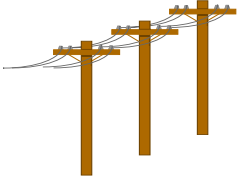


Home Telehealthcare: Process, Policy, and Procedures



Five chapters to get you started in home telehealth planning, with an index, bibliography, and an appendix of success stories reported from practicing home telehealth programs. Featured as a tear-out segment: 5 sample in-house policies and 14 suggested forms for home telehealth program planning and managed program development.

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From an earlybird review.....

If you are adding telehealth technologies for home care, you need a detailed guide in navigating the prickly points of application. Audrey Kinsella's "Home Telehealthcare: Process, Policy, and Procedures" provides this roadmap complete with rest stops! "

—Jim Hutchinson, MD, Chairman, Georgia Telemedicine Association

Chapter 1: AN INTRODUCTION TO HOME TELEHEALTHCARE

Who has time these days to take on a new niche like home telehealth?

These days, it makes all the sense in the world for home healthcare service planners to make time.

Once we learn (and you will, in this book's introductory chapter) that tools of telehealth are accessible and affordable, we can begin to view telehealth as a potentially cost effective *adjunct* to conventionally provided care.

For everyone? No. This chapter will introduce you to the idea of targeting those challenging patients living with chronic disease(s) who need the most contact and will do well with the technology. Turn it around and think about this: In today's capitated care environment, how much will these patients cost without that extra phone call or tele-visit to keep them on track? It may well be a cost you can avoid by investing in telehealth.

This book will be your guide to helping you and your clients manage their patients' care productively in this very new frontier of telehealth service delivery.

Chapter 2:

HOME TELEHEALTHCARE GUIDELINES AND POLICY REQUIREMENTS

As a starting point to home telehealth program building, this book provides a synthesis of policy guidelines from trade and professional organizations—such as the American Telemedicine Association (ATA) and the Community Health Accreditation Program (CHAP)—and includes 5 sample policies, including

- Policy 1:** Telehealth Use
- Policy 2:** Staff Training in Telehealth
- Policy 3:** Appropriate Assignment of Patients to Telehealth
- Policy 4:** Assessment of Patients' Homes as Appropriate for Telehealth Delivery
- Policy 5:** Telehealth Equipment Use and Maintenance

And, you may well be responding: More policies and paperwork...*now!*?

In this challenging time of critical staffing shortages and myriad of documentation required of insurers, can we be serious about taking on new work?

Yes. To get a home telehealthcare program in place, we have to learn and follow through with the required mechanics of telehealth program building—and this means familiarizing ourselves with requirements for training staff, assigning patients, and maintaining tools to make it work, and getting one version on paper.

Chapter 3:

AGENCY-SPECIFIC POLICY GUIDELINES: PUTTING THEM TO WORK

This chapter presents the steps of the journey beginning with hammering out in-house policies and forms to embarking on one's first home telehealth visit.

Roadmaps and rest stops include:

- Defining agency-wide policies for training staff and patients
- Creating customized and workable telecareplans to augment patients' conventional care plans.

Next stop on our road map: Creating forms to help nurses feel comfortable with using telehealth—to know what to do, consistently, as per each agency's policies. **14 sample forms** are provided at the end of this book. A sample of one them, for assigning patients appropriately to home telehealth is as follows:

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).

Name of Patient
Name of Provider
Branch Office
Date

Patient's Capabilities

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

Patient's Needs

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

Clinician Signature Date

Chapter 4:

MEASURING SUCCESS IN TELEHEALTHCARE: HOW WELL IS IT WORKING?

We need to focus for success, and this means identifying those patients who need the most contact and reassurance and who cost the most if they do not have this increased care service. And these are the patients who must be targeted for telehealthcare. Period. It's all about getting in with the "right" group.

Chief among these groups are CHF, diabetic, and chronic wound care patients, as we can learn from the literature. It's no coincidence that these groups are singled out in the book's Appendix of Telehealth Success Stories.

Learn details on mapping out a telecare plan form per patient might be just the tracking compass that is needed now, one that can be customized and even re-vamped during (not at the conclusion of) the patient's 60-day admission period. In effect, with telehealth we can know more about our patients, what's working or not, and be able to target services to get patients on track and do well (and cost less).

Chapter 5:

TELEHEALTH PRACTICE AND POTENTIAL FOR GROWTH IN HOME CARE

Telehealth can help agencies provide more frequent contact to patients, improve outcomes, and so achieve success in caring for the usual customers in any given home care agency. However, telehealth can also help to reach out to more and potentially more challenging patient groups than agencies could in the past. Chronic wound care patients are one such group. In Chapter 5, learn about the many tools and interventions for extending services affordably (and, in fact, sometimes at no cost or low cost) to many other patients, for instance, multicultural patient groups (who may be unable to easily follow care plans without assistance), doing so instead of hiring a multilingual/multicultural staff, which is likely not an option for most agencies.

CONCLUSIONS

Home telehealthcare is poised to play an increasingly important and dynamic role in 21st century home care provision. Industry changes that are accelerating the trend toward locating and incorporating cost-effective alternatives include

- reduced monies for home care services overall
- demands by insurers to “do more with less” money
- expectations that providers demonstrate improved or maintained patient health outcomes, even for the most needy chronic disease patients.

Copies of **Home Telehealthcare: Process, Policy and Procedures** (ISBN: 0-9657-674-6-9) are available from:

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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!**