

# Tippah County Hospital: Telehealth Spotlight

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## Background

[Tippah County Hospital](#) (TCH) is a county-owned critical access hospital in Ripley, MS and includes a rural health clinic (RHC) and much more, offering a [full set of services and supports](#) to their area residents. In 2017, TCH was selected to participate in the [Delta Region Community Health Systems Development \(DRCHSD\) Program](#) through support of the [Delta Regional Authority \(DRA\)](#) and the Health Resources Services Administration's [Federal Office of Rural Health Policy \(FORHP\)](#). The National Rural Health Resource Center provides selected rural health care organizations and their communities with technical assistance to assist leaders and providers in identifying and addressing health care needs while strengthening the local health care system.

Beginning with recommendations resulting from a telehealth assessment and a telehealth spotlight report in 2019, TCH began their process of implementing and expanding telehealth with the goal of:

- Increasing use of telemedicine to fill service gaps and access to care
- Enhancing coordination of care and developing a community care coordination plan
- Strengthening the local health care delivery system to position for population health management

TCH worked on telehealth implementation planning and preparation through the latter part of 2019 with a launch date in February 2020. Because of this work and preparation TCH was able to set up telehealth within hours of the COVID-19 "shutdown".

## Keys to Success

**Leadership endorsement and engagement** has been fundamental to their success and is exemplified by their CEO, Dr. Chapman (Ed.D), who says, "Telehealth is the future of health care, and we must prepare, or we will be left

behind.” Additionally, Dr. Chapman established a Department of Telehealth as part of the hospital.

TCH has **integrated telehealth into strategic planning** for the hospital to ensure growth, access to services, improved quality and efficiency, generation of revenue, and sustainability of virtual service delivery to better serve area residents, including additional staffing and staff training.

**Having a strong IT director is a big asset as is having capable and engaged IT staff as part of the team.** The Information Technology (IT) department was and continues to be instrumental in vetting and selecting the array of hardware, software and equipment that is needed to sustain and expand telehealth, including implementing telehealth into the medical, surgical and emergency departments (EDs). The IT director demonstrates serious commitment to telehealth, taking an organized approach and ensuring a robust wireless system. To accommodate telehealth and virtual visits with specialists, he had to create separate access points, which was a huge accomplishment.

“The IT director had to do some monumental networking to establish two different wireless networks.  
~ Tabitha Clifton, BSN, RN

**Training that is tailored to users, the equipment, and workflows** has been essential. Scenario-based training breathed new life into a previously unsuccessful implementation of a telestroke program in the emergency department (ED). According to Tabitha Clifton, BSN, RN, Director of Quality, Risk, and Compliance at TCH, using scenario-based training makes staff comfortable, eases anxiety, and also helps them learn how to troubleshoot on their own, reinforcing that if staff are not comfortable with the technology, workflow, etc., they will not use it.

**Focus on telehealth benefits for patients, the community and staff** is hardwired into how TCH approaches current and future telehealth expansions. They take a holistic view of the beneficial impacts, but the patient and the community are always a substantial part of the narrative and discussion.

**Starting “from the ground up” and taking an inclusive approach** was important; TCH held group project meetings with key people and asked, “How will we do this?”, adding other people who were or would be part of the processes along the way. They came together, and teamwork helped launch the telehealth

“We had a plan to begin, and we tweaked that plan after we had telehealth visits.” ~  
Tabitha Clifton BSN, RN

program. TCH knew that the program would need continual improvement driven by input and feedback.

**Participation in the DRCHSDP** helped with planning, funding and execution of the telehealth implementation plan, including creation of an outreach specialty services clinic, offering a diverse set of additional services by telehealth, and saving area residents from having to drive long distances to receive care. “We would not have had the resources to purchase what was needed without participating in the program.” ~ Tabitha Clifton, BSN, RN. Participating in the program resurrected TCH’s previous telehealth implementation efforts and allowed them to restart and succeed.

**Collecting meaningful data for improvement** provides the input needed to continue to streamline and improve. TCH collects a variety of data, including the number of telehealth visits compared to other visits, canceled visits and the reason canceled to identify if they can do something about it, and random surveys. After each visit, TCH asks patients if they would rather do telehealth again or go to an in-person visit with the specialist. Thus far only one patient has indicated they prefer to go back to in-person visits with the specialist.

## Accomplishments

**Expanded services.** TCH currently offers the following health care services by telehealth, partnering with specialists and acting as an originating site. Pain management results in the most outpatient telehealth visits.

- Bariatrics
- Diabetes Treatment
- Genetic Counseling
- Geriatrics / Dementia
- Infectious Disease
- Osteoporosis
- Neurology
- Pain Management
- Pulmonary / Sleep Medicine
- Psychiatry

**Hired a fulltime Telehealth Program Manager.** This position was promoted internally and was accepted by an RN with paramedic experience. Building on her experience, skills, and interest TCH is exploring incorporating telehealth in their ambulance service and is in talks with the local Emergency Medical Services (EMS) director to move this forward.

**Expanded telehealth to the medical surgical (Med/Surg) and swing bed units.** TCH staff that are not onsite are able to conduct telehealth visits on the Med/Surg floor. This has helped alleviate provider fatigue, has cut down on exposure to COVID-19, and conserved personal protective equipment (PPE). TCH suspects that having patients experience a telehealth visit with an attending physician during their hospital admission may lower barriers to engaging in telehealth from their homes. TCH is also actively working to partner with specialty services for inpatients. Using this option will result in keeping more patients at TCH rather than transporting out of the community, which creates hardship for patients, families and caregivers.

**Implemented a telehealth solution that “works” for staff and patients.** TCH chose to use Zoom for telehealth; they use Zoom for other purposes with their organization, making it familiar with staff. Because of this familiarity with Zoom nurses are often able to provide technical assistance, which makes the providers happier.

**Expanded the Intensive Outpatient Psychiatric (IOP) Program.** This program allows providers to see and treat outpatients by telehealth either in group or individual sessions, including in patients’ homes and nursing homes. Using funds from the DRCHSDP and another grant, TCH purchased iPads for nursing facility residents to participate from their rooms and for certain patients to engage in telehealth from their homes. TCH “locks down” the iPads to only engage in telehealth for nursing facility residents to only use Zoom but does provide the possibility for nursing facilities to unlock other features for use by residents.

**Refocused future growth & goals.** Based on their telehealth progress and successes, TCH has identified the following as next steps.

- Improve and expand telehealth in the RHC located in the lobby of the hospital, including other virtual services such as remote physiologic/patient monitoring (RPM) and Chronic and Principal Care Management Services.
- Explore options to expand telehealth services to include treatment for substance use disorder (SUD), recognizing high rates of SUD in their area.
- Partner with schools and area factories to offer consultative services in urgent and emergency situations as well as for preventive and chronic primary care services. Many of the schools and factories have nurses on staff and/or onsite. TCH appreciates the immense time-savings and convenience to patients, which is their primary motivation in expanding telehealth to serve their area residents.
- Reduce transfers from the ED to nearby tertiary facilities by increasing use of teleconsults with specialists. Many transfers result in stays of one to two days

at another hospital, but it is often very inconvenient for patients, families and care givers. A side benefit is that reducing transfers to tertiary facilities helps beds open for people with more serious illness.

Bonus: On their telehealth web page, TCH offers a nicely done two-page [Telehealth Brochure](#) with some basic information and frequently asked questions for patients.