Managing chronic health conditions pose as an everyday challenge for individuals, families, and acute/post-acute healthcare facilities. The Centers for Disease Control and Prevention found that in 2005 almost 1 out of every 2 adults had at least one chronic disease. It has also been found that 90 percent of seniors have at least one chronic disease, and 77 percent have two or more chronic conditions (Anderson 2004). Chronic diseases are also part of our 18 percent of overall healthcare spending on our gross domestic product. The Institute of Medicine states that chronic condition care requires daily, real-time monitoring of physiological data, direct patient feedback, coaching, and high level patient-physician interaction to achieve positive results.

The leadership team envisioned we could cut costs by reducing:
- ED visits,
- hospital admissions,
- inpatients stays,
- and the likelihood of hospitalization within 6 months due to CHF.
Not only were these tasks part of our goals; they were also how we were going to measure the success of our pilot. We also aimed to survey the success of community/patient acceptance to the devices and services.

**Methodology**

1. Become Educated on TeleMonitoring

The leadership team planned an education session with Honeywell Inc. in July 2013. The purpose of the session was to become educated on each type of device, each monitoring peripheral, and the Lifestream software application. We also completed training on proper installation procedures.

2. Prepare Equipment

After the equipment arrived to our facility we needed to unpack and prepare each device for installations. We came up with a sticker method to visually show ownership of each device and peripheral. Training also occurred on troubleshooting equipment problems that may occur.

3. Staff and Physician Education

Training was given to staff involved with the installations and de-installations of the devices. We also needed to inform physicians so that we could receive their opinions on the service as well as patients they would like to refer.

4. Patient Selection Process

After completing steps 1-3 we moved to planning a patient demographic. We looked at patients and referrals who could really benefit from this service and if they had the ability to complete necessary tasks.

5. Mock Trial

Once the planning procedures were completed we moved to a 3 day trial period. This trial allowed us to test installation and de-installation procedures, the daily lifestream online software, communication channels, and become more familiar with the equipment.

6. Installation/De-Installation of Devices

After our mock trial we began device installations in patient homes. This entails communication between the nurse in charge of patient observation and myself who is in charge of scheduling and helping designated nurses complete the installation/de-installation procedure.

7. Patient Observation & Communication

The final step of this methodology lies within the hands of the nurse who oversees patient observation and communication. This nurse observes vital data in which decisions are made to contact patients. From these conversations take place which help patients make proper health decisions as well as coaching opportunities.

**Summary of Success**

**Community Acceptance**

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Question 4</th>
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<tr>
<td>YES</td>
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Question 1 – How easy is the device to use (scale 1-5, 1=poor, 5=excellent)?
Question 2 – Do you feel you have learned something about your health and are more aware of your health after using this service (yes/no)?
Question 3 – Do you believe this service helps you live a healthier and safer life at home (yes/no)?
Question 4 – Would you recommend using this service to someone (yes/no)?

**Hospital Inpatient Stays**

Begun TeleMonitoring

**Recommendations**

The knowledge and experience I have gained from this program has allowed me to make recommendations within two categories, program specific and industry wide.

- **Program Specific Recommendations:**
  My recommendation for the program would be to use only the Genesis DM Model. I suggest this because based on installation experience and patient feedback this model is more accepted by patients. This is due to the ease of use which if very comparable to operating a basic alarm clock. The other advantage to using this model is the costs. The program will be able to utilize more devices due to their lower costs and in correlation this will increase the amount of patients we can serve.

- **Industry Wide Recommendations:**
  I recommend that we continue to urge government officials to promote technologies and services such as this. The benefits of this program include being able to more efficiently manage patient population health and healthcare spending. Honeywell Inc. also informed me that to this date there are 10 states in which government funding is used to utilize TeleMonitoring. The Institute of Medicine also published in an article that telemedicine will continue as a large contributor in increasing chronic disease management and they also anticipate the market to reach a value of $3.1 billion by year 2017.

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