

# Telehealth Clinician Orientation and Training Tools

Centura Health at Home has submitted a set of tools to be used for nurse/clinicians during a telehealth orientation or training. These tools can be modified for other settings.

Centura's project was to augment the current telehealth continuum by merging 24/7/365 call center activities with telehealth. The clinical call center was linked with telehealth monitors (inLife by American Telecare) and video conferencing system (American Telecare Lifeview) with the goal of decreasing hospital readmissions.

1. Telehealth Service Level Indicators
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5. Telehealth Orientation Checklist
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# Telehealth Service Level Indicators

## TELEHEALTH SERVICE LEVEL INDICATORS

LOW RISK	MED RISK	HIGH RISK
Interventions: Phone, Self Monitoring	Phone, Self Monitoring w/prompting, Tele Monitoring	Phone, Self Monitoring w/prompting, Tele Monitoring, Interactive TH Visits
DX: stable hypertension, stable diabetes, stable COPD	DX: P.E., Clotting disorder, skin integrity issues as complications, failure to thrive	DX: CHF, Diabetes, COPD, Hypertension, anyone newly diagnosed.
Has in home support invested in care	Class 2 cardiac	Class 3 & 4 cardiac
Less than 5 meds	6-10 meds	11+ meds
EF greater than 50	EF ?	EF less than 25
Nutrition risk score of 2 or less	Nutrition risk score of 3-4	Nutrition risk score greater than 5
1 hospital contact in the last 12 months	1-2 hospital stays or ER visits in a year	3 or more hospital stays or ER visits in a year
Fall risk of 10 or less	Fall risk of 15-20	Fall risk greater than 25
Functional score of 5 or less	Functional score ?	Functional score ?
Braden scale 22-23	Braden scale 19-21	Braden scale
Depression scale less than 1	Depression scale 1-2	Depression scale greater than 3
Good dexterity	Inconsistent caregiver	Lives alone
Good cognition or able caregiver	Opiate dependency	Infection risk
No psych issues	History of non compliance	Primary caregiver of someone else
	Chronic disease complications (dialysis, Hep C, cancer)	HIV
	Frequent PCP visits	High HHRG rate
		CABG/AVR/MVR
		Comorbidities
		No breath sounds
		Severe skin issues
		Rural access problems

# Patient Eligibility for Telehealth Intervention Flowchart

**Does pt have any of the following?**

- chronic disease (CHF, COPD, HTN, DM, etc)
- fall risk factors
- age 80 or greater
- 2 or more hospitalizations in last 6 months
- 2 or more ER visits in last 6 months
- 5 or more meds
- Documented history of non-adherence to prescribed regimen
- 4 or more active health conditions
- Any other indicator that they may return to the hospital in 30 days or less

**YES= Please continue**  
**NO= no indication for Homecare or Telehealth**

**Does pt have any of the following?**

- Active substance abuse
- Unsafe home environment
- Pest control problems
- Documented violence/aggression

**YES= pt not appropriate for Homecare or Telehealth**  
**NO= continue**

**Does pt have any of the following?**

- Advanced dementia (unless they have a competent caregiver)
- Low functional vision (unless they have a competent caregiver)

**YES= consider Homecare only- pt not appropriate for Telehealth**  
**NO= please continue**

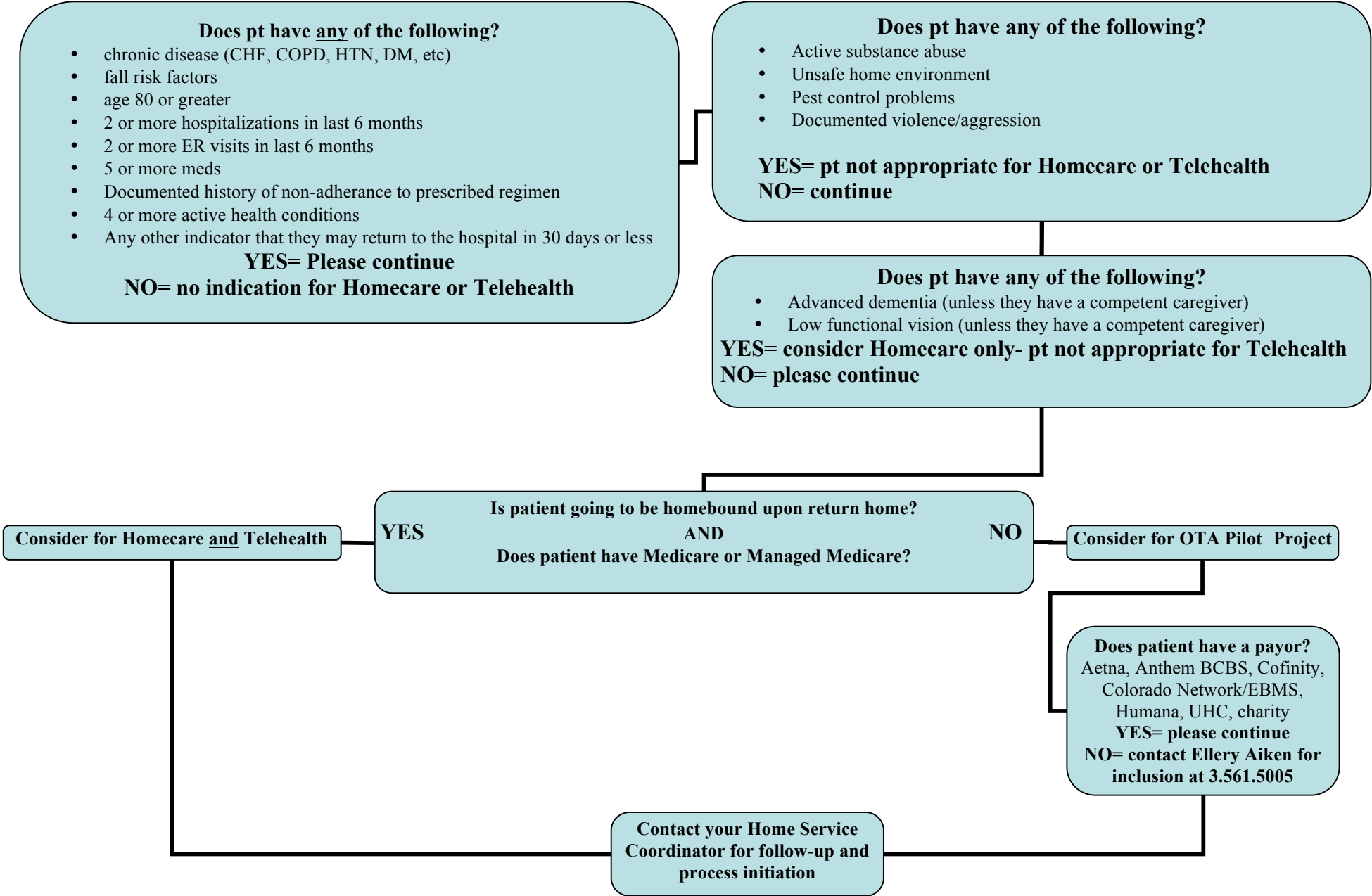
**Is patient going to be homebound upon return home?**  
**AND**  
**Does patient have Medicare or Managed Medicare?**

**Consider for Homecare and Telehealth**

**Consider for OTA Pilot Project**

**Does patient have a payor?**  
 Aetna, Anthem BCBS, Cofinity,  
 Colorado Network/EBMS,  
 Humana, UHC, charity  
**YES= please continue**  
**NO= contact Ellery Aiken for inclusion at 3.561.5005**

**Contact your Home Service Coordinator for follow-up and process initiation**



# Telehealth Call Center Script

**PAH CONGESTIVE HEART FAILURE INITIAL CALLBACK**

**Q01 Is this a good time to talk with me?**

1. Continue Script
  2. Declined Callback
  3. No Contact
  4. Readmission
  5. Expired
- **Info01** – Hello, this is \_\_\_\_\_. I'm a Registered Nurse with the Ask-A-Nurse program at Porter Adventist Hospital. I'm calling to see how you're doing and to try to answer any questions you may have.
  - **Info02** – If you have selected Declined Callback, No Contact, Readmission or Expired, click on Next. Mark the survey as Incomplete and select a reason why from the drop down list. Document in the Comments box the circumstances of the incomplete survey. Begin the documentation with the patient's name/date of birth.

**Q04 Have you had all of your prescriptions filled?**

- Yes
- No
  - **Info05** – If NO, give general review of the importance of compliance in heart failure and the roll that drugs play in helping the heart contract better and preventing fluid build-up.
  - **Q05 Reason why medications have not been filled?**
    1. Insufficient monetary resources
    2. No transportation to pick up medications
    3. Medication question/doesn't understand importance
      - **Info06** – If selected 1 or 2, see Service file for possible referrals.
      - **Info07** – If selected 3, use available resources to address questions.

**Q06 Can you tell me what medications you are taking?**

- Yes
- No
  - **Info09** – Review list of discharge medications and rationale for medications, expected effect and expected side effects.

**Q07 Do you take your medications as scheduled?**

- Yes
- No
  - **Info10** – If NO, ask why and address reasons, i.e. side effects, etc. and review importance of medication compliance. Document information in Presenting problem.



**PAH CONGESTIVE HEART FAILURE INITIAL CALLBACK**

**Q09 Are you avoiding high sodium foods?**

- Yes
- No
- N/A (To Q27)
  - **Info12** – If NO, discuss the role of sodium and water retention in CHF (see Health Education). Review the sodium restriction in CHF (2gm=1tsp). Correlate symptoms to excess water build-up and sodium intake.
  - **Info13** – If N/A, document why the patient is not on sodium restriction.

**Q10 Can you name some foods to avoid?**

- Yes
- No
  - **Info14** – If YES, review low sodium food with the patient.
  - **Info15** – If NO, review high sodium foods – fast foods, prepackaged frozen dinner, soups and hot dogs. Also review ways to reduce sodium in the diet (see Health Education).

**Q27 Are you weighing yourself every day and recording it on a weight chart?**

- Yes
- No
- No Scale
  - **Info16** – If NO, review the pathophysiology of heart failure as it relates to weight. When the body senses that its organs are not getting perfused by a heart that is not contracting well, it tries to hold onto fluid in any way that it can.
  - **Info17** – Water weight comes on quickly; weight gain that is fat is slower. You may notice water weight gain before you notice swelling or shortness of breath. Weigh yourself every day at the same time, with the same amount of clothing on.

**Q30.5 Have you gained 3 or more pounds since leaving the hospital?**

- Yes
- No
- Hasn't been weighing
  - **Info46** - If Yes, advise caller to contact their physician. Assess for any additional symptoms and triage as needed.

**PAH CONGESTIVE HEART FAILURE INITIAL CALLBACK**

**Q12 Are you short of breath with your usual activity?**

- Yes
  - **Q12.5 Is this shortness of breath worse than usual or new for you?**
    - Yes
      - **Info45** – If YES, use Assessment Guideline. If the shortness of breath worsens advise the patient to seek medical attention.
    - No
      - **Info20** – If NO, review ways to conserve energy (see Health Education).
- No
  - **Info21** – If NO, review progressive exercise to increase endurance (see Health Education).

**Q13 Are you awakened at night short of breath or do you wake up to go to the bathroom more often at night (nocturia)?**

- Yes
- No
  - **Info22** – If YES, use Assessment Guideline. Waking at night short of breath may be a sign of fluid build-up in the lungs. It may not be noticeable when up due to fluid shifts when flat. Nocturia is common for the same reason.

**Q14 Do you sleep with your head elevated?**

- Yes
- No
  - **Info23** – If YES, see Assessment Guideline. Commonly, those with heart failure can breathe easier in this position. Ask how many pillows? Is this an increase? An increase in pillows can be a subtle sign of fluid build-up. Keep track of how many pillows you normally need.

**Q15 Are you often more tired than usual?**

- Yes
- No
  - **Info24** – If YES, assess if symptoms are new or different from usual and if so, triage using Assessment Guidelines as needed.
  - **Info25** – If YES, discuss that fatigue may be an early sign of fluid building up in the lungs.

**Q16 Have your feet, ankles, legs been swollen?**

- Yes
- No
  - **Info24** – If YES, assess if symptoms are new or different from usual and if so, triage using Assessment Guidelines as needed.
  - **Info26** – Discuss when fluid builds up because the heart is not pumping effectively, it starts to back up into the lungs and then into the body.

**PAH CONGESTIVE HEART FAILURE INITIAL CALLBACK**

**Q17 Have you noticed abdominal swelling?**

- Yes
- No
  - **Info27** – If YES, see Assessment Guideline. Abdominal swelling can be one of the earlier signs of fluid build-up. You may feel bloated or full or have a decreased appetite. The abdomen may swell before edema occurs in the lower extremities.

**Q18 Have you had to alter your usual activities because of any of your symptoms?**

- Yes
- No
  - **Info28** - CHF28 - If YES, document how, using the Comment section at the end of the survey. Begin documentation with patient's name/date of birth.

**Q31 Are you exercising 3 times a week or more?**

- Yes
- No

**Q32 Do you smoke?**

- Yes
- No

**Q19 Can you tell me the symptoms you should call your doctor about?**

- Yes
- No
  - **Info29** – Review with the patient the symptoms' to be aware of that would require a physician call or visit (see Health Education).

**Q20 Have you made a follow-up appointment with your physician?**

- Yes
- No
  - **Info31** – If NO, encourage patient to call for follow-up appointment.

**Q21 Did you read the information in the packet that you were given when you were discharged from the hospital?**

- Yes
- No

**Q21.3 FOR THE NURSE ONLY – Was this patient hospitalized on 5N at PAH?**

- Yes
  - **Q21.5 On a scale of 1 to 5, how would you rate your overall hospital experience?**
    - 1
    - 2
    - 3
    - 4
    - 5

- **Info47** - For all questions in the survey, 1 is the least satisfied and 5 is the most satisfied.

- **Q21.7 Is there anything else you would like to share with our team?**

**PAH CONGESTIVE HEART FAILURE INITIAL CALLBACK**

- **Info48** - Document caller's response beginning with patient name/date of birth. If comments are too extensive to fit in the Text field, document in the presenting problem and make a print screen and place it in Lillian's mailbox along with the initial face sheet and discharge records.

- No

**Q23 Do you have any further questions?**

- Yes
- No
  - **Info32** – If YES, address the questions and document.
  - **Info33** – Advised patient approximately when to expect next call.
  - **Info34** – Thank you for talking with me today...and conclude the call with when to expect a follow-up call.

# Tool on Hospitalization/ER Visit Avoidance or Utilization

## Tool on Hospitalization/ER Visit Avoidance or Utilization

**Purpose:** This tool is used to retrospectively build knowledge around the reasons for hospitalization or the interventions that prevented a hospitalization in order to better capture trends and evaluate outcomes leading to overall decreased rehospitalization rates.

Patient Name \_\_\_\_\_ PID \_\_\_\_\_ Unit \_\_\_\_\_

Date of last in home visit: \_\_\_\_\_

Date of last phone visit: \_\_\_\_\_

Date of last transmission: \_\_\_\_\_

### Type of Visit:

ER Visit for \_\_\_\_\_ on \_\_\_\_\_ via  ambulance  private vehicle  
(reason) (date)

Hospitalization for \_\_\_\_\_ began \_\_\_\_\_ and ended \_\_\_\_\_  
(reason) (date) (date)

### What made the patient decide to go?

- Convenience
- PCP told the patient to go
- We told the patient to go
- Patient decided to go without a recommendation from us or PCP

In your professional judgement, was this avoidable? Why or why not?

### Type of Avoidance:

ER Avoidance related to \_\_\_\_\_ on \_\_\_\_\_  
(Symptoms) (date)

Hospitalization Avoidance related to \_\_\_\_\_ on \_\_\_\_\_  
(Symptoms) (date)

Please give a brief statement of the circumstances.

### Please identify all interventions utilized in this avoidance.

- patient interview
- review of patient vitals
- repeat of patient vitals
- video visit
- caregiver interview
- MD notification
- medication adjustment
- home visit
- other (describe)

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

Director Comments:

# Telehealth Orientation Checklist

## Equipment:

- \_\_\_\_\_ Identifies Physical Parts of Monitor (InLife & Lifeview)
- \_\_\_\_\_ Connects keyboard
- \_\_\_\_\_ Connects Peripherals
- \_\_\_\_\_ Power up
- \_\_\_\_\_ Enters Patient Information
  - \_\_\_\_\_ Password
  - \_\_\_\_\_ Patient Key
  - \_\_\_\_\_ Device Settings
  - \_\_\_\_\_ Dial-up Settings
  - \_\_\_\_\_ Server Settings
- \_\_\_\_\_ Data Send
- \_\_\_\_\_ Verifies Algorithm Upload

## Telehealth Policies:

- \_\_\_\_\_ CL 209 Timely Documentation and Completion of Paperwork
- \_\_\_\_\_ CL210 Equipment Cleaning, Tracking and Maintenance
- \_\_\_\_\_ CL212 Patient Selection Criteria
- \_\_\_\_\_ CL214 Implementation of Telehealth Services in the Home
- \_\_\_\_\_ CL215 Patient Teaching, Monitoring and Follow-Up

## Patient Education:

- \_\_\_\_\_ Use of Lippincott Manual of Nursing Practice
- \_\_\_\_\_ Mosby's Nursing Consult
- \_\_\_\_\_ Care Notes in MicroMedex
- \_\_\_\_\_ CHAH COPD packet
- \_\_\_\_\_ CHAH CHF Packet
- \_\_\_\_\_ CHAH DM packet

By signing below, I acknowledge that the information above has been completed and an opportunity to ask questions and receive answers was provided. I understand that if I have questions in the future, it is my responsibility to seek out the answers to my satisfaction.  
Orientation completed as of date: \_\_\_\_\_

Manager Name (printed) \_\_\_\_\_ signature: \_\_\_\_\_

Associate Name (printed) \_\_\_\_\_ signature: \_\_\_\_\_



# Telehealth Monitoring Nurse Orientation Checklist

## TELEHEALTH MONITORING NURSE ORIENTATION CHECKLIST (addendum to Homecare Checklist)

EMPLOYEE NAME/TITLE \_\_\_\_\_

### Computer and Software:

#### ATI

- \_\_\_\_\_ Log in
- \_\_\_\_\_ Admission Information (entering and editing)
  - \_\_\_\_\_ Demographics
  - \_\_\_\_\_ Physicians
  - \_\_\_\_\_ Diagnoses
  - \_\_\_\_\_ Medications
  - \_\_\_\_\_ Clinicians
  - \_\_\_\_\_ Allergies
  - \_\_\_\_\_ Vital Sign Parameters
- \_\_\_\_\_ Algorithm
  - \_\_\_\_\_ Building Custom Algorithm
  - \_\_\_\_\_ Editing/changing
  - \_\_\_\_\_ Reviewing Results
- \_\_\_\_\_ Consolidated Information
- \_\_\_\_\_ Documentation Fields
- \_\_\_\_\_ Generating and Printing Reports
- \_\_\_\_\_ Troubleshooting Techniques

#### Healthware

- \_\_\_\_\_ Log in
- \_\_\_\_\_ Patient Information (tabs 1-7)

#### Meditech

- \_\_\_\_\_ Log in
- \_\_\_\_\_ Patient Record Access
- \_\_\_\_\_ H&P
- \_\_\_\_\_ Medications

#### MicroMedex

- \_\_\_\_\_ Access
- \_\_\_\_\_ Care Notes
- \_\_\_\_\_ Drug Information
- \_\_\_\_\_ Interactions

#### VPN

- \_\_\_\_\_ Log in
- \_\_\_\_\_ Establishes Connection
- \_\_\_\_\_ Disconnection

# Nurse Telehealth Training Skills Survey

## Skills Fair 2011 Telehealth Scenario

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Score: \_\_\_\_\_ Clinical Manager: \_\_\_\_\_

On Monday, you completed the SOC on Richard Smith, a 79 year old male patient who had a CABG x 4. He was released from SAC with homecare orders for RN, PT, OT, and CNA, and he plans to go to Cardiac Rehab in 3 weeks. His comorbidities include DM, HTN, and a-fib. He has Humana MCR primary and TriCare secondary. He lives in Morrison with his wife who does most of the cooking, cleaning, and other IADLs due to the patient's dementia. He has trouble during the SOC remembering dates, times, and events, but is pleasant and appears to be cooperative with his wife's requests as she cares for him. He has wound care to the donor site on his left leg which is to be done 3x/week by the RN. You predict that the wound care will need to continue for 10-12 weeks. He will be receiving PT for transfers, and strengthening, as well as OT for energy conservation and pacing. His fall risk score is a 15, but he and his wife have declined the CNA as his wife feels confident in helping the patient complete his bathing and other ADLs. His medications include Pradaxa, Metoprolol, Nexium, and Zocor.

**Please answer the following questions as they relate to Mr. Smith. You MUST score a 90% in order to pass. With 37 possible points, you must get 35 points in order to pass.**

1. Is this patient appropriate for Telehealth? **Circle ALL correct answers** (6pts)
  - a) Yes, because although he has dementia, his wife is able and willing to assist with the daily sessions
  - b) Yes, because he has Humana primary
  - c) No, because he has Humana primary
  - d) No, because he plans to go to Cardiac Rehab in 3 weeks
  - e) Yes, because he has appropriate diagnoses
  - f) No, because he has a wound and his frequency is too high
  
2. What is the most appropriate frequency and duration for this patient based on the SOC assessment? (1pt)
  - a) 2m1, 1m1
  - b) 1w2 or 2w1, then every other week x 8 weeks
  - c) 3w9
  - d) 3w1, 2w1, 1w1, every other week 7
  
3. You are going to call the Staffing Coordinator to let them know about the need/lack of need for TH... (1pt)
  - a) Within 24 hours of SOC
  - b) I am not going let the Staffing Coordinator know, I am going to let the TH VM know
  - c) Immediately upon leaving the patient's house
  - d) I am going to call the installer directly

4. I am going to leave a SOC report for: **Circle ALL correct answers** (6pts)
- a) the front desk
  - b) Susan Flow
  - c) TH VM at 35608
  - d) TH VM at 35609
  - e) the case manager
  - f) Ellery Aiken
5. I will fax which of the following documents to the Telehealth fax: **Circle ALL correct answers** (7 pts)
- a) Med Rec
  - b) OASIS
  - c) Cont of Svc Order
  - d) Referral
  - e) Care Plan
  - f) Pt's Face Sheet
  - g) My personal notes on the pt
6. The correct fax number for Telehealth documents is: (1pt)
- a) 303.561.5050
  - b) 720.873.5325
  - c) 303.561.5025
  - d) 303.561.5090
7. I will notify the monitoring nurse in the following circumstances: **Circle ALL correct answers** (7 pts)
- a) Each time I make a Telehealth related in home visit
  - b) Each time I see the patient for wound care
  - c) When I am thinking of recerting
  - d) When I am thinking of discharging
  - e) I find out the patient has been out bowling
  - f) I find out the patient had a medication change
  - g) Each time I find something clinically significant
8. Who is responsible to complete the initial medication reconciliation for this patient? (1 pt)
- a) The telehealth nurse
  - b) Rebecca Zertuche
  - c) I am, as the opening clinician
  - d) Medication Reconciliation does not need to be done because the patient only has 4 meds

9. On day 3 of monitoring, the monitoring nurse calls to let you know that the patient is complaining of dark urine and dizziness, and his blood pressure is 90/47 with a pulse of 66. She asks you to make a home visit and you are more than happy to. Who writes the order for a PRN visit? (1 point)
- a) The monitoring nurse because she is the primary nurse
  - b) I do as the field nurse because I am the one who will actually see the patient
  - c) The monitoring nurse because she discovered the issue and determined that a home visit was necessary
  - d) We both do just to make sure it gets done
10. You get a call from the patient's wife stating that they just got back from the doctor's office and he put the patient on a new med called Lisinopril, and although she remembers what the medication is for and the side effects, she can't remember how much the patient should take. She thought the doctor said 1 tablet, but the bottle says 2 tablets. What should you do? **Circle ALL correct answers.** (6 pts)
- a) Leave the monitoring nurse a message to call the patient and his wife to help them figure it out
  - b) Call the patient's doctor to find out what the correct dosage is
  - c) Write the medication order on an Order Form and fax it to the monitoring nurse
  - d) Send in a revisit for a nurse to go out and figure it out
  - e) Complete a Medication reconciliation form for the new medication
  - f) Educate the patient after hearing back from the monitoring nurse about the correct dosage

I have had my test graded and had the opportunity to ask questions about any items that I missed.

Signature of Clinician \_\_\_\_\_

Signature of Test Administrator: \_\_\_\_\_

**Please give a copy of the completed test to HR for the employee's file.**

# Telehealth Survey for Nurses Post Orientation

## Telehealth Open House Survey

Please indicate your level of agreement with each of the following statements

	No, definitely not 1	I don't think so 2	Maybe yes, maybe no 3	Yes, I think so 4	Yes, Definitely 5	not applicable
1. The training and support today helped me understand how to operate the equipment						
2. Telehealth equipment was easy to use						
3. Since using Telehealth monitoring, I feel more confident in my ability to explain the equipment to a patient						
4. I feel comfortable referring my patients for Telehealth care						
5. I understand the benefits of using Telehealth technology						
6. The Telehealth equipment took too much time to use						
7. I am interested in learning more about Telehealth technology						
8. I will increase the number of patients I place on telehealth						
9. I would be interested in placing some of my patients on Telehealth <u>IF</u> I could do the home visits						
10. I would be likely to place more patients on Telehealth if I was kept in the loop about their progress						

Thank you for participating in our survey. We appreciate and value your feedback.

What did you like best about the open house? \_\_\_\_\_

What did you like least about the open house? \_\_\_\_\_

Comments/suggestions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTIONAL**

Associate's Name \_\_\_\_\_