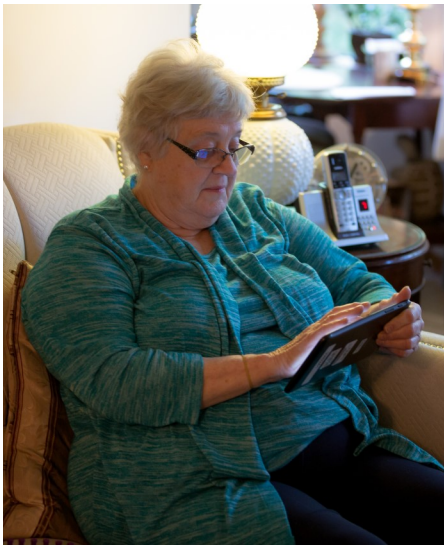
Does Your Patient Have COPD, Diabetes or Heart Failure?

Consider a referral to Home Health Monitoring if your patient:



- Has a confirmed diagnosis of COPD or heart failure and is symptomatic
- Has confirmed diagnosis of diabetes and is struggling to manage blood glucose
- Is willing to engage in self-management

Home Health Monitoring Service:

- Patients spend a few minutes each day completing their measurements and answering questions to help assess their chronic condition.
- Patients receive a tablet, BP monitor, scale, pedometer and pulse oximeter for monitoring and use their own glucometer for diabetes monitoring.
- Service goals include preventing acute care admissions and ED visits while improving the patient's quality of life through optimal self-management and prevention of exacerbations.
- Community Health nurses monitor patients Monday to Friday, providing ongoing coaching and education.
- Nurses send reports and communicate with family physicians, nurse practitioners and specialists.

To Refer to Community Health Services

Community Services Location	Phone	Fax
Mt Waddington, Campbell River, & Comox Valley	250.331.8530	1.866.931.0211
Nanaimo, Port Alberni & Cowichan Communities	1.877.734.4141	1.877.754.2967
Oceanside	250.951.9550	250.951.9575
Greater Victoria & Gulf Islands	250.519.5282	250.519.5288