to this conference. (i.e. if the conference needs to be recorded, a computer image needs to be projected to the other sites, a video needs to be played to the other sites, it is a point-to-point conference and the bridge is not required, etc).

NOTE: Any type of fee waiver(s) should be listed here. Enter name of person who authorized the fee waiver(s).

13. Category

Please select a category that best describes the type of conference. This information will be used for program reporting.

14. Program Description

Please provide a comprehensive description of the purpose of your session.

15. Participating Site Information

List all the participating site names, the VTC Coordinator for that site, how each site will be connected (ATM, ISDN or IP), and a contact number for each site coordinator. The site coordinators should have access to the VTC room and equipment. The Teleconference Coordinator needs to contact these people to ensure that the room will be available during the conference date/time.