

## Progress Report #7

### Providing Responsive Care Through Telehealth Strategies to Reduce Hospital Admissions and Enhance Quality of Life

CMP Grant – LeadingAge Ohio, Optimized Care Network  
January 1 – March 31, 2019

The following outlines the progress made on the above-named grant from January 1 through March 31, 2019:

1. During this quarter, telehealth care was incorporated in the care of 16 residents at Green Hills, with the overall number for the term of the grant being 51.
2. Per last quarter's report, in order for the project not to flow into the next fiscal year, analysis and report writing will be accomplished in May and June 2019 as originally outlined and funded in the grant. An updated/final report will be completed by September 1, 2019 and submitted to the Ohio Department of Medicaid (to include final overall reporting after extension of telehealth through May and June). Any costs associated with this final report will be absorbed by LeadingAge Ohio.

### **The following provide insight into example telehealth scenarios and outcomes at Green Hills Community this quarter.**

Telehealth was used:

- to exam a laceration to the bottom of a resident's toe as she was demanding to be sent to the ER. After examining the wound and also allowing the resident to see the extent of the injury, she agreed that it did not warrant a trip to the ER.
- for resident with a rash on her face, neck, and back. The physician was able to examine the rash with the use of the camera feature and prescribe an antibiotic along with a cream to treat the areas. This saved the resident (who also resides in our secure dementia unit) from being transported out of the facility to another provider. Transports like these with a severely demented person are detrimental to their well-being as this is very confusing for them when they are removed from their typical surroundings.
- to perform an EKG for a resident would have otherwise have been sent to the ER (where the test would have been performed).
- for a resident with burst blood vessels in his eye. A picture was taken using the camera so staff could compare the improvements over time (within the week) to determine if further action was required.
- to evaluate for wax buildup in a resident's ears.
- to exam a resident's ear which ultimately resulted in ear irrigation.

In addition, Green Hills reported that they were also able to utilize the camera to compare a resident's blood shot eye that was discharging. The resident was comforted and anxiety eased when able to see the improvement.

In addition the following situations utilized telehealth:

A resident was seen via telehealth last week for excessive bruising in upper extremities along with being on multiple blood thinners. The physician was able to see the extent of the bruising and make the appropriate medication changes and lab orders.

A gentleman was admitted to Green Hills for altered mental status with a history of brain tumor. He began having a change in condition which did not improve. The doctor was able to see the resident using telehealth and decided that he did, in fact, need to be seen in the ER for a more thorough workup.

The doctor was also able to order an antidepressant for a short-term resident that was not handling his new situation quite as he felt he should. This was a very short visit and saved the facility time and money transporting him to another Dr or having him wait until the Dr was in on rounds the next week.

Resident was having increased levels of confusion and also redness to lower extremities. Telehealth made it possible for the Dr to exam the resident and make the appropriate order changes. The altered level of confusion could have very easily turned into an ER visit.

Resident was complaining of pain in her hip that she stated was not x-ray'd at the hospital after her fall that brought her to Green Hills. Dr was able to see the resident and order an x-ray without her needing to follow up with ortho until warranted. The x-ray was able to be obtained in house, as well.

The camera feature of telehealth was used to evaluate a herniated stoma over time. Using this feature, staff were able to see the difference in herniation from one day to the next. The video portion with the Dr was not used as this resident tended to paranoia; staff worried that the Dr being on the screen would cause confusion and agitation.

A resident presented with new onset of shaking/tremors and was seen by the Dr via telehealth. This interaction allowed the Dr to observe the shaking and also discuss options with the resident's husband. It was determined that labs were to be drawn and a trip to the ER was not warranted.

Progress report submitted April 15, 2019 by:

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