

AvaSys®

The TeleSitter Solution



AvaSure®

Purpose

- To provide guidelines for the use of Patient Attendants and alternatives including CSR Patient Care Tech Associate (PCTA), Frequent Rounding and Remote Video Monitoring.
- Initiation of patient observation via Remote Video.
- Monitoring intervention to be utilized as an additional tool in the plan of care for patients.
- To provide appropriate level of surveillance and monitoring for designated patients at Michigan Medicine University of Michigan Hospital. The overall goal is to monitor patients who need more frequent observation due to clinical condition.



VMT Responsibilities

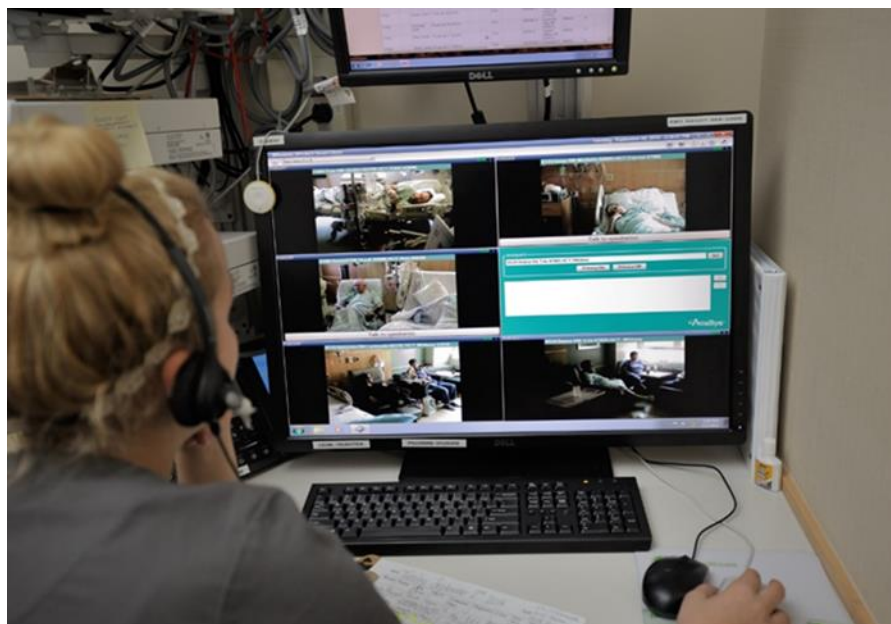
- Receive report from RN regarding patient to be monitored.
- Place patient under Remote Video Monitoring.
- Ensure that patient information is entered and set into software correctly (note that fields are accurate, language is set, etc.).
- Monitor patient and attempt to verbally redirect patient through two-way audio, when appropriate.
- Call and/or page nurse/nursing staff directly if an issue arises with the patient that needs staff response (Exhibit C-3).
- Activate STAT Alert alarm when a patient is in an emergent situation.
- Initiate electronic privacy curtain with a 15-minute time limit upon request from clinical staff. Contact RN after 15 minutes if screen has not been requested to be removed.



Monitors

Patients are remotely monitored by a Video Monitor Tech (VMT), stationed in a central location, safely monitoring patients and intervening when needed.

If the patient appears to be getting out of bed or engaging in another unsafe activity, the VMT will talk to the patient through a microphone in the room, and/or can contact the RN as needed.



Classic Mobile Unit



Guardian Mobile Device

**PRIVACY
INDICATOR**

IR ILLUMINATOR

**360 DEGREE
PTZ CAMERA**

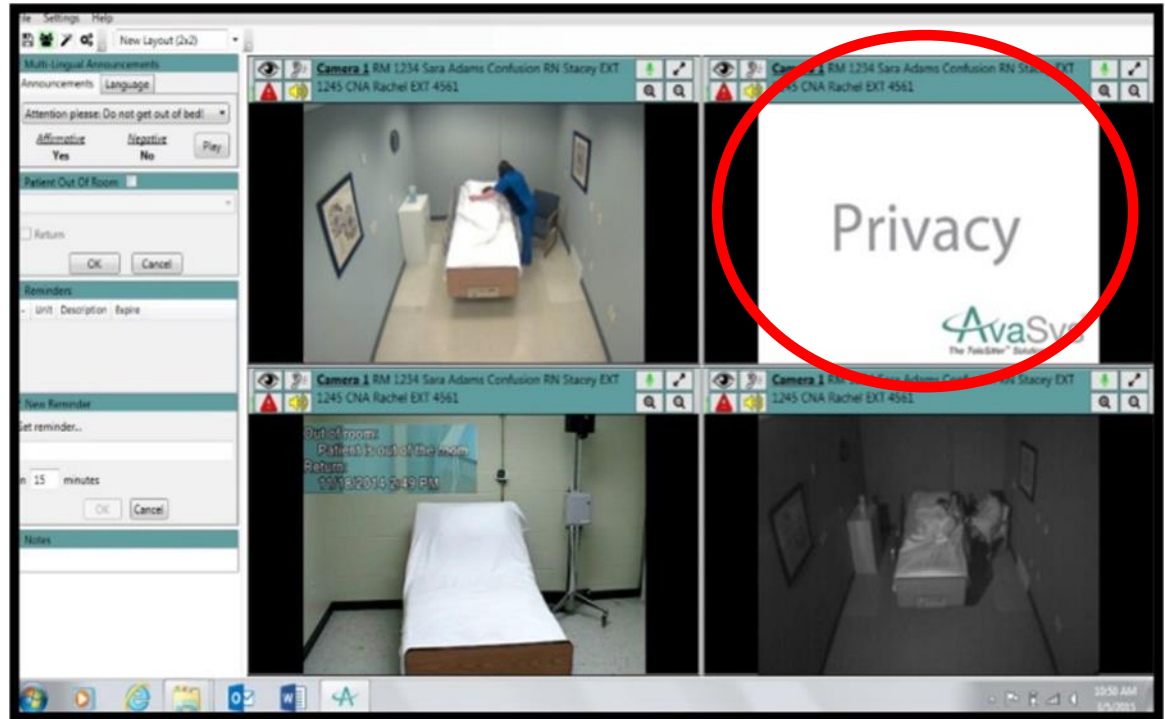
**2-WAY AUDIO
SPEAKER**

**OMNI-DIRECTIONAL
WHEELBASE**



Facts About Monitoring

- Monitors are portable and can be moved from room to room as needed
- Monitors do not record
- Patients are observed at all times, except during personal care (there is a privacy mode for use during bathing, assessments, etc.)
- Clinical staff may ask for privacy mode when needed.



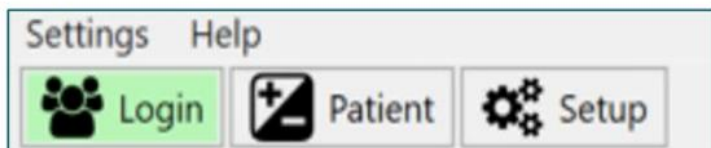
Additional Facts

- VMTs communicate directly with the patient and family in the room.
- VMTs contact nursing staff directly as needed with safety concerns.
- Video monitoring works in both light and dark conditions.

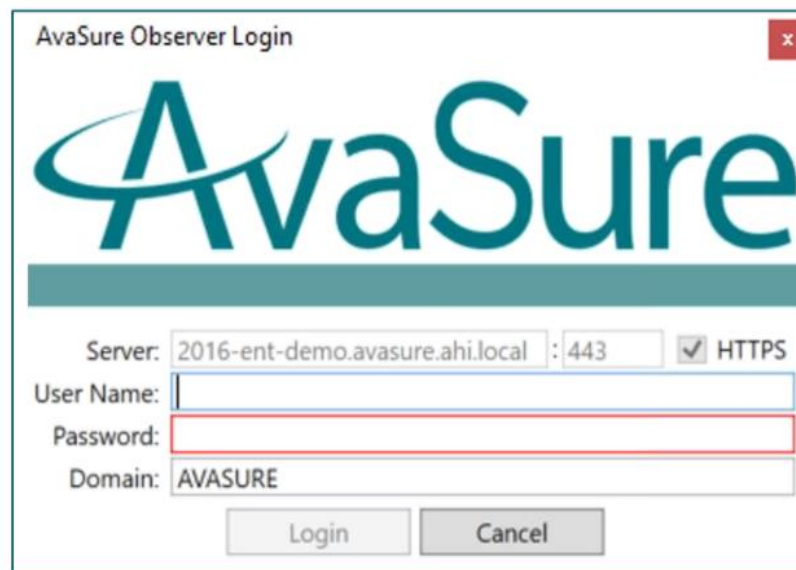
Infra-
Red
Sensor



Log in Transfer



Upon arrival of your shift each day, VMTs login using their Level 2 credentials.

A login dialog box titled 'AvaSure Observer Login'. It features the 'AvaSure' logo in large blue text. Below the logo are input fields for 'Server' (containing '2016-ent-demo.avasure.ahi.local'), a port field (containing '443'), and a checkbox for 'HTTPS' which is checked. There are also fields for 'User Name', 'Password', and 'Domain' (containing 'AVASURE'). At the bottom are 'Login' and 'Cancel' buttons.

Always Wear Your Headset

- + Wear your headset at the monitor station – ALWAYS
- + Be ready to redirect patients and maintain safety
- + Listen into a patient room, when necessary

VMTs should introduce themselves to each patient over RVM Audio upon initiation and on every shift (if appropriate).



Initiating Remote Patient Monitoring

- A Patient's RN and the House Manager work together to determine if the patient meets the criteria for remote video monitoring.
- Manpower will facilitate delivery of a RVM unit by a VMT or patient attendant.
- The RVM will be set up in the assigned room and the VMT will set-up system.
 - The VMT will admit the patient to the AvaSys System via Admission Wizard (room, patient name, diagnosis, behaviors, group page, charge phone number, charge pager, unit phone, camera number)/
 - The VMT will perform audio and visual checks, and introduce themselves.



Patient Attendant Assessment Tool (PAAT)

MICHIGAN MEDICINE		MRN:
Patient Attendant Assessment Tool (PAAT)		NAME:
		DOB:
		CSN:

NOT A MEDICAL RECORD DOCUMENT

Date: ____/____/____ (mm/dd/yyyy) Unit: _____

Patient Attendant Requested For: ☐ Day ☐ Evening ☐ Night

Complete Sections 1-4 below. Mark all that apply

Section 1	Section 2	Section 3
Non-Modifiable Risk Factors- characteristics of patient baseline, history or disease process ☐ Gait Instability ☐ Short-term memory impairment with poor safety awareness ☐ Frequent toileting/Urgency/Nocturia	Modifiable Behaviors ☐ Unable to follow simple directions ☐ Able to follow simple directions ☐ Uncooperative ☐ Escapement/Elopement Risk ☐ Aggression (<i>Hostile, Excitable, Combative</i>) ☐ Impulsivity: drive to perform an act that is harmful to self or others ☐ Pulling at lifesaving device (endotracheal tube, ventriculostomy, Foley catheter during CBI) ☐ Pulling at non-lifesaving device (Foley, NG tube, peripheral IV) ☐ Attempting to get out of bed	How often does someone have to intervene to prevent harm? Frequency of Interventions for Behaviors: ☐ Every 5-15 minutes ☐ Every 15-30 minutes ☐ Every 30 minutes or longer Section 4 Alternative Observation Options ☐ This patient could benefit from a frequent rounding attendant ☐ This patient could benefit from video monitoring

Requires 1:1 Constant Observation:
☐ *Suicidal Risk/Precaution (MD order required) *See Hospital Policy
☐ Patient has LVAD with at risk behaviors
☐ Patient has ventriculostomy or missing bone flap with at risk behaviors

Comments: _____

RN Signature: _____ Date: _____ Time: _____
(Signature indicates documentation in medical record supports selections above)

Approved by: _____ Date: _____ Time: _____
Charge Nurse Signature

Fax to CSR at 734-615-5816: 1:00 a.m. for Day shift requests 09:00 a.m. for Evening shift requests 18:00 p.m. for Night shift requests	To Be Completed by Charge Nurse by end of shift: ☐ Request filled ☐ Request not filled ☐ Request not filled, covered by unit staff
--	---

- PAAT utilized to determine patients at risk for harm with behaviors that indicate the need for increased observation.
- The PAAT is filled out and faxed to the Manpower Scheduling Team to begin /request RVM coverage.

Delivery

- Video monitors should be delivered as soon as possible to patient rooms and plugged in upon arrival.
- VMTs/Attendants delivering equipment should use the employee elevators (never the visitor elevators).
- RN caring for patient or the charge nurse should be notified when the monitor arrives on the unit.



Admission Patient Wizard

- Wizard guides the AMT through admission checklist
- Demographic data obtained on admission
 - Gender, preferred language and reason(s) for monitoring
 - Information entered here will automatically be captured as a data point
 - Each time Wizard is filled out, it will generate a time stamp as well

AvaSys Unit:
Smithers

Patient Gender:
Female

Preferred Language:
English (US)

Preferred Announcement Voice:
Female

Patient Admission/Discharge

Reason(s) for Telesitting

☒ Fall Prevention
☐ Elopement
☐ Safety Tubes/lines
☒ Alcohol withdrawal
☒ Aggressive/violent
☒ Delirium/restless
☐ Suicide precautions
☐ Other

Select Primary Reason for Telesitting

☐ Fall Prevention
☐ Alcohol withdrawal
☐ Aggressive/violent
☒ Delirium/restless

< Back Next > Cancel Finish

Patient Admission/Discharge

Configure Patient Notes

Room Number 125

Patient Name Mr. Jones

Primary Contact Name Rachel

Primary Contact Number 4582

Additional Room-View Notes

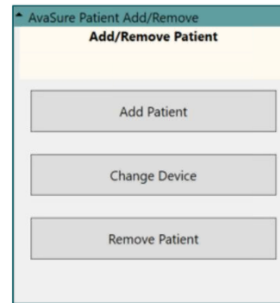
Additional Side Notes

Likes to be called Joe. Pulls at PICC line.
Withdrawal day 2

< Back Next > Cancel Finish

Admitting and Discharging Patients

- Place patient under Remote Video Monitoring.
- Receive report from RN regarding patient to be monitored.
- Ensure that patient information is entered and set into software correctly (note that fields are accurate, language is set, etc.).



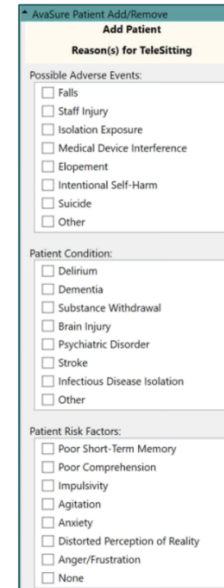
AvaSure Patient Add/Remove

Add/Remove Patient

Add Patient

Change Device

Remove Patient



AvaSure Patient Add/Remove

Add Patient

Reason(s) for TeleSitting

Possible Adverse Events:

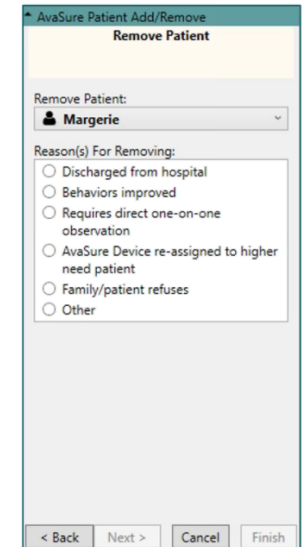
- ☐ Falls
- ☐ Staff Injury
- ☐ Isolation Exposure
- ☐ Medical Device Interference
- ☐ Elopement
- ☐ Intentional Self-Harm
- ☐ Suicide
- ☐ Other

Patient Condition:

- ☐ Delirium
- ☐ Dementia
- ☐ Substance Withdrawal
- ☐ Brain Injury
- ☐ Psychiatric Disorder
- ☐ Stroke
- ☐ Infectious Disease Isolation
- ☐ Other

Patient Risk Factors:

- ☐ Poor Short-Term Memory
- ☐ Poor Comprehension
- ☐ Impulsivity
- ☐ Agitation
- ☐ Anxiety
- ☐ Distorted Perception of Reality
- ☐ Anger/Frustration
- ☐ None



AvaSure Patient Add/Remove

Remove Patient

Remove Patient:

Margerie

Reason(s) For Removing:

- ☐ Discharged from hospital
- ☐ Behaviors improved
- ☐ Requires direct one-on-one observation
- ☐ AvaSure Device re-assigned to higher need patient
- ☐ Family/patient refuses
- ☐ Other

< Back Next > Cancel Finish

Exclusion Criteria for Remote Patient Monitoring

- Suicide precautions, Missing bone flap *with at risk behaviors*, LVAD *with at risk behaviors*.
- Patient is not able to be re-directed (severe hearing loss, inability to follow instructions).
- Remote Video Monitor attempt failed as evidenced by the following AND approved as failed by the house manager:
 - Numerous re-directions in a short amount of time that are taking time away from safe monitoring of other patients.
 - Ineffective re-directions that result in numerous calls to the clinical staff for intervention and/or clinical staff requests reassessment.
 - Having to use the STAT Alert Alarm 3 times or more in 30 minutes.



Inclusion Criteria for Remote Patient Monitoring

- Alcohol withdrawal
- Hyperactive delirium/restlessness
- History of falls or identified at higher risk for falls due to medications, impaired mobility, fall risk score
- Confusion
- Elopement risk
- Potentially aggressive/violent patients
- Safety issue as identified by the primary nurse



Paging

Log into the VMT Paging Workstation at the beginning of each shift.

Double click the "VMT Paging" Link.

To send an all-unit page for a single patient.

- Find the row which contains the patient that needs assistance.
- In that row, right click the words, "Page All" in column J.
- A new window will pop up.
- Verify the unit.
- Verify the message, including the patient room number and name.
- If you really want to send the page, click submit.
- If you do not want to send the page, click cancel.

To prepare a message to send to all charge nurses.

- If desired, updated the message in cell R4.
- Left click Update Page-All-Charge-Nurses Info near the lower right corner.
- Notice that units and pager message appear to the right side.
- Notice that pager messages start with the contents of cell R4 and finish with that unit's patient lists.
- Notice that only one row will be filled in per unit. If a unit has more than one patient, all but one of the rows will be blank.

To send a message to all charge nurses.

- Make sure that you complete step 7 above. If you change any patient information or the message in cell R4, you must repeat step 7.

Page all unit staff to a room							When System goes down		
Default "Page All" Text							Unit	Page All Charge Nurses Message	
Show / Hide Rows:		Show All Rows		Hide Empty Rows			Update Page-All-Charge-Nurses Info		
							Page All Charges Nurses Messages are missing or out of date.		
RVM	Patient Name	Unit	Room (& Bed) Number	All Page	Charge Page	Unit Phone	Default Page All	Video Monitoring System is down. Your patient list follows.	
								Default CN's Msg Is In Use	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

Usage	Configuration	Enter or delete patient name, unit, and room number.
	1	Enter Patient lastname in Column B
	2	Enter Patient Unit in Column C
	3	Enter Patient Room-Bed number in Column D
	1	Click "Page All" in column J of patient's row
	2	In the new window, confirm redipient and message
	3	Click Submit

Usage	Config	If needed, update message prefix in cell R5
		Click "Update Page-All-Charge-Nurses Info"
		Verify messages that appear
		Click "Page All Charge Nurses"
		Click "OK" after each pager page is generated.
		Click "Submit" for each pager page.
		"X Out" of each tab or window when you get the "Page Sent" message.

- Is used to document updated RN info during your shift.
- RNs typically work 12 hours shifts, so it is important to have updated info after a shift change.
- A new sheet should be completed at 7:30am, 3:30pm, 7:30pm, and 11:30pm.
- This sheet should remain in front of you during your shift.

[illegible]11/26/2020

Formatting

- **Patient Name:** Use first and last name, middle is not necessary. If they have a nickname, put it in quotation marks under Patient Name, or in additional side notes.
- **Room Number:** For regular A-C units, use the unit number and three-digit number, (7417), 7th floor room 417, and bed number if applicable. For D units and Mott, use the one or two-digit number (12).
- **Primary Contact Name:** Use [nurse name], RN.
- **Primary: Possible Adverse Event, Patient Condition, and Patient Risk Factor:** Use preset options or short-hand like “Confusion,” “Stroke,” “Surgery on,” avoid sentences. If you select more than one option, add the secondary one(s) to Room-View Notes.



Patient Report

- When requesting report from nurses, what information do you need to know?
 - if they can get out of bed/if they are attempting to,
 - where they have medical lines and devices, if they interfere with lines,
 - if they are redirectable, and
 - if they will use their call light. It is important to know where all their lines are regardless of interference at the time, because patient behaviors could change.
- For **Room-View Notes**, keep it especially short. The main notes used are:
 - Can GOOB (get out of bed), CGOOB (can't get out of bed w/o assistance), line safety, and any info such as their primary language (if not English), or impairments that effect their mobility or comprehension.
 - If a patient cannot get out of bed at all, use "AT ALL" after "CGOOB" and explain in the additional notes.
 - If a patient isn't actively attempting to get out of bed, use "CGOOB*" and explain in additional notes.
- Some notes may be found under Primary Possible Adverse Event. These can be added to Room-View Notes if they are secondary risks, including elopement, medical device interference, and fall risk.



RN Phone Assignment Report

Should be completed once you have received the verbal report from the previous VMT

RN PHONE ASSIGNMENT REPORT							
VMT NAME:		DATE:		SHIFT: NIGHT / DAY / EVENING			
CALL AT: 3:30 PM 11:30 PM		7:30 AM 7:30 PM	1. CALL UNIT CLERK TO GET NAME AND NUMBER FOR RN	2. ENTER INFORMATION INTO AVASYS	UNITS TO GET RVM PHONES: ALL ICU'S, 6A, TBC, CVC4		
RN RPT	RVM #	PATIENT LAST NAME	UNIT	ROOM #	RN NAME	RN PHONE #	TIME ON OR OFF
	2	WELLS, FARGO	6BA	6178	LISA	734-803-0178	
	5	QUEEN, ELIZABETH	7W	44	JAZZ	27778	
	15	HANKS, SIR TOM	MSSUB	16	DAVID	16789	
	25	RABBIT, JESSICA	4C	4410	KESIHA	734-803-4567	
UNIT CLERK NUMBERS							
		4A - 66486	5A - 66538	6A - 66256	7A - 68087	8A - 64688	
		4B - 62703	5B - 66552	6B - 64618	7B - 50467	8B - 64674	
		4C - 66500	5C - 66568	6C - 64602	7C - 64646	8C - 64660	
		4D - 66520	5D - 66581	6D - 64752/64753	7D - 64744	8D - 26673	
		7WADULT - 27777	7WPeds - 47102	10E - 32401	11W - 34387	12E - 47102	
		7EPeds - 46170	8E - 25338	10W - 27000	12W - 47112	TBC - 69631	
		CV4IC - 66514	CVC5 - 24772	MAIZE - 22867	BLUE - 86586		



The best way to keep our patients safe is to follow this sequence:

1. Talk to the patient



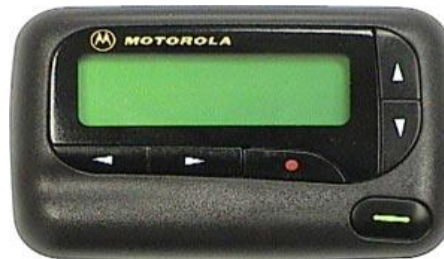
If the patient doesn't respond, then...

2. Call the bedside nurse



If the nurse doesn't respond after a few rings...

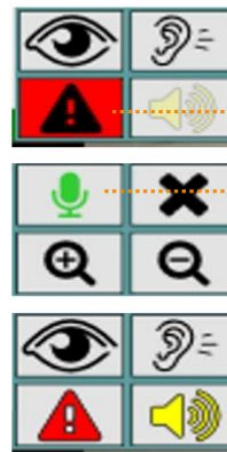
3. Send page to all staff



Intervention Log

Each time there is an intervention (verbal, alarm, announcement), it will be added to a list within the Intervention Log.

- + Document as soon as possible
- + Select only one box per intervention
- + Use “Other” only as needed



Intervention Log

Patients (1)
All Patients

Events (01h 00m)

Time	Description	Patient
2/2/2017 (4 events)		
☐ 14:31	Stat Alert	Jane Doe
☐ 14:31	Verbal	Jane Doe
☐ 14:31	Verbal	Jane Doe
☐ 14:31	Announ...	Jane Doe

Fall Avoided Medical Device Maintained

Elopement Prevented Abusive Behavior Avoided

Other

Cancel

VMTs should verbally intervene to redirect patient behaviors and should document each necessary intervention in the intervention log.



Staff Notification Escalation Process

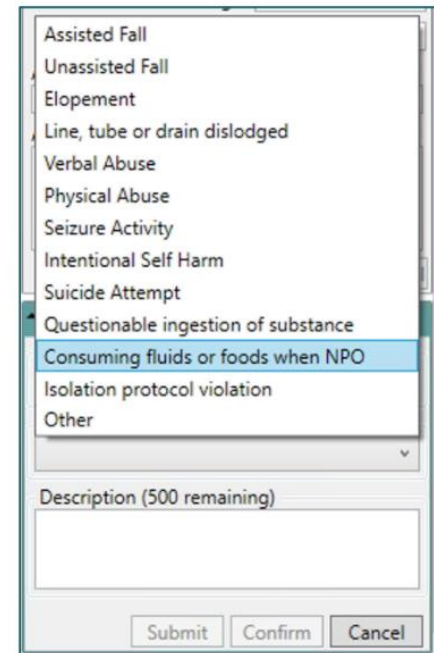
- The Staff Notification Escalation Process is the standard process a VMT should use to re-direct patient behaviors and notify staff when those efforts are ineffective.
- It's very important that all staff members, including a VMT, follow this process whenever possible. It was developed and agreed upon by multiple groups within the hospital.
- If staff members fail to follow this standardized process, they put patients at risk and break the protocols that all staff members are expecting us to follow.
- When staff members follow the protocol, they help keep patients safe and meet the expectations of co-workers and peers.



Adverse Event Reporting

Adverse Events include:

- + Assisted Fall
- + Unassisted Fall
- + Elopement
- + Line, tube, or drain dislodged
- + Verbal Abuse
- + Physical Abuse
- + Seizure Activity
- + Intentional Self Harm
- + Suicide Attempt
- + Questionable ingestion of substance
- + Consuming fluids or foods when NPO
- + Isolation protocol violation
- + Other



A screenshot of a web-based adverse event reporting form. The form has a list of event types on the left, with 'Consuming fluids or foods when NPO' selected and highlighted in blue. Below the list is a text area labeled 'Description (500 remaining)' which is currently empty. At the bottom right of the form are three buttons: 'Submit', 'Confirm', and 'Cancel'.

Assisted Fall
Unassisted Fall
Elopement
Line, tube or drain dislodged
Verbal Abuse
Physical Abuse
Seizure Activity
Intentional Self Harm
Suicide Attempt
Questionable ingestion of substance
Consuming fluids or foods when NPO
Isolation protocol violation
Other

Description (500 remaining)

Submit Confirm Cancel



Adverse Report Steps

If patient has an Adverse Event **during monitoring**, the event should be documented on the AvaSure Software in the Adverse Event Report section.

Step 1: Choose correct patient from the drop-down list.

Step 2: Select Event that occurred **during monitoring** from the Event Type drop-down.

Step 3: Free text a brief description of what was observed. Do NOT include any PHI in documentation.

Step 4: Select Submit and Confirm.

Adverse Event Report

1 Patient
Mae

2 Event Type
Unassisted Fall

Circumstances
From Bed

Time of Event
10/23/2018 7:55 AM

Description (do **NOT** use patient identifiers)
3 Patient stood up from bed and fell despite multiple attempts to redirect. Stat alarm initiated.

4 Submit Confirm Cancel



Stat Alert Alarm Button Feature

- This addition to the monitoring software is only to be used if *patient is in imminent danger of harming themselves*.
- The VMT may use STAT ALERT ALARM. They are the only ones who can turn it on or off.
- It is similar to a bed alarm. If the STAT ALERT ALARM is activated, any and all available staff should respond.
- This alarm indicates an *immediate need*. **This alarm will not often be a false alarm.** The VMT is activating the STAT ALERT ALARM when they see (*validate*) a patient in need.



STAT ALERT ALARM Button

Audio Example

Hover over speaker and press play to hear what the STAT ALERT ALARM sounds like.



Patient Privacy/Out of Room Feature



In order to maintain the integrity of continuous monitoring, the VMT will be notified by staff when a patient is taken out of the room for a test, therapy, or a walk and when the patient returns to the room.



Foreign Languages

- In order to communicate effectively with non-English speaking patients, the VMT is able to play pre-recorded commands or yes/no questions to the patient in their native language (if available).
- Languages that are currently available are Spanish, Arabic, Bosnian, Bhutan, Burmese, Chinese, Creole, English, Farsi, French Canadian, Hindi, Italian, Korean, Laotian, Portuguese, Russian, Polish, Vietnamese, and Somali.
- The caregiver will need to alert the VMT if the patient does not speak English.



Foreign Languages (Pre-Recorded)

- Phrases and Yes/No Questions
 - “Attention, Please do not get out of bed”
 - “Please, stay in your bed and I will have your nurse come in to help you”
 - “Hello, I am your AvaSys safety monitor for this shift, my name is.....”
 - “I spoke with your nurse; someone is on the way to your room”
 - “Stop, Please!”
 - “Please, Stay in your bed!”
 - “Do you need to use the restroom?”
 - “Do you need a drink?”
 - “Ok, I will get someone to come into your room”
 - “Do you need your nurse?”
 - “I am sorry, I did not hear you. Please repeat your answer”
 - “Do you understand what I said?”



Foreign Language Feature Audio Examples

Hover over the speaker and press play to hear what the pre-recorded messages sound like.



Spanish – Male

“Attention, Please do not get out of bed.”



Mandarin (Hong Kong Region) – Female

“Attention, Please do not get out of bed.”



Mandarin (Hong Kong Region) – Male

“Hello, I am your AvaSys Safety Monitor for this shift. My name is.....”



Spanish – Female

“Hello, I am your AvaSys Safety Monitor for this shift. My name is.....”



Discontinuing Monitoring

- VMT is notified that patient is being discontinued from AvaSys Monitoring.
- VMT will complete the Discharge Wizard in the software which will clear the patient information and place the unit in privacy mode.
- System removed from the room by patient attendant staff.



Cleaning the Monitor and Tower

- Cleaning is performed by patient attendant staff.
- Monitors can be cleaned with any hospital approved disinfectant such as Cavicide Spray, Cavi-Wipes, Sani-Cloths (purple or grey), Virex Spray, or bleach wipes when visibly soiled or at discontinuation of use
- Monitors should always be bleach cleaned when leaving any room on Contact Precautions-D for known or suspected C-Diff infections



Notes

- Lines: O2 (oxygen/NC), IV [L or R, location], PICC line [L or R, location], Central/IJ line [L or R, neck or chest], Arterial line, Telemetry (heart monitor), EEG (brain monitor), CPAP, LVAD, Ventriculostomy, Urostomy, Colostomy, Tracheostomy (trach), NG (nasal feeding) tube, Peg (abdominal feeding) tube, Foley (cath), Condom cath, PureWick, DigniCare (stool collection).
- Devices: splint/cast [location], C-collar, helmet, SpO2 monitor, BP cuff, or leg compressions, x-fix (external fixation) or "halo" [location].
- Note any wounds/dressings and location.
- List any fall history, dates if known.
- If the patient is not attempting to get up, use "CGOOB*" in Room-View and "*" not attempting to GOOB" in the side notes.
- Bed alarm ON
- Poor short-term memory
- Frequent toileting
- Gait instability
- Impulsivity- getting up/pulling lines often or quickly.
- EOB- edge of bed. If patient is allowed to sit up.
- Sundowning- heightened confusion in evening and nighttime.
- HOH- hard of hearing.
- Aphasia- jumbled speech, typical of stroke or brain injury/surgery patients.
- Impaired cognitive/motor skills
- Not/redirectable- do they listen to verbal instruction? If unknown, use "?" at the end.
- Call light in/appropriate- do they use their call light on their own? If unknown, use "?" at the end.
- Family bedside- note if they can help, and with what (getting up, bathroom, etc.)
- Some patients don't respond to the VM voice well or it startles them. Please note this and instruct to either call the nurse or use the STAT alarm.
- Note any amputations, impairments, or paralysis, and location.
- A&O- alert and oriented times (x) 0-4. Refer to chart on the VM wall.



Additional Side Notes

Impulsivity- getting up/pulling lines often or quickly.

EOB- edge of bed. If patient is allowed to sit up.

Sundowning- heightened confusion in evening and nighttime.

HOH- hard of hearing.

Aphasia- jumbled speech, typical of stroke or brain injury/surgery patients.

Impaired cognitive/motor skills

Not/redirectable- do they listen to verbal instruction? If unknown, use "?" at the end.

Call light in/appropriate- do they use their call light on their own? If unknown, use "?" at the end.

Family bedside- note if they can help, and with what (getting up, bathroom, etc.)

Note any amputations, impairments, or paralysis, and location.

A&O- alert and oriented times (x) 0-4. Refer to chart on the VM wall.



Cell Phone use in this area will result in disciplinary action up to and including termination



Cell Phone use in this area will result in disciplinary action up to and including termination.

Online Testing

How to complete online testing:

- Go to www.healthstream.com/hlc/umichhcs
- Create Account
- Select University of Michigan
- Enter required information (user ID and password can be the same)
- Submit
- Click “Find an elective in catalog”
 - Two (2) courses required, please print certificates at the end:
 - Avasys Telesitter Solution Intro
 - Basic AvaSys Monitor Training

For customer support from 7am to 7pm, Monday through Friday, please call 1-800-521-0574 or customer.service@healthstream.com



Once you have successfully completed the online courses/testing you will be contacted by a member of the Manpower Scheduling Team to set up your 1:1/hands-on training at the VMT station.

Thank you!

- + You are Key to the AvaSure Program.
- + Every interaction with patient and staff matters, no matter how big or small.
- + Don't forget to use the tools to help you do your job even better. (e.g. checklists, sample scripting)
- + The software, technology, and **you** are keeping patients and staff members safer.

