North Simcoe Muskoka CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires du Simcoe Nord Muskoka

FOR HEALTHCARE PARTNERS

Telehomecare

Telehomecare supports patients diagnosed with Congestive Heart Failure (CHF) and/or Chronic Obstructive Pulmonary Disease (COPD) by connecting them to a North Simcoe Muskoka CCAC (NSM CCAC) Telehomecare nurse (RN), who provides health coaching and remote monitoring. Patients become partners in their own care – right in their own homes.

Telehomecare complements the care already provided to patients living with CHF and/or COPD, in addition, will support patients who also live with diabetes as a co-morbidity.

- ✓ **Patients learn self-management skills**
- ✓ **Exacerbations are caught early**
- ✓ **Unnecessary trips to the hospital or the emergency room are avoided**

There are two program streams for patients at no cost:

1. **The Coaching Stream** is a free 6 month program for patients with low to moderate CHF/COPD.
2. **The Monitoring Stream** is a free 1-3 month intensive program for patients with moderate to severe CHF/COPD.

REFERRAL PROCESS

- As a healthcare partner, you can initiate a referral for any patient to either stream by completing the Telehomecare Referral Form and faxing to **705-792-6270**.
- See the reverse side of this document for a guide to identify the most appropriate program stream for patients.
- For all referrals received by the NSM CCAC Telehomecare Team, a patient's primary care provider is contacted by fax to obtain patient information for the care plan (biometric parameters and decompensation care plan).

For any questions about the NSM CCAC Telehomecare Program please call 1-888-721-2222 Ext. 2225.

otn telehomecare

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FOR HEALTHCARE PARTNERS

Telehomecare *Reference Guide*

Telehomecare **Coaching Stream**	Telehomecare **Monitoring Stream**
Length of stay: 6 months	**Length of stay**: 1-3 months
Eligibility Criteria: Low to Moderate COPD (**MRC Dyspnea Scale**: Grades 2,3,4) and/or CHF (**NYHA Functional Classification:** Class 2 – 3) +/- comorbidity of Diabetes	**Eligibility Criteria**: Moderate to Severe COPD (**MRC Dyspnea Scale**: Grades 3,4,5) and/or CHF (**NYHA Functional Classification:** Class 3 – 4) +/- comorbidity of Diabetes
Focus on: Daily monitoring of vitals, weekly self-management coaching and setting SMART goals via phone calls, monitoring alerts and following up with patient or physician to mitigate need for ED visit, faxing summary report of vitals to MRP monthly	**Focus on**: Daily monitoring of vitals, weekly phone call check-in with patient, monitoring alerts and following up with patient or physician to mitigate need for ED visit, faxing summary report of vitals to MRP every two weeks. *This stream supports patients through a transition (hospital to home), after an acute exacerbation or after a change in medication.*
Hours of operation: Monday-Friday, 8:30 a.m. to 4:30 p.m.	**Hours of operation**: 7 days a week, 8:30 a.m. to 4:30 p.m.

Patients can transfer to the Coaching stream at the **end** of their 3 month Monitoring program to learn self management strategies and set SMART goals if they meet the eligibility criteria for the Coaching stream (see above).

Fax your Telehomecare Referral Form to 705-792-6270.

For any questions, contact the Telehomecare Team at 1-888-721-2222 Ext. 2225.

Ontario
North Simcoe Muskoka Local Health Integration Network
Réseau local d'intégration des services de santé de Simcoe Nord Muskoka

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