

CONSIDERATIONS:

1. Physicians provide oversight of the patient's Plan of Care and telehealth is an integral part of that plan.
2. Physician orders should include telehealth, as well as baseline monitoring parameters for each patient, including, but not limited to:
 - a. Vital signs
 - b. Weight
 - c. SpO₂
 - d. Blood glucose levels
3. Physician orders should also include interventions that can be implemented in the home to address changes in patient health status parameters. The goal is to reduce hospitalizations and emergency room visits.
4. Physicians should receive regular communication regarding patient status.
5. Physicians should receive information about agency telehealth services and benefits when requested.

EQUIPMENT:

Agency standard order and Plan of Care forms
Agency guideline/policy on parameters and physician notification
Agency brochure on telehealth services

PROCEDURE:

1. Explain the telehealth program to patient/caregiver and leave written instructions.
2. Contact physician and describe patient's risk for hospitalization or injury.
3. Explain telehealth program to physician and the patient's ability to participate.
4. Solicit physician input to provide protocol on:
 - a. Patient normal or baseline health data parameters
 - b. Reportable findings for health data. If physician does not provide, the agency guideline will be used: BP>140/90, <90/50 or if symptomatic, O₂sat <90%, wt gain of 2 lbs/24 hours, 5 lbs/7days or wt loss of 10 lbs/2 days, FCBS <70 or >130 and RCBS >180
 - c. Standard interventions for chronic conditions or urgent/emergent situations
5. Identify frequency of encounters and parameters for discontinuation of program.
6. Identify physician's preferred communication regarding telehealth encounters.
7. Incorporate discussion into Plan of Care.
8. Send Plan of Care for physician signature and include the following components:
 - a. Type of telehealth (telephone monitoring, telemonitoring)
 - b. Frequency of monitoring
 - c. Parameters being monitored and reportable findings

- d. Guidelines for interventions
- e. Clinical program if applicable (heart failure, diabetes, etc.)
9. Provide physician with telehealth results on a regular basis as requested.
10. Notify physician for changes in patient health status and implement interventions as ordered.
11. Communicate patient response to interventions.
12. Request additional orders for interventions as needed:
 - a. Include the circumstances under which the interventions may be implemented
 - b. Secure physician signature
13. Once patient is determined ready for transition to self monitoring, fax physician for telehealth discharge
14. Notify physician when telehealth is discontinued.

AFTER CARE:

1. Document communication with patient, physician and telehealth nurse in the patient's medical record.
2. Document reportable findings, interventions and patient response.
3. Communicate changes in orders, interventions and patient response to telehealth nurse as appropriate.
4. Use the circumstances requiring interventions as "teachable moments" for the patient/caregiver to improve self-care management skills.

REFERENCE:

Centers for Medicare and Medicaid Services. Quality Insights of Pennsylvania. (2006). *Home Telehealth Reference 2006/2007* (8SOW-PA-HHQ06.189).
College of Registered Nurses of Nova Scotia (2008). *Telenursing Practice Guidelines*. Retrieved April 16, 2012, from <http://www.crnns.ca/documents/TelenursingPractice2008.pdf>.

Adopted from VNAA; Approved Policy Committee
08/13/13