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**WEST VIRGINIA  
CLINICAL & TRANSLATIONAL SCIENCE INSTITUTE**

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## **(5.2) Project ECHO Case Presentation Submission**

### **Overview**

High quality case presentations are critical to the long-term success of ECHO. New cases submitted to an ECHO project will be reviewed by the ECHO coordinator(s) to ensure the case form is correctly completed. Subsequent to review, the case will then be forwarded to the correct Hub members for presentation.

### **Purpose**

West Virginia Project ECHO, as part of the West Virginia Clinical and Translational Science Institute (WVCTSI), accepts case presentation submissions from any ECHO participant. The purpose of this SOP is to provide clarity and consistency of the submission process and to ensure that each submission meets the necessary requirements for the ECHO program.

### **Scope**

This document outlines the West Virginia Project ECHO case presentation submission process required for all Project ECHOs.

### **Definitions**

**ECHO** – Extension for Community Healthcare Outcomes

**Oracle** – Online database and platform for ECHO case presentations

**NHSR** – Non Human Subjects Research

**IRB** – Institutional Review Board

**Zoom** – web conferencing platform used for Project ECHO

## Policy

The Project ECHO coordinator(s) will be notified of any case submissions via the automatic email response from the IDR web portal.

Upon case submission, the Project ECHO coordinator(s) will review the case for accuracy and compliance with the NHSR criteria. Once a case is “approved” by the ECHO coordinator(s), it will then be sent to the hub members of the corresponding ECHO project at least 24 hours ahead of the case presentation for review. Cases are not shared with other ECHO participants until the day of the case presentation, at which time it is shared via Zoom.

## Procedures

1. Individuals seeking to submit a case will complete the online case presentation submission form located on the [ECHO Oracle website](#).
2. The ECHO coordinator(s) will review each submission to ensure that the information is complete, properly recorded, and without personal health identifiers.
3. Information from the case presentation submission form will then be transferred by the ECHO coordinator(s) to a PDF so it cannot be edited.
4. ECHO coordinator(s) will schedule the case presentation, ensuring that date is agreeable to the clinician who submitted the case.
5. The ECHO coordinator(s) will send the case PDF to the presenting clinician at least 24 hours before the session.
6. The case presentation PDF is sent to the hub members of the corresponding ECHO project at least 24 hours before the session.
7. ECHO coordinator(s) will share the case presentation via the Zoom platform the day of the presentation and will bring hard copies of the presentation for the hub members.
8. The ECHO coordinator(s) will ensure that all hard copies of the case presentation are shredded after the ECHO session.
9. Electronic copies of the case presentations are stored on the Oracle platform by the ECHO coordinator(s) with the potential for follow-up and assessment of health outcomes.

## Roles and Responsibilities

It is the responsibility of the applicant to provide accurate information upon completing the online case presentation form. WV Project ECHO Staff reserve the right to request further information or changes to the form if needed.

## References and Authority

- 1) WV Project ECHO Oracle Website:  
<https://idr.wvctsi.org/ords/f?p=111:40:13868982629921::NO::>
- 2) WV Project ECHO Non-Human Subject Research Protocol Numbers
  - a. HCV/HIV: 1603048968
  - b. Chronic Pain: 1612381135
  - c. Medication- Assisted Treatment (MAT): 1705568351
  - d. Psychiatry: 1705568371
  - e. Chronic Lung Disease: 1709751265
  - f. Endocrine: 1802003687
  - g. Cardiac Health: 1901408436

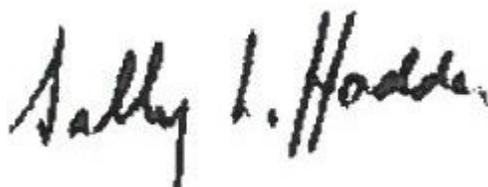
## Revision History

Revision	Date
Creation	March 2017
This procedure was revised to reflect the multiple coordinators on staff now supporting Project ECHO. Also, specific coordinator tasks were more completely described.	January 2020

## Approval and Authority to Proceed

I approve the project as described above, and authorize to proceed.

Name	Title	Date
Sally L. Hodder, MD	Director, West Virginia Clinical and Translational Science Institute	

  
 \_\_\_\_\_ 11/01/2020  
 Approved By Date

