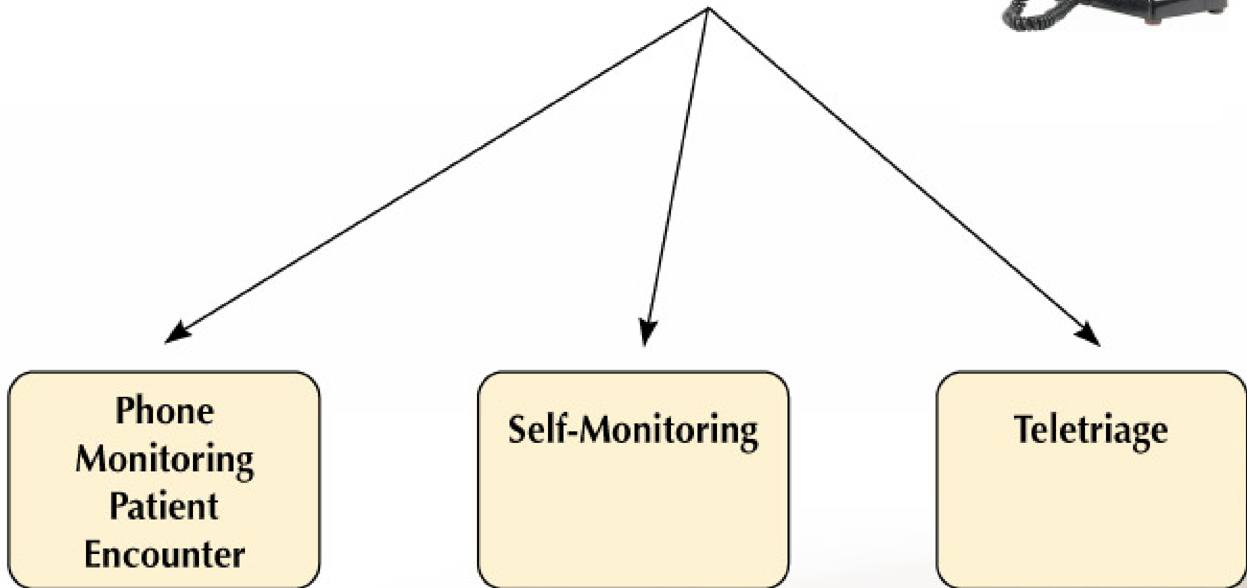
PHONE MONITORING



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Understanding Phone Monitoring

Phone monitoring is the most basic form of telehealth. Phone monitoring is the scheduled remote care delivery or monitoring in which scheduled patient encounters via the telephone occur between a health care provider and a patient and/or caregiver. Phone monitoring does not use electronic information processing technologies.

Many homecare clinicians and agencies perform phone monitoring on an informal and "as needed" or prn basis. Some homecare agencies are currently providing phone monitoring as a routine intervention. *Home Telehealth Reference 2005* will provide information and direction on use of routine phone monitoring as a practice tool.

Phone Monitoring Care Planning

Currently, home telehealth physician orders are not consistently obtained. Home health agencies are urged to consult with their state survey agency to determine the need for physician orders for these services. Even with the absence of physician orders, it is essential to provide individualized patient care planning when delivering home telehealth as a practice tool.

The following scenario describes a homecare admission without phone monitoring and the same admission with phone monitoring to help understand phone monitoring care planning.

The following is an example of **homecare without phone monitoring**

Mr. Tempas was referred to homecare after a visit to his physician in which his blood pressure was elevated. Mr. Tempas was ordered an antihypertensive medication for his new diagnosis of hypertension. His physician ordered home nursing to assess his blood pressure, instruct in use of the new medication, assess his diet, instruct on a 2Gm sodium diet, and assess and instruct on complications of the medication including a home safety assessment and a falls risk assessment. After evaluating the patient on the admission visit, Mr. Tempas' nurse contacted the physician with the following homecare recommendations: *Skilled nursing daily x 3, then 2-3x/week x 8 weeks + 2 prn visits to assess for complications of hypertension.*

The following is an example of **homecare with phone monitoring**

In the same scenario as above, Mr. Tempas was referred to homecare with a new diagnosis of hypertension and a new antihypertensive medication. All referral orders are the same as in the above scenario. After evaluating the patient on the admission visit, Mr. Tempas' nurse had the following recommendations for the care plan: *Skilled nursing daily x3, then 2-3x/week x 8 weeks + 2 prn visits to assess for complications of hypertension + skilled nursing phone monitoring 1-2x/week x 8 weeks and prn.* Note that all orders are the same as in the example without phone monitoring with the exception of the addition to the care plan for 1-2x/week and prn for phone monitoring.

Phone monitoring for Mr. Tempas included orders to instruct in self-monitoring of his blood pressure (if able and willing), and to assess and instruct in diet, medication, and signs and symptoms of exacerbation and complications of hypertension. Mr. Tempas did not receive decreased visit orders due to the phone monitoring orders, but instead received "the right care at the right time."

The use of phone monitoring in this example supports the objectives of home telehealth:

1. Identify early exacerbation/decompensation of the patient's condition
2. Reduce unscheduled nurse visits
3. Decrease emergency room visits and acute hospitalizations
4. Increase patient/caregiver satisfaction with care
5. Ease the transition of patient to self-care
6. Provide cutting-edge opportunities to distinguish the agency to referral sources and in the community.

Self-Monitoring

An essential element in home telehealth, both with phone monitoring and with telemonitoring, is the ability of the patient or caregiver to self-monitor. Self-monitoring is the periodic and scheduled collection of clinical data by the patient to measure his/her own health status. Commonly measured data include blood pressure, glucose, weight, and temperature.

Patient (or caregiver) skills necessary for self-monitoring for home telehealth phone monitoring include the ability to:

- Accept the use of home telehealth to promote his or her health status (The patient or caregiver must accept and understand the responsibility for self-monitoring)
- Hear, answer, and talk clearly on a telephone (The patient or caregiver must have no hearing, speech, language or communication barriers preventing telephone correspondence)
- Accurately perform and communicate the necessary self-monitoring activities (such as obtaining weights, blood pressure, etc.).

Self-monitoring can be done by the patient or by a caregiver that has the necessary skills for self-monitoring. The caregiver can be a relative, friend, paid caregiver (such as a private duty care worker or an attendant at an assisted living facility). A caregiver that provides assistance with self-monitoring may live with the patient or be with the patient at all times, but can also be an intermittent caregiver that does not live with the patient.

The following is an example of **self-monitoring.**

In the example of Mr. Tempas, the admitting nurse determined that Mr. Tempas was willing to self-monitor. The nurse discussed the requested physician orders with Mr. Tempas and the patient agreed that he could self-monitor with assistance by the homecare

agency. Mr. Tempas was also agreeable to purchasing a blood pressure machine and learning how to check his own blood pressure. The admitting nurse also determined that Mr. Tempas was able to self-monitor as he had a working telephone and he had no speech or hearing difficulties that would prevent the agency from corresponding with him via the telephone. Had the admitting nurse determined that Mr. Tempas was unable or unwilling to self-monitor, the request for physician orders would have been for onsite visits only.

Phone Monitoring Patient Encounters

Homecare visits involve a home health provider (nurse, therapist, aide, etc.) visiting the patient's home or residence. This patient encounter occurs onsite at the patient's residence. With phone monitoring, the home health provider does not go onsite to the patient's residence, but does have an encounter with the patient and/or caregiver. Therefore, with phone monitoring, the patient encounter is not a "visit" but instead is known as a "phone monitoring patient encounter." A phone monitoring patient encounter is defined as a patient encounter solely involving the use of a telephone for the communication between the health care provider and the patient/caregiver.

Phone Monitoring: Planning

Phone Monitoring Protocol

Prior to developing a home telehealth phone monitoring program, home health agencies are advised to develop a phone monitoring protocol. This protocol will be the foundation for the phone monitoring program and will be the basis for their patient selection criteria and for their phone monitoring policy, as well as other home telehealth policies and procedures.

The following is an example of a phone monitoring protocol.

Home Telehealth Phone Monitoring Protocol

Purpose
To provide guidelines for homecare agencies for phone monitoring as part of a home telehealth program.

Policy
Homecare agencies will review and implement phone monitoring with patients as their clinical condition and agency criteria supports this intervention.

Home Telehealth Phone Monitoring Protocol
(continued)

Procedure

Agency administration and clinicians will establish guidelines that outline the process of phone monitoring.

I. Patient diagnoses, functional status, frequency of in-home visits, presence of caregiver, and phone access will be considered when establishing the guidelines.
II. Agency clinicians are advised to instruct patients in self-monitoring and recording of information to report to the clinician during in-home visits and phone monitoring patient encounters.
III. Documentation of the phone monitoring patient encounters will be done per agency documentation guidelines.
IV. Evaluation of phone monitoring will occur periodically. Consider some of the following information:
    a. Process Evaluation
        i. Number of phone monitoring patient encounters
        ii. Other data as deemed necessary
    b. Outcome Evaluation
        i. Patient and provider demographics
        ii. Disease-related measures
        iii. Cost per case
        iv. Nursing productivity
        v. Patient and provider satisfaction
        vi. Utilization rate of other health care services and impact of Outcome Based Quality Improvement (OBQI)/Outcome Based Quality Monitoring (OBQM) data:
            a. Emergent, unplanned care rates
            b. Acute care hospitalization rates
            c. End result OBQI measures
            d. Home Health Compare
            e. OBQM measures/adverse events

The sample *Home Telehealth Phone Monitoring Protocol* delineates the need for:

1. A phone monitoring policy
2. Patient selection criteria
3. Documentation
4. Staff education
5. Patient education
6. An evaluation mechanism.

Phone Monitoring Policy

The home health agency individualized phone monitoring policy defines the practice of home telehealth phone monitoring as a service of the homecare agency. The policy also takes into account the integration of this practice tool with other agency policies and procedures.

Merriam-Webster's dictionary (1999; p. 901) defines a policy as "a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions; a high level overall plan embracing the general goals and acceptable procedures." According to the Medicare Conditions of Participation, all services furnished are clearly set forth in writing and are readily identifiable (Federal Code 42CFR 484.14). Accordingly, home health agencies embarking upon phone monitoring will have an individualized phone monitoring policy.

The following is an example of a phone monitoring policy.

Phone Monitoring Policy

Purpose
The purpose of the Phone Monitoring Policy is to provide guidelines for the process of home telehealth phone monitoring.

Policy
The staff of _______________ (agency name) will follow the protocols, policies, and procedures for patient selection, initiation of care, coordination of care, accessibility, and discontinuation.

Procedure

1. Follow policies for:
    a. *Phone Monitoring Protocol* p. 4)
    b. *Home Telehealth Patient Selection Criteria* (Appendix L p. A-21)
2. Initiation of Care
    a. Referrals are accepted per agency policy
    b. Clinicians will inform patient of phone monitoring encounters by explaining:
        i. The purpose is for more frequent communication between the clinician and patient regarding the patient's health status.
        ii. The phone monitoring contacts will not be a replacement for clinician visits but will complement them.
        iii. Clinicians will instruct patients in self-monitoring and recording of health information so that this may be obtained during the phone monitoring encounters.

Phone Monitoring Policy (continued)

3. Coordination of Care
   a. Agency staff will document phone encounters according to agency policy (see sample *Phone Monitoring Patient Encounter Form-* Appendix M.3 p. A-26).
   b. Patient information gathered during the phone encounter will be used for patient case conferences and considered when reviewing the plan of treatment/plan of care.
4. Accessibility
   The patient is provided with office and after hours phone numbers for clinical questions or concerns.
5. Discontinuation
   Phone monitoring may be discontinued when the clinician deems the process is no longer necessary. The patient/caregiver should be informed and agree to discontinue the scheduled phone monitoring encounters.

Phone Monitoring: Implementation

Patient Selection Criteria

Patient selection is an important consideration for all forms of home telehealth. Not all patients are candidates for home telehealth and not all home health agencies have the capability to adequately offer all forms of home telehealth. A home health agency needs to assess both the patient population and the operational feasibility in delineating patient selection criteria.

Patient selection criteria for phone monitoring must address the need for the patient/caregiver to:

- Accept the use of home telehealth to promote his/her health status
- Hear, answer, and talk clearly on a telephone.

Patient selection criteria must also take into consideration the home health agency operations related to staff scheduling, skills, and availability and the goals for the home telehealth program.

Development of agency-specific patient selection criteria for phone monitoring should answer the questions:

- What patients will receive this service?
- How will we as an agency identify these patients?
- How will phone monitoring patient encounters be scheduled?
- Do we have the staff skills and availability to provide this service?

Additionally, in determining patient selection criteria, an agency needs to consider its goals for use of home telehealth. Is the goal related to a certain disease or condition? Is the goal related to reducing unscheduled visits or decreasing emergent care use? Is the goal to globally improve patient care?

Patients selected for home telehealth can be a very select group of patients that have a common diagnosis or condition or the patients can be a broad group of patients such as patients that are at risk for hospitalization.

Common categories of patients receiving home telehealth include:

- Disease-specific conditions (i.e., CHF, COPD, Diabetes, Neoplasms)
- Post-operative patients
- Patients receiving new antibiotic therapy ordered within the past 48 hours
- High risk for emergent care or hospitalization (per agency screening)
- Patients visiting a physician office within the past 24 hours
- Patients ordered new prescription medications with high risk of side effects or disease exacerbation
- Other categories as deemed important to the agency.

Note: A sample *Home Telehealth Patient Selection Criteria* can be found in Appendix L (p. A-21).

The following are examples of **applications of patient selection criteria**.

Example 1:

XYZ Homecare utilizes phone monitoring with all patients that have a primary or secondary diagnosis of CHF with a recent exacerbation within the past 60 days. (This selection criteria includes the additional criteria of the patient and/or caregiver acceptance of phone monitoring and his/her ability to communicate via a telephone.)

The following is the course of action for CHF patients in XYZ Homecare:

- Upon referral to XYZ Homecare, the Intake Department notes on the referral the diagnosis of CHF (or possible CHF for patients that do not have this diagnosis confirmed at referral, but are on medications that indicate CHF is a possible diagnosis).
- The admitting clinician confirms the diagnosis of CHF and determines if the patient is appropriate for phone monitoring.
    - Patients not appropriate for phone monitoring – The reason that the patient is not appropriate for phone monitoring is clearly documented in the admission documentation.
    - Patients appropriate for phone monitoring - Physician orders are requested to implement phone monitoring. (Example: SN 2-4 x/week x 9 weeks for phone monitoring to assess cardiopulmonary status and instruct in disease management.)
- Phone monitoring visits are scheduled as ordered.

Example 2:

As in the example above, XYZ Homecare utilizes phone monitoring with all patients that have a primary or secondary diagnosis of CHF with a recent exacerbation within the past 60 days.

Mrs. McKee has been visited for the past 4 weeks for skilled nursing and physical therapy after a recent hospitalization for a wound dehiscence after hip replacement surgery. The visiting nurse assesses that Mrs. McKee's blood pressure has been steadily increasing over the past 2 weeks and she has had a weight gain of 5 pounds in the same timeframe. She has also become short of breath with exertion of ambulating and has a new onset of +1 bilateral pedal edema. Her physician was contacted and ordered a new medication of Lasix and an increase in nursing visits to daily x 3 days. The nurse requested prn orders for onsite visits and phone monitoring to ensure that the patient did not have additional symptoms.

The visiting nurse scheduled the increased daily nursing visits and also scheduled a telephone monitoring patient encounter for that evening to assess the patient's cardiopulmonary condition.

Informed Consent

Home telehealth requires that patients give their informed consent for treatment. The informed consent for phone monitoring may be included in the patient consent form that is completed by the patient or the patient's power of attorney at the initiation of homecare services.

It is recommended that all informed consent forms be reviewed by the home health agency's legal council prior to utilization of these forms for patient care.

Patient Confidentiality

Patient confidentiality and privacy must be maintained for all home telehealth procedures. Providers are cautioned that phone communications should be conducted in a private area and via secure phone lines where no confidential patient information can be accidentally released.

Scheduling/Tracking Phone Monitoring Patient Encounters

As with onsite patient visits, home telehealth "visits" or patient encounters need to be scheduled and tracked. Agencies that utilize scheduling software will find the scheduling and tracking of these encounters similar to scheduling onsite visits. With scheduling software, phone monitoring patient encounters can be scheduled and tracked by utilizing special visit codes assigned to these encounters. Phone monitoring patient encounters can

be labeled as "phone visits," "Phone PE" (phone patient encounter), or as phone monitoring patient encounters. Care should be taken when utilizing phone monitoring and telemonitoring to ensure that there is no confusion as to which type of "visit" or patient encounter is ordered.

Tracking of home telehealth is necessary for reimbursement (where applicable), to measure utilization, to measure staff productivity, and to measure outcomes (both patient outcomes and financial outcomes).

Documentation

As with all home telehealth procedures, documentation should be incorporated into the existing agency systems. Documentation of home telehealth patient encounters can be accomplished via special documentation forms (or screens on computerized systems) or by utilizing an existing form or documentation system. Documentation should take into account that each patient encounter is a unique and separate event. Therefore, documentation of phone monitoring should not be an "add on" to an existing clinical note. This is necessary for tracking and (where applicable) billing purposes.

Note: See sample Home Telehealth Patient Encounter Documentation Forms in Appendix M:

1. Phone Monitoring Patient Encounter Form (Narrative) (p. A-26)
2. Phone Monitoring Patient Encounter Form (Checklist) (p. A-27)

Staff Education & Competency

Staff education and competency are necessary to ensure that home telehealth is conducted per agency policies and procedures, and to ensure optimal patient care.

Staff education should include all clinical and administrative staff. Clinical staff will be responsible for all patient and care-related decisions. Administrative or clerical staff will be responsible for medical records, telephone relay of patient incoming calls, billing, data entry, etc.

Staff education for home telehealth is recommended at the following time points:

- New hire orientation
- Orientation to new home telehealth programs
- Orientation to changes in existing home telehealth programs.

Staff competency evaluations for home telehealth are recommended at the same time points as staff education. It is also recommended that staff receive an annual competency evaluation to correspond with the annual staff performance appraisal.

Phone monitoring education should include the following elements:

- Agency protocol for phone monitoring
- Agency phone monitoring policy

- Patient selection criteria
- Patient/caregiver informed consent
- Patient confidentiality
- Scheduling and tracking patient encounters
- Documentation
- Staff competency expectations
- Standardized protocols (if used)
- Coordination of care
- Patient education including patient safety.

Patient Education

In addition to staff education, patients and caregivers also require education related to home telehealth and phone monitoring. Patient and caregiver understanding and acceptance of phone monitoring are essential to the use of phone monitoring as a practice tool.

Patients and their caregivers need to have a clear understanding of what will be required of them for phone monitoring and also what can be expected from the home health agency.

Questions that patients or caregivers might have may include:

- Will the same person that visits me in my home call me?
- Will I receive the phone call at the same time each day or each “visit?”
- How will I know if I will get a phone call that day?
- What information will the nurse ask?
- What if I don’t hear the phone or am on another line?

Patient education related to phone monitoring should include the following information:

- An explanation of the phone monitoring to be provided, including:
    - Call schedule
    - Who from the agency will call (specific information if possible)
    - Why they are receiving phone monitoring encounters.
- Instructions for self-monitoring
- Instruction related to phone safety
    - Do not disclose financial information or personal information over the phone.
    - Do not disclose any information to anyone that does not identify themselves as a home health agency staff member.
    - If in doubt of the caller’s identity, hang up and call the agency to confirm the caller’s identity.
    - Home health agency staff will always identify themselves when in your home or on the phone. Do not assume that a caller is a home health agency staff member unless you have a clear understanding of their identity.

Phone Monitoring: Evaluation

Evaluation of Home Telehealth

A search of existing literature yields little comprehensive data related to evaluating telehealth. Individual telemonitoring studies have looked at evaluation criteria, but these criteria have not been consistently applied across studies. It has been suggested by the *Canadian National Initiative for Telehealth Framework of Guidelines* (www.nifte.ca 2003) that, "Organizations providing telehealth programs have in place a systematic method of collecting, evaluating, and reporting meaningful health care outcome data which would include indicators of efficiency of service (e.g., cost per case, timeliness, accessibility, elimination of patient/client transfer/travel, and waiting time) and clinical effectiveness (e.g., diagnostic accuracy, validation of diagnostics, appropriateness of service delivered, information provided, referrals made, patient/client satisfaction, acceptability, and reviews of complications, morbidity, and poor outcomes." The guiding principle for this guideline is that, "Organizations providing telehealth programs shall monitor and improve the quality of services to achieve the best possible outcomes."

Home Telehealth Reference 2005 will discuss evaluation of home telehealth related to phone monitoring, telemonitoring, and teletriage. Evaluation of these three areas of home telehealth will employ the formats of patient satisfaction, efficiency of service, and clinical effectiveness.

Patient satisfaction will be evaluated utilizing either a written survey or a telephone survey.

Efficiency of service will be evaluated by assessing cost per case, timeliness, and accessibility.

Clinical effectiveness will be evaluated by assessing appropriateness of service delivered, information provided, referrals made, patient safety, and complications. In addition to these measures, clinical effectiveness will be evaluated by assessing acute care hospitalization rates and use of emergent care services.

Section Resources

"Appendix B: Outcome-Based Quality Improvement Reports: Technical Documentation of Measures." (September 30, 2003) http://www.cms.hhs.gov/oasis/riskadjappb.pdf (accessed March 7, 2005).

Dimmick, Susan L., Sam Burgiss, Mary Anders, and Lorraine Pellegrino. "Telehomecare." *Telemedicine Technical Assistance Document - A Guide to Getting Started in Telemedicine,* (2004):151-186. http://muhealth.org/~telehealth/geninfo/TAD.html (accessed January, 24 2005).

Kinsella, Audrey. "Home Telehealth PPS and Homecare Services; Telehealth's Needed Role." (July 2000). http://tie.telemed.org/articles/article.asp?path=homehealth&article=ppsAndHomeCare_ak_tie01.xml (accessed March 7, 2005).

Merriam-Webster's Collegiate Dictionary, 10th ed. (Springfield, MA: Merriam-Webster, Inc., 1999), 901.

"National Initiative for Telehealth Guidelines." *National Initiative for Telehealth Framework of Guidelines* (2003) http://cst-sct.org/resources/Framework of Guidelines2003eng.pdf (accessed February 13, 2005).