Best Practice Intervention Packages were designed for use by any In-Home Provider Agency to support reducing avoidable hospitalizations and emergency room visits. Any In-Home care aide can use these educational materials.

Best Practice Intervention Packages were designed to educate and create awareness of strategies and interventions to reduce avoidable hospitalizations and unnecessary emergency room visits.
In-Home Aide Track

This best practice intervention package is designed to educate and reinforce to In-Home aides the value of telemonitoring in reducing avoidable acute care hospitalizations.

Objectives

After completing the activities included in the In-Home Track of this Best Practice Intervention Package, Telemonitoring, the learner will be able to:

1. Define telemonitoring and how this intervention can be used effectively
2. Describe how telemonitoring may reduce avoidable acute care hospitalizations
3. Describe two In-Home aide actions that support telemonitoring

Complete the following activities:

• Read “In-Home Aide’s Guide to Practical Application-Telemonitoring”
• Complete the In-Home Aide Post Test

Disclaimer: Some of the information contained within this Best Practice Intervention Package may be more directed and intended for an acute care setting, or a higher level of care or skilled level of care setting such as those involved in Medicare. The practices, interventions and information contained are valuable resources to assist you in your knowledge and learning.

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency’s needs and setting.
IN-HOME AIDE’S GUIDE TO PRACTICAL APPLICATION
Telemonitoring

**Purpose:** To assist In-Home aides with understanding their role in telemonitoring.

**Definition:** Telemonitoring is the electronic collection of patient health information (vital signs, blood sugar, oxygen level, weight) and sending this information to a distant location.

**Practical Application:**

- Help identify patients that will benefit from telemonitoring; perhaps possible patients were not identified at start of care

- Understand the In-Home aide role in telemonitoring at your agency per your agency’s protocol which may include:
  - Delivery
  - Set-up & Removal
  - Cleaning

- Assist patient with self-monitoring activities, such as ambulating to the telemonitor, getting on the scale, etc.

- Reinforce patient/caregiver education:
  - Purpose of telemonitoring
  - A telemonitor is not an emergency response system
  - Equipment safety

- Know which of your patients have a telemonitor and when the telemonitor is removed from the home

- **Support patient/caregiver acceptance of telemonitoring; be positive!**
IN-HOME AIDE POST TEST

Telemonitoring

Directions: Choose the ONE BEST response to the following questions. Circle your answer that identifies the ONE BEST response.

1. Telemonitoring is the electronic collection of patient information and sending this information to a distant location.
   A. True
   B. False

2. Areas that In-Home Aides may be asked to assist with telemonitoring include:
   A. Delivering, picking-up or cleaning agency monitors
   B. Identifying patients who would benefit from telemonitoring
   C. Reminding patients when it is time to connect to the monitor
   D. All of the above

3. Telemonitoring encourages the patient/caregiver to actively participate in self-monitoring activities. Each patient’s activities will be specific to the patient, but some examples of self-monitoring measurement include:
   A. Vital signs – blood pressure, pulse, respirations, temperature
   B. Weight
   C. Pulse oximetry (check oxygen level)
   D. Blood sugar
   E. All of the above

4. Some patients may have a fear of getting an electric shock when using the equipment, but telemonitoring equipment is safe to use as instructed.
   A. True
   B. False

5. In-Home Aides can support telemonitoring by:
   A. Reporting abnormal signs and symptoms or declines in patient status
   B. Reporting non-adherence
   C. Reinforcing patient/caregiver education
   D. Assisting with self-management development activities
   E. All of the above