

# Video Visits for Home Health Patients with Chronic Obstructive Pulmonary Disease

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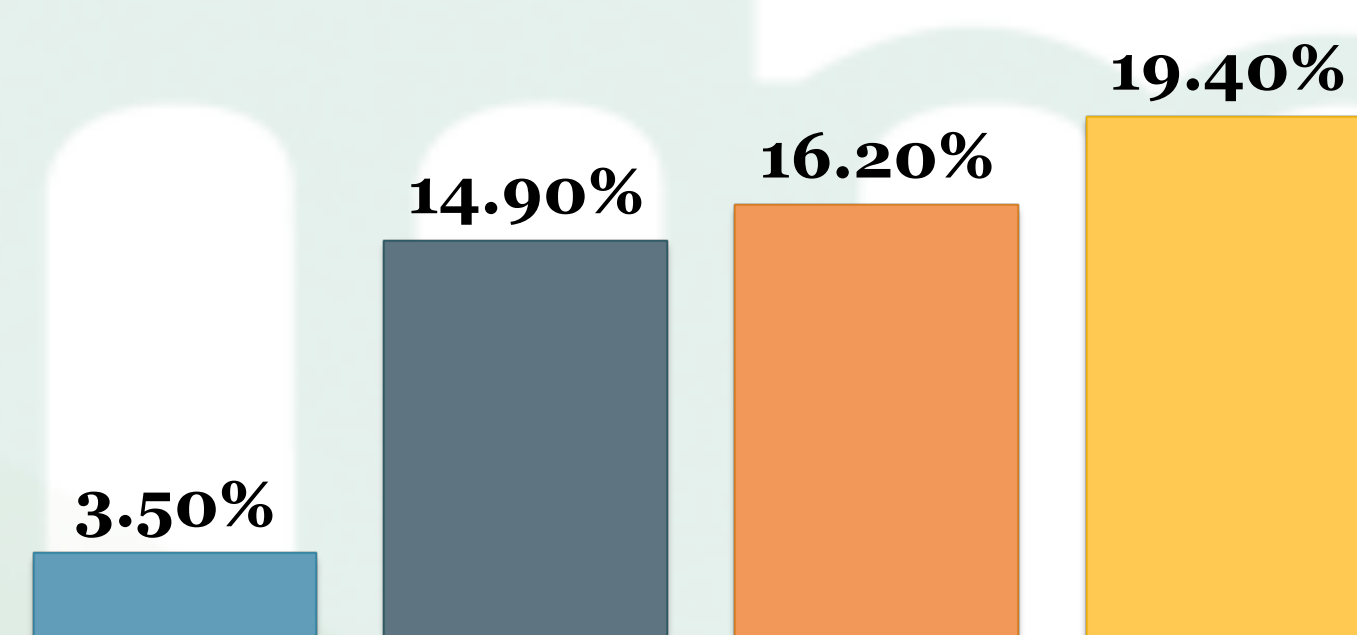
## Introduction

### Background

- Chronic Obstructive Pulmonary Disease (COPD) is a leading cause of morbidity and mortality
- COPD patients have high rates of emergency department visits and hospital readmissions both nationally and locally
- A local home health agency is interested in using video visits to compliment their skilled nursing in-home visits as an additional way to support patients with COPD in their homes and efficiently utilize their clinical staff

### 30-day Hospital Readmission Rates

- Agency CHF 2016
- Agency COPD 2016
- Home Health National Average All Cause
- Local Hospital COPD



### Available Knowledge

- Research reports patients and clinicians satisfied with the quality of home care delivered through video visits
- Mixed evidence regarding cost savings

### Purpose

To assist the local home health agency launch a video visit program.

### Aims

- Develop video visit guidelines for agency use
- Create a staff education module

## Advisor Acknowledgements

Mary Val Palumbo, DNP, APRN, GNP-BC  
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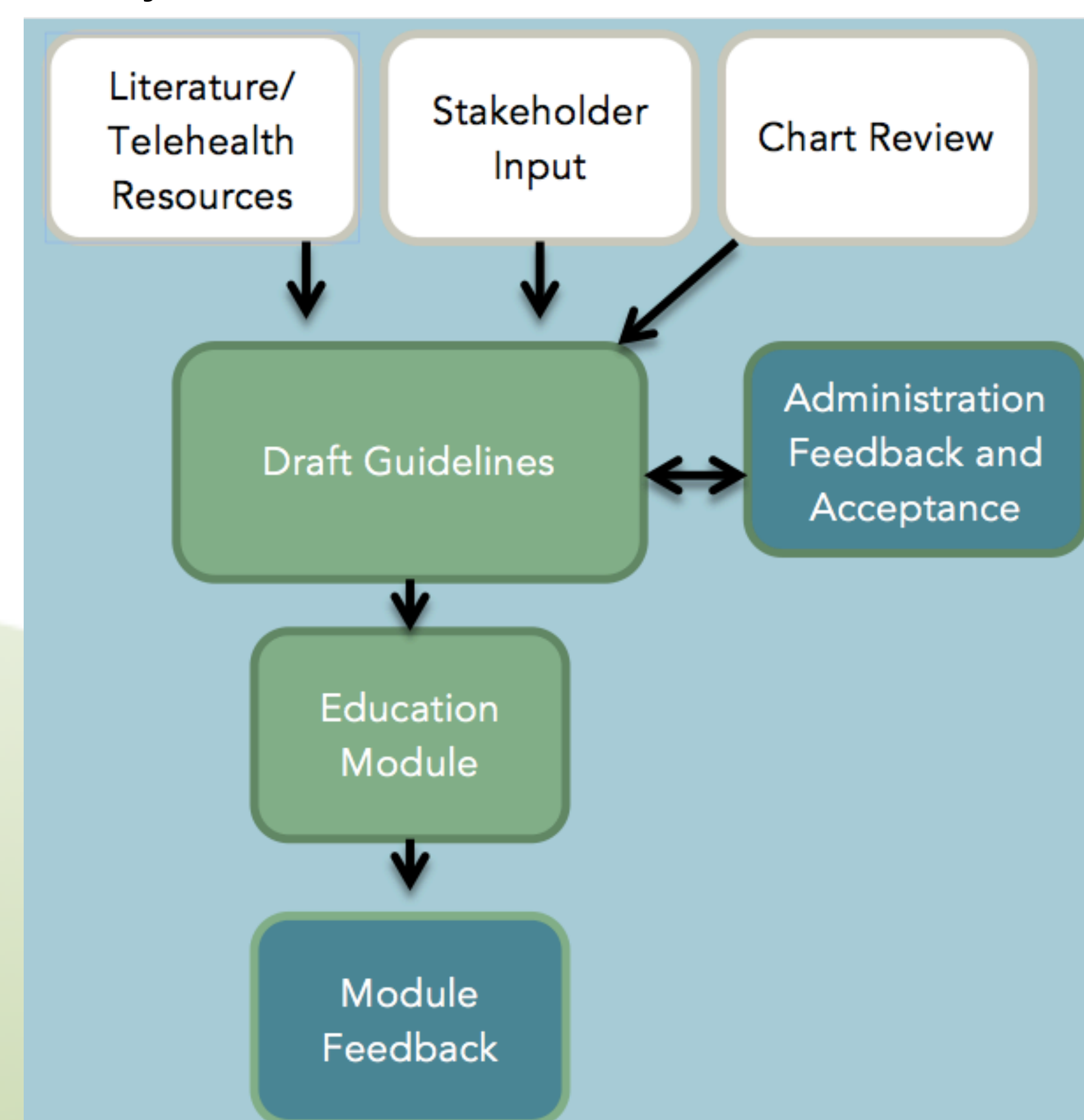
## Methods

### Context

- Full-service, not-for-profit Visiting Nurse Association
- About 225 employees including registered nurses, physical, speech, and occupational therapists, LNAs, social workers, a bereavement coordinator, a chaplain, and administrative staff
- Average of 759 patients on service daily
- Established telemonitoring program overseen by telehealth nurse
- Better Breathing Program
- Project leader from outside the organization

### Interventions

- Review of existing telehealth resources
- Chart review of COPD patients enrolled at agency from October 1, 2016 to March 31, 2017 (6 month period)
- Gather stakeholder input through interviews with patients and staff
- Compilation of video visit guidelines
- Creation of staff education module with survey to assess clarity and effectiveness of module



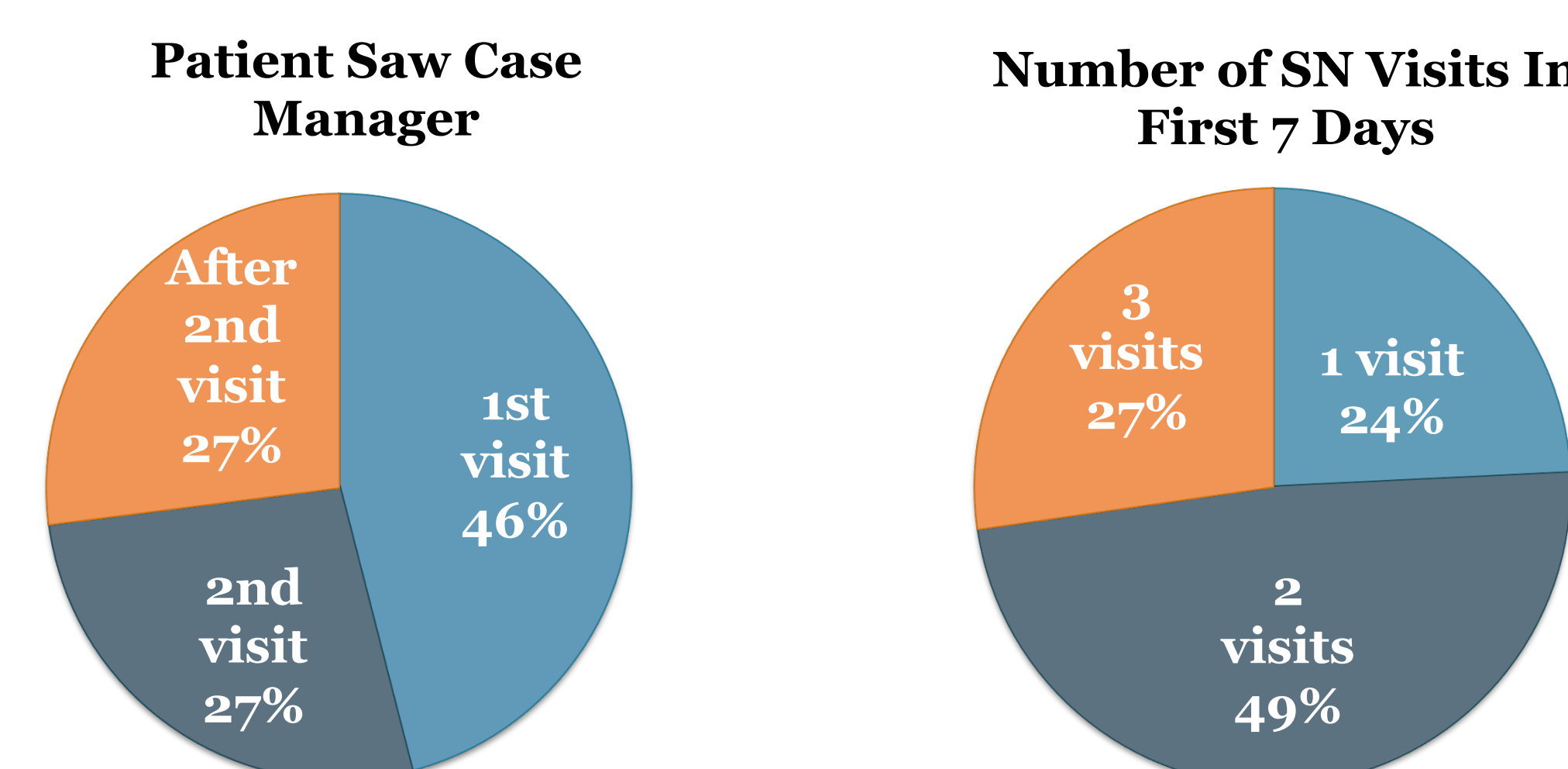
### Measures

- Stakeholder input to inform guidelines
- Feedback from administration regarding draft guidelines
- Qualitative and quantitative education module survey results

## Results

The interventions were carried out on an ongoing basis from the spring through the fall of 2017

### 1. Chart review



### 2. Stakeholder interviews

- Input was gathered from two members of administration, two registered nurses, two physical therapists, five home health patients, and three attendees of the Better Breathing Support Group
- Patient response sample:**
  - "Would be another headache"
  - "Would be nice to connect with the nurse that way...I go to the ER when my COPD symptoms are not getting better."
  - A messaging feature would be helpful for those that are having difficulty speaking
- Clinician response sample:**
  - How would this fit into schedule/patient load?
  - How would we conduct a physical assessment?
  - Keep technology simple for patient
- Administration input:**
  - Request for evidence-based COPD self-management curriculum incorporated into the guidelines for nurses to use during video visit

### 3. Completed Guidelines

- The guidelines cover informed consent, inclusion and exclusion criteria, privacy, safety, communication best practices, patient assessment, ideas for rolling out a program, and tools for evaluating program success
- Living Well with COPD curriculum added to guidelines

### 4. Education Module

- As of 2/23/18 4 RNs and 1 LPN had viewed module
- 2 completed feedback survey
- 100% agreed or strongly agreed that module increased awareness of the potential value of a video visit program and an understanding of the basic video visit guidelines

## Discussion

### Discussion of Findings

- Specific aims achieved
- Data from chart review showed need for improvement of frontloading to achieved VNA Blueprint for Excellence recommendations (2-3 consecutive skilled nursing visits with same RN post hospital discharge)
- Clinicians and patients had mixed responses to the idea of video visits, from hesitation to enthusiasm
- Initial feedback regarding education module suggests effectiveness at increasing participant awareness of video visit benefits
- Incorporation of video visits into workflow and scheduling remains a question
- Agency not ready to begin video visit program, primarily due to budget concerns

### Limitations

- Small sample size of chart review
- Small number of module participants and survey response rate
- Insights and interpretations as an agency outsider may be different from staff members
- Utility of materials will become evident only with implementation of a video visit program

### Next Steps

- Seek staff champion to take over a small pilot program, generate staff buy-in, and build video visit program over the course of years
- Explore grant opportunities for pilot program
- Periodic review and revision of the guidelines as the agency learns from experience or as new best practices come to light

## Conclusion

- COPD patient population is an important target for additional interventions
- Video visits are a means to provide additional interventions
- Building a video visit program requires significant preparation
- Through this project, some of the groundwork has been laid for the agency to begin a video visit program
- Adequate funding is essential to support organizations to innovate
- Video visit program has potential for growth