island health

Home Health Monitoring Service

INFORMATION BRIEF

December 16, 2016

Island Health is pleased to offer the Home Health Monitoring (HHM) Service for patients with heart failure and COPD

Benefits of participation in HHM:

- Your patient is supported with chronic disease self-management and education, including a having an action or care plan
- Monitoring information, changes in condition, and the patient's progress is shared with the patient's health care team, including the family physician
- Easy to use equipment provided free of charge
- Ongoing access to a knowledgeable clinician.

Eligibility Criteria

- Confirmed diagnosis of COPD or heart failure and is currently symptomatic
- For COPD, an exacerbation in the last year
- Able to use the equipment and interested in self-management.

To refer your patients:

- Call HCC Centre Island Central Intake **250-739-5749**
- or complete a HCC paper referral form
- Patients may also self-refer by calling the number above.

Thank you for sharing this information with Division of Family Practice members. Please do not hesitate to contact me for additional information.

Sincerely,

Lisa Saffarek, RN BScN
Telehealth Specialist & Lead for Home Health Monitoring
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HHM Evaluation

HHM services for heart failure have been available in Nanaimo, Oceanside, and Greater Victoria since 2013. Key evaluation findings included:

- *Heart failure self-management improved following HHM participation (20% of patients scored at a high level of self-care on enrolment vs 60% at discharge; using the Self Care of Heart Failure Index tool)*
- *98% of patients reported a high level of overall satisfaction with the HHM service (average age 78 years)*
- *Pre/post evaluation demonstrated an average of 67% reduction in hospital admissions, 59% reduction in length of stay, and 53% reduction in Emergency Department visits.*