Telehealth Home Visit Follow Up Meeting Minutes for 4/9/20

* Scheduling home appointments/logistical planning: Home visit Appointments in Apartment buildings where visits are in one building can be 35 minutes apart. Visits to homes: Example: Scotia then back to Schenectady NY should be scheduled 40-45 minutes apart to allow time for travel or labs at time of visit. Please ensure you are allowing time for staff to have their lunch when scheduling home visits. Team feels morning visits work best. **Would like to consider adding blocks to provider schedules for telehealth home visits as scheduler finds it challenging to find an open slot with multiple telehealth home visit appointments.**
* Preparation for visit: pre-visit planning/registration preparation: Registration will scrub schedule the day prior to visit and provide any needed paperwork for visit in the in box outside of Sherri’s office. Providers need to review patient prior to being seen in the home with pre-visit planning. Pre-visit planner for home visits will review with provider prior to patient being seen. Pre-visit paperwork will be review with staff making the home visit focusing on the needs.

Currently: Alison schedules the visit and perform pre-visit planning task. Amanda is back up. Hemma is back up.

Registration will need to arrive patient, ensure consents are scanned into ECW once returned to in box by nursing team and check patient out at end of visit.

* Huddle prior to going to home visit to ensure you have all your supplies needed for visit. Pose questions for provider prior to home visit (based on pre-visit plan) for preparation.

Pre-visit planning completed day before and reviewed with provider via pre-visit planner. Nursing team will huddle at 8 am with pre-visit planner and or provider.

* IT challenges: IT has offered to allow trial of “Hotspot” with home visits. Phone use for hot spot shut down and locks itself within a timed session built into phone device itself for security. This is causing interruption to the telehealth. Lauren to provide a trial of “hotspot” device for internet access.
* Point of contact person for nursing team to call for issues: Allison, Kathleen. Call Laurie if Alison and Kathleen are not reachable.
* Contact patient before visit (day of visit) to ensure patient is not ill. (Please review you cheat sheet as these details are in your cheat sheet). Patient contact information/demographics is on your patient list/pre-visit plan. Address will be confirmed at the time appointment is scheduled. Follow the pre-visit sheet Kathleen devised and was discussed at this meeting. She will be adding some offered recommendations to the sheet.
* Any referrals at the time of the visit will be completed upon return to clinic. Please ensure you are using your note pad to make notes as you may have to also chart upon return to clinic in order to keep on schedule and limit your stay in the patient’s home. SW referrals can be made in real time for any social determinate of health needs, behavioral health support needs (Rebecca).

**Discoveries:**

**Lap tops cannot be plugged into desk top monitor at the time of video conferencing. All desk tops monitors can be used for video conferencing if you using your phones to communicate between patient and provider. The camera is on the top of the desk top monitor in the middle area and can be pushed down upon as it has a spring like action to cause the camera to rise up.**

**Providers that are running behind: There nurse should contact Alison who will contact the home visit team. If Alison is no available, call the home visit team at 518-859-1411.**

**Place a ticket for any IT patient issues. IT will work with staff who then can contact patient to assist them (Primarily with Healow App).**

**Telehealth Program Growth/consider for future:**

**Registration will schedule appointments for home visits. IT can create a bucket for registration. Providers and Case Management can provide patient information for scheduling to the registration bucket.**

**Goal to plan next meeting in 2-3 weeks.**