

Progress Report #3

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, 2018

The following outlines the progress made on the above-named grant from January 1 through March 31, 2018:

1. Optimized Care Network staff, Green Hills Community IT staff, and GlobalMed implemented a tech refresh to enhance connectivity capabilities with families and specialists through the telehealth platform at Green Hills. This technology capability is already in place at Ohio Eastern Star Home.
2. Nursing staff and the medical directors have been trained and each of the communities is routinely utilizing the telehealth platforms for the care of residents.
3. The nursing staff at the Ohio Eastern Star Home required additional training in order to adapt to the technology and associated approach to care through telehealth. As of this writing, they have embraced it and are incorporating telehealth into their workflow whenever appropriate.
4. A change in the Medical Director position at the Ohio Eastern Star Home occurred during this timeframe which affected 24/7 availability and on call staffing that could influence the use of the telehealth equipment for patient assessment during the night-time hours. The leadership of the organization addressed this situation and has set protocols to insure the 24/7 involvement of the Medical Director for telehealth care aligned with the grant requirements.
5. Additional training and support for clinically-oriented telehealth questions continues to be readily available to both communities through the Optimized Care Network.
6. Technical/equipment support needed for onsite operability is available 24/7, with 24-hour parts' replacement after phone diagnosis.
7. Data collection guidelines and protocols have been developed for the compilation of historical data (as well as data for the project period of 18 months starting November 1, 2017) from nursing facility resident/patient records at Green Hills Community and Ohio Eastern Star Home who received care for congestive heart failure, COPD, pneumonia or stroke in the 18-month period prior to the implementation of this project.
8. Ohio Eastern Star Home has provided their historical data to the analysis team, and Green Hills data are forthcoming during the month of April.
9. Recruitment of a graduate student from The Ohio State University for assistance with data collection and analysis has been successful and the student will begin to review and organize data in the coming weeks.

The following situations provide insight into example telehealth scenarios and outcomes at each of the communities:

The Ohio Eastern Star Home (per the Nurse Manager)

A patient had been experiencing chest pain. The provider (from his remote site) ordered a STAT EKG which the staff was able to obtain with the use of the Clinical Access Station in-house. This prevented the patient from having to be sent to the emergency department to have the test done. The results were immediate, and the provider was able to guide the next course of action which involved treating the patient at the nursing facility.

A patient had symptoms of fluid retention and possible pneumonia with mental status changes. The provider (from his remote site) saw the patient through the telehealth clinical access station, utilizing the bluetooth stethoscope and other diagnostic tools. This allowed the provider the ability to rule out suspected pneumonia by the lung sounds he was able to hear, and therefore keep the patient in-house. Instead, a urinalysis was ordered for possible urinary tract infection due to the unexplained confusion. This was confirmed, and the patient was able to remain in-house and be treated accordingly.

Green Hills Community (per Leadership Staff)

Following surgery, a resident experienced some changes to her incision and reported stinging symptoms. From his remote location, the doctor was able to see the patient in the telehealth CareSpace at Green Hills. A high-resolution scope was used to allow the doctor to get a closer look at the area without actually being in the room. A nurse with the resident was able to determine that there was no warmth in the incision area. The doctor ordered a dressing change along with an antibiotic that resulted in a positive outcome to the incision site and avoided transfer to the hospital or doctor's office for care. In this case, the resident's family happened to be visiting and were able to be in the telehealth room with their mother while she spoke with the doctor about her symptom(s).

Resident complained about shortness of breath and feared that he might be having a heart problem. He denied any chest, jaw, or arm pain. The medical director was contacted. He ordered labs and EKG which was performed in-house with the telehealth equipment. The results were shared with the doctor and anti-anxiety medication was order for the resident, which provided more timely treatment without the need to transport to the hospital for care.

Progress report submitted April 13, 2018 by:

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