HAWAII HEALTH SYSTEMS CORPORATION "Touching Lives Everyday"	Department: Information Technology Department	Policy No.: **TEL 0019**
		Revision No.: 1
Policies and Procedures	Issued by: Barbara Kahana Vice President & CIO	Effective Date: October 15, 2003
Subject: ***Administrative Use of HHSC Video Teleconferencing System by Outside Agencies***	Approved by: Thomas M. Driskill, Jr. President & CEO	Supersedes Policy: December 11, 2001
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I. PURPOSE:

The purpose of these rules is to establish a standard operating procedure for reserving and charging for outside or public use of the Hawaii Health Systems Corporation (HHSC) video teleconferencing (VTC) systems.

These rules 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:

A. ELIGIBILITY AND ALLOCATION

When HHSC VTC systems are available for outside or public use, such use will be permitted in the following order of priority:

1. Community-based groups and organizations related to healthcare
2. Community-based groups and organizations
3. State of Hawaii departments, agencies, or commissions
4. City, County, and Federal government agencies

Although every attempt will be made to honor a VTC that has been reserved on the HHSC system, HHSC retains the right to cancel or reschedule a reserved VTC with no advance notice due to mission requirements.

B. OUTSIDE AGENCY RESPONSIBILITIES

1. Definitions

   - Teleconference Coordinator – Lead contact person from the outside agency requesting use of HHSC VTC facilities. This person is responsible for securing VTC conference rooms and completing all required forms.

   - Originating Site – Site that generates the multi-site meeting request. Also, the site where Teleconference Coordinator will be.

2. When available for outside or public use, HHSC VTC room(s) shall be offered during business hours, Monday through Friday, 7:00 a.m. to 5:00 p.m., unless otherwise authorized in writing by Facility Administration.

3. Applicant, hereafter referred to as Teleconference Coordinator, shall request use of HHSC VTC room(s) by completing an " HHSC Video Teleconference System Use Form" (TSU) provided by Facility Administration. Application shall be filed at least one week prior to the scheduled VTC date.

4. Applicant shall be responsible for coordinating availability and securing reservation of VTC Room(s) with participating sites. A Point of Contact phone number listing will be provided to the Teleconference Coordinator.

5. Teleconference Coordinator shall be responsible to e-mail completed TSU form to vtcadmin@hhsc.org. TSU form may also be faxed to (808) 733-9864. Questions on VTC connections should be referred to vtcadmin@hhsc.org.

6. First time applicants must provide written information about their organization if requested by Facility Administration or ITD.

7. No outside groups or organizations using the HHSC VTC room(s) shall charge an admission fee or sell any material or service for private profit or gain, except as permitted by Facility Administration.

8. VTC conferences of a political nature are prohibited.

9. HHSC reserves the right to monitor the activities and functions of the user.

10. Use of HHSC VTC room(s) shall not in any way interfere with the comfort, safety, or welfare of HHSC operations, activities, patients, or employees.

11. HHSC reserves the right to collect reasonable reimbursement for any costs (a) incurred for use of the HHSC VTC room(s), including housekeeping and use of additional staff; and (b) incurred by reason of damage to or loss of HHSC property.

12. Outside agency Teleconference Coordinators should plan the VTC duration to include set up time and possible overrun on time due to discussion and question and answer period. Extensions will not be accommodated on the day of the scheduled VTC.

- A buffer of 15 minutes prior to actual start time and 15 minutes after actual end time is suggested.

C. WAIVER OF LIABILITY

Groups or organizations shall indemnify, defend, and hold harmless HHSC, the State of Hawaii, its officers, agents, and employees from and against any and all claims, suits, actions, damages, liabilities, expenditures, or causes of action of any kind arising and resulting or accruing from any negligent act, omission, or effort of the group or organization resulting in or relating to injuries to body, life, limb, or property sustained in or about the HHSC VTC room(s) or arising from the use of HHSC premises.

D. FEES

Charges for outside or public use of the HHSC VTC systems shall be as follows:

- VTC room fee of $90.00 per hour/per site.

  - ✓ VTC room fees will be calculated in increments of 15 minutes.
  - ✓ Pre-conference set up time will not be charged.

- Actual costs of Mainland and International calls are in addition to per hour/per site costs.

- Miscellaneous charges, if necessary.

HHSC Corporate accountant shall be responsible for invoicing and collecting the above VTC charges for use of all HHSC VTC rooms. The Corporate accountant will receive the following from Corporate ITD on a monthly basis:

- HHSC TSU forms for all completed outside agency VTC conferences indicating total number of sites and total number of hours per conference.

- Monthly phone bills with long distance charges coded and marked to be charged back to the appropriate outside agency.

Exception or waiver of fees may be authorized by Facility Administration where use of HHSC VTC Room(s) will best serve the public welfare.

- It will be the responsibility of the outside agency Teleconference Coordinator to pursue the waiver of fees from each HHSC Facility Administration before submitting the TSU form.

- The waiver must be indicated, in the space provided, at the top of the TSU form in the Special Notes section. Name of person authorizing waiver should also be noted.

Attachments:

1. Teleconference System Use Form (HHSC VTC Form 1 v1)
2. Teleconference System Use Descriptions
3. HHSC Billing Form
4. HHSC Account Request Form

Hawaii Health System Corporation
Teleconference System Use Form

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

PLEASE TYPE OR PRINT CLEARLY

1. Name of Teleconference Coordinator & Organization:

2. Name of Teleconference:

3. Phone Number:

4. Fax Number:

5. Coordinator's E-Mail Address:

6. Date(s) of Teleconference:

7. Start Time of Conference:

8. End Time of Conference:

9. Entity Type:
○ HHSC ○ Other

10. Meeting I.D:

11. Video Teleconference Type:
○ Continuous Presence
○ Voice Activated

12. Special Notes:

13. Category
○ Education
○ Telemedicine
○ Administration
○ Test
○ Other

14. Program Description (If more space is needed, please attach a second sheet):

15. Participating Site Information (List the sites and specify type: ATM, ISDN, or IP).

Site Name	Type	Name of Site Coordinator	Contact Number	ATM / ISDN/IP #	Port#
				HHSC Operator Use Only	

For Use by HHSC Operators Only

Date Received:		VTC Request Received By:	
Date Confirmed:		Confirmation Number:	

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.

Hawaii Health Systems Corporation VTC Billing Information

Generated By:
Hawaii Health Systems Corporation
3675 Kilauea Avenue
Honolulu, HI 96816

Bill Recipient Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____

Date: _____

HHSC Control Number

Conference Coordinator: _____
Title: _____
Meeting ID: _____ Date/Time: _____

Qty	*Item Description*	*Unit Price*	*Ext. Price*
	Hourly Fee: ($90 / hour / site)		
	Hale Ho'ola Hamakua	$90.00	
	Hilo Medical Center	$90.00	
	HHSC Corporate Office	$90.00	
	Ka'u Hospital	$90.00	
	Kauai Veterans Memorial Hospital	$90.00	
	Kohala Hospital	$90.00	
	Kona Community Hospital	$90.00	
	Kula Hospital	$90.00	
	Lanai Community Hospital	$90.00	
	Leahi Hospital	$90.00	
	Maluhia	$90.00	
	Maui Memorial Medical Center	$90.00	
	Samuel Mahelona Memorial Hospital	$90.00	
	ISDN Long Distance Charges:		
		TOTAL	$0.00

HHSC Operator Initials:

Hawaii Health Systems Corporation (HHSC)
3675 Kilauea Avenue
Honolulu, HI 96816
Phone: (808) 733-9878

Account Request Form

Please fax to (808) 733-9878 or e-mail to vtcadmin@hhsc.org

PLEASE TYPE OR PRINT CLEARLY

Institution Information

1. Name of Institution (Agency or Business):	2. Address:
3. Phone Number:	
4. Fax Number:	5. E-Mail Address:
6. Special Notes:	

Contact Information

1. Name of Contact Representative for above:	2. Title:
3. Phone Number:	4. Fax Number:
5. E-Mail Address:	
6. Special Notes:	

Billing Information

1. Name and Address of Business or Company	2. Fiscal Officer (Billing Representative to attention):
	3. Phone Number:
4. Fax Number:	5. E-Mail Address:
6. Special Notes:	

Videoconferencing Site Information

1. Primary Site Name:	2. Contact Person:	3. Phone Number:
4. Alternate Site Name:	5. Contact Person:	6. Phone Number:

For Use by Hawaii Health Systems Corporation VTC Operators Only		
Date Received:	Date Approved:	ACCOUNT NUMBER
Received By:	Approved By:	
Special Notes:		