

### 1 If you have a client with **Heart Failure** assess the following inclusion criteria:

- NYHA Class II or III
- Under the care of a Primary Care Provider
- Able to manage Home Health Monitoring equipment or has capable caregiver
- Willingness to participate in 3 month self-management program
- Understands and speaks English or has access to an English translator

Home Health Monitoring clients must be able to...



- ✓ Can stand on a scale unsupported
- ✓ Follow written instructions
- ✓ Respond to questions and teaching over the telephone



### 2

To refer your client to HHM:

**Contact your local HHM Office:**

South Island 250.388.2273  
 Central Island 250.739.5749  
 Oceanside 250.951.9550

**Complete a Referral Form**

[South Island Referral Form](#)  
[Central Island Referral Form](#)  
[Oceanside Health Services Referral Form](#)

**Talk to your HCC Hospital Liaison**



**The Impact of Home Health Monitoring**  
 on clients with Heart Failure  
*(spring 2014)*

Reduces Hospital Admissions



Reduces Length of Stay



Reduces ED Visits

