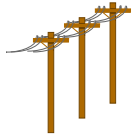


**TELEHOSPICE:
A RESOURCE MANUAL FOR PROGRAM DEVELOPMENT & IMPLEMENTATION**

(156 pages; ISBN: 0-9657674-5-0)

Five chapters to get you started in telehospice program planning, with an index and bibliography. Three special segments are also included, with information on:

- legal issues in telehealth delivery;
- telehospice pathways for improved outcomes; and
- five suggested in-house policies and 14 suggested forms for telehospice program planning and procedures.



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What exactly will we be doing in telehospice and how “new” are the tools?

In its most basic form, the “tele” component of telehospice provides opportunities for increased communications that allows for these improvements to conventional hospice care delivery:

- quicker assessments of patients via easy-to-use physiologic tracking tools (like the telecommunications-ready blood pressure cuff or glucose meter)
- more timely interventions (for pain management, for example, using pre-programmed, telecommunications-ready ambulatory infusion pumps)
- more opportunities for teaching family or other lay caregivers (through audio and video resources that reinforce nurses’ in-person directions) how to provide needed comfort measures.

The value of telehealth is clearly in the increased contact and more timely interventions to increase patients’ and caregivers’ comfort levels— which, in today era of staffing constraints, we may not be able to “do” with conventional care.

CHAPTER 1. HOME TELEHOSPICE: COSTS AND GOALS FOR MAKING AN AFFORDABLE “FIT”

If there’s technology involved, it has to be out of reach... correct? Let’s look at the details before closing the book.

We’re looking at what are affordable *communication* tools— like, the telephone, videophone, and videotape— that will *extend* on what we already do in hospice. Clearly, we’re not looking at telehealth as an expensive novelty or frill. This chapter will provide the details you need for beginning to compare costs in your own business-as-usual and costs of providing telecare as an effective *adjunct* to care some of the time.

CHAPTER 2. HOME TELEHOSPICE POLICY & PROGRAM BUILDING: KEY ISSUES FOR MANAGERS & PROVIDERS

What's different about telehospice? One thing that it is not is this:

Telehospice *is not* mechanizing the home hospice process nor is it forcing patients to choose between receiving nurse and patient in-person contact or else agreeing to only machine and patient contact.

Telehospice can, in fact, provide *more* for communications to keep patients and their caregivers in closer contact with nursing and other hospice staff. The challenge, however, is making sure that tele-delivery is comparable to in-person care. And so, we need to have in-house policies and procedures in place at the outset to ensure comprehensive, consistent tele-interactions, and five suggested policies are described in this chapter, 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

Templates for these policies are provided near the end of the manual, along with 14 related sample forms that pertain to training hospice staff in: delivering telehealth; assessing patients, caregivers, and homes as appropriate for telehealth delivery; and maintaining tele-equipment.

Legal issues. Practicing attorney and telehealth expert Barry B. Cepelewicz, MD, Esq. provides a special segment in this chapter on issues of importance in telehospice. These focuses are on the need for obtaining informed patient/caregiver written consent to telehealth services, and putting other measures in place to protect ourselves from claims of negligence and patient "abandonment." The claim that the "provider was never there" is not a credible one if we have documented information from televisits and forms showing that the patient and caregiver agreed to this form of care some of the time during their admission.

CHAPTER 3. TODAY'S TOOLS FOR TELEHOSPICE DELIVERY

Details on features, applications, and costs of the most common tools of alternate site care telehealth are provided in this chapter. They include: telephones (and assistive devices/extenders), videophones, telehealth workstations, programmable and tele-ready ambulatory infusion pumps, and audio and video tapes. Most of the tools are ones that you already "know."

Chpt. 3, continues....

Chapter 3, continues...

How do we use them to work well with typically frail and needy patients? We have some pointers and none includes saving money by making bulk purchases of new tools for all patients. Particular notes are made, instead, on the need for matching the tool with patient need, *and* matching the services with patient need. We can then better ensure that the tools will be used and that the patients will benefit from the increased contact.

CHAPTER 4. PLANNING TELEHOSPICE PROGRAMS THAT WORK

Today's strides made in about 15 telehospice programs underway in the U.S. will be indicated in this chapter. This is Frontier Land, clearly— telehospice is new, programs are small, and outcomes, both good and not as good, are limited so far. There are few protocols for service delivery as yet, either.

However, everyone can learn a great deal from others' experiences in tele-service delivery to date. Interesting applications are noted in telehospice to reach out to distant rural populations or other difficult-to-reach patient groups. Examples are also provided of telehospice being used to allow patients to live independently (without the assistance of an in-home caregiver) and of home telehealth being used as a tool to help transition patients to hospice care.

CHAPTER 5. MEETING TRENDS IN TODAY'S HOSPICE/TELEHOSPICE INDUSTRY

Three issues in this chapter all concern the trend toward telehealth tool use and patients' safely receiving telehospice-in-place.

- 1: Appreciating the not-so-very glamorous issue of tool upkeep and maintenance, to make sure that, technically, telehospice works. Suggestions for making it so will be provided in this chapter.
- 2: Preparing staff adequately for the idea of "tele-ready" patients, those who have learned to use equipment to telemanage the chronic diseases that they have been living with for years. Steps that need to be taken to ensure that telehospice is appropriate for these patients will be discussed.
- 3: Making particularly sure that telehospice-in-place, like aging-in-place for elderly and less capable persons, is safe and do-able. Suggestions for *re-assessing* patients and homes and re-thinking telehospice planning, as necessary, are provided.

Special Appendix...on telehospice pathways

Entitled “Getting Started in Telehospice: Outcome-based Telehospice Pathways Promote Best Practice Standards,” this special appendix has been written for this book by seasoned home and hospice service providers and teachers, Joan Haizlip, M.S., C.S., R.N. and Lisa Van Dyck, M.S., R.N., both of Innovative Solutions (Willowbrook, IL). It is intended to help you get your telehospice program started on a more sure footing.

CONCLUSIONS

The potential for additional contact– in “tele”-hospice– is key for improving hospice care to today’s end-of-life patients. This book will introduce you to many modes of connecting with patients for providing needed education, support, and information. Rather than telehospice being viewed as intrusive and machine-grounded– and world’s apart from in-person hospice care– it can (and should) be understood as a needed care “extender.” Increasingly, as nursing and other health professional shortages become a reality throughout the health services sector, these extenders of telehospice will be must-haves. Learning more about the use and value of telehospice now will prepare us for meeting the new challenges of the growing ranks of more elderly and needy patients, and fewer clinicians to accommodate them, among other service planning needs of our new century.

Telehospice. It’s new. And it’s needed. As industry expert, *True Ryndes*, ANP, MPH, and President and CEO, National Hospice Work Group, notes about the value of telehospice: “We will be able to 'be there' frequently and immediately when hospices simply aren't able to respond to the future volume of need with our current set of tools.”

Please see the next page for ordering information.....

Copies of

Telehospice:

A Resource Manual for Program Development & Implementation

(ISBN: 0-9657-674-5-0) are available from:

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Available for **\$295.00**, including a CD version of a 3-hour national teleconference sponsored by the Association for Telehealth Service Providers (ATSP), April 30, 2004, entitled, "Telehospice," with segments provided by True Ryndes, ANP, MPH; Audrey Kinsella, MA, MS; Gina Banks, RN, WOCN; Lisa Van Dyck, MS, RN. http://www.telehealthconference.org/TU_Hospice/Hospice_program.htm

**THANK YOU VERY MUCH FOR THE OPPORTUNITY TO ASSIST IN YOUR
PLANNING EFFORTS IN THIS EMERGING FIELD OF TELEHEALTHCARE DELIVERY!**

About the Author

Audrey Kinsella, MA, MS, has been a medical research librarian for 20 years and an author who has written widely on home telehealthcare since 1995, when she helped design the National Library of Medicine-sponsored web site, the Telemedicine Information Exchange (<http://tie.telemed.org>). During 1998-2000, she was director of information services for 10 home telehealth programs at the National Rehabilitation Hospital, Washington, DC. To continue with that work of helping the less able to live and age safely in place at home, she subsequently earned an Executive Certificate in Home Modification and Planning for the aged and disabled, from the Andrus Gerontology Center, at the University of Southern California, Los Angeles, CA. Her most recent books, prior to this manual, were Home Telehealthcare: Process, Policy, and Process (2003) and Home Telehealthcare: Wired and Ready for Telehealth, the Nurses' and Nursing Students' Edition (2003; revised 1997 edition), both receiving excellent reviews from experts in the home and telehealth fields.