

Implementing Telehealth in a Home Palliative Care Service

LEVERAGING TELEHEALTH TO MAXIMIZE STAFF PRODUCTIVITY AND PATIENT CONTACT

WORKFLOW

WellMed Networks of Florida, Inc

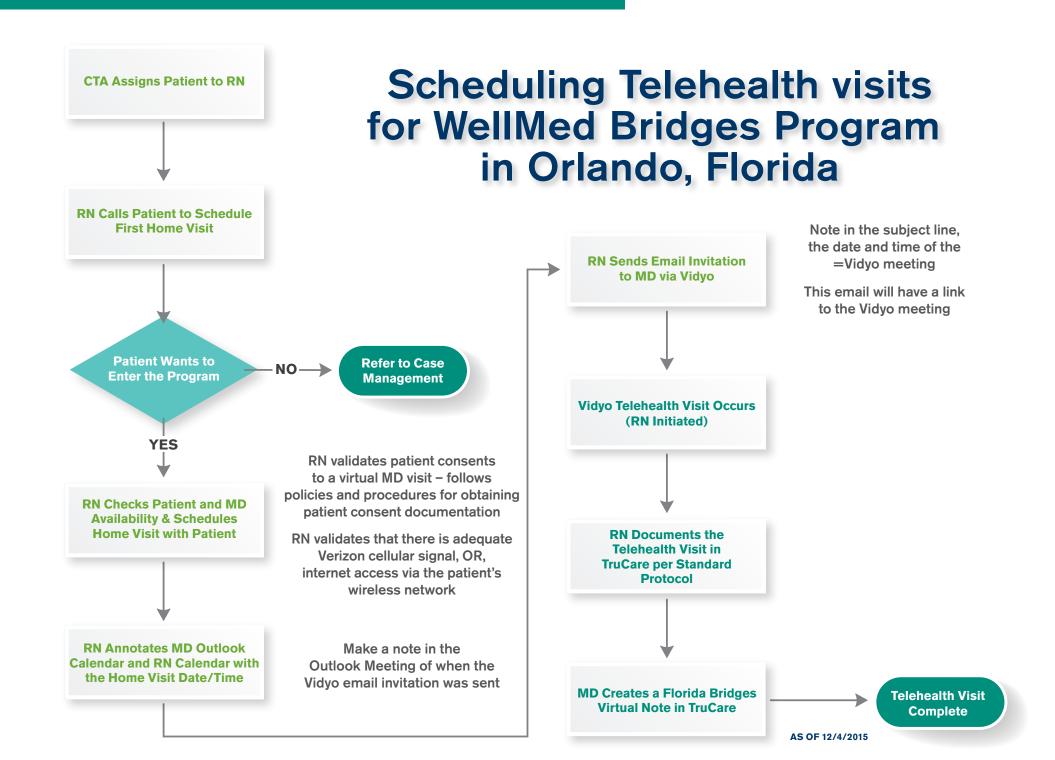
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DRIVERS

- Expands the providers' "reach"
- Providers need only be licensed in the state
- Expands providers' capacity
- Providers (nurse, nurse practitioner, physician) practice at "Top of License"
- Increased convenience for patients
- Reduce resource consumption
 - Transportation—patients and providers
 - Clinic space

- Caveats
 - Patients with cognitive impairments difficult to engage
 - Equipment limitations
 - Fixed vs. external cameras
 - Patients' homes physical challenges
 - Space
- Ambient noise
 - Adequate wireless signal
- BANDWIDTH
 BANDWIDTH
 BANDWIDTH !!!

ABSTRACT

Telehealth is one of the fastest growing areas in the healthcare industry today. Virtual provider visits can extend a provider's capacity and geographic coverage, minimizing engagement in non-value added activities (e.g. driving). WellMed Networks of Florida, Inc., a healthcare system focusing on the care and well-being of people with Medicare, recently implemented a Palliative Care Program that uses Telehealth as one of its foundational technologies. To date, five palliative nurse case managers, two nurse practitioners and one physician have engaged in adopting this tool for use in our palliative service. Our current staffing model is MD/RN based, with the RN in the patient home as facilitator of the virtual provider visit. In 2016, we accomplished 35 visits January 1 to July 31, and 31 visits in August alone.

Our current palliative care program is poised for extensive expansion throughout the state, with plans for Telehealth to be included as one tool to achieve growth. Prerequisite to that expansion is the establishment of a solid business, clinical and technical model, which we have achieved. Moreover, we are prepared to propagate this Telehealth program throughout the organization.

Since inception January 1, 2016, we have performed 66 Virtual Visits, many with family involved. As the staff members become more proficient with the technology, we will add remote connections for out of area family members.

SUMMARY OF LESSONS LEARNED

- ectice before deploying to the field Over the ear, high quality noise cancelling headphones
 - For the hearing impaired
 - Disposable earpiece covers
 - Cover all tape
 - External camera
 - Optimize travel routes where possible

This program has allowed one provider to serve a 6,000 square mile area with six nurses and over 200 patients. Projected growth is up to 1,000 patients.

- Train your staff/have them practice before deploying to the field (software AND hardware)
- Keep a logbook of area connectivity/lack of same

to the physician (wounds, bruises, rashes)

External laptop speaker with better low frequency response
Allows nurse to show specific patient conditions up close,