

Integrating Telehomecare into Home Care Service Delivery Model

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History

- Build upon past innovations
 - POC Pilot
 - Outcomes Based Care Service Delivery Model
- Partnership with local contractors
- Preparing for EHR and informing the decision making process

Purpose of Pilot

- Learn
- Share information
- Inform policy and decision-making re role of telehomecare in home health care delivery

Rationale for Telehomecare

- Informed by Audrey Kinsella-practice leader in US
 - Supports client care
 - Reduces hospitalization of clients with chronic disease
- Costs-Effectiveness
 - Nursing Shortage
 - Increased complexity of clients
 - Demand for service outstrips the rate of health care budget
- Leadership-creation of technology enabled service delivery from a client and staff perspective

Pilot Design

- Two branches in Ontario
 - Specific geography within each location
 - Combination of rural and urban landscapes
 - Nurses were both experienced and novice
- Partnership with local contractors
- 12 Week project
- Visit Strategy
 - Enhancement
 - Substitution

Client Identification

- All new referrals assessed for suitability
- Adult Clients with the following:
 - Chronic diagnosis
 - Frail elderly
 - Medically fragile
- Assessment process include client willingness to participate and consent

Technology



- Selected a vendor
 - POTS with videoconferencing capability
 - Nursing Station
 - Client Unit
 - Hook up through TV and telephone line
- Peripherals
 - B/P; Oximetry; Digital Scale; Glucose monitor; Stethoscope

Deployment Processes

- Project Management Tools and Processes used to support project (took 3 months of frequent meetings with cross functional team to get ready for implementation)
- Clinical Policy and Procedure
 - Created a project resource manual
- Comprehensive Training
 - Included nurses and contractors as well as internal IT
 - On-Call centre, other branch staff
- Identification of Telehomecare Nurse
- Trial Run

Project Implementation

- Key Milestones Included:
 - Senior Management Approval
 - Partnership Agreements
 - Vendor Selection
 - Pilot Design
 - Assessment of Need and Literature
 - Program Development including Telehomecare Toolkit (policies and procedures, forms, process flow charts, evaluation tools etc)
 - Implementation and Monitoring
 - Evaluation

Challenges During the Project

■ Eligible of Clients

- ~ 10% of new referrals were eligible
 - Assessment criteria-required client to
 - Be alert and oriented;
 - Be able to comprehend direction; able to see and hear, and reside in the identified geographic area;
 - Be cooperative; and
 - Not have an infectious, communicable disease
 - In addition, client must require one or more of the following:
 - Has a history of repeated admissions and/or rehospitalization
 - Has a knowledge deficit related to achievement of outcomes
 - Has a chronic illness, or fragile elderly, or medically complex
 - Client has pain/symptom management issues
 - One or more of the peripherals available would support client outcome

■ Client Buy-In

- ~3.5% of clients were eligible but did not agree to participate due to
 - Client preference for site visit
 - Change management implication for the public as well

■ Nurse Follow-Through

- Initial assessments (255) difficult to get completed and submitted in a timely way
 - Increasing workload
 - ? Perception that this was an add on duty-challenges related to systems thinking-?
 - More work around buy in of all nurses was required

Evaluation

- The pilot experience was too small to make any generalizable statements regarding effectiveness or efficiencies. Evaluation indicators, measures and findings for this limited project are as follows:
 - Quality of Care
 - Client outcome achievement
 - No difference in outcome achievement
 - Cost of Care
 - Cost per service unit
 - Biggest savings in driving time of the nurse

Evaluation Continued

■ Client Satisfaction

■ Satisfaction (84% agree or greater)

- Clients who receive both modalities of service did not have any satisfaction differences noted

■ Nurse Satisfaction

Satisfaction (86% agree or greater)

- Nurses involved in the project were equally satisfied with both modalities and viewed both types of visiting as effective in achieving client outcomes

■ Contractor Satisfaction

■ Satisfaction (100% strongly agree)

- Respondents indicate “strongly agree” as the level of satisfaction with telehomecare experience

Additional Evaluation Indicators

- Applicability in homecare
 - Viable addition to the service delivery model
- Effectiveness of training plan
 - Telehomecare nurses reports indicated that they had the knowledge, skill and competency
 - Need to focus on other nurses not actively involved in pilot to ensure broader support especially for screening and assessment
- Appropriateness of equipment selected
- Reliability of vendor support
 - No issues during implementation to resolve

Costs of Project

- Client Units
- Nursing Stations
- Salaries
- Office Space
- PC and Monitor for Nursing Station
- Team Work
- Training
- Ongoing Support throughout Project

Lessons Learned and Next Steps

- Lessons Learned
 - Nurse Involvement
 - Possibilities are Present
 - Balance cost, with innovation and the requirement to maintain the integrity of nursing practice
- Next Steps
 - Integrate remote visiting as an effective addition to service delivery. This is not an either/or but rather utilization of two complimentary visit modalities.

“Leadership is the process of bringing new and generally unwelcome ideas to an individual, group or organization and then helping him, her, it or them to adapt successfully to it”

Dutch Leonard
Harvard Business Review



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