

Overview

In 2006, Eastern Maine Healthcare Systems (EMHS) began merging its homecare and hospice agencies under one umbrella, completing a full merger state-wide in 2015 when all became known as VNA Home Health Hospice. VNA offers services for those at home who are recovering from illness and surgery, as well as hospice services for those who decide on this end-of-life care. Throughout the homecare system, VNA's clinicians make in excess of 160,000 in-home visits each year, caring for an average of 1,400 people on any given day. An additional 4,000 individuals are cared for in health and wellness clinics.

Maine is a predominantly rural state, meaning the distance between patients and medical services can be challenging to manage. For older individuals with multiple chronic conditions, this challenge can be especially problematic, as consistent monitoring is critical to managing their health. To address this issue, in 2006 as EMHS was merging homecare, VNA launched a telehealth monitoring program for a small number of patients with chronic heart and lung diseases.

Through VNA's telehealth program, patients are provided easy-to-use technology and trained to use it to measure, record, and transfer vital signs and other important medical information to their VNA care team, which includes certified heart failure nurses (CHFNS) as well as physical and occupational therapists.

"Patients are also asked several 'yes' or 'no' questions that can often reveal early signs of a problem," says LeighAnn Howard, RN, MSN, CHFN-K, director of Home Health and Specialty Programs for VNA. "For example, a patient's vitals may fall into the normal range, but if she answers that she has been short of breath or had to sleep with more than one pillow the previous night, a nurse will reach out to the

patient so that further assessment can be done before her condition is exacerbated. This kind of consistent monitoring at home goes a long way to improving the health of our patients who have multiple co-morbidities."

The nurses, physical therapists, and telehealth staff participate in advanced training in cardiopulmonary diseases so that they can be more proactive using evidence-based protocols as soon as they detect patient changes through the telehealth monitoring service. This kind of specialized knowledge helps the entire team – including the patient – to better manage the diagnoses.

"You can have the best telehealth equipment in the country, but without the team to support it, success will be difficult to come by," says Howard.

"We look at this more as a hospital-avoidance program. Our goal is to connect with patients who have multiple, high-risk diagnoses because that is where we have the most opportunities to intervene and keep them out of the hospital."

LeighAnn Howard, RN, MSN, CHFN-K,
Director, Home Health and Specialty Programs, VNA

Impact

When VNA launched the telehealth monitoring program, 32 patients in the southern portion of the

state were enrolled in an effort to decrease heart failure rehospitalizations. Today, more than 400 patients participate in the program.

“Although we’ve certainly grown the telehealth component, that’s really just one piece of the program,” says Howard. “We look at this more as a hospital-avoidance program. Our goal is to connect with patients who have multiple, high-risk diagnoses because that is where we have the most opportunities to intervene and keep them out of the hospital.”

VNA’s South Portland office has been participating since the telehealth monitoring program’s inception; as a result, its 30-day readmission rates are lower (8.6 percent) than the national averages (15.9 percent) for heart failure rehospitalizations.

“As you move farther north, those numbers are also coming down, but at a slightly slower rate since the programs are a bit newer,” says Howard. “In the beginning, we found that some patients were a bit reluctant to participate, but now it’s our standard of care – and some patients will request it before we have a chance to offer it.”

Lessons Learned

Howard notes that one of the most important lessons VNA learned in the development of the telehealth monitoring program is the concept of ownership.

“Tacking responsibility for a telehealth program onto someone’s existing job description will likely

result in failure,” says Howard. “We’ve learned that to sustain a program like this, one person must oversee the program so that it receives the attention it needs.”

Connectivity is also an issue that VNA continues to address. Most of the telehealth equipment used depends on cell signals or the Internet. The more rural part of the state struggles with connectivity, so VNA has developed some workarounds by calling patients instead of relying on the transfer of information through the telehealth technology.

Future Goals


As VNA moves forward with its telehealth monitoring program, it hopes to expand its services to family members who are not local so that they can participate and be part of their loved ones’ care team.

“Ultimately, everything we do is motivated by our desire to keep our patients comfortable in their homes and out of the hospital,” says Howard.

CONTACT

LeighAnn Howard RN, MSN, CHFN-K

Director, Home Health and Specialty Programs

 207-400-8842

 howardl@emhs.org