PRESENTER 1: Hi, there. Hello everyone. And thank you for attending this month's VA Mobile Health Discussion series.

My name is Lynn Schultes. And I'm going to run through just a few brief technical reminders before we begin the discussion. Can everyone hear me OK?

AUDIENCE: Yes, ma'am.

PRESENTER 1: OK, great. Just a reminder to everyone to keep your phone muted at all times. We will be taking questions through chat in order to accommodate the number of people on the line. Also, if you're experiencing any technical difficulties, please let us know via the chat function. It is at bottom right hand corner of your screen.

To respect everyone's schedules, we'll keep this moving so that the session ends on time. Today, we welcome Dr. Tony Hilton. She is the Acting Associate Chief of Nursing Services, Education and Research for the Office of Public Health. Dr. Hilton is going to talk today about VA Safe Patient Handling App. She is joined by Dr. Kimberly Falco, Dr. Marie Martin, Randy Hardy, and Kurk Rogers, who are all the line to help talk through the app and answer any questions that may come up.

As mentioned, if you have any questions for them, please use the chat feature and we will get to them as time allows. If we don't get to your question, we will send out an email following this webinar with any relevant answers. Also a reminder-- if you want to download today's presentation, please click on the paper clip at the top right of the chat box. And with that, I will turn this over to our presenters or to get started. Dr. Hilton, over to you.

Tony, are you there? You might be muted. You want to try hitting star-six if you are.

TONY HILTON: Hello? Can you hear me now?

PRESENTER 1: There you are. Yes, we can.

TONY HILTON: Good morning from California. Tony Hilton, I am the Acting Associate Chief of Nursing Services for Loma Linda VA and Safe Patient Handling Coordinator. And I'm very, very pleased to talk to you about the wonderful effort that we started working on several years ago. The idea came out of Kurk Rogers, who was our facility champion down in San

Diego at the time-- a few years ago. When we were at a conference-- about how we can really make safe patient handling far more applicable to the user who needs to understand a step-by-step process of how to move or mobilize a patient efficiently and safely.

We do have existing algorithms that the VA has produced and used over the years. But if you've seen them, they look fairly cumbersome and difficult to go through and not user friendly. So the idea that Kurk and Kim came up with initially to do this was an absolutely incredible idea. That I think it's going to help all of our direct care providers throughout VA to be able to move through any kind of movement they need to go through.

So I'm going to walk you through the app. And I will be very, very interested in knowing from an outside viewer what you see happening here. The other piece that is really exciting about this is that potentially, we're going to be able to adapt it for the Veterans and their families in the home care and community setting. So this will definitely spread out for expanded markets. And what you're going to share with us is going to be really great.

So here we go-- you do see our logo on the front page. Safe Patient Handling is our logo with the hand. And we're saying we're being very careful, cautious. And we want to take care of our Veterans very carefully-- that hand right there. So there's a disclaimer on the form. And I just lost my screen if someone can help bring that one back up for me.

PRESENTER 1: Sure, give us just one second, Dr. Hilton. We're just troubleshooting here.

TONY HILTON: No problem. So what we're going to do is we're going to walk through the different steps of a case that we're going to be showing to you. But also show you the different features on the app itself. And then, Dr. Kimberly Falco is also going to be showing us some other options that we could take advantage of. And we will be happy to walk through this process with you.

So we're here back on. Everybody can see us? I'm going to wipe screen off. If you notice, over at the top, there's this little half-moon on the left hand side that is a temporary icon that we're going to be using-- that [INAUDIBLE] using user friendly, to move around the app.

So when you open it up at that point, you're going to see there are three options for options available for the user to take a look at. The whole idea is that it will be used on a tablet. However, it's going to be available on a smart phone. And eventually available to the private sector and anybody in the market who really needs to use this tool.

So we have a section that is called a comprehensive assessment. There are a couple choices

we have right here. One is called multiple task assessment. And that's a really great tool, because once you do your assessment and you have the information about the patient in there, you don't have to start over all again. If you have a second task, you have to do it on the same shift or a few hours later.

So it's kept in line right there for you to use. Or you can use a single task. So we're going to go through some of that. You can also choose to clear the assessment if you're starting a new patient, which is really the best thing to do. And then you would actually start over with a new process.

The other piece that we have here is that we have the algorithms here with the transfers. And it gives those choices for the different tasks that can be performed. And these are all high-risk tasks. So we're really working very hard on minimizing our caregiver injuries and also protecting our patients' from getting injured.

Some examples of these are you've got a transfer from a bed to a chair, chair to toilet, chair to chair, car to chair. And you would actually select on it. And you can use scoring systems to determine what the patient's needs are.

And there are other systems we can show you. But it gives you the opportunity for choosing the kind of transfer you're going to be using. You can select any of these possibilities that will help you to work through what your process would be. So that would be one.

The other resource on here that is really going to be great for our users is that we have the National Association of Orthopaedic Nurses with their link and their tools for-- how do you move a patient in the operating room setting and a [INAUDIBLE] setting? And we know that that can be very challenging, because there's a lot of limitations in that setting. So that is another resource for us. And the National Association for-- oh, here's the Perioperative, and the other one was Orthopaedics. So both organizations actually are really, really wonderful in supporting our program.

Now, at the top here, on the right, I should be able to get over to some icons which I don't see on the screen right now that shows you-- let me see if it comes over on this side. There we go. It shows you some user menu information. So if you click on the About, it will tell you a little bit the description about the product itself, what we're trying to accomplish in a comprehensive patient assessment and algorithms, how we use a scoring system-- if that would be one that

would be your choice.

The perioperative guidelines and the orthopaedic guidelines. We do have the end user agreement that has to be signed. And then there's a training that is also going to be available for the users when they're starting to access the app itself. So it can be used on a unit that is now beginning to service this patient population. And that's a time to really get all your staff up to speed with what is happening there.

So let's go back to our previous screen here if I can. To get out of this link.

PRESENTER 1: So Tony, if you go to the tab at the top of the screen, you can click right on that, there.

TONY HILTON: Right here? Right there. There we go. Thank you very much.

So let's go back up here and see-- what are some of the other options we have here? You can get back to the user. So can you help me get back to the menu?

PRESENTER 1: Yeah, we're just scrolling down here and we'll get right on that.

TONY HILTON: OK, there we go. Thank you so much. There's also a help button that has a user guide on it. So if you wanted to look and see what the contents would be and how to use the app itself. Really great information here-- step by step, how the whole process works.

And our IT team, our app team has really gone through quite a bit of work to detail out the process so that someone can actually print this out and be able to follow it if necessary. Let me see if I can go back the other page. Oh, and there's our phone number. That would be a resource.

Then there's a resource link-- there you go. This is really a great opportunity for the users to really get a feel for what's available to the different departments that our safe patient handling group has addressed. Here is the AORN resource. OK, I need to get back to the previous page.

Get back to the help-- there we go. And then we've got a glossary. So if you click on that, you can see how that will eventually come up here.

There we go. Going through a second system takes a little bit longer. So there are definitions and the glossary of terminology. So it will help the user to get a feel-- part of your training, really what some of the terminology really means.

For instance, the air lateral transfer device. What it means and an example of what one looks like. So just strolling down, it's all in alphabetical order. What an algorithm is. And it shows you the pictures-- ambulation, what does that mean?

So that it helps to clear the confusion about really what all of the different definitions are in this process. There are a couple kits available would be the bariatric resource guide. And different companies have different resources that we've included, so you can see that. And speaking of that, there is a new bariatric guidebook available through [INAUDIBLE] VA that really provides the most recent information on how to manage and provide care for bariatric patients. So that will be a great resource to look into.

And we plan to add this into our second version. Then there's a technology resource guide that we've added. And we have an updated one that we'll be adding soon that goes through the different pieces of equipment that are available on the market. So for instance, you can see that this one is the main categories-- bathing, showering, and toileting-- lifting and extraction.

[INAUDIBLE] and you can click on it and it will take you to more details in the document of what each resource is available for the staff. And then we've got the NAON guide. And then let's take a look at this training guide here. There are additional resources where we're looking at that's going to be available.

I'm going to click on the one here that says, School of Nursing. And this is a great, great opportunity for nurses to see some basic training that they needed to get involved in at your school. So it's a curriculum that they can give live as part of their training. So it helps them to be prepared when they come to work at our VA, taking care of our patients. There's a quiz in there and there's lots of different resources that works real good.

Websites-- and these are the links to some really great resources that might be available for folks. And let's see if I can go back here. We have patient and handling movement assessments. And let's see if I can open that up for you. This might be taking a little bit of time here.

I'll try the next one. Well, it's not cooperating with me, but when we go through an actual case, I think it will make more sense. So we'll go back to that later. So that's, in a nutshell, just walking through the app. So it's really not that complicated, which makes this really great.

And we're hoping that after we've tested it at some of our facilities and we really get input from our direct users, they will be able to guide us into really what needs to be done to make it as easy and as thorough as possible. For those of you who are wondering if this information is downloaded into CPRS, it is not. So it's strictly a resource to help the caregiver know what they can find out about moving and mobilizing patients. So that's the primary purpose of all of this. OK, so I am going to go through a case of what I would use this for in my facility and as a teaching tool.

And I will also pretend that I am the nurse that is taking care of a patient. And I am new at this experience. I may have had training a while back. But I may not remember all the details of how to use a piece of equipment or what the questions I should ask when I'm getting ready to move the patient. And so I'm thinking, OK, let me use this app and see if this will help guide me to making a safe move.

So I was given a report. I have a patient that's in the emergency room that was called in to me. She's a 65-year-old lady. She's 450 pounds. She has a complaint of severe abdominal pain.

And she's being worked on for a diagnosis and treatment of her pain. She's getting pain medicines every four to six hours. She says she's in way too much pain to stand or ambulate. So the question is, tell us the best way to move a patient using some of the following activities. Well, the first one you want to do is that when a patient is in pain, they're not going to want to move much.

They're going to be very limited in terms of moving, even if they do have the capability of doing that. So what I'm going to do is I'm going to go through right at this question here. And I'm going to click on the comprehensive patient assessment algorithms. And then I'm going to conduct an assessment for multiple tasks. Because I'm sure, during the day, I'm going to need to have to move her again.

So in preparation for the patient coming up, I need to have a good feel for what the patient needs. Once I know what the patient needs are, I can prepare my unit, my room, for the patient in advance of the transfer from the emergency room. So when I get reports, I'm getting some basic information. I can ask the nurse in the ER some of these assessment questions. If they have not done it, I will have to do it when the patient arrives.

But here are the questions that are relative to really determining how I'm going to safely move

a patient. So the first question is, is the patient greater than 300 pounds? And we mentioned before the patient was 450 pounds. Yes for that.

Weight-bearing capability. Well, can the patient bear weight? Possibly, but when a patient is in full pain, more than likely they're not going to want to bear any weight. So I'm going to say non-weight-bearing.

My next question is, what about the patient's balance? Do they have the ability to maintain a sitting balance at the edge of the chair or the bed? Ability to stand? No sitting or standing balance?

Well, yes, she can do it. But she's in pain and she's not going to do it. So I have to select No sitting and standing balance for right now. We also need to know what her upper extremity strengths are going to be. And we don't see that her upper arms are affected, so we're going to say she has full strength in both upper extremities.

The next question is the ability to grasp. She has a full grasp in both hands. So it depends on what we want her to do. We might have to revisit that again.

The next question is-- is the patient's level of cooperation and comprehension to be addressed there? Is she cooperative? Does she need prompting? Is she able to follow simple commands and instructions? Uncooperative, combative, unpredictable-- can follow simple commands?

I'm going to say she's going to be uncooperative, because people in pain are not going to want to move, in general. And I can't blame them. The next question is going to be-- can the patient perform independent lateral transfers to the bed or the stretcher, table, or trolley?

And that's going to have to happen when she comes in from the emergency room to a patient's room. She has to transfer from the stretcher to the bed. And I'm going to say no, because she is in a lot of pain and she won't want to do it. Can the patient reposition [INAUDIBLE]? I'm going to say no [INAUDIBLE].

Can the patient assist in lifting extremities and maintaining position? I'm going to say no for that again. The next very important question to ask is-- what is the fall history on this patient? And for this patient, she's not been in the hospital long enough to fall.

So this is a new admission. In the last two years, did she have a fall? I'm going to say she did fall once at home or in a previous admission. But this admission, she did not.

Number 11-- for those patients who have fallen, was the patient injured? So as soon as you select that the patient has fallen, it opens up new questions for you to address. If there were no falls, then it would move you to a different set of questions. So, for her, if those patients who have fallen, was the patient injured? I'm going to say, no, she wasn't injured.

And for those patients who have fallen, was the injury minor? Well, she did not have an injury. So we're going to say she was OK with that.

Next question is, for those patients who have fallen, can the patient get up without help? Well, she did get up when she had fallen before. So I think we're going to say yes. Getting her history, that's what we're going to say.

Can the patient raise and advance both feet? Right now, she can't, because she's limited with her mobility. Can the patient reposition independently in a wheelchair? I'm going to say no for right now. And I'm making this poor lady quite ill for you.

But this is really what we have to deal with when we're taking care of our patients. And because she's a bariatric patient, we're going to have to deal with the abdominal area and the panis. And the question is going to be-- can the patient assist in providing access to the abdominal area? Because she's in pain, I'm going to say no. I'm going to have to do just about everything for her.

Can the patient assist and provide me access to the perineal area? I'm going to say no again. So that brings me to the end of the questions. And then I actually select Next. And I'm going to say, now, what am I trying to do with this patient right now?

So she's in bed and she's not moving. She is definitely going to develop a bed sore if I don't do something to get her moving. So I'm going to actually decide that I need to reposition her as frequently as possible. And I just lost my screen again. [INAUDIBLE] see my screen?

PRESENTER 1: Give us just a second, Dr. Hilton. We're just troubleshooting again here.

TONY HILTON: OK, no problem. So we're going to [INAUDIBLE] and try to see if we can get her to the point where she can keep moving. Because if she doesn't move, we will have multiple issues like the skin breakdown and wounds and hospital-acquired pneumonias. And all the complications that arise from immobility.

So it would be very critical to really do this. Now, with our bariatric patients, most people don't

want to even try. Because they think, well, I can't do this, therefore I don't think I want to do this. Or they may try to wait for lots of people to come to help them with the move. So you can see how complex that situation can be.

So we have now, with safe patient handling, provided a way that they can use equipment that's directly available right on their beds. Ceiling lifts right in the room that they can get to. And now we can minimize the complications of the mobility and we can reposition her.

So let's see now-- we just want to reposition her. And we're going to say, Get recommendations. So here we go. And it takes us to an algorithm that will be addressing the bariatric patient to reposition her in bed. So I am going to click on that and here are my recommendations that show up.

You may require additional staff. And in most cases, I'd say yes, you need to plan to have more than one staff for a bariatric patient. And it tells you what your options are right here for moving the patient. You can utilize the bed features, which is putting in Trendelenburg or rotation, to confirm that this bed accomplishes the turning for patient the way you want it to turn the patient. And then using your sling-- full-body sling, repositioning sling.

You can use an air transfer device or a friction-reducing device. You notice in red, we've got there, Additional caregivers are needed for that. So let's click on the equipment and see what some of the choices are here. And I'm going to scroll down a little bit here.

And as you can see-- as soon as it comes up-- some pictures of what's available on the market. We are not marketing any particular products. These products are strictly for training purposes to show you how to use a piece of equipment. There we go.

And what's fun with this is-- I'm going to see if we can connect to a link that will give us a video. And not all of them have videos, but quite a few of them will have access to a video. Let's see if I can click on this one. And there you are.

So if they forgot how to use it, this will give them the opportunity to review. There you go. Now, some of the video clips, they range between three to 10 minutes. So this gives you an idea of what-- you see how the [INAUDIBLE]?

There's a full-body sling on the bed. And see where the loops are. And you want to make sure you tell the staff-- trip hazards. Tuck those loops in there.

And for those who need [INAUDIBLE], you can crank up the sound here. Using a floor-based lift to reposition a patient. In most of our VAs, we have overhead ceiling lifts, so it's much, much easier. Same principle, but you don't have to bring a piece of equipment in.

And there's our patient turning. Now, isn't that amazing? So we've turned the patient and repositioned the patient. So let me get out of that one. And then so on and so forth.

So if you wanted to go under a lateral transfer device, let's do this one. They may have access to one of those. And this will take us to another site that shows you how that's used. And this one is the same patient use-- HoverMatt.

It doesn't give you all the details. This is just a reminder. It's not intended to make a person competent. They should have had the competency training already. This is just to help jog their mind on the equipment and how it's supposed to be used.

We have access to full instructional videos. We have access to competency training that the staff will be able to work with. And from there, this is just another tool to helping our staff get what they need. OK, so let me get out of that one. Let's see, what did I do here?

Let me try to get out of here. And so on and so forth. There's the friction-reducing device. You've got bed repositioners. Lots of different choices.

So you can actually go through and choose the task that you're trying to identify. And I want to show you one other piece here, going back to that. Let's see what the [INAUDIBLE] here. There is a link that gives us the full algorithm of what it looks like.

And I don't see the link right in front of me right now. But you can go back to this algorithm, this assessment, and choose another task. So you select another task. Let's say you want to take this lady to the toilet.

You have not cleared the assessment. And then you go toilet her. And guess what? Let's see, what is behind here? This is the algorithm I was trying to show you.

This is what it looks like in real life on paper. And what we've essentially done is we've removed all of this into an app that asks you questions, yes or no, and takes you directly to the options that need to be addressed. So you can see the benefits of using this. Let's see here. Let me go back to this.

So that's, in a nutshell, what the app will do for you. If you just want to do a single task and that's all you want to do, you can just select single task. And then we're going to say we're going to pick our patient off the floor, for instance. Then it's going to ask you for some more questions here. And if you've already answered them before, then that's great.

Now you can just go directly to the recommendations. And what are we going to do here? We're going to select Floor fall recovery. There we go-- more than one person, additional staff will be required to do this.

And what are our options? Did the patient fall in an inaccessible place? Then you place a sling on the top of a friction-reducing device and slide the patient out of that, to an accessible space. And that is very common when we have patients falling in the bathroom.

So you can't get a lift in there-- [INAUDIBLE] lift easily, because the bathroom is very small. We're beginning to put more ceiling lifts in our bathroom. But in the meantime, if you have to get the patient out of the bathroom, you're going to use a sling or a lateral air transfer device and Hover them out of the bathroom so you can get them onto a stretcher, onto their bed. So you can use a full-lift, ceiling lift, full-body sling. Seated or supine-- there are two different kinds of slings that are available to transfer them to a wheelchair or a bed.

And then of course, there are other air transfer lifting devices that are available on the market. So if you look at the equipment once again, this is the HoverMatt. And you saw a little bit about what that would look like. And let's see here what this company says, the Hil-Rom company. And they will have a video as well as instructions as soon as it comes up.

It's a little slow to come up. But you can get through lots of these choices right here to really get a feel for what needs to be happening here. Here's another choice-- the bariatric, which is what you want to know for this patient. How you got the patient up off the floor. And here's the instructional video.

And there you are-- solutions for bariatric care. Once again, it's not meant to train you from scratch. This is just to help remind you of what you're trying to accomplish. And it shows you, step by step, how you can move the patient by picking them up off the floor and getting them into bed. Now, isn't that amazing?

So what we've done in the past is we get eight to 10 people. When we can find them, everybody rushes and manually picks up this large patient off the floor. And guess what? Quite

often, several [INAUDIBLE].

And we seem to think it's an emergency, so we rush through the whole process. We're in awkward positions. And so we're really exposing ourselves to injury. Not to mention how uncomfortable it is for the patient to be picked up using body parts. So it's really not a good idea, going back to the old centuries of patient handling, which is manual.

So we are very really excited that the VA has really made it possible for us to work with. Let's see here. I think this gives you a little comprehensive overview of what our app does.

What I'd like to do is to-- because I think it will make more sense once we start talking about a little more-- is turn it over to Kim. Dr. Falco, can you help us now? Show us some other features of the app and we can answer some questions?

KIMBERLY FALCO: Sure. And just a quick reminder to everyone, we've seen some great questions coming through via the chat function. So please continue to send those in. Dr. Martin has been answering some of those. And any that we don't get to via chat, we can talk through shortly.

TONY HILTON: Thank you. It's a three-woman job, so this is great. Dr. Falco, it's all yours.

KIMBERLY FALCO: OK. So I want to talk a little bit more about the practical quick use concepts of the application. What Dr. Hilton talked about really had to do with a comprehensive assessment. But let's say I happen to be the only person who's working down in radiology today. And I get a call from the floor because they need to send the patient that Dr. Hilton was working on upstairs down to me.

The patient has actually now stayed in bed for several days. She's scared of moving, because she had a fall where they had to lift her up off the floor. They've been repositioning her every two hours, but she now has skin breakdown. And she needs to get a CT scan of the abdomen completed. So what can I do really quickly to know what I'm going to need for this type of patient?

Simply, I can go to this thing here and I will look at this [INAUDIBLE]. [INAUDIBLE] questions, I can go to lateral transfer-- from bed to stretcher. Or, in this case, from stretcher to CT table. When I click on that, I'm going to get a shorter version of the questions that's going to be focused specifically to just this one task. As I come back up here, again, we still have the patient who is extremely dependent and requires a lot of assistance.

Like, she has been very inconsistent in her ability to bear weight. In fact, since she's afraid to, she won't even try. Her upper extremity strength-- she has very limited strength. We're going to say, no upper body strength.

In this case, does the patient understand directions? Absolutely-- she understands her actions. However, she's fearful. Over 200 pounds. And historically, they've already warned us that she needs a little extra help.

I can calculate my score here. This is exactly what comes up. Very similar, same algorithm if we click here. You can see the algorithm. Now, this is based on a score. If we go back to our previous screen.

Sorry, I now made that so large you can all see it. If I go back to the screen-- our score here that's calculated directly relates to-- and I hope this is the right one-- this score that we see here with the task. Now, our patient wasn't combative, so we can simply follow the guidelines here. Now again, it is important to realize that when we're dealing with bariatric populations, we can look further for recommendations. And specifically look in our Technology Resource Guide for that.

If we're dealing with patients over 200 pounds, it automatically gives us recommendations to have more people available. Most importantly, when dealing with specific task algorithms, you're looking for one-step processes. It's not about looking at the comprehensive need of your patient-- it's about the immediate moment. So we tried to make them quick, easily accessible, and very forward.

I think it's important, though, to touch on-- why would you bother to do this? Why would we recommend that people take the time to do this? The risk to someone from moving and handling patients is extremely high. Most of you on this call have heard this multiple times.

For the time it would take you to access this application and get the necessary information, you could really see save someone's career. Because we do have career-ending injuries that occur all the time. To highlight, I really think-- I know we want to spend a lot of time with questions or at least have some time for questions. I don't want to go over any of the additional areas.

But very simply, you can switch to any specific task here. They're part of this comprehensive algorithm, except you're really looking for one particular task.

PRESENTER 2: Person in the background talking.

KIMBERLY FALCO: So do I.

PRESENTER 1: Sorry just a reminder to everyone to mute your phones if you wouldn't mind. We are dealing with an open line here.

AUDIENCE: How do you do, ma'am?

PRESENTER 1: Do you know how to mute your phone? Your device?

AUDIENCE: No, ma'am.

PRESENTER 1: Star-six should work.

AUDIENCE: Thank you. Can you hear me?

KIMBERLY FALCO: Yes, But that's OK. We're about ready to stop and go to questions.

PRESENTER 1: OK, great. Well, we've seen some questions come through via chat-- specifically people wondering how to access the app. Dr. Falco or Dr. Hilton, can you talk a little bit more about where in the development stage the app is? And when it should become available?

KIMBERLY FALCO: Tony, do you want to take that? Or do you want me to?

TONY HILTON: Yeah, go ahead.

KIMBERLY FALCO: So basically, we're at the part where we're in testing right now. And there are still a few things-- and I think you're going to have to pardon enough for not being as technically savvy as we are clinical based. But they're doing some feedback. And we're requesting a little more feedback.

So I'm excited to say that what you tell us now could potentially help support some of the changes in the final iteration. But we're almost there. This has been a pretty long journey for most of us. I would say Kurk has been really pursuing this for about three and a half years. So I'd like to say spring of next year-- I think that's pretty on target. Tony, would you agree?

[INAUDIBLE]

TONY HILTON: I don't know if Randy is on the line or not, because he's our mastermind behind the rollout of this. I think early spring would seem realistic. So he's still working through some technical pieces of this whole process, but it's really, really close.

We're also trying to make it available as a link on CPRS, so that when a staff person who didn't have access to a tablet or a smartphone-- which they're not supposed to be using on the floor anyway-- can really connect in on their CPRS to see how to follow [INAUDIBLE] patients. So we're working through that piece as well. So once both resources become available, it'll be much, much easier for us to offer to our providers.

PRESENTER 1: OK, great. And just a reminder to all of our participants-- if you have a question, please submit via the chat function now. And we are happy to respond to it.

And one thing just to note as you were viewing all of those great videos that are available through the app. Please note that we were showing it through a local computer here, so you might not have been able to hear the sound. But through the app, there is sound available. So just wanted to clarify that for everyone.

TONY HILTON: So I'm very interested in getting ideas from folks about what your thoughts would be to make this really successful. So can you share with us any ideas that would be-- I mean, based on your past experience or a new person coming and seeing this, what would make sense? Please share with us.

PRESENTER 1: And it might make sense to use this time-- I know Dr. Martin was answering some questions that folks had about if the [INAUDIBLE] resources listed through the links were also available to practitioners in the field. I don't know, Dr. Martin or the rest of the team, if there's any additional information you want to share with the group while we have a captive audience.

KIMBERLY FALCO: This is Dr. Falco. I would love to just chime in really quickly and say I saw when that was going on. And thank you, Marie, for handling most of that. It's very important to know that most of us who've been very proactive in our programs-- our prosthetics department, everything that you thought in this application-- every one of those pieces of equipment in the videos that you saw are available here.

And we work very hard to have them available for our veterans. So yes, you can work part and

parcel in using this as a tool to see what available resources are out there. And work with your prosthetics [INAUDIBLE] available to your Veterans.

PRESENTER 1: OK, great. And I see a few [INAUDIBLE] into the chat box now. So it looks like we've got some questions coming. And we'll wait on that.

MARIE MARTIN: I saw questions about home training. And one of the things that I'm happiest about with this app is that it will be available to any to any caregiver, so that if someone at home wants to use it, there are those links to say, now, what are you talking about? How does that work?

It does not constitute full training, as Tony was saying. That it does give you enough visual reference to say, oh, and that's possible for this. I never knew that existed. There are more options than some of the home people have been exposed to before.

PRESENTER 1: Great. And is that you, Dr. Martin, that was just speaking?

MARIE MARTIN: Yes, sorry about that.

PRESENTER 1: OK, perfect. Just wanted to identify you for all of our participants.

TONY HILTON: So the other piece that I really want to chime in on is how important it is for our patients and their caregivers at home. Being homebound is not exactly the quality of life that most desire. And being able to mobilize the patients to get in a vehicle to go to this restaurant, to go to a movie, get to the beach, maybe even climb on an airplane, get on a ship like I'll do next week. It's all about quality of life and safety for our patients.

And this is going to open the door so that they don't focus on their disease conditions, but they focus on the things that have meaning in life. And that's why we want to really push for this. We want to minimize their dependency on other caregivers. We want to take the focus off of illness and focus on wellness and life. And minimizing injuries so they don't fall.

A lot of patients will fall just trying to get in the bathroom. They have very little time when they want to go. And they rush out there. And then, guess what? They fall.

So this is really keeping our hospital stays shorter, more efficiently. We're not creating new medical problems by not moving them safely. So it has huge impact. And it's a huge cultural change we're trying to go through with our staff, nationwide.

Because for years, we were taught that you have to manually move the patients. And if you

didn't do it, you were a bad provider. No, you're a good provider because you're using that technology. And you're using it safely and you're using it correctly.

And you're teaching your families and their caregivers. You're integrating them back into the community. So this has a lot of value that you can't put dollars and cents to.

PRESENTER 1: Great. Thanks, Dr. Hilton. One question that came through for you was about the kinds of devices that the app will be available for, once it is released more widely.

TONY HILTON: I know that Randy is working through iTunes to get it done. But he's also working on getting it through the Android system and other systems. So eventually, we're hoping we will have access to multiple, different devices and technology.

MARIE MARTIN: This is Dr. Martin. Also, any phone that has an internet browser should be able to use it as well, is my understanding. There's a version of it that runs there.

PRESENTER 1: OK, great. Thank you for that. So, just a quick time check-- we are getting close to the top of the hour. So this is a last call for any questions that anyone has. Now is the time to ask them via the chat.

OK, well I think that is it with the questions. So with that, I want to thank everyone for their participation today. We're going to give you back a few minutes of your afternoon. Please don't forget to take the survey and let us know what you thought of today's presentation, as well as what topics you'd like to cover in the future. So thank you to Dr. Hilton, Dr. Falco, and Dr. Martin. And thank you to all our participants.

TONY HILTON: Thank you very much. Have a great day.

MARIE MARTIN: Thank you for joining us.

PRESENTER 1: Thank you, Tony.