

CONSIDERATIONS:

1. Indications for home telehealth include, but are not limited to:
 - a. High risk for emergent care or hospitalization
 - b. High risk for medication management issues
 - c. Symptom control issues
 - d. Non-compliance with treatment regimen
 - e. History of repeat hospitalizations or emergency room visits
 - f. Specific disease management concerns
2. The goals of telehealth are:
 - a. Early symptom identification with intervention for disease exacerbations
 - b. Reduction in re-hospitalizations and emergency room visits
 - c. Improvement in patient self-care management
 - d. More effective scheduling of nursing visits
3. Clinical data is collected on a scheduled, periodic basis by the patient to measure his/her health status. Commonly measured data include: blood pressure, heart rate, weight, SpO2 and glucose.
4. When clinical data are outside the patient's baseline parameters, the nurse will assess the cause, report the findings and intervene according to physician orders.
5. Patients and their home environment must be evaluated to determine if appropriate for Telehealth services.
6. Consider all patients as appropriate candidates. Rule out rather than rule in eligibility for telehealth.
7. Patients should possess the ability to:
 - a. Accept the use of home telehealth to promote his/her health status. (The patient must accept and understand the responsibility for telehealth)
 - b. Interact with technology, adhere to medical treatments and/or medication adherence, and participate on a daily basis with telehealth equipment
 - c. Cognitively function (read, understand, follow directions) and use telehealth equipment
 - d. Participate physically and safely with the use of the telehealth equipment
 - e. Accurately perform and communicate the necessary activities, such as obtaining weights, blood pressure, etc
 - f. Hear, answer, and talk clearly on a telephone. (The patient must have no hearing, speech or communication barriers preventing telephone correspondence)
 - g. Support telehealth connections and technological requirements in the home environment
8. Should the patient be lacking any required skills, an identified caregiver (family, friend, paid) may assist the patient in the use of telehealth.

9. The inability to speak, read or understand English should not be considered a barrier if the telehealth equipment can be programmed to the patient's language or a caregiver is available to facilitate translation and communication with agency staff.
10. Exclusions or patients considered inappropriate for home telehealth include:
 - a. Patient is physically/cognitively unable to participate and has no caregiver to assist
 - b. Patient has history of psychological issues and/or behavioral problems that would prevent participation
 - c. Home environment is unsafe and/or not conducive for home monitoring
 - d. Patient will be on service for less than 1 week
 - e. Patient will be receiving high frequency skilled visits
 - f. Patient/caregiver refuses to participate
 - g. Patient/caregiver refuses homecare
 - h. Absence of/unusable communication infrastructure (i.e. analog, digital) required for telehealth equipment

EQUIPMENT:

Knowledge of agency/vendor technical requirements for Telehealth equipment

Assessment findings regarding patient abilities, Caregiver availability and home environment, OASIS data when available

PROCEDURE:

1. Adhere to standard precautions.
2. Review patient's diagnoses, health status changes, frequency of in-home visits and presence of caregiver.
3. Review patient's risk for hospitalization or emergent care use in addition to recent institutional discharges and surgical procedures.
4. Perform clinical assessment to validate patient's abilities to safely and accurately participate in telehealth with special attention on cognition, communication and physical ability. Use OASIS data when available.
5. Assess the patient's vision, hearing, understanding and speech (M1200-1230). Scores of 3 or greater require a caregiver or may indicate telehealth cannot be successfully used.
6. Assess the patient's cognitive status. Consider the response to the OASIS item (M1700) Cognitive Functioning. If the patient scored 1 or 2, require a caregiver to be present. If the patient scored 3 or greater, consider the cognitive impairment level too high for telehealth participation. Behavior symptoms identified in M1740 - 1745 may indicate patient is not appropriate for telehealth.

7. Assess the patient's physical ability to participate in telehealth. Consider the responses to OASIS item (M1850) Transferring and (M1860) Ambulation. If the patient scored 1 or 2, require a caregiver to help the patient to participate in telehealth. If the patient scored 3 or greater, "bedfast" or "chairfast", consider that the patient is not a candidate for telehealth.
8. Assess the patient's response to the OASIS item (M1870) Feeding or Eating, to determine the patient's ability to handle the manual dexterity needed to use telehealth equipment. If the patient requires any level of assistance, consider that telehealth may not be appropriate or care is required.
9. As the patient must be able to receive calls from the agency telehealth nurse, consider response to OASIS item (M1890) Ability to Use Telephone. A score of 3 or greater requires a caregiver to be available.
10. Assess patient's fall risk to identify potential safety issues with using telehealth equipment.
11. Assess home environment – electricity, phone, home technology, safety issues and insects. Identify best location for telehealth equipment.
12. Once it has been determined that patient and home environment are eligible for telehealth, explain telehealth program to the patient/caregiver.
13. Ask the patient directly if he/she is willing to participate on a daily basis with telehealth equipment. If patient/caregiver agrees, provide written information about program.

AFTER CARE:

1. Document assessment findings and patient/home appropriateness for telehealth.
2. Document patient acceptance or refusal to participate in telehealth, including reason(s) for refusal.
3. Include telehealth in plan of care if patient is participating.
4. Communicate telehealth status to physician and telehealth nurse.

REFERENCE:

- Centers for Medicare and Medicaid Services. Quality Insights of Pennsylvania (2006). *Home Telehealth Reference 2006/2007* (8SOW-PA-HHQ06.189).
- Kinsella, A. (2003). Home Telehealth Program Planning: Step by Step. *Caring Magazine*, Aug,16-20.
- Kinsella, A. (2008). *The Home Telehealth Primer*. Retrieved April 16, 2012 from <http://www.InformationForTomorrow.com>