Telehomecare Remote Monitoring Program

The Telehomecare program is a self-management remote monitoring program designed for patients with chronic obstructive pulmonary disease (COPD) or chronic heart failure (CHF) and diabetes as a secondary comorbidity who live within the Central LHIN. This program helps patients stay in their own homes and become an active partner in making healthy lifestyle choices and to recognize early signs of their condition. This can help patients avoid unnecessary trips to the Emergency Department and hospital admissions.

How it Works
- Patients are provided with in-home easy to use equipment
  - Blood pressure monitor
  - Oxygen saturation monitor
  - Weight scale
  - Tablet (to answer simple daily questions)
- Daily vital sign monitoring (Monday-Friday) with in-home remote monitoring equipment by patient/family and daily health related questions
  - Abnormal vital sign readings are addressed with the patient and physician if required
- Weekly coaching sessions by a Registered Nurse
- Monthly data report to the physician, if requested

Weekly Coaching Topics Include
- Getting started in Telehomecare
- Communicating with your Telehomecare Team
- Rationale for daily measurements
- Knowing your symptoms
- Medication overview
- Self-management and action planning
- Understanding your medications
- Anatomy of lungs and heart
- Understanding your illness
- Self-monitoring

How to Refer
- Complete the referral form
- Fax to the number on top of the referral form

Contact
For more information about the Telehomecare program, please contact Beth Banting, Senior Manager at 905-763-9928 ext. 5378 or elizabeth.banting@centralccac-ont.ca.