HHQI National Campaign

Best Practice Intervention Package

Home Telehealth *Simply Summer Series*

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number 8SOW-PA-HHQ07.437 App. 4/26/07.

Acknowledgements

The Home Health Quality Improvement Organization Support Center (HHQIOSC) would like to thank everyone who contributed to the **Best Practice Intervention Package – Phone Monitoring and Frontloading Visits**. We would also like to acknowledge the following individuals and organizations for their contributions as our Technical Expert Panel.

Linda Krulish, PT, MHS, COS-C
Home Health Section Representative, American Physical Therapy Association

Judy Lentz, RN, MSN, NHA
CEO, Hospice and Palliative Nurses Association

Carol Siebert, MS, OTR/L, FAOTA
Representative, American Occupational Therapy Association

Rebecca Skrine, CCC-SLP, CHCE, COS-C
Home Health Representative, American Speech-Language-Hearing Association

Karen Vance, OTR/L
Representative, American Occupational Therapy Association

Judy Cygnarowicz, RN, CCM
Care Management Specialist, Highmark

Elizabeth Madigan, PhD, RN, FAAN
Home Health Section Representative

Joanne Rogers, RN, BSN, MA
Director of Coordinated Care, University Hospital, Case Medical Campus

Ben Peirce, RN, CWOCN
National Director, Clinical Practice, Gentiva Services

Terri Lindsey, RNC, BSN
Project Manager, Virginia Health Quality Center, Virginia Quality Improvement Organization

Margaretta Dorey, RN, BSN
Project Coordinator, Quality Insights of Delaware, Delaware Quality Improvement Organization

Laura Dugan, BS, MS
Communications Specialist, TMF Health Quality Institute, Texas Quality Improvement Organization

Maggie Okey, RN, BSN
Home Health Project Manager, Hawaii Quality Improvement Organization

Mary Lou Kern, RN
PI Coordinator, Complete Home Care, Inc.

Jackie Liebdzinski, RN
Director Coordinated Services, Medi Home Health/ Medi Home Hospice

Alyce A. Payton, RN, BSN
Clinical Manager, Kohala Home Health Care of NHCH

HHQI Physician Advisor Members

Eric Coleman, MD, MPH
University of Colorado Health Sciences Center, Care Transitions Program
Jay A. Gold, MD, JD, MPH
Principal Clinical Coordinator and HCQIP Director, MetaStar, Inc.; Clinical faculty - Medical College of Wisconsin; Adjunct faculty: Marquette Law School
Timothy Robert Gutshall, MD
ER Staff Physician - Iowa Methodist Medical Center and Iowa Lutheran Hospital; Clinical Coordinator - Iowa Foundation for Medical Care
Thomas F. Kline, MD, PhD, CMD
Home Based Geriatric and Rehabilitation Medicine
Canton, MA
John N. Lewis, MD, MPH
Medical Director - Health Care Excel of Kentucky; Internist/Epidemiologist; Greater Louisville Medical Society; Kentucky Medical Association
Joseph G. Ouslander, MD
Professor of Medicine and Nursing; Director, Division of Geriatric Medicine and Gerontology Chief Medical Officer, Wesley Woods Center of Emory University; Director, Emory Center for Health in Aging; Research Scientist, Birmingham/Atlanta GRECC
Jane C. Pederson, MD, MS
Minnesota Medical Association; Minnesota Medical Directors Association; Minnesota Gerontologic Society
Stephen Winbery, PhD, MD
Medical Director Qsource (TN Quality Improvement Organization); ACP, ACMT
Steven L. Yount, DO
Medical Director – Bastrop Nursing Center, Lifeway Home Health and A-Med Hospice; Clinical Assistant Professor – Department of Family Practice - University of North Texas; Texas Medical Foundation – State Review Program Committee

HHQIOSC Team

Editor
Misty Kevech, RN, MS, COS–C, Communications/Training Manager

Contributing Home Health QIOSC Staff
Marian Essey, RN, BSN, Director, Health Care Quality Improvement, HHQIOSC
Donna Anderson, RN, PhD, Subject Matter Expert
Christine Bernes, RN, Project Coordinator
Eve Esslinger, RN, MS, Project Manager
Bonnie Kerns, RN, BSN, Community of Practice Manager
Lee Krumenacker, RN, BS, Subject Matter Expert
David Wenner, DO, Medical Director

Communications Staff
Shanen Wright, Communications Manager
Russell Hartman, Communications Specialist
Bethany Knowles, Communications Specialist

Communication QIOSC Staff
Tinabeth Burton, Public Relations Consultant to the Communications QIOSC
Jennifer Willey, Communications Specialist

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Best Practice: Phone Monitoring and Frontloading Visits

Leadership Track

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Leadership Section
Objectives & Contents

Objectives

After completing the activities included in the Leadership Section of this **Best Practice Intervention Package – Phone Monitoring and Frontloading Visits**, the leader will be able to:

1. Define phone monitoring and frontloading visits.
2. Evaluate the agency's current use of phone monitoring and frontloading.
3. Identify how phone monitoring and frontloading visits can be implemented and/or used effectively by a home health agency.
4. Describe two leadership applications for phone monitoring and frontloading visits.

"There is evidence that telephone care improves clinical outcomes… Many studies have found that telephone care programs improve self-management behaviors, including the proper use of medication and self-monitoring."

- John Piette, Ph.D. *Using Telephone Support to Manage Chronic Disease.* 2005. California Health Care Foundation.

Phone Monitoring and Frontloading Visits: Leadership Track

The Foundation:

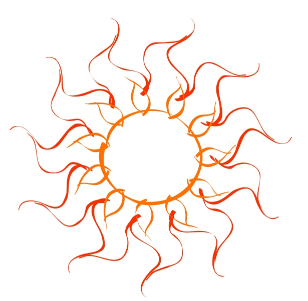
The first two Best Practice Intervention Packages, ***Hospitalization Risk Assessment*** and ***Emergency Care Planning***, are **foundational interventions** that are key to building a successful plan to reduce avoidable acute care hospitalizations. The first two interventions complement each other; a hospitalization risk assessment helps agencies and clinicians identify which patients are at risk for hospitalization and emergency care planning helps patients understand who, what, where, when, why and how to respond to changes in health status. Effectively identifying patients at risk for hospitalization and coaching patients to notify the agency with early changes in health status will assist with establishing the agency's foundation for an effective plan to reduce avoidable hospitalizations.

Building Upon the Foundation: Next Steps

Once the foundation for identifying patients at risk for hospitalization is sound enough to sustain itself over time, there are other best practice interventions that may be implemented that can support efforts to reduce avoidable acute care hospitalization. If a hospitalization risk assessment is currently not being used, specific at-risk populations (e.g. CHF, COPD or DM patients) can be the focus for interventions. The third best practice intervention package targets one of those specific interventions—***Medication Management***. This package introduces two others: ***Phone Monitoring and Frontloading Visits***.

All Best Practice Intervention Packages are available on the HHQI Web site:

www.homehealthquality.org



This package is the first of three that will comprise the Home Telehealth ***"Simply Summer Series"***.

How to Use this Package

Pick & Choose
ANY of the pieces from ANY of the tracks

Leadership Track (pages 5 – 41)

- Education on topic
- Leadership Self-Assessment, action items & action plan
- Connection pages
- Poster(s)
- Tools & resources

Nurse, Therapy, MSW & HH Aide Tracks (begin on page 43)

- Guide to Practical Application
- Audio recordings
- WebEx
- Post-test

Example # 1

- Read, discuss and complete the Leadership Track (Leadership Section, Self-Assessment, tools, Connection pages) at manager's meeting
- Select 1 – 2 action items to implement within the month
- Provide the Managed Care Connection page to the staff who call for authorizations
- Provide SN, PT, OT, ST & MSW Tracks at next staff meeting
    - Listen to audio together & review selected tool(s)
    - Complete the remaining discipline tracks within the next week
- Utilize the HH Aide Track at monthly education meeting

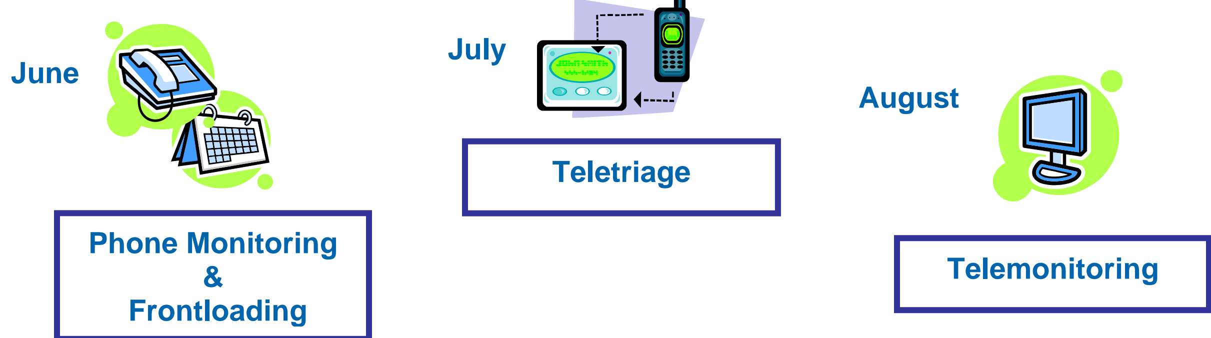
Example # 2

- QI lead reviews Leadership Track
- Display the monthly poster on the HHQI bulletin board
- Provide SN, PT, OT & ST Tracks as self-study to individual staff and ask staff to return post-tests for competency documentation

Example # 3

- QI lead reviews Leadership Track
- Keep package as resource and for new hire orientation (download cover from HHQI Web site)
- Distribute the Fast Track to staff

Simply Summer Series



The Home Telehealth ***Simply Summer Series*** (June-August) focuses on the three basic components of telehealth: phone monitoring, teletriage and telemonitoring. The series begins with **Phone Monitoring and Frontloading Visits**.

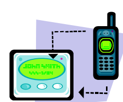
The Schedule for the Home Telehealth ***Simply Summer Series*** is as follows:

June 2007	**Phone Monitoring and Frontloading Visits**
July 2007	Teletriage
August 2007	Telemonitoring

Consider combining telehealth interventions

- Agencies may implement both phone monitoring and telemonitoring. Agencies using telemonitoring may use phone monitoring for overflow patients or for those patients who do not meet the enrollment criteria for telemonitoring.

- Teletriage occurs at all home health agencies—every hour of every day! Consistent teletriage processes supports effective phone monitoring and telemonitoring.



Phone Monitoring

Exactly what is "phone monitoring"?

- Phone monitoring is defined as, "scheduled remote care delivery or monitoring in which scheduled patient encounters via the telephone occur between a health care provider and a patient and/or caregiver" (Home Telehealth Reference 2005).
- Phone monitoring **does not** include the use of electronic information processing technologies.

Benefits of phone monitoring:

- Provides for increased communication with patients at risk for hospitalization
- Decreases anxiety in patients/families who are, at times, overwhelmed with caregiving issues
- Provides for the reinforcement of patient emergency care planning
- Provides for frequent reinforcement of patient/family education
- Reinforces patient self-management activities and can promote success
- Provides for timely intervention when there is a decline in a patient's health status
- Provides opportunity to evaluate if patient has completed homework or practiced tasks to determine if clinician visits should be rescheduled to assist moving on the continuum towards independence; supports resource conservation, especially staff allocation
- Increases the agency's impact with the patient/caregiver
- Decreases patient/caregiver complaints, as they feel more supported on non-visit days
- Provides for cost effective patient management by decreasing the total number of onsite visits (all disciplines)
- Supports avoidable acute care hospitalization reduction activities
- May be used as a quality improvement marketing tool with physicians and hospitals

Phone monitoring considerations for leadership:

Physician orders

- Usually not obtained specifically for phone monitoring; may consider obtaining them for targeted situations/diagnoses
- <u>Consult with state survey agency to determine the need for physician orders</u>

Patient care planning

- Should be individualized — not necessary to phone monitor all patients, select high-risk patients (hospitalization risk assessment) or a specific disease population

Phone Monitoring

Visit schedule

- Not an actual onsite encounter
- Involves staff scheduling the patient for a phone encounter

Patient (caregiver) selection criteria to consider

- The patient/caregiver is able to hear, answer, and talk clearly on a telephone
- The patient/caregiver accepts the use of phone monitoring
- The patient/caregiver has the ability to self-monitor

Informed consent

- No need for a separate consent form
- Include in the patient consent form that is completed by the patient or the patient's designated representative or power of attorney at the initiation of home care services

Confidentiality

- Conduct calls in a private area where confidential patient information remains protected
- Use agency phones to prevent patients' with caller ID from obtaining staff home or cell numbers

Scheduling

- Need to have phone encounters formally scheduled and tracked
- Determine staffing adjustments for phone monitoring
  - Will phone monitoring be done by primary clinician or designated office staff?
  - Will there need to be productivity expectations?

Documentation

- Incorporate into the agency's current documentation systems

Phone Safety Points:

- **Do not disclose financial information over phone**
- **Staff must identify themselves on phone**
- **Patient/caregiver should call agency when in doubt of caller**

Staff education and competency

- Ensure all staff understand and comply with phone monitoring protocols and agency processes

Patient Education

- Why phone monitoring?
- Who will make the patient-centered scheduled calls?
- Call schedule
- Phone safety
- Self-monitoring coaching tips

Frontloading Visits

Exactly what is "frontloading visits"?

Frontloading visits is defined as "providing more visits early in the episode with the expectation that more frequent visits will not only increase symptom surveillance but also promote more intensive patient teaching" (Rogers, Perlic and Madigan, 2007).

Rogers (2007) conducted a study of heart failure patients who received frontloading visits along with telephone calls. The results showed effectiveness in reducing the rehospitalization rates while requiring fewer visits. Additionally, patient satisfaction with care had significantly increased.

Benefits of frontloading visits

- Provides for improved early assessments (validating initial assessment, including hospitalization risk assessment)
- Provides for the early initiation and ongoing education necessary for emergency care planning
- Provides for frequent patient education
- Provides for the implementation of patient-centered interventions early in an episode
- Supports resource conservation
- Provides for cost effective patient management by decreasing the total number of onsite visits (all disciplines)
- Improves patient satisfaction
- Supports avoidable acute care hospitalization reduction activities
- May be used as a quality improvement marketing tool with physicians and hospitals

Frontloading visits considerations for leadership

Visit Schedule

- Coordinate scheduled phone monitoring encounters with actual onsite visits
- Frontloading visits should be coordinated among **ALL** disciplines

Patient care planning

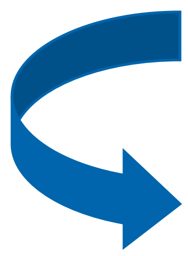
- Include patient/caregiver in establishing the plan for visit/call schedule, including best time to call

Agency processes

- Define agency processes for phone monitoring and visit frequency
- Build on **fundamental processes**

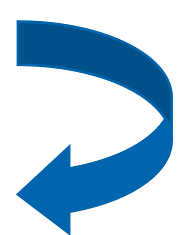
Phone Monitoring and Frontloading Visits

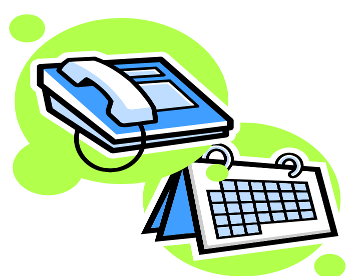
Why phone monitoring and frontloading visits?
A successful patient care plan will include both phone monitoring and frontloading visits. The effectiveness of both interventions is maximized when used in conjunction with each other.



Hospitalization Risk Assessment: Coordinate patients at high-risk for hospitalization to receive phone monitoring and frontloading visits

Phone Monitoring and Frontloading: Review Patient Emergency Plan as part of phone monitoring encounter





"It is essential to start with a small group of patients that portray the characteristics of your organization. As staff become familiar with the phone monitoring process, you can add or revise your criteria to include more patients. To be successful it is important to not take on too large of a population (e.g. all cardiac patients), but gradually expand your phone monitoring. Staff is more receptive and the agency is able to monitor their program more effectively when phone monitoring is selectively initiated."

Mary Lou Kern, PI Coordinator
Complete Home Care, Inc.

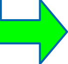
Home Telehealth PROTOCOL for Phone Monitoring and Frontloading Visits

Purpose: To provide guidelines for home care agencies for phone monitoring and frontloading visits as part of a home telehealth program

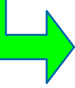
Policy: Implement phone monitoring and frontloading visits with patients as supported by their clinical condition and agency patient selection criteria

Procedure:

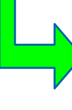
Agency leadership will establish guidelines that outline the process for phone monitoring and frontloading visits



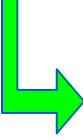
Patient selection criteria:
Diagnoses
Hospitalization risk assessment score
Presence or absence of caregiver
Ability to self-monitor
Phone access



Coordinate frequency of phone monitoring encounters with onsite visits to support frontloading visits as indicated



Documentation of phone monitoring will occur per agency guidelines



Evaluation of phone monitoring will occur periodically

- Do phone monitoring and frontloading visits occur as protocol dictates?
- Is phone monitoring documented per agency guidelines?
- Do phone monitoring encounters appear on clinician's schedule?
- Evaluate recently hospitalized patient records. Did they meet the criteria for 'at-risk' for hospitalization patient? If so, were phone monitoring and frontloading visits implemented?

Phone Monitoring and Frontloading Visits

Leadership Self-Assessment

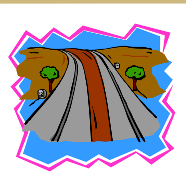
Two Paths

The **"Leadership Path"** for the leader that has limited or no experience with phone monitoring and/or frontloading visits

The **"Leadership Highway"** (next page) for those leaders that have implemented this best practice and have a comfortable level of knowledge.

Does your agency utilize structured patient-centered phone monitoring?
Choose one track below based upon your answer to this question:

If NO (Leadership Path)		
	Y	**N**
Does your agency use standard visit patterns for most patients (e.g., daily x 2, 1-2 wk)?		
Do you have a process in place to coordinate visit schedules among ALL disciplines?		
Does your agency use informal phone monitoring (i.e., suggestions that nurses call patients to check on them between visits…)?		
Is your leadership concerned with staffing for phone monitoring? For frontloading visits?		
Is your leadership concerned with cost containment with phone monitoring? With frontloading visits?		
Is your leadership concerned with staff for phone monitoring buy-in? With frontloading visits buy-in?		
Does your agency reimburse for or include phone monitoring encounters as a component of staff productivity?		
Are clinicians (including therapists, medical social workers and aides) familiar with the terms *phone monitoring* and *frontloading visits*?		



Does your agency utilize structured patient-centered phone monitoring and frontloading visits?

Choose one track below based upon your answer to this question:

If YES (Leadership Highway)		
	Y	**N**
Does your agency have protocols to support phone monitoring? Do they include: Patient selection criteria? Patient education related to phone monitoring?		
Does your agency have encounter documentation forms for phone monitoring?		
Does your agency have protocols to support frontloading visits?		
Does your agency reimburse for or include phone monitoring encounters as a component of staff productivity?		
Are there defined standard visit patterns for phone monitoring encounters? (i.e., phone monitoring 2 x wk for 3 wks –not on orders, but included on schedule)		
Are patients assessed to be at risk for hospitalization scheduled for phone monitoring encounters? For frontloading visits?		
Are there defined processes for frontloading visits? (i.e., For high-risk hospitalization patients, SN visits daily x 2, then 3 x week for 1 week, 2 x week for 1 week…)		
Are there defined coordinated visit parameters for phone monitoring and frontloading visits? (i.e., For high-risk hospitalization patients, SN visits daily x 2, then 3 x week for 1 week, 2 x week for 1 week. Phone monitoring encounters will occur during first 2 weeks when onsite visit is not scheduled.)		
Do you have a process in place to coordinate visit schedules among ALL disciplines?		
Are high-risk patients monitored (chart audits, patient interviews) to assure that phone monitoring occurs according to defined agency standards? Frontloading occurred?		

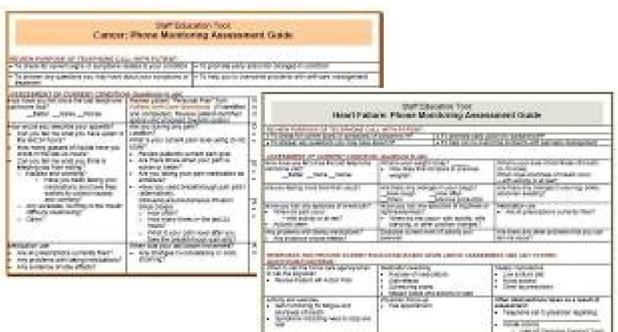
"…telephone care probably offers the greatest benefit to the large number of patients who simply need reminders, monitoring, self-management information and coaching."
- John Piette, Ph.D. *Using Telephone Support to Manage Chronic Disease.* 2005. California Health Care Foundation.

Sample Assessment & Documentation Tools

Clinician Assessment Tools

Several assessment tools are available to assist clinicians with performing a more effective phone monitoring assessment. Disease specific assessment tools assist clinicians to perform a more thorough phone assessment specific to known high-risk diagnoses. These tools may also be used for new hire orientation and clinician education. The following sample tools are provided in this package:

- Checklist for Clinician
- Phone Monitoring Assessment Guides
  - Heart Failure
  - COPD
  - Diabetes
  - Cancer
  - Medication Management


Staff Education Tool
Cancer: Phone Monitoring Assessment Guide

Staff Education Tool
Heart Failure: Phone Monitoring Assessment Guide

Documentation Tools

No special documentation forms are necessary for phone monitoring; agencies can utilize existing documentation mechanisms. However, leadership may choose to utilize a standard form to promote consistency with clinicians and between disciplines. Several samples are included:

- Narrative documentation template
- CHF documentation template

Phone Monitoring and Frontloading Visits Checklist for Clinicians

Phone Monitoring Checklist

- ❒ Patient selection criteria
  - Use telephone (hear, answer, talk)
  - Accept use of phone monitoring
  - Able to self-monitor
- ❒ Confidentiality
  - Conduct calls in private area
- ❒ Scheduling
  - Plan and schedule phone encounters on your day/week's schedule
  - Account for time
  - Coordinate with:
    - Onsite visits
    - Other discipline visits
- ❒ Assessment Guides
  - Use guides to assist with complete phone assessment
- ❒ Documentation
  - Always document!
  - Use agency approved form
- ❒ Patient Education
  - Why phone monitoring?
  - Who will call?
  - Call schedule
  - Phone safety
  - Self-monitoring

Frontloading Visits Checklist

- ❒ Patient selection criteria
  - High-risk for hospitalization
  - Chronic diseases
  - Hospitalized frequently
  - Calls agency frequently
- ❒ Confidentiality
  - Maintain patient confidentiality
- ❒ Scheduling
  - Coordinate with:
    - Phone monitoring encounters
    - Other discipline visits
- ❒ Visit Guides
  - Use agency care pathways (if available) for chronic diseases
- ❒ Documentation
  - Always document!
  - Demonstrate need for frontloading
- ❒ Patient Education
  - Review onsite visit schedule and phone monitoring schedule
  - Self-monitoring

Phone Monitoring and Frontloading Visits Scenario and Outcomes

These scenarios demonstrate a patient **with** and **without** phone monitoring and frontloading visits. Overall visits may be better coordinated and number of visits may be reduced with phone monitoring and frontloading.

However, the principal focus of frontloading visits and phone monitoring is better patient care and improved patient outcomes.

One patient scenario… **Two** outcomes

Mrs. J was admitted to home care with a diagnosis of CHF, atrial fibrillation, deconditioning and history of CVA. She lives alone, but her daughter lives nearby and does her shopping, errands and takes Mrs. J to doctor's appointments. This is her second hospitalization this year. She is on several medications and had changes to her medication regimen during her recent hospitalization. Mrs. J was admitted to homecare on Friday for nursing. The nurse called the physician and requested PT orders for strengthening exercises and aide orders for personal care assistance. Referrals received for PT 2-3 x week for 4 weeks and aide 1-2x week for 3 weeks. PT planned an evaluation visit the following Monday. The patient's daughter had prescriptions filled and brought them to her mother on the day of admission.

Outcome 1: Scheduled for SN visit 1x week for 9 weeks. The patient developed edema and shortness of breath on Sunday. The patient did not tell her daughter about the edema or breathing difficulty. The physical therapist called the nurse during Monday's evaluation visit to report the patient was very weak and noticeably short of breath. An ambulance was called and the **patient was readmitted to the hospital.**

Outcome 2: Scheduled for SN visits daily x 2, then 1-2x week for 4 weeks. The patient developed edema and shortness of breath over the weekend and was not sure if she should tell anyone. A phone monitoring encounter occurred on Sunday. After a thorough phone assessment, the patient told the nurse about her edema and shortness of breath. A PRN SN visit was made, the patient's physician contacted and diuretic increased. The on- call nurse called Sunday night to do an additional phone assessment. The physical therapist visited Monday and checked the patient for edema and asked about shortness of breath. The patient was feeling better and was able to participate in physical therapy. An onsite visit or phone monitoring encounter occurred every day for the first seven days of service (total four nursing visits, two PT visits, and two home health aide visits, and 4 phone encounters). **The patient was discharged in four weeks, knowledgeable of medications, treatment and physically stronger.**

Staff Education Tool:

Heart Failure: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:

• To check for current signs or symptoms of worsening HF	• To promote early action for worsening HF
• To answer any questions you may have about HF	• To help you to overcome problems with self-care management

ASSESSMENT OF CURRENT CONDITION- Questions to ask:

How have you felt since the last telephone call/home visit? __Better __Same __Worse	What is your weight today? _____ • How does that compare to previous weights?	What is your level of shortness of breath (0-10 scale) When does shortness of breath occur – with activity or at rest?
Are you feeling more tired than usual?	Are there any changes in your cough? __New cough __How often __When __Mucous production	Are there any changes in your leg, ankle, abdomen swelling?
Have you had any episodes of chest pain? • When did pain occur – with activity or at rest? • Actions taken	Have you had any episodes of dizziness or lightheadedness? • When did this occur- with activity, with standing, or other position changes?	Medication use • Are all prescriptions currently filled?
Any problems with taking medications? • Any evidence of side effects?	Describe current level of activity and exercise	Are there any other problems that you can tell me about?

REINFORCE AND PROVIDE PATIENT EDUCATION BASED UPON ABOVE ASSESSMENT AND ANY PATIENT QUESTIONS/CONCERNS:

When to call the home care agency/when to call the physician • Review Patient HF Action Plan	Medication teaching • Purpose of medications • Side effects • Scheduling doses • Missed doses and actions to take	Dietary implications • Low sodium diet • Avoid alcohol • Other as prescribed:
Activity and exercise • Self-monitoring for fatigue and shortness of breath • Symptoms indicating need to stop and rest	Physician follow-up • Has appointment	**Other interventions taken as a result of assessment:** • Telephone call to physician regarding: ______________________ • Initiate actions o (use **HF Decision Support Tool**)

This material is provided by OASIS Answers, www.oasisanswers.com

Staff Education Tool:

COPD: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:

• To check for current signs or symptoms of worsening COPD	• To promote early action for worsening COPD
• To answer any questions you may have about COPD	• To help you to overcome problems with self-care management

ASSESSMENT OF CURRENT CONDITION- Questions to ask:

How have you felt since the last telephone call/home visit? __Better __Same __Worse	What is your level of shortness of breath (0-10 scale) When does shortness of breath occur – with activity or at rest?	Are you feeling more tired than usual?
Are there any changes in your cough? __New cough __How often __When __Mucous production	Are there any changes in your leg, ankle, abdomen swelling?	Have you had any episodes of chest pain? • When did pain occur – with activity or at rest? • Actions taken
Do you have any feelings of restlessness, or confusion?	Have you had any episodes of dizziness or lightheadedness? • When did this occur? - with activity - with standing or other position changes?	Medication use • Are all prescriptions currently filled? • Any problems with taking medications? • Any evidence of side effects?
Are you using Oxygen as prescribed?	Describe current level of activity and exercise	Are there any other problems that you can tell me about?

REINFORCE AND PROVIDE PATIENT EDUCATION BASED UPON ABOVE ASSESSMENT AND ANY PATIENT QUESTIONS/CONCERNS:

When to call the home care agency/when to call the physician • Review Patient COPD Action Plan	Medication teaching • Purpose of medications • Side effects • Scheduling doses • Missed doses and actions to take	Dietary implications
Activity and exercise • Self-monitoring for fatigue and shortness of breath • Symptoms indicating need to stop and rest	Physician follow-up • Has appointment	**Other interventions taken as a result of assessment:** • Telephone call to physician regarding: ______________________________ • Initiate actions (use **COPD Decision Support Tool**)

Staff Education Tool:

Diabetes: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:	
• To check for current signs or symptoms related to your diabetes and other conditions	• To promote early action for changes in condition
• To answer any questions you may have about diabetes	• To help you to overcome problems with self-care management

ASSESSMENT OF CURRENT CONDITION- Questions to ask:

How have you felt since the last telephone call/home visit? __Better __Same __Worse	Review patient "Personal Plan" from **Patient Self-Care Workbook** (if identified and completed): Review patient identified goal(s) and progress towards goal(s)	What have your blood glucose levels been? • Before meals • At bedtime • Other times
What types of problems (if any) have you been having in managing your diabetes?	Any hypoglycemic reactions since last phone call/home visit?	Describe current level of activity and exercise
Medication use • Are all prescriptions currently filled? • Any problems with taking medications? • Any evidence of side effects?	Have you checked your feet today? • Any changes, new sores? • Have you washed, dried, and put lotion on your feet? • Are you wearing the right (well-fitting) footwear at all times?	If patient/caregiver performing wound care: • Have you done your wound care? • Any problems or changes in the condition of your wound (such as changes in drainage, pain, swelling)?

Are there any other problems that you can tell me about?

- Changes in vision?
- Increased fatigue?
- Episodes of chest pain? (When did pain occur? With activity? Or at rest?)
- Other?

This material is provided by OASIS Answers, www.oasisanswers.com

Staff Education Tool:

Cancer: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:

• To check for current signs or symptoms related to your condition	• To promote early action for changes in condition
• To answer any questions you may have about your symptoms or treatment	• To help you to overcome problems with self-care management

ASSESSMENT OF CURRENT CONDITION- Questions to ask:

How have you felt since the last telephone call/home visit? __Better __Same __Worse	Review patient "Personal Plan" from **Patient Self-Care Workbook** (if identified and completed): Review patient identified goal(s) and progress towards goal(s)	What types of problems (if any) have you been having in managing your cancer / chemotherapy / symptoms ?
How would you describe your appetite? • Can you tell me what you have eaten in the last 24 hours? • How many glasses of liquids have you drank in the last 24 hours? • Can you tell me what you think is keeping you from eating? o Nausea and vomiting? ▪ Have you been taking your medications and have they worked to control nausea and vomiting? o Any soreness, burning in the mouth; difficulty swallowing? o Other?	Are you having any pain? Location? What is your current pain level using (0-10) scale? • Review patient's current pain goal • Are there times when your pain is worse or better? • Are you taking your pain medication on schedule? • Have you used breakthrough pain pills? (alternatively, intravenous/subcutaneous infusion bolus doses) o How often? o How many times in the last 24 hours? o What is your pain level after you take the breakthrough pain pills?	Describe current level of activity • Changes in level? • Increased fatigue? What is your current temperature? • Has it been any higher? • Any chills? Are you having any shortness of breath? • When does it occur? • How would you rate your shortness of breath using a 0-10 scale?
Medication use • Are all prescriptions currently filled? • Any problems with taking medications? • Any evidence of side effects?	When was your last bowel movement? • Any changes in consistency or color, straining?	Are there any other problems that you can tell me about?

Medication Management: Phone Monitoring Assessment Guide

<table>
<tr><td colspan="3">REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:</td></tr>
<tr><td>• To review medication regime</td><td colspan="2">• To assess for side effects/interaction</td></tr>
<tr><td colspan="3">ASSESSMENT OF CURRENT STATUS- Questions to ask:</td></tr>
<tr><td>What medicines have you taken today?</td><td>What medicines will you take before your evening meal?</td><td>What medicines will you take at bedtime?</td></tr>
<tr><td>Do you ever forget to take your medications?
If yes, what?</td><td>Can you tell me how many refills you have left for that prescription?</td><td>Are you taking any new medicines since the nurse/therapist last saw you?</td></tr>
<tr><td>Which doctor gave you that prescription?</td><td>What pharmacy filled that prescription? Does that pharmacy fill all of your prescriptions?</td><td>Are you taking any different non-prescription products (OTC and herbal) since the nurse/therapist last saw you? If yes, what and why?</td></tr>
<tr><td>Do you ever take anything for pain?
If yes, what?</td><td>Are you experiencing any symptoms that you think might be related to your medicines?</td><td>Are you having any problems paying for your medications?</td></tr>
<tr><td colspan="3">PROVIDE PATIENT EDUCATION BASED UPON ASSESSMENT AND ANY PATIENT QUESTIONS/CONCERNS</td></tr>
<tr><td>When to refill medications</td><td>Purpose of medications</td><td>Potential side effects to watch for</td></tr>
<tr><td></td><td>Scheduling of medications</td><td>Other interventions taken as a result of assessment:
• Telephone call to physician regarding:_______________
• Update to nurse making next visit</td></tr>
</table>

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number : 8SOW-PA-HHQ07.460 App. 05/10/2007

This is a sample of a narrative documentation for a phone monitoring encounter. A blank template is located on www.homehealthquality.org. The COPD: Phone Monitoring Assessment Guide was used to direct this assessment.

Phone Monitoring Patient Encounter Form (Narrative)

Reason for Phone Monitoring: High-risk for hospitalization with several exacerbations of COPD in past 6-9 months

Patient Name: *Mrs. T.*	**MR #:** *xxxxxxxxxxx*	**Phone Monitoring Frequency:** *2 x wk*
Patient Phone: XXXXXXXXXX		**Next Call Scheduled for**: *6/18/07* @ 1 p.m.
MD: *Dr. Jones*	**Phone:** *xxxxxxxxxx*	**Onsite Visit Schedule:**
Phone Encounter Date: 6/16/07	**Time:** *1:00 p.m.*	SN 2 x wk x 2 wk; 1 x wk x 2 wk; HH Aide 2 x wk x 1 wk
SOC Date: 6/12/07	**ROC Date:** __/__/___	**Next Onsite Visit Scheduled for:** *6/19/07*

Phone Assessment Findings: (*Determine changes as applicable since last contact*):

Patient states she feels "about the same" as last call on 6/13/07. Patient reports a breathlessness score of 7 on a 1-10 scale of breathlessness with 10 being the worst. Feels "tired" per usual". Reports non-productive cough at night that has begun since our last phone contact, worse when first goes to bed; notes she is still able to sleep approximately six hours per night; rescue inhaler brings relief—only has needed at night since last phone contact; began using two pillows at night two nights ago. Swelling of legs/ankles reported to be "same." Denies anxiousness or dizziness. Reported that control medication prescription expired and she has not taken the medication since last call. "I am going to wait until my doctor appointment in July (3 weeks) to get refill." Continues to use O_2 at 2 l/m at night as ordered; reports needing O_2 for approximately 10 minutes after doing dishes last evening (O_2 is ordered on prn basis also).

Education/Instructions Provided: ***(Include patient/caregiver response)***

Reviewed current medication with emphasis on the use of her maintenance and rescue inhalers. Explained the importance of not stopping maintenance inhaler—stated she understood better why this was important. I offered to call her physician for a new prescription to be called to her pharmacy and she agreed. States she will immediately resume using it as ordered once she receives the refill. Also reviewed oxygen parameters as ordered by physician and safety aspects. Patient very cooperative during call and reports appreciating phone contacts. These calls help me "stay on track with things".

Actions Taken Based Upon Call Encounter Findings:

Contacted primary nurse to observe patient using inhaler at next visit. Notified patient's daughter of the need to pick up inhaler at pharmacy. Informed daughter of findings from call and the importance of patient using inhaleras ordered. She agreed to assist with monitoring patient's use.

Follow-up Needed:

Ensure phone encounters and onsite visits continue as scheduled, patient symptoms are not completely controlled at this time and patient still needs coaching with self-management of her illness.

Staff Signature/Credentials: Nancy Nurse, RN

The following is a sample of a phone monitoring patient encounter checklist form that could be used for disease-specific phone monitoring. The template is located on www.homehealthquality.org

CHF Phone Monitoring Checklist

Patient Name: ____

Medical Record Number: ___________ Date: __/__/____ Time: ____

Spoke with: ____

Phone Monitoring Call Schedule: ____________________ Next call: _______________

Onsite Visit Schedule: ____________________ Next visit: ______________

Weight: ____________ Increase or decrease from last assessment: ___lbs.

Swelling of feet/ankles (subjective): Yes/No

Blood Pressure: __________ Shortness of breath (subjective): Yes/No

Pulse (full minute):____________________

Respirations/minute:___________________

Diet/Sodium intake (past 24 hours):_________________________

Patient complaints:

____

____

Medication Regime Reviewed with Patient/Caregiver: __________________________

Instruction:

S/S of Exacerbation of CHF (specify)____

Emergency Plan (specify)____

Medication (specify)____

Activity (specify)____

Diet (specify)____

Other (specify)____

Additional notes (if needed): ____

Staff Signature/Credentials: _______________________

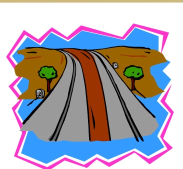
Phone Monitoring and Frontloading Visits

Leadership Action Items

Does your agency do <u>structured</u> phone monitoring and frontloading visits?

Choose one track (Leadership Path, this page and Leadership Highway, next page) based upon your answer. Check all the action items you **<u>may</u>** want to execute at your agency.

If NO (Leadership Path)	
❑	Develop team of leadership and interdisciplinary staff to develop processes/protocol for phone monitoring and frontloading visits
❑	Contact another agency of similar size that uses phone monitoring and frontloading visits to determine how they implemented the process
❑	Review **Hospitalization Risk Assessment** and add phone monitoring and visit patterns (standards) for high-risk patients on the risk assessment form
❑	Select a **specific** patient population to pilot phone monitoring and/or frontloading visits (e.g., high-risk patients, CHF, COPD)
❑	Start small and spread in agency (e.g. one team or one branch)
❑	Utilize champion clinicians to be the primary providers initially to begin the pilot
❑	Create or modify current interdisciplinary meetings (face-to-face or teleconference) to facilitate good communication between disciplines related to: • Potential or identified issues that could lead to hospitalization • Progression toward the achievement of patient-centered goals • Short term patient/caregiver objectives or homework • Reinforcement of each discipline's goals, teaching or homework • Coordination of schedules
❑	Recognize and reward clinician(s)/team(s) when hospitalization is avoided with phone monitoring and/or frontloading
❑	Review HHQI Data reports and assess if the ***Hospitalization by Day of the Week*** report may offer suggestions for planning phone monitoring or frontloading visits



Does your agency do structured phone monitoring?
Choose one track based upon your answer. Check all the action items you **may** want to execute at your agency.

If YES (Leadership Highway)
Processes:
❑ Review current processes for phone monitoring and frontloading visits
❑ Is it clear to staff which patients are to receive phone monitoring and frontloading?
❑ Are patients at high-risk for hospitalization prioritized for phone monitoring and frontloading?
❑ Do processes for phone monitoring include patient selection criteria and patient education?
❑ Is phone monitoring offered to patients that have been identified as having non-adherence factors?
❑ Is phone monitoring offered to patients that have potential medication complications including: newly ordered medications with risks for side effects, have had adverse events related to medications, taking more than nine medications…
Scheduling:
❑ Review scheduling process for phone monitoring
❑ Is phone monitoring incorporated into clinician schedule?
❑ Does current scheduling process need revision to allow for inclusion of phone monitoring?
❑ Self-scheduling: clinicians may not be adding phone visits and thus extending their day
❑ Central scheduler: may not see phone encounter as a real visit and either overloads clinician schedule or forgets to add to schedule
❑ Is adequate time given for phone monitoring encounters?
❑ Review HHQI Data reports and assess if the ***Hospitalization by Day of the Week*** may offer suggestions for planning phone monitoring or frontloading visits
Staff Education and Involvement:
❑ Does additional staff education need to occur to inform clinicians of processes for phone monitoring and frontloading visits?
❑ Ask staff to share individual patient success stories as a result of phone monitoring and frontloading visits.
❑ Encourage staff to brainstorm to improve processes for phone monitoring and frontloading visits.
Evaluation:
❑ Monitor (chart audits or patient interviews) to evaluate if phone monitoring and frontloading visits occurs per protocol
❑ Share results of monitoring at staff meetings or through other means of communication
❑ May need to meet with individuals who do not comply with protocols for phone monitoring and frontloading
❑ Reward clinicians who value and adhere to processes

Care Coordination:

- ❑ Do disciplines work together to ensure patient is not overloaded with visits, but visits occur as a plan?
- ❑ Do disciplines work together to support each other? (i.e., home health aide reminds patient to complete exercises assigned by therapist; PT checks patient blood pressure and reports to nurse)
- ❑ Do agency processes allow for interdisciplinary communication? (voice mail, e-mail, case conferences)
- ❑ Do case conferences discuss optimum visit schedule for patient, support for phone monitoring?

Suggestions for Leadership Involvement:

Home health administrators can:

- Establish policies and directives for phone monitoring and frontloading visits utilizing current agency forms and tools
- Incorporate phone monitoring and/or frontloading visits interventions into hospitalization risk assessment
- Determine the specific populations that need to be targeted
- Revise current workloads to include phone monitoring and frontloading visits

Clinical managers can:

- Assist clinicians with scheduling phone monitoring encounters
- Coordinate discipline schedules to maximize the patient visits (including home health aides)
- Develop phone monitoring scripts to assist clinicians to maximize the consistency and effectiveness of the calls

Quality improvement leadership can:

- Educate all staff regarding phone monitoring and frontloading visits principles, processes and applications
- Monitor to determine if phone monitoring is actually occurring as planned.
- Determine if appropriate patients are being selected
- Share patient case studies and/or success stories that describe how these interventions prevented hospitalizations

Leadership Action Plan

Using the Leadership Action Items (previous three pages), request that your leadership team members select and prioritize **two to four items** that they want to implement or modify. Remember, you will have four weeks to review, plan and implement some key action items. Another important best practice intervention will be released at the beginning of the following month.

You may choose to add more action items after accomplishing your priority action items.

Date	Action	By Whom	Status
	Review care discipline tracks to determine what portions of this **Best Practice Package – Phone Monitoring and Frontloading Visits** that you choose to use and how you want to utilize.		

"If you aren't going to see someone on Friday, they get a call. If there is a problem, we can address it on Friday instead of trying to handle it over the weekend. Our access to doctors is much more limited over the weekend. This practice has definitely decreased the number of weekend calls from patients."

Jacke Walker, RN, Clinical Supervisor
Wright Memorial Home Health
Trenton, MO

(Watch for more information about this agency being featured and sharing more information on how they have significantly reduced their ACH rates using a variety of best practice interventions this ***July*** *on the national* ***Transformational Grand Rounds*** *Teleconference/WebEx)*

Implementation Tools: How to Use
Phone Monitoring and Frontloading Visits

Patient & Family Connection
- Re-evaluate how your agency culture may be strengthened related to patient/caregiver self-management
- Assess patient goals for home care and determine if they support the patient toward achieving optimal independence and discharge from the home care setting, while remaining in his/her home

Physician Connection
- Utilize this information with your physician liaisons, clinical managers, intake staff or anyone who contacts physicians frequently
- Consider marketing phone monitoring and frontloading visits to increase referrals

Hospice & Palliative Connection
- Learn from the hospice and palliative community and transfer that knowledge into homecare process/system change
- Provide staff with the knowledge necessary to complete a focused phone assessment by using good phone communication skills and by asking the right questions

Hospital Connection
- Share this document with your physician liaisons, intake staff, managers, weekend managers and on-call staff
- Consider marketing phone monitoring and frontloading visits to increase referrals to your agency

Managed Care Connection
- Use this document as an educational tool for managers or clinicians to provide enough assessment information to secure sufficient visits for frontloading. Reassess continued skilled needs for discharge planning
- Allow phone monitoring to supplement managed care- authorized visits to provide quality care to patient

HHQI Phone Monitoring & Frontloading Visits and Telehealth Posters
- Use campaign posters as visual reminder of HHQI interventions to reduce avoidable hospitalizations
- Display telehealth poster around agency to show benefits of all aspects of telehealth

Success Stories
- Read at staff meetings, distribute in mail boxes, post on bulletin boards

Patient & Family Connection

(Self-Management)
Phone Monitoring and Frontloading Visits

Phone Monitoring provides clinicians with an opportunity to:

- Assess patient progress with self-management activities, including treatments, ADLs, including medication management and exercise program.
- Schedule visits, according to patient needs.
  Example: Make visit sooner or postpone visit based upon progress/problems reported during phone encounter

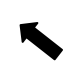
Progression of the Home Health Episode

Patient/caregiver able to self-manage & is **DISCHARGED**

Patient/caregiver becoming **INDEPENDENT**

Clinicians **COACH OR SPOT the** patient/caregiver

Clinicians **INSTRUCT OR TRAIN** patient/caregiver



Patient/caregiver must understand their progress **TOWARDS** self-management is dependent on their adherence with self-care activities, homework, …

Frontloading Visits allows clinician the opportunity to:

- Provide more intensive teaching early in the episode.
- Coordinate visits to avoid overwhelming or overtaxing the patient.
- Taper off visits as patient begins to self-manage.

Physician Connection

Phone Monitoring and Frontloading Visits

Phone Monitoring: Emphasize with physicians—**phone monitoring** is telephone support used to promote the **management of chronic disease with patients at risk for rehospitalization**

Key: Phone monitoring: Increased monitoring and effective communication with the patient/caregiver should support reducing avoidable hospitalizations

Standing Orders/Parameters: Provide the home health agency with the opportunity to intervene when a problem is identified during a phone assessment. This may **reduce disruptive calls to physicians**. Can be a **significant component** to managing chronic patients at home.

Examples of Standing Orders/Parameters:

- Additional Visits: PRN visit for increased temperature, change in wound drainage
- Medications: Increase Lasix to 40 mg if weight increases more than 3 lb in 24 hrs
- Treatments: May change foley catheter q 4 weeks and PRN if not draining properly

What the doctor said…

Dr. Jane Pederson, Medical Director, Stratis Health: "To **strengthen receptiveness to request for standing orders**, home health agencies should share their policies - e.g., 'How/when weights are checked and how weights are evaluated for accuracy.' Physicians worry about making dosage adjustments and need to trust the data!"

Dr. Tim Gutshall, Clinical Coordinator, Iowa Foundation for Medical Care: "As an ED doctor—when someone calls me, I must assess if that person knows what he or she is talking about - **use SBAR!** There is a great deal of difference between, 'Doctor, the patient has been gaining weight' versus 'Patient has gained this amount of weight/day(s) and we have used…before. Could we try…?' "

(SBAR is a technique to improve communications, for more information go to www.medqic.org under home health)

Dr. David Wenner, Medical Director, Quality Insights of Pennsylvania: "As a physician, I have **increased confidence** in a home health agency that informs me they are calling patients and doing phone assessments as well as visiting them."

Key: Establish nurse-physician trust through opportunities to meet face-to-face. You will have better buy-in for standing orders/parameters and changes in visit frequency if you know the person on the other end of the phone.

Frontloading visits: **Emphasize visit intensity** to assist with the management of patients at high-risk for hospitalization. Physicians will trust the nurse's recommendations **if they know the nurse!**

Hospice and Palliative Connection

Phone Monitoring and Frontloading Visits

Phone monitoring can be one of the most cost-effective methods of assuring goals of care are being met. Traditionally, hospice has incorporated phone calls into their care for assessment, education, and the initiation of early interventions.

Being **proactive** is essential for success when monitoring a patient by phone. Anticipating issues and addressing methods of prevention can simplify and prevent unwanted and unnecessary complications.

When corresponding with patient and family, being able to ask the right questions to obtain the best information is a genuine skill.

- Is weight gain being prevented?
- Is the reported pain level within the goals set by the patient?
- Are the medications being taken correctly?
- Were the instructions provided on the last visit understood and followed?

Many, many more questions must be asked!

(For more examples see the Cancer: Phone Monitoring Assessment Guide on page 23)

Frontloading visits can be advantageous for preventing avoidable hospitalizations. Experience from hospice and palliative care shows that patients and families are very anxious the first few days or first week after a hospitalization. They feel overwhelmed and need frequent reassurance. Hospice and palliative care usually provides daily visits initially to assist with the adjustment to home and for teaching patients and caregivers to manage their immediate needs. Many patients in home care experience the same adjustment needs and need the same intensive early intensity of intervention. The presence of a staff member in the home daily for the first couple of days (any discipline) helps to reassure patients and provides for the early development and reinforcement of emergency care planning.

> "Assuring the nurse conducting the phone call is knowledgeable of the patient's plan of care, pre-determined goals and the patient and family needs will produce a positive outcome for all involved."
>
> - Judy Lentz, CEO, Hospice and Palliative Nurses Association

Hospital Connection

Phone Monitoring and Frontloading Visits

Phone Monitoring:

- Can be initiated **on the day of hospital discharge** - as soon as referral is received.
- Can **ease the transition** between health care settings and reduce confusion and anxiety for the patient/caregiver.
- Can be used to **begin emergency planning, explain purpose of home health, and to achieve goal of assisting patient to stay home** on very first call; more than simply introducing yourself and obtaining directions.
- Can be used to **call patient at high-risk for hospitalization the evening of hospital discharge/before home care admission;** schedule intake staff or case managers to make the call.

Market to hospital discharge planners:

- Explain agency's phone monitoring process:
  - Decrease patient/caregiver confusion between transitions from hospital to home - **Phone monitoring begins on day of hospital discharge!**
  - **Continue phone monitoring** patients **with a high-risk of hospitalization** to keep chronic, frail patients from being rehospitalized.

Frontloading Visits:

- Visit schedule often recommended on referral from hospital.
- **Develop collaborative approach** between physicians, hospital discharge planners and home health staff to establish a visit frequency appropriate for the patient, **including frontloading visits** when appropriate.

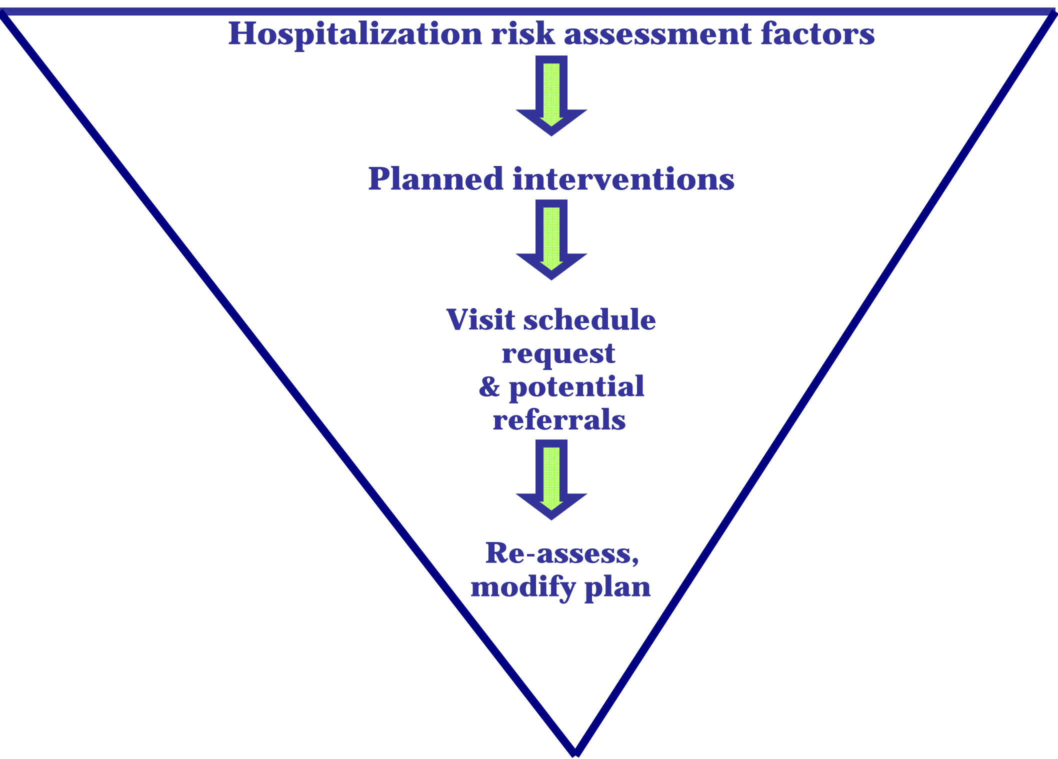
Market to Hospital Discharge Planners:

- Explain agency's frontloading visits process.
  - Assure that **initial, intensive visit frequency** will support keeping chronic, frail patients from being rehospitalized.

Managed Care Connection

Phone Monitoring and Frontloading Visits

Clinicians must clearly articulate to managed care payers:



Assessment:
Mrs. A lives alone and has been hospitalized three times in the past six months with non-healing ulcers of right lower leg (include wound description: size, depth, tunneling, undermining, wound base, amount & description of drainage, edema at site, etc.). Her diagnosis also includes insulin dependent diabetes mellitus (IDDM) and history of COPD. Her insulin was increased (provide specifics: dose, date of last change, any oral diabetic medications). Ambulation is unsteady for 20 feet with no device, using furniture and walls for support. Patient unable to bathe independently, secondary to weakness and unsteady balance. Mrs. A is identified at risk for falls and hospitalization.

Planned Interventions:
Skilled nursing to instruct patient in wound care, medication regime and safety. Home health aide to assist with personal care until patient regains strength. Physical therapy evaluation to assess ambulation, safety and determine if ambulation device is needed.

Visit Schedule Request:
Nursing daily x 3 then 3 x wk x 1 wk. Home heath aide 3 x wk x 1 wk. PT x 1 to evaluate.

Key: Allow phone monitoring to supplement managed care authorized visits to provide quality care to patients based upon medical necessity.

Phone Monitoring & Frontloading Visits

Are you routinely scheduling phone calls to patients identified at risk for hospitalization?

Benefits of Phone Monitoring

- Communicating frequently with at-risk patients
- Intervening earlier with patient status decline
- Managing resources, especially staffing, more effectively

Are you providing more visits early in the episode?

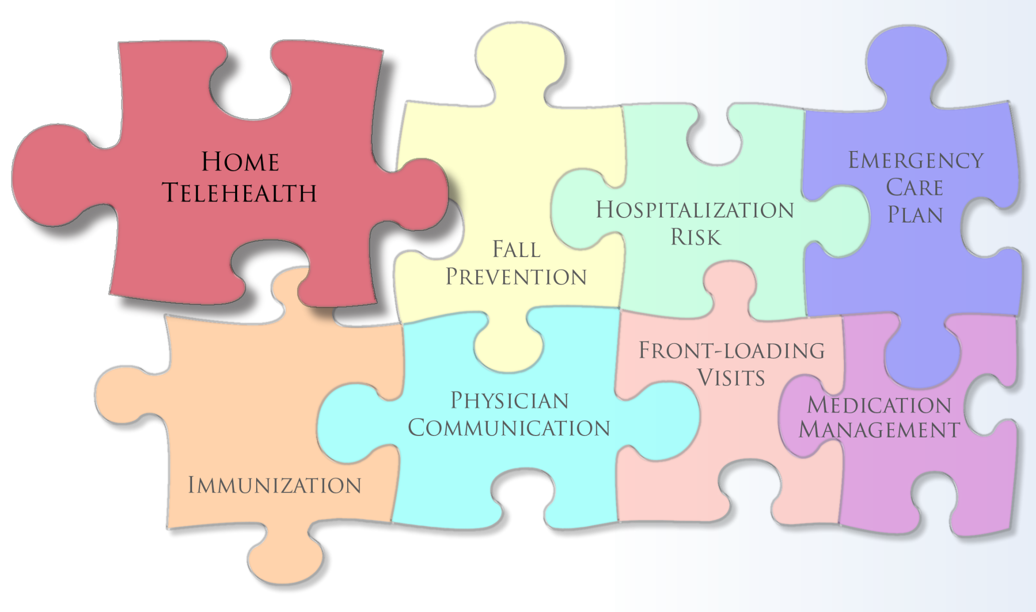
Benefits of Frontloading

- Identifying deteriorating signs and symptoms earlier
- Implementing interventions early in the episode
- Initiating and reinforcing patient education, including emergency care planning

Goal of Phone Monitoring and Frontloading – Reduce avoidable ACH

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number 8SOW-PA-HHQ07.453 App. 5/07/07.

Home telehealth... a piece of the puzzle in reducing acute care hospitalizations



- Home telehealth is one of the many strategies used to reduce avoidable acute care hospitalizations
- Home telehealth includes:
  - Teletriage
  - Phone monitoring
  - Telemonitoring
- Home telehealth assists physicians and home health agencies in managing their patients more timely, efficiently & effectively

This material was prepared by Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization Support Center for Home Health, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number 8SOW-PA-HHQ06.173.

Additional Resources

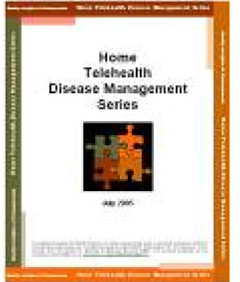
GMCF Heart Failure Tool Kit

GMCF Heart Failure Tool Kit

http://www.gmcf.org/home_health/heart_failure_tools.shtml

While not all hospitalizations of CHF patients are avoidable, this tool kit is designed to help home health nurses and physicians prevent hospitalization by early identification of high-risk patients, recognition of new or worsening symptoms, and proactive management. It includes tools for patient education, high-risk identification, **phone monitoring**, protocols for CHF symptoms and physician communication.

Home Telehealth Disease Management Series

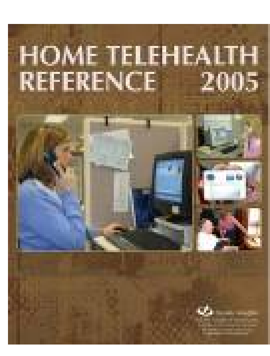


www.medqic.org

The Home Telehealth Disease Management Series provides clinicians with a package of tools to improve the management of heart failure, COPD, cancer, and diabetes through the incorporation of telehealth. Each disease topic includes patient selection criteria, decision support tool, patient encounter documentation tool, patient self-care workbook, and staff education guide including **phone assessment guides**.

Home Telehealth Reference 2005

www.medqic.org



QIO- created binder developed to offer assistance to home health agencies in implementing and utilizing home telehealth to improve the outcome of acute care hospitalizations. Resources for **phone monitoring** planning with a sample protocol, policy and documentation form are included.

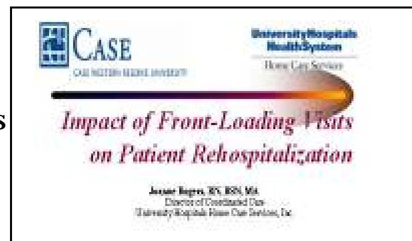
Home Telehealth ACH Connection Poster

www.medqic.org

8.5 x 11 color flyer that addresses telehealth (including **phone monitoring**, teletriage and telemonitoring) as an intervention to reduce hospitalizations.

The Impact of Frontloading Visits on Patient Rehospitalization

www.medqic.org



Thirty- five minute audio recording by Joanne Rogers reviews the results of an agency case study on rehospitalization rates for high-risk patients using **frontloading visits**. The study focuses on heart failure and diabetes patients. Included are carepath guidelines and telehealth schedules, which, in addition to agency-specific visit patterns, produce impressive results.

Best Practice Intervention Package

References

Quality Insights of Pennsylvania. 2006. Home Telehealth Reference 2006 – 2007. www.medqic.org.

Quality Insights of Pennsylvania. 2005. Home Telehealth Reference 2005. www.medqic.org.

Rogers, J, Perlic, M, Madigan, EA. 2007. The Effect of Frontloading Visits on Patient Outcomes, *Home Healthcare Nurse* 25(2): 1102-109

Phone Monitoring and Frontloading Visits

Post-Test Answer Keys

Each track of the Best Practice Intervention Package has a post-test that providers may choose to complete after reviewing the track and completing the activities.

For the **Phone Monitoring and Frontloading Visits** package, the post-tests are found on the following pages:
Nurse Track – page 52
Therapy Track – page 62
Medical Social Work Track – page 67
Home Health Aide Track – page 74

Use the answer keys below to score the post-tests included with the **Best Practice Intervention Package - Phone Monitoring and Frontloading.**

Nursing Post-Test Answers:
1. C
2. E
3. A
4. E
5. A

Therapy Post-Test Answers:
1. C
2. E
3. A
4. E
5. A

Medical Social Worker Post-Test Answers:
1. C
2. E
3. E
4. A
5. E

Home Health Aide Post-Test Answers:
1. A
2. D
3. A
4. D
5. B