

Home Health VNA, Inc.

SUBJECT: HOME TELEHEALTH MONITORING PROGRAM

PURPOSE: To promote and enhance an integrated patient plan of care.
To monitor the patient's clinical status through a combination of technology and direct contacts, resulting in better outcomes and improved satisfaction.
To educate patients and their caregivers to identify behaviors that promote disease management, recognize subtle changes in condition that may indicate that medical intervention is necessary, and to teach self-management,

Policy

1. Home telehealth monitoring will be utilized for the care of active HHVNA patients who meet established telehealth criteria as outlined in Attachment #1. Examples of patients that may be appropriate for home telemonitoring include, but are not limited to, those with diagnoses of Chronic Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes, Renal Failure, and/or Hypertension.
2. The primary care clinician is responsible for coordinating the patient's care with the telehealth nurses and the physician with parameters for biometric measurements of blood pressure, weight and heart rate.
3. The primary clinician, in collaboration with the physician, will individualize the visit frequency with PRN visits as clinically indicated and document the visit frequency orders in the medical record.
4. A "Telehealth Monitoring Agreement" (Attachment #2) to participate in telemonitoring must be reviewed with the patient/caregiver and signed.

Procedure

The telehealth criteria will be utilized to identify potential patients for the program.

1. Once a patient is identified for telemonitoring by the referring clinician, a physician's order and parameters are documented in the electronic medical record in the 485/plan of care. Parameters are set in accordance with American Heart Association recommendations unless specific parameters are provided by the patient's physician.
2. The patient must sign the Telemonitoring Agreement prior to installation of the telemonitoring unit. Equipment will be set up by designated HHVNA staff. Vendor will serve as a back-up resource as needed.
3. At the time of equipment installation, the patient/caregiver is taught how to self monitor and submit results daily.
4. The telehealth nurses will review the readings on a daily (or otherwise scheduled) basis.
5. Alerts will be recorded and responded to by the telehealth nurses within 24 hours.

6. If an alert exists, the telehealth nurses will contact the patient to identify the need for intervention and/or necessity to contact the physician.
7. If the telehealth nurse contacts the physician and changes are made to the current orders, the patient will be contacted regarding any changes in the plan of care.
8. The primary clinician and the telehealth nurses will communicate with each other all changes in the plan of care.
9. Documentation of interventions is noted by the telehealth nurse in the call log of the electronic medical record.
10. Changes are noted in other areas of the patient record as indicated, including orders or medication lists.
11. If a patient does not submit readings, the telehealth nurse initiates a telephone call to the patient's home to remind him/her to submit this reading.
12. If the patient does not respond to the telephone call, a message is left on his/her answering machine and/or the contact of record is notified of the patient's failure to submit telehealth data.
13. The length of enrollment in the telemonitoring program will be determined by stability of vital signs, symptom alerts, changes in medication and patient/caregiver ability to self-manage.
14. In addition, most Medicare patients under certified VNA services will have their telemonitor removed when:
 - VNA services are terminated
 - Required frequency is less than every other week
 - Physician order indicates discontinuation of telemonitoring

References

1. Bretton, Bonnie C., MNS, RN, C., "2003 Home Telehealth Clinical Guidelines", *Remington Report*, March/April, 2003
2. Chetney, Rhonda, MS, RN, "The Cardiac Connection Program", *Home Healthcare Nurse*, October, 2003
3. Kinsella, Audrey, "Home Telehealth Program Planning, *Caring Magazine*, August, 2003
4. Using Telemonitoring To Better Manage CHF Patients Developed for Life Link Monitoring by the Institute for Johns Hopkins Nursing in Collaboration with Accelera
5. VNAA Procedures 2011 Section 16: 16.1-16.5

Responsibility: Complex Care Coordinator, Director of Clinical Services
 Distribution: Leadership

Nature of Change	Updated to reflect current policy.
CCO Signature:	_____ / ____ / ____ Date
CEO Signature:	_____ / ____ / ____ Date

Telehealth Criteria

Telehealth Criteria is used to determine patient appropriateness for home telemonitoring. All clinicians are asked to screen patients for telehealth **during the admission visit**. All referrals should be made directly to the **Telehealth Central Station Nurse at extension 4788**. Please do not leave referrals via e-mail as it is not checked every day.

Criteria

I. Clinical Considerations: The patient experiences significant issues with **symptom management** as follows:

- ⇒ **CHF:** dyspnea, fatigue, cough, mucous production, edema, weight gain
- ⇒ **COPD:** dyspnea, cough, mucous production, low O2 saturations
- ⇒ **Diabetes:** elevated/unstable blood glucose levels. (Note: System is compatible with LifeScan's One Touch Basic, One Touch Ultra or One Touch Profile; Bayer's Ascensia Contour, Ascensia Breeze, Ascensia Breeze2, Ascensia Elite; Roche's Accu-Chek Compact Plus, AccuChek Aviva, AccuChek Advantage; Home Diagnostics' Prestige IQ, TrueTrack)
- ⇒ **Cancer:** dyspnea, fatigue, pain, constipation, nausea, anorexia
- ⇒ **General:** unstable vital signs (including hypertension and hypotension), history of falls, anxiety, medication changes that could invoke symptoms.
- ⇒ The patient has deficits in areas of **self-care management**, such as medication adherence, diet adherence, prescribed activity levels, oxygen use, weight monitoring, blood glucose monitoring.
- ⇒ The patient has a history of > one hospitalization for disease exacerbation in the last 6 months.

II. Functional Considerations – Patient must meet all of the following:

- a. adequate dexterity to apply monitoring equipment or caregiver able to assist;
- b. ability to understand directions or has a caregiver that can follow directions; and
- c. ability to read or hear adequately to follow directions or has caregiver able to assist. (Note: Monitor can be programmed in multiple languages.)

III. Other Considerations – Patients must meet all of the following:

- a. patient is cooperative and willing to use Telehealth;
- b. environment conducive to equipment (working phone jack, safe place to locate equipment);
- c. home does not have pest infestation (please look and/or ask the patient!);
- d. patient will be on service for > one week; and
- e. patient will not need daily or BID visits for any significant portion of the episode.

IV. Discontinuation of telemonitoring should be considered if the patient meets the following goals:

1. Patient/caregiver can verbalize the appropriate steps they should take if their vital signs/symptoms are not within normal range.
2. The patient/caregiver regularly indicates to the nurse that they were aware the vital signs/symptoms were not within range and they have, or will be, taking steps to obtain medical intervention.
3. Patient/caregiver has initiated contact with the VNA when vital signs or symptoms are out of parameter.
4. Patient/caregivers express confidence in and willingness to self-monitor at home.
5. Patient/caregiver has obtained the appropriate equipment to self monitor and has demonstrated the ability to perform self tests and manage symptoms, including knowing when to contact the VNA and the physician.
6. Patient's behavior or interaction with the telehealth nurses indicates that they are unwilling to continue participation in the program.

The monitor may remain in the home after discharge if the patient wishes to pay privately through HomeCare, Inc.

“Telehealth Monitoring Agreement”

Your physician and your primary nurse believe that you would benefit from telemonitoring. In order for telemonitoring to be successful, you will need to be willing and able to participate, either on your own or with the help of a caregiver. By signing this document, you acknowledge that you understand the following important points about telemonitoring:

- ⇒ I understand that the telemonitoring equipment is ***not an emergency response device*** and ***does not*** send emergency alerts. I will call my nurse or doctor if I have a health concern or 911 if I have a medical emergency.
- ⇒ I understand that I must test between **8am and 12pm** (noon) for the telehealth nurse to review my results the same day. If I test after 12pm (noon), the results will be reviewed by the nurse the following day.
- ⇒ I understand the telehealth monitor is short term, and I will be taught to manage my own vital signs and weights. In most situations, the monitor will be discontinued after four weeks.
- ⇒ I understand that the telemonitoring equipment is intended to be used only by me and that if someone else uses the monitor, their readings will appear in my medical record and could be of concern to the telehealth nurse.
- ⇒ I understand that the telemonitoring equipment is the property of Home Health VNA. The decision to install or remove equipment is based on best practice guidelines developed by the VNA.
- ⇒ I understand that it is my responsibility to take care of the telemonitoring equipment while it is in my home. I will follow the safety instructions given to me upon installation of the equipment. ***Please note*** that if the monitor is lost or destroyed, I understand that it my responsibility to cover the replacement cost of \$4,000.
- ⇒ If I am hospitalized or plan to be away for more than one week, I or my representative agrees to notify Home Health VNA at **(978) 552-4788** to remove the equipment.
- ⇒ When I am no longer receiving VNA nursing services or have been discharged from the VNA, a representative will contact me to remove the equipment. If the VNA is unable to reach me within a week, I will call (978) 552-4788 to have the equipment removed in a timely manner.
- ⇒ I understand that I have the option to continue my telehealth monitoring at a private pay rate of \$150 per month if I no longer qualify for telehealth monitoring according to the Home Health VNA guidelines.
- ⇒ I understand that my test results ***will not*** be evaluated on the following holidays: New Year’s Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas Day.

I agree to participate in the telemonitoring program. I understand that Home Health VNA and the manufacturer of the telemonitoring equipment will maintain my confidentiality as outlined in the privacy rules of the Health Insurance Portability and Accountability Act (HIPAA).

I have read and agree to the telehealth monitoring terms.

Patient's Name (Print) _____ MR# _____

Patient's Signature _____ Date ____/____/____

Location in home _____

Monitor # _____ Scale# _____

Accessories _____

The following has been completed with: Patient Caregiver

- Training on the use of the monitor
- Review of the telemonitoring safety measures
- Review of the Agreement and demonstrated understanding

Signature of Person Installing _____ Date _____

Attachment #2