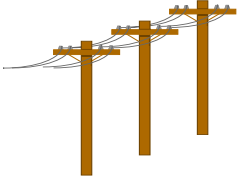


## Home Healthcare: Wired and Ready for Telehealth The Nurses' and Nursing Students' Edition



**Five chapters for helping nurses to get started in telehealth on a more sure footing**, with an index, bibliography, and a special appendix on legal issues in telehealth by practicing attorney Barry B. Cepelewicz, MD, JD.  
(125 pages; ISBN: 0-9657674-3-4 )

This is an updated and revised edition of the 1997 text that won the valued 5-star Doody's Medical Book Review. The reviewer said:

“Once again the author provides those interested in providing quality home healthcare an excellent research report. From time to time a literary work serves as a pacesetter for a profession. Someone is able to pull together what seems the obvious next professional giant step that will serve to improve our healthcare delivery. This book meets that challenge.”

—Joan C. Murphy, EdD, MS, RN, NP (Utica College of Syracuse University)

### **Chapter 1: HOME TELEHEALTHCARE PRACTICE: ARE YOU READY?**

Making a promising start in telehealth takes more than acquiring funding and shopping for affordable home telehealth technology. That doesn't mean that telehealth is hard to do, but it takes a focused effort to get the program and nursing staff off on the right footing.

This chapter focuses on telehealth delivery as an extension of nurses' good work in the home. A case example of a nurse effectively teaching her CHF home care patients how to self manage from her office at the University of Illinois Medical Center, Chicago is provided.

Case examples of patients doing very well with the technology (even elderly patients, even more challenging co-morbid and noncompliant elderly patients, too) are provided as typical, not exceptional. Nonetheless, the importance of screening every patient as appropriate for telehealth is stressed. A suggested assessment form is provided. (See the example from the book on page 2). After reviewing this information acquired from each patient, nurses (working with the patient's physician) can determine if the patient is “right” for telehealth.

### **Patient Assessment Checklist (sample in-house telehealth form)**

**Purpose:** To screen current patients of \_\_\_\_\_ [the home health agency] for appropriate admission to the telehealth program.

In-person assessment of patients is required to complete this checklist, and should be completed during a usual visit so that the nurse is able to judge the communication skills and other capabilities of the patient (and/or of a caregiver who will be present at each telehealth interaction).

<b>Name of Patient</b>
<b>Name of Provider</b>
<b>Branch Office</b>
<b>Date</b>

**Patient's Capabilities**

	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>	<b>Nonresponsive</b>
<b>Ability to See</b>	_____	_____	_____	_____
<b>Ability to Hear</b>	_____	_____	_____	_____
<b>Manual Dexterity</b>	_____	_____	_____	_____
<b>Understand Directions</b>	_____	_____	_____	_____
<b>Attitude Toward Technology</b>	_____	_____	_____	_____
<b>Ability to Tell Time</b>	_____	_____	_____	_____

**Patient's Needs**

	<b>Yes</b>	<b>No</b>
<b>Requires Two or More Skilled Nursing Visits Per Week</b>	_____	_____
<b>Has History of Repeat Admissions</b>	_____	_____
<b>Is Documented as Non-Compliant</b>	_____	_____
<b>Has Pain/Symptom Control Issues</b>	_____	_____
<b>Specific Disease Management</b>	_____	_____
<b>Special Needs (e.g., non-regular blood pressure cuff)</b>	_____	_____

\_\_\_\_\_  
Clinician Signature Date

## **Chapter 2:**

### **KEY ISSUES IN HOME TELEHEALTHCARE DELIVERY**

This chapter focuses on 3 key issues in home telehealth: quality of care; safety; and legal concerns. Issues in quality of care use case examples of telehealth use with chronic disease patients—both children and adults living with diabetes—to indicate how improved health outcomes can be measured.

Safety issues in telehealth are given even more attention because they are rarely discussed in telehealth circles. Not that telehealth in itself is hazardous! However, if, as we know, patients are leaving hospitals “sicker and quicker” and they are less capable on admission to home care, extra precautions need to be taken to ensure that the home is safe for telehealth delivery. Assessing and readying the room where telehealth is delivered are given particular attention in this chapter. That means more than plugging in a machine in the living room, but instead making notes of the patient’s usual routes from armchair to telephone to lamp and so on and making sure that paths are safe and familiar landmarks kept in place. Forms for assessment and notes, as well as a toolbox content description (with tape measure, duct tape, and so on), are provided.

As a Special Appendix to this chapter, practicing lawyer Barry B. Cepelewicz, MD, JD, provides extensive and clear details on avoiding risk in telehealth. He provides needed risk management guidelines to assist home care agencies in planning and implementing telehealth practice in these areas:

- Telemedical records and informed consent
- Malpractice liability
- Insurance
- Licensure
- Privacy, confidentiality, and security
- Storage, retention, and maintenance of records
- Reimbursement

All are necessary issues to address in preparing for the telehealthcare planning process and beyond.

## **Chapter 3:**

### **HOME TELEHEALTHCARE TOOLS: AN INTRODUCTION TO TELENURSING & TYPICAL “TELE-EQUIPMENT”**

This chapter focuses on nurse training for telehealth and a newer and needed trend in home telehealth delivery—nurses taking a leadership role in designing the telecontact. A case example is provided from a large home health agency in rural Pennsylvania which assembled a nursing team to work closely with its telehealth vendor to create a customized program that would meet the needs of its rural and elderly patients. The goal was to help the patients use telehealth capably and learn longer term self management.

Examples of representative telehealth point-of-care workstations are provided in the latter part of this chapter, with updated details on features, capabilities, and costs. The popular Bayer-Panasonic and HomMed systems are highlighted. Some discussion is also provided on stand-alone products for use in telehealth, in this case telecommunications-ready blood glucose meters, and their role in providing more targeted care (not necessarily “less” care).

## **Chapter 4:**

### **BEST APPLICATIONS OF HOME TELEHEALTHCARE TECHNOLOGIES: CARE OF TODAY’S CHRONIC DISEASE PATIENT**

Patients with congestive heart failure (CHF) and diabetes who have been cared for in part by telehealth are focused on in this chapter. These are two of the costliest chronic disease patient groups in the U.S. when only conventional care is used. Telehealthcare tools that have been shown to work are profiled and successful cases provided. Details are provided on newer items, such as noninvasive glucose monitoring tools, along with newer interventions such as “just in time teaching” to help people living with diabetes to learn lifelong self management routines. The key to use of tools old and new is ensuring a good match between tools and patients’ needs so that the tools will be used, the patients will stay well.

## **Chapter 5:**

### **THE HOME TELEHEALTH NURSE: TODAY AND TOMORROW**

This chapter focuses on the many ways in which telenurses can become critical players in tomorrow’s health care arena. The first step is ensuring the telehealth becomes better accepted as a workable solution in home care, and we can do so by documenting how goals and improved outcomes have been achieved. Nurses need to design a Telecare Plan for each patient (an sample form is provided in the chapter) as a complement to conventional care plans, noting frequency of tele and conventional contact, duration of contact per visit, and duration of use of telehealth equipment per contact and per admission period. All of this activity ought to become known as telecare planning.

We’re not just talking about more forms but more opportunities for closer and improved contact. For example, when tracking what is working with any particular patient, a nurse may find that the patient prefers to receive educational contact later in the day and retains the information better if directives are kept short and to a minimal number per contact. Improving outcomes is more possible than ever before. In these days of capitated health insurance systems and demands for improved patient health outcomes, not just a care plan but a telecare plan to extend and reinforce conventional care delivery is much needed to meet these new expectations.

Focusing on appropriate tools for patients that fit their needs is also stressed, as is

the need for nurses to research available resources for their patients. An example of Internet-based wound care provision is provided to help those patients with chronic and non-healing wounds, who are among the most challenging of today's home care patients.

Helping patients to age in place safely is a key feature of this chapter as well, the idea being that it's not enough to acknowledge that people want to stay in their own homes but that we must ensure that the home is safe and comfortable. Details on home modifications that nurses should know about are listed, along with funding resources to help patients finance the modifications. As patients' capabilities fail and daily routines become more challenging, helping patients to age in place clearly requires devoting more attention to getting the place "right." Nurses can play an important role in this regard, and through using telecare and complementary resources for patient care, help their patients stay well and self-manage capably at home after their discharge from home health services. They can in effect make care at home an attractive and safe long-term care option for many of their patients.

Copies of **Home Telehealthcare: Process, Policy and Procedures**  
(ISBN: 0-9657-674-3-4) are available from:

Information For Tomorrow  
11 Lakeshore Drive  
Asheville, NC 28804 USA

email: [telehealthcare@lycos.com](mailto:telehealthcare@lycos.com)  
web site: [www.informationfortomorrow.com/](http://www.informationfortomorrow.com/)  
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**THANK YOU VERY MUCH FOR THE OPPORTUNITY TO ASSIST IN YOUR  
PLANNING EFFORTS IN THIS EMERGING FIELD OF HOME HEALTHCARE DELIVERY!**