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

CMP Grant – LeadingAge Ohio, Optimized Care Network
October 1 – December 31, 2018

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

1. In the absence of another suitable location to replace the involvement of Ohio Eastern Star Home in this grant project, LeadingAge Ohio requested permission to extend the timeframe of telehealth care at Green Hills Community through June 2019 (originally scheduled to end April 30, 2019).
2. The Ohio Department of Medicaid granted approval to redirect funds from within the current budget year to the extension of telehealth at Green Hills, which allowed funds that were due to be spent on telehealth at the Ohio Eastern Star Home to be allocated to the additional timeframe at Green Hills.
3. The focus of the extension at Green Hills will provide:
    a. the ability to see more patients via telehealth.
    b. a longer time to accomplish remote family involvement in telehealth encounters.
    c. a potential opportunity to launch a new software platform in the CareSpace to assess the benefits/challenges in a long-term care environment vs the software platform that currently exists at the site.
4. The amount of unused grant funds due to removal of program at OESH as of November 1, 2018 = $18,990. Overall re-allocation of funds:
    a. CareSpace lease for May and June at Green Hills = $13,086
    b. Training on new platform = $1,350
    c. New platform software and licensing = $3,500
    d. Total: $17,936
5. 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 update/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.
6. Green Hills has recently filled their skilled nursing manager position and she is beginning to see new residents after their admission via telehealth with the medical director. Additionally, the nursing staff is continually receiving additional refresher training on the use of telehealth.
7. OCN, LeadingAge Ohio and the Green Hills nursing/administrative team met in early December and agreed that the Green Hills team would provide weekly updates on use of the telehealth technology.
7.8.   To date, telehealth care has been incorporated in the care of 30 residents at Green Hills Community and approximately 12 residents at the Ohio Eastern Star Home. Usage at the Ohio Eastern Star Home was consistently tracked.

The following provides insight into example telehealth scenarios and outcomes at Green Hills Community.

The telehealth camera was used to view a resident's ears after complaints of pain. She was found to have a large amount of wax that needed removed. This capability saved her from being referred to an outside audiologist to receive the orders for a simple debrox flush. The camera was used for a 2 other residents' ear examinations which avoided going out of the facility to an audiologist.

The telehealth camera was used to examine 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 and the laceration was taken care of on site.

A resident was seen by the physician using telehealth after developing a non-productive cough. The doctor was able to assess the resident's lungs and heart. An antibiotic, blood work and chest x-ray were ordered to avoid a trip to the ER.

The physician saw a resident via telehealth who was acutely ill. The EKG was utilized for the resident. The EKG showed that the resident was in complete heart block and the doctor was able to see how the resident was breathing prior to deciding on a course of care.

Recently a resident was having tremors/shakiness that would have been appropriate for telehealth care; however, the resident requested to be left in bed. Since telehealth care requires a visit to the CareSpace (down the hall) it wasn't able to be used for this resident. Consequently, the resident was sent to the ER and then on to OSU Medical Center. Additionally, Green Hills residents have been experiencing seasonal upper respiratory infections for which telehealth assessment with the physician would be appropriate. However, it is sometimes too taxing for them to get out of bed and go to the CareSpace (while also possibly spreading the infection along the way). These are examples ~~of where~~in which mobile telehealth equipment would be a useful/responsive fit in long-term care; however, each resident room would need to have Ethernet connection and that is not currently available at Green Hills.

Progress report submitted January 15, 2019 by:

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