PURPOSE:
To determine the appropriate patient and home for the use of telehealth equipment.

CONSIDERATIONS:
1. Patients who benefit from telehealth typically have or meet the following conditions:
   a. Chronic Disease.
   b. Chronic Obstructive Pulmonary Disease.
   c. Hypertension.
   d. Diabetes.
   e. Heart Failure.
   f. Neoplasm.
   g. Psychiatric Disorders.
   h. Infections.
   i. Wounds.
   j. Patients visiting a physician office within the past 24 hours.
   k. Post-operative patients.
   l. Patients recently discharge from hospital.
   m. Patients recently discharged from nursing homes.
   n. High risk for emergent care or hospitalization.
   o. High risk for medication management issues.
   p. More than 9 medications on admission.
   q. Patients receiving new antibiotic therapy ordered within the past 48 hours.
   r. Patients ordered new prescription medications with high risk of side effects or disease exacerbation.

2. Self-monitoring is the periodic and scheduled collection of clinical data by the patient to measure his/her own health status. Commonly measured data includes: blood pressure, glucose, weight and temperature. Self-monitoring can be done by the patient or by a caregiver that has the necessary skills for self-monitoring.

3. The caregiver can be a relative, friend, paid caregiver (such as a private duty care worker or an attendant at an assisted living facility). A caregiver that provides assistance with self-monitoring may live with the patient or be with the patient at all times, but can also be an intermittent caregiver that does not live with the patient.

4. Patient (or caregiver) skills necessary for self-monitoring for home telehealth monitoring include the ability to:
   a. Accept the use of home telehealth to promote his or her health status. (The patient or caregiver must accept and understand the responsibility for self-monitoring.)
   b. Interact with technology, adhere to medical treatments and/or medication adherence, and participate on a daily basis with telehealth equipment.
   c. Cognitively function and use telehealth equipment. A caregiver may be able to assist with reminders and cues.
   d. Hear, answer, and talk clearly on a telephone. (The patient or caregiver must have no hearing, speech, language or communication barriers preventing telephone correspondence.)
   e. Read and participate physically and safely with the use of the telehealth equipment.
   f. Ability to accurately perform and communicate the necessary self-monitoring activities (such as obtaining weights, blood pressure, etc.).
   g. Support telehealth connections and technological requirements in the home environment.

5. Exclusions or patients not appropriate for telehealth include:
   a. Patient is physically/cognitively unable to participate and has no caregiver to assist.
   b. Patient has history of psychological issues and/or behavioral problems that would prevent participation.
   c. Home environment is unsafe and/or not conducive for home monitoring.
   d. Patient will be on service for less than 1 week.
   e. Patient will be receiving high frequency skilled visits.
   f. Patient/caregiver refuses to participate.
   g. Patient/caregiver refuses homecare.
   h. Absence of/or unusable phone (i.e. digital) line if required.

EQUIPMENT:
Knowledge of agency/vendor technical requirements for telehealth equipment
Most recent OASIS assessment prior to the consideration of the placement of telehealth equipment

PROCEDURE:
1. Ask the patient directly if he/she is willing to participate on a daily basis with telehealth equipment.
2. Review patient’s diagnoses, health status changes, frequency of in-home visits, presence of caregiver, and phone and home technology.
3. Review patient’s risk for hospitalization or emergent care use in addition to recent institutional discharges and surgical procedures.
4. Assess the patient’s cognitive status. Consider the response to the OASIS item (M1700) Cognitive Functioning. If the patient scored 1 or 2, require a caregiver to be present. If the patient scored 3 or greater, consider the cognitive impairment level too high for telehealth participation.
5. Assess the patient’s physical ability to participate in telehealth. Consider the response to OASIS item (M1850) Transferring. If the patient scored 1 or 2, require a caregiver to help the patient to participate in telehealth. If the patient scored 4 or greater, “bedfast”, consider that the patient is not a candidate for telehealth.
6. Assess the patient’s response to the OASIS item (M1870). Feeding or Eating, to determine the patient’s ability to handle the manual dexterity needed to use telehealth equipment. If the patient requires any level of assistance, consider that telehealth may not be appropriate or care is required.

AFTER CARE:
1. Communicate with the patient, caregiver, and the physician regarding patient’s eligibility for telehealth.
2. Review general guidelines for other considerations.

REFERENCES:
