CE4TA
CENTER OF EXCELLENCE FOR
TELEHEALTH AND AGING

westhealth
institute

Implementing Age-Inclusive Telehealth in Post-Acute and Long-Term Care Settings

CE4TA
CENTER OF EXCELLENCE FOR
TELEHEALTH AND AGING

TABLE OF CONTENTS

INTRODUCTION

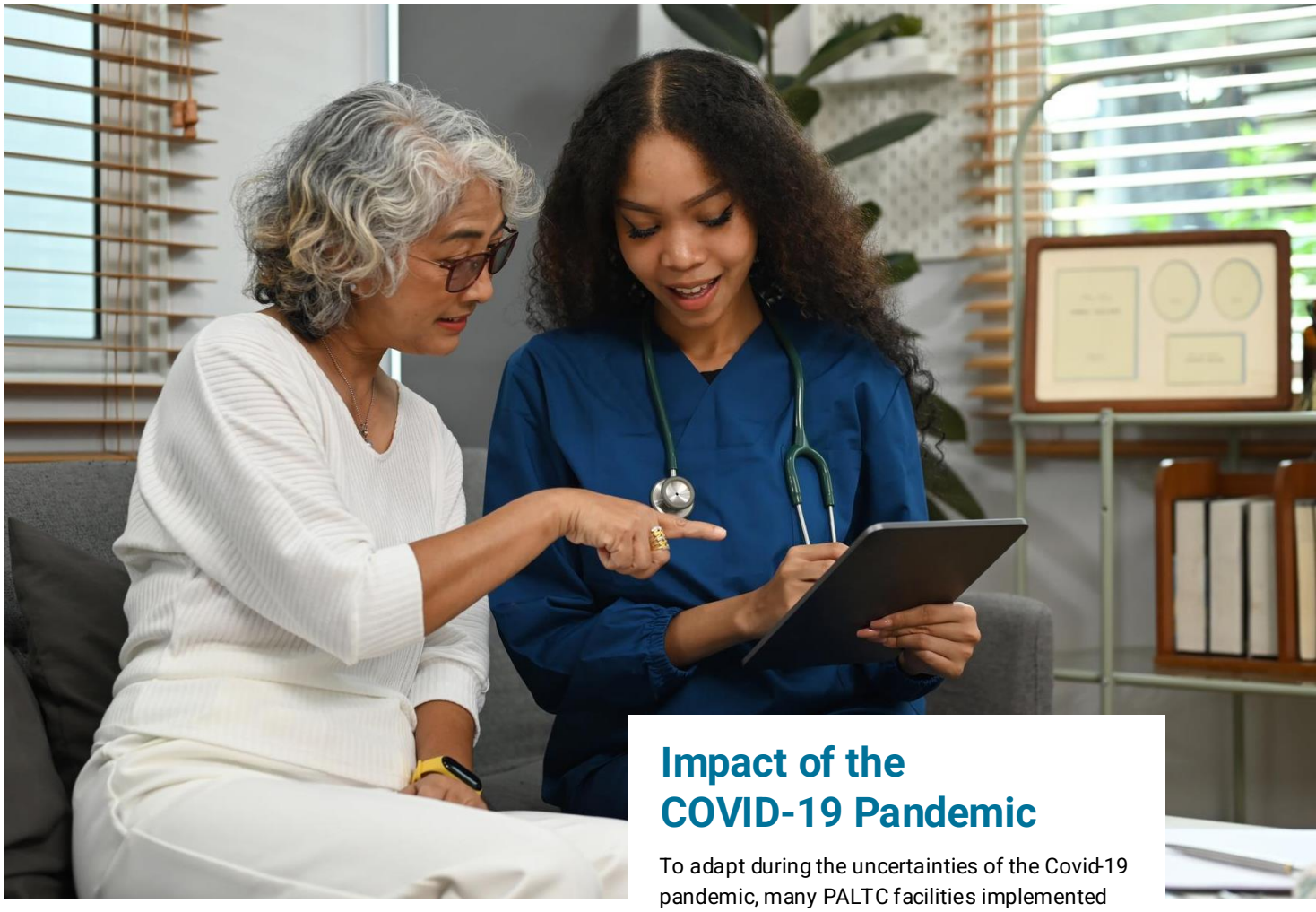
Addressing the Healthcare Needs of Older Adults in Post-Acute and Long-Term Care Facilities

- Older adults residing in Post-Acute and Long-Term Care (PALTC) may experience decreases in physical and cognitive ability that can lead to struggles in all aspects of daily life, including increased challenges accessing and receiving healthcare.
- Telehealth is a vital, cost-efficient, and accessible tool to ensure that the older adult population receives the care it deserves.[1]
- In long-term care, many residents are not able to independently use telehealth technology.
- Sustainable incorporation of telehealth into post-acute and long-term care will require the intentional development of programs through clearly defined needs, facility readiness, value-based models, and evidence-based implementation plans.

Telehealth offers advantages to both medical providers and older adults within the post-acute and long-term care continuum. Some of the benefits include the following:

- Decreased emergency department use[2,3]
- Decreased potentially avoidable hospitalizations[3]
- Higher patient satisfaction[1]
- Decreased transportation costs[2]
- Decreased exposure to transitions of care[2]
- Potential for frontline caregiver interactions with specialists (integrated models of care)[5]
- Improved infection prevention[1]

Telehealth can also scale caregiving capacity to help with staff shortages and be of financial benefit to institutions[4]



Impact of the COVID-19 Pandemic

To adapt during the uncertainties of the Covid-19 pandemic, many PALTC facilities implemented telehealth services to better serve their residents during periods of lockdown, decreased family support, and increased risk of going out in public.

Within these facilities, telemedicine and remote monitoring helped to treat residents in place, reducing hospitalization and mortality in comparison with nursing homes that did not have this ability.[1] Yet, the initial implementation of telehealth during the Covid-19 pandemic was often rapid, and disorganized.[5]

To maintain the benefits of telehealth in a post-pandemic world, it is essential for organizations to intentionally design, implement and evaluate programs under specific guidelines to ensure that telehealth continues to augment care for older adults, as well as reduce costs for institutions and individuals.

Creating Sustainability Beyond Emergency Measures

Telehealth tools, initially utilized as short-term emergency measures for PALTC facilities during the pandemic, can be further developed and integrated into lasting telehealth programs.

These programs should be designed in ways that ensure they are safe, equitable and effective for use with older adults.


CE4TA
CENTER OF EXCELLENCE FOR
TELEHEALTH AND AGING
AGE-INCLUSIVE
TELEHEALTH
IMPLEMENTATION

Principles & Guidelines for Telehealth & Aging

A key component to implementing your telehealth program is to ensure that your services are tailored to meet the unique needs of older adults.

The Principles and Guidelines for Telehealth and Aging provide a roadmap for informing best practices in delivering age-inclusive telehealth services.[6]

Person-Centered Care

The older adult being served should be at the center of all decision-making. The older adult's care preferences, goals, wishes, abilities, support system, and conditions should be accounted for.

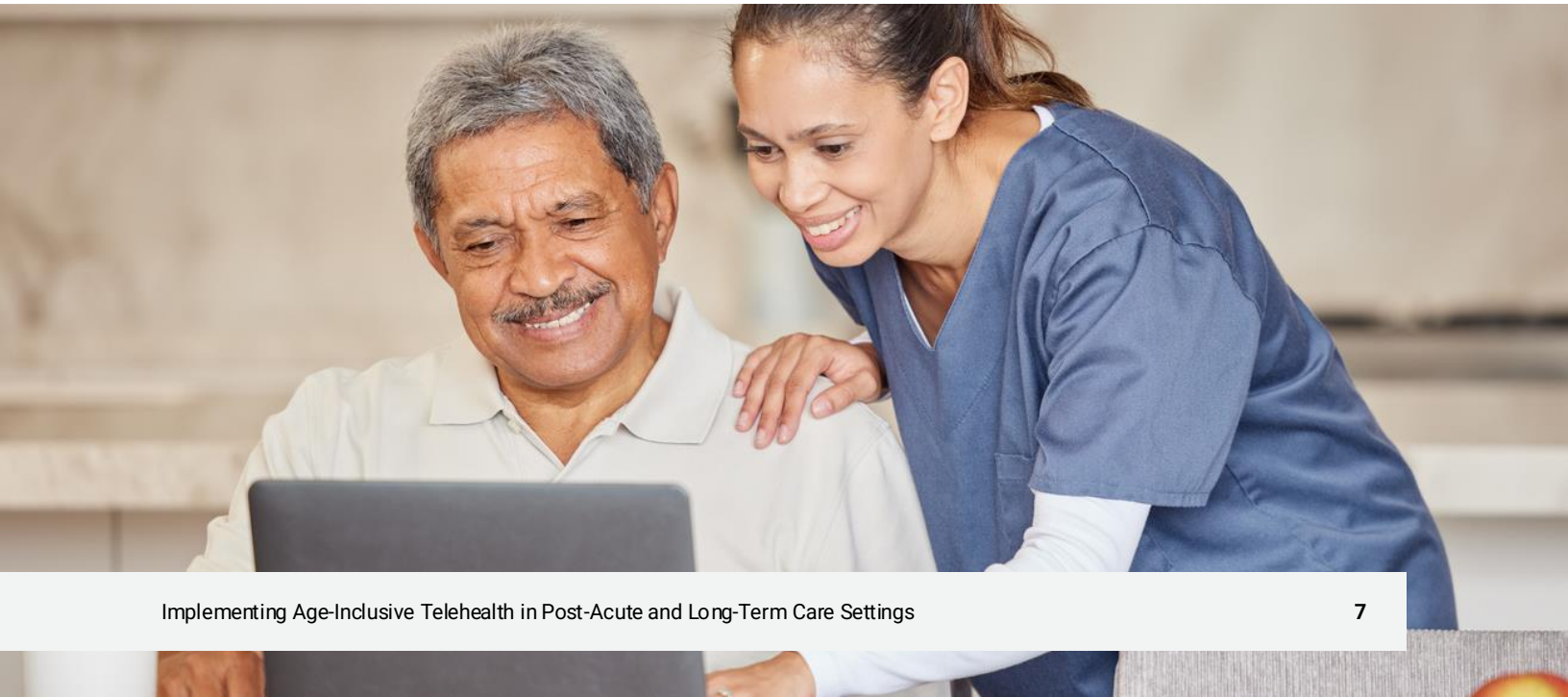
Equitable & Accessible Care

Regardless of age, ability, socio-economic status, health literacy, technology literacy, and access, everyone should have equal access to the same level of high-quality care.

Integrated & Coordinated Care

Systems should be set up to facilitate access to the information and support necessary to provide quality care to older adults. This includes cooperation and communication between and within systems and stakeholders.

The West Health Institute (WHI) together with the University of Virginia (UVA) and the Mid-Atlantic Telehealth Resource Center (MATRC) brought together a group of subject matter experts to create a set of principles and guidelines that PALTC facilities can utilize to ensure optimal continued implementation of telehealth for older adults.[6]



PRINCIPLE 1

Person-Centered

The older adult being served should be at the center of all decision-making. The older adult's care preferences, goals, wishes, abilities, support system, and conditions should be accounted for.

Age-inclusive telehealth should be person-centered in that it ...

GUIDELINE 1

Accounts for older adults' healthcare goals, care preferences, and 'what matters'

GUIDELINE 2

Promotes high-values use cases that drive older-adult-focused goals, incorporating payer and provider perspectives

GUIDELINE 3

Supports coordination and continuity of care

GUIDELINE 4

Ensures that older adults and their caregivers are prepared and understand what to expect from a telehealth encounter

GUIDELINE 5

Promotes opportunities to use telehealth to increase access to care while reducing avoidable costs

GUIDELINE 6

Reduces time to see providers across healthcare settings

GUIDELINE 7

Incorporates older adults' families and caregivers when appropriate and consistent with the older adults' wishes

Case vignette #1: Implementing person-centered telehealth services in a PALTC facility

A 91-year-old man with Parkinson's Disease resides in a nursing home. He is experiencing increased freezing periods and hallucinations and would like an evaluation with his usual neurologist. The resident has impaired mobility and becomes anxious in unfamiliar environments, making it difficult to leave the facility. His wife would like to attend the appointment with him but is unable to drive to the neurologist's office. The neurology practice offers a telemedicine consultation to the nursing home and invites the resident's wife to participate in the visit from her home via telemedicine.

Real-time audio and visual conferencing with the neurologist is established. During the telemedicine visit, the nursing home ensures that a nurse is present to review medication dosing, timing, and symptoms with the physician. The neurologist guides the nurse through the necessary physical examination. During the visit, both the wife and the resident can express their concerns, ask questions, and receive counsel from the neurologist. Upon completion of the visit, the neurologist faxes the consultation note containing recommended medication changes to the nursing home.

The resident, wife, nurse, and physician spend 30 minutes in a face-to-face consultation. The setup for the visit took 15 minutes for the wife and the nursing home. This plan eliminated the need for a wheelchair transport.

PRINCIPLE 2

Equitable & Accessible

Everyone should have equal access to the same level of high-quality care, regardless of age, ability, socio-economic status, health and technology literacy, or rural, suburban or urban locations.

Age-inclusive telehealth should be equitable and accessible in that it ...

GUIDELINE 1

Accounts for older adults' physical and cognitive differences

GUIDELINE 2

Accounts for cultural and linguistic differences of older adults and their caregivers

GUIDELINE 3

Accounts for technology literacy and readiness of older adults and their caregivers

GUIDELINE 4

Uses telehealth to address needs across all settings, including the home, as promptly as possible

GUIDELINE 5

Ensures that staff & providers engage in ongoing education on best practices for using telehealth with older adults

GUIDELINE 6

Accounts for differences in access to technology and connectivity

Case vignette #2: Implementing equitable and accessible telehealth services in a PALTC facility

A rural community has a psychiatry clinic that offers consultation services via telemedicine. The clinic has partnered with multiple rural nursing homes to ensure access to mental health care for their residents. Prior to this telemedicine service, there were no mental health clinicians providing regular care for nursing home residents in this region.

The clinic has a protocol where the nursing home staff will set up the audio-visual conferencing at a pre-scheduled time. The staff fills out a referral worksheet ahead of the visit that informs the clinician of the current conditions, medications, and the resident's symptoms. Some nursing homes have also granted the mental health providers access to their electronic medical record to assist in history gathering. Staff are also able to give input about the symptoms at the beginning of each visit. Depending on the patient's request or clinician request the staff may leave during the patient interview. Nursing staff remain available in case immediate medical attention is needed (for example as in the case of a patient who expresses intent to self-harm during a visit and requires immediate care by facility staff).

Depending on access to the EHR, the clinic will either fax the note or place it into the EHR. At the end of each visit, the mental health clinician reviews the recommendations with the nursing home nurse.

PRINCIPLE 3

Integrated & Coordinated

Systems should be set up to facilitate access to the information & support necessary to provide quality care to older adults. This includes cooperation and communication between and within systems and stakeholders.

Age-inclusive telehealth should be integrated and coordinated in that it ...

GUIDELINE 1

Facilitates telehealth providers have access to older adults' health history

GUIDELINE 2

Facilitates safe, coordinated transitions of care

GUIDELINE 3

Integrates into the care continuum / provider practice

GUIDELINE 4

Connects crucial Stakeholders throughout the entire process

GUIDELINE 5

Supports staff working at the top of their licenses to drive efficiency

Case vignette #3: Implementing integrated and coordinated telehealth services in a PALTC facility

After reviewing their quality measures report, a nursing home has decided to focus on decreasing avoidable hospitalizations of their residents. They have identified a need to improve access to medical evaluation for change of condition, particularly on nights and weekends.

The nursing home contracts with a medical group offering urgent care services via telemedicine during nights and weekends. In order to ensure access to the nursing home residence medical information, and the ability to write orders, they provide access for the telemedicine group to the nursing facility EHR. The nursing home also ensures access to mobile imaging and lab reports.

Medical providers evaluating and managing residents with change of condition via telemedicine write their notes and orders in the nursing home EHR. Routine nursing home medical providers are given a sign-out via secured email so that they may follow up the next day.

Plan and Team

The core components of an implementation plan include identifying tasks, timelines, approaches, and goals.

Your team is made up of the personnel that lead the execution of the plan and these tasks.

The team must work together to ensure the plan is followed even though each team member may be assigned a specific set of goals and tasks. Often you can partner with your telehealth provider to assist in designing an implementation plan, including timelines, educational materials, and other subject matter expertise.

Key Members to Include in an Implementation Plan

Role	Stakeholder	Responsibilities
Administrative Lead	CMO and/or CEO	• Strategic guidance • Executive decisions on behalf of the organization
Technical Lead	IT Engineer or Analyst	• IT expertise regarding hardware and software • Escalations and repairs
Clinical Lead(s)	Medical and Nursing Directors	• Clinical guidance on workflows • Operational decision makers
Telehealth Lead	Medical Provider	• Insight on clinical workflows • Key communication representative for all staff
Telehealth Provider	Telehealth Company	• Subject matter experts on implementation • Education and training
Resident Representative	Resident and Family Member	• Feedback from the resident, caregiver, or family perspective
Project Lead	Project Manager or Coordinator	• Maintain timeline and budget

TIP

One way to make your implementation plan easier to follow is to create accessible visual reference documents.

Staff Communication

> *One of the most significant parts of implementing any change is the communication strategy.*

To begin, your initial target audience is your organization's staff. Your communication plan must provide staff education on any changes and focus on getting staff buy-in.

Your communication strategy should address the following questions:

1. Who do you need to get the message to?
2. What do you need to say?
3. Why do you need to say it?
4. When do you need it to be shared?
5. Where do you share it?
6. What do I need from you?

Build Awareness	Building your staff's awareness of the changes and upgrades to your telehealth services, when these changes will occur, and the value to staff, residents and the organization will equip staff with the ability to discuss and answer questions.
Address Questions	Enabling your staff to successfully address questions from residents, families, and external care providers will help avoid misinformation and decrease concerns.
Engage Early	Engaging staff early in the process and providing formally scheduled updates establishes communication expectations for the changes and improvements being made to telehealth services.
Share Information	As your organization approaches full implementation of any changes, information should be shared frequently, such as at weekly meetings and during staff gatherings.

TIP

Live demonstrations of upgraded technology and changes to services and workflows are especially informative and impactful. Demonstrations provide an opportunity for new staff to become more familiar with the tools, processes, and expectations. Such demonstrations serve as teaching moments because they allow staff to ask questions while learning to use the new service.

Resident Communication

> *As part of the resident communication process, it is essential to introduce telehealth services during onboarding. This helps to reinforce or clarify information for residents, families, and caregivers from the start.*

When engaging with residents, underscore how telehealth services will enhance a more person-centered experience. This involves highlighting interface modifications designed to accommodate vision or hearing challenges, updating workflows to ensure residents feel well-prepared and comfortable for visits, explaining ways in which family and caregivers can actively participate in telehealth services, and implementing changes that align with the healthcare preferences and goals of older-adult residents.

Here are some recommended ways to communicate with residents about telehealth:

- Include a telehealth discussion during intake assessments
- Hold information sessions for residents and their families
- Add telehealth as a topic during Town Halls
- Meet with family members during normal visits
- Include the topic in Resident Council meetings

When communicating about telehealth services, remember to highlight key benefits that residents can expect, such as:

- Increased access to timely care within their residence
- Decreased need for transportation to EDs or clinics
- Reduction in potentially avoidable hospitalizations
- Decreased financial burden associated with being able to receive treatment in place

TIP

Using the right terminology is important and may require adjustments over time. For example, "telehealth consultation" could be referred to as a "video visit" or other synonymous terminology that resonates well with your local resident population.

Communication Strategy

Identifying Staff Telehealth Champions

Using a staff "telehealth champion" to support implementation of change is an effective measure for successful quality improvement.[7]

A staff champion should be an individual occupying a key role who is respected by their peer group (e.g. nurses, therapists, providers, etc) and who is passionate about implementing evidence-based practices for the benefit of staff and residents. Champions can be cultivated through training, mentorship, appropriate rewards for improvement, and engagement in self-reflection about the unique contributions they can make as a leader and skills they would like to develop.[7]

Community Provider Communication

Engaging community providers requires a broad approach as levels of interaction between your organization and each provider may vary. In general, acceptance of telehealth differs among providers. When communicating with a community provider group, your organization will need to educate and highlight the value propositions for them and their residents. **Some successful tactics include:**

- Writing letters to local medical providers to communicate your organization's plan to implement telehealth
- Inviting medical providers, and other relevant clinicians to demonstrations and informational sessions
- Having your medical director serve as a liaison to the community providers, if applicable

Education and Training

For Staff

Including education on the ***Principles and Guidelines for Telehealth and Aging*** in your staff training is key. This ensures that staff are proficient in best practices for age-inclusive telehealth services, allowing seamless integration into daily routines.

Training & Testing:

One way to test the telehealth service and simultaneously train staff is to utilize the actual equipment through which the telehealth services are delivered. One benefit to internally conducting the training is that schedules may be more easily managed within your organization.

Timing:

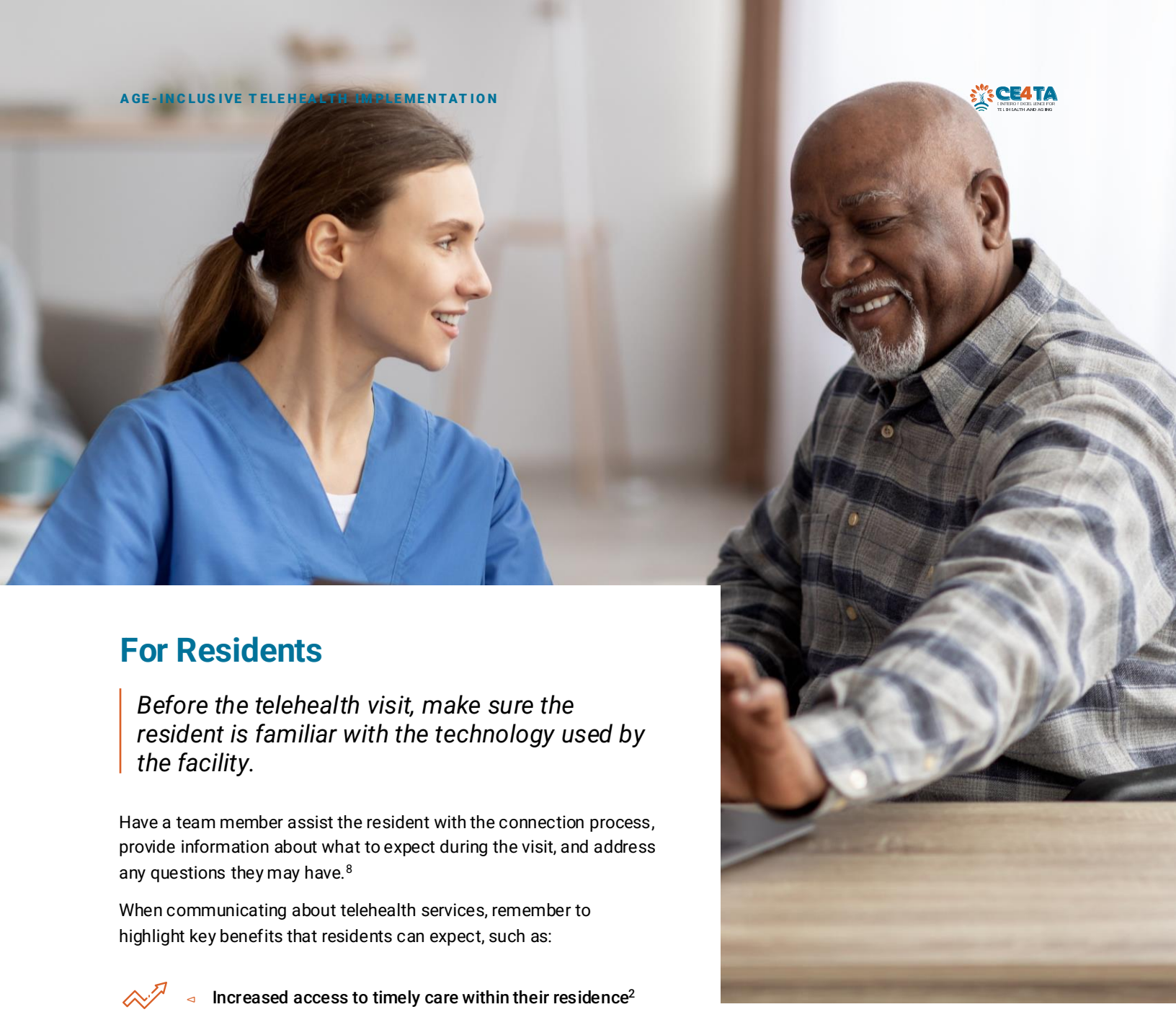
Training should be conducted for all relevant employees as close to implementation of any updates as possible to ensure that new information can be applied and retained. Refresher training sessions should also be available monthly to account for new employees or for addressing low utilization of telehealth services.

Train the Trainer:

Once staff become comfortable with the training sessions and are using the devices and workflows, relying on a "train-the-trainer" model can boost confidence and empower staff to teach others. The staff trainers could be the same individuals identified as your telehealth champions.

TIP

Creating and making available standardized workflows for staff to follow can help to ensure visits are done right every time. See page 17 for more information on implementing workflows.



For Residents

> *Before the telehealth visit, make sure the resident is familiar with the technology used by the facility.*

Have a team member assist the resident with the connection process, provide information about what to expect during the visit, and address any questions they may have.[8]

When communicating about telehealth services, remember to highlight key benefits that residents can expect, such as:

- **Increased access to timely care within their residence**[2]
- **Decreased need for transportation to EDs or clinics**[3]
- **Reduction in potentially avoidable hospitalizations**[3]
- **Decreased financial burden associated with being able to receive treatment in place**[4]

Documentation

> *To ensure care is integrated and coordinated, the telehealth provider should have access to the resident's health history.*

Prior to a telehealth visit:

The telehealth provider should have some resident information preceding the telehealth visit. Special attention should be paid to a resident's medical history, current medications, and chief complaint. This information should be sent via predetermined methods approved by the Health Insurance Portability and Accountability Act (HIPAA).

During a telehealth visit:

The medical provider should request resident consent to provide the consultation to protect your organization and the telehealth provider in addition to fulfilling the legal requirements around consent for telehealth treatment. The Agency for Healthcare Research and Quality developed this sample form to document telehealth visit consent: https://www.ahrq.gov/sites/default/files/wysiwyg/easy-to-understand-telehealth-consent-form.docx

> *To ensure continuity of care, the resident's care team should have access to the telehealth provider's notes.*

After a telehealth visit:

Directly following a visit, the telehealth provider should send notes to your organization and to the resident's primary care physician.

Improving Workflow Integration

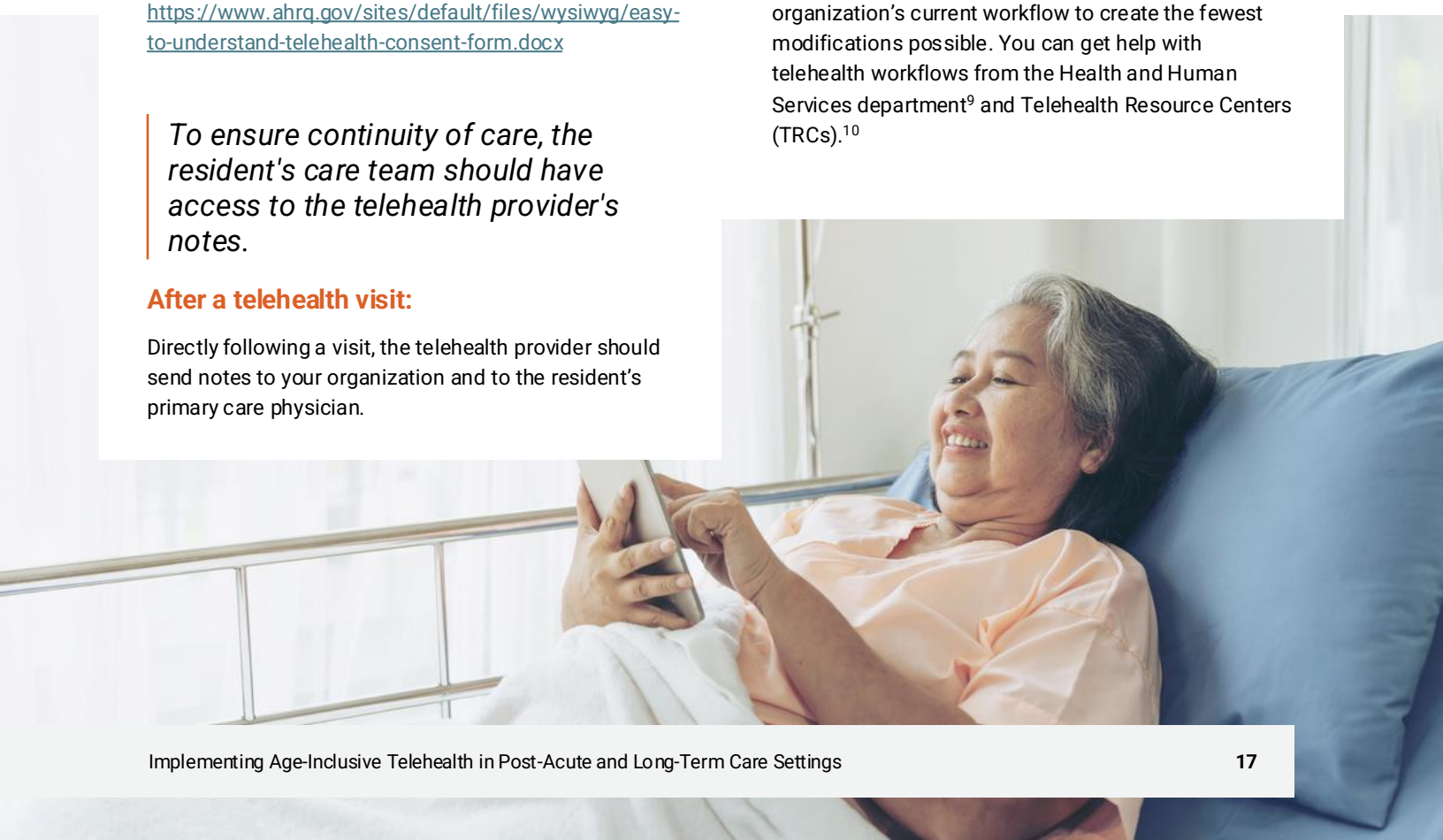
If your organization needs to create a new protocol or improve aspects of its workflow, it's essential to recognize that such changes may have indirect effects on other workflows. Therefore, it's crucial to consider these implications thoughtfully. A telehealth provider should collaborate with the site on any workflow changes.

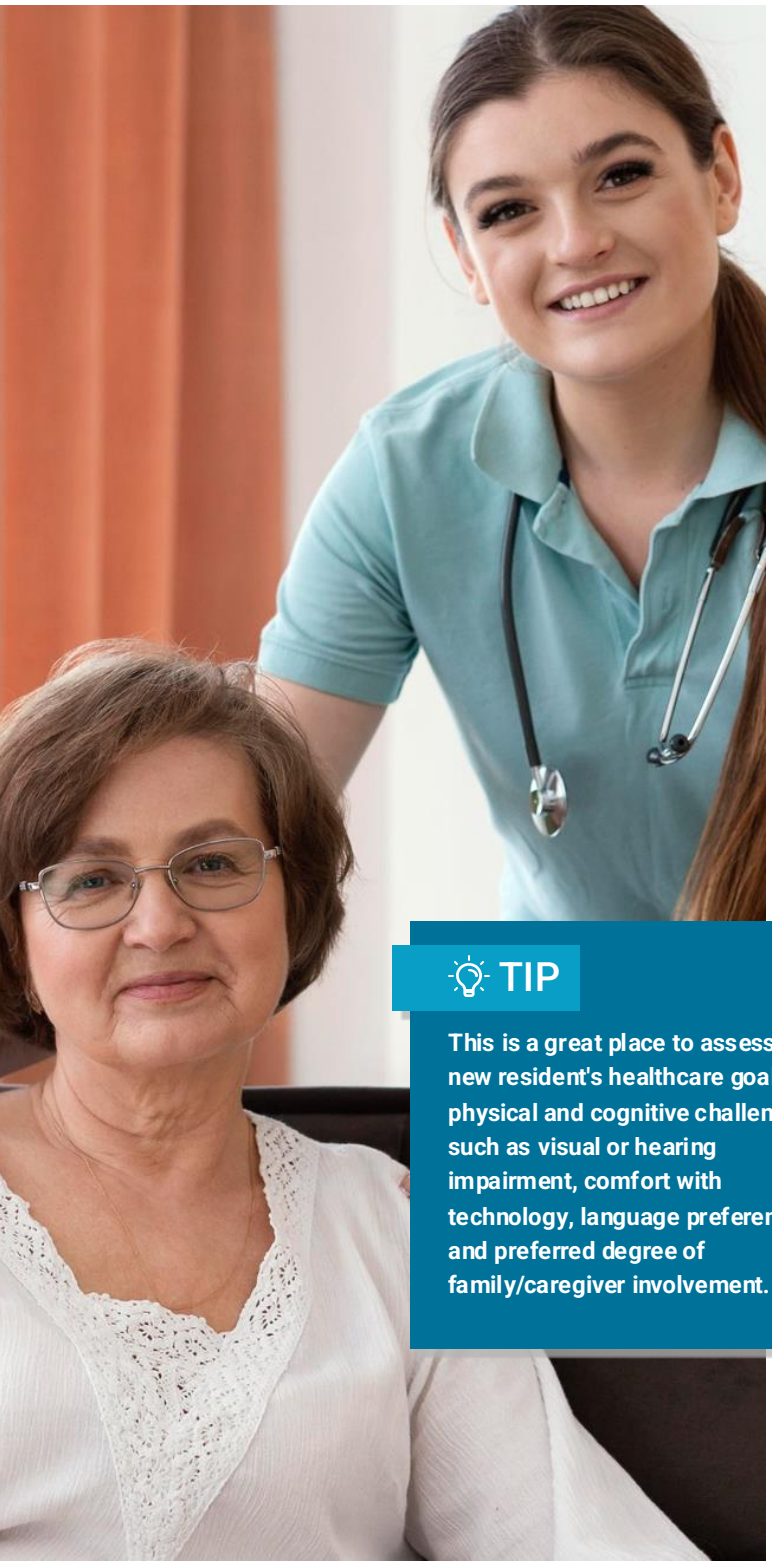
Some important components of a new protocol include:

- When and how to engage with residents
- What to do when the telehealth services aren't working
- How to manage resident concerns (e.g., language barriers)

Workflows

Establishing a telehealth service workflow can be approached many ways. However, it is important to begin by considering how telehealth best fits into your organization's current workflow to create the fewest modifications possible. You can get help with telehealth workflows from the Health and Human Services department[9] and Telehealth Resource Centers (TRCs).[10]





TIP

This is a great place to assess a new resident's healthcare goals, physical and cognitive challenges such as visual or hearing impairment, comfort with technology, language preferences, and preferred degree of family/caregiver involvement.

Admission Workflow

Begin Intake Process

↓

Staff educates resident about telehealth services and fills out a telehealth readiness assessment*

↓

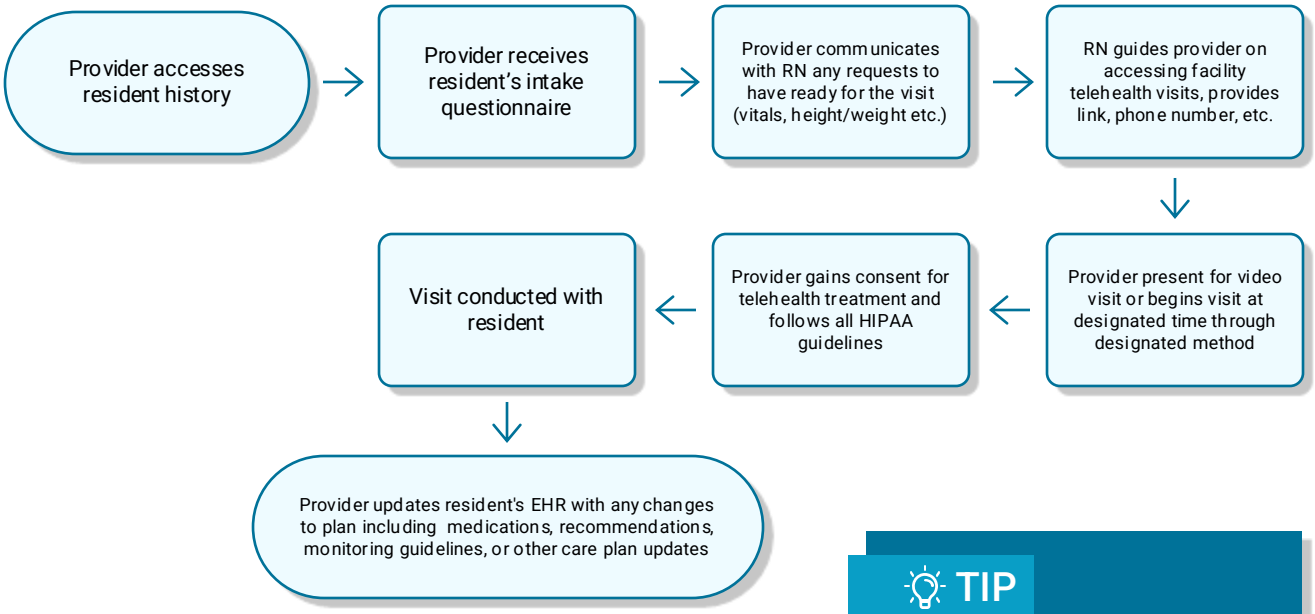
Resident consents to telehealth services

↓

Resident's telehealth preferences are uploaded into the EHR

*Sample Patient Telehealth Readiness Assessment Tool

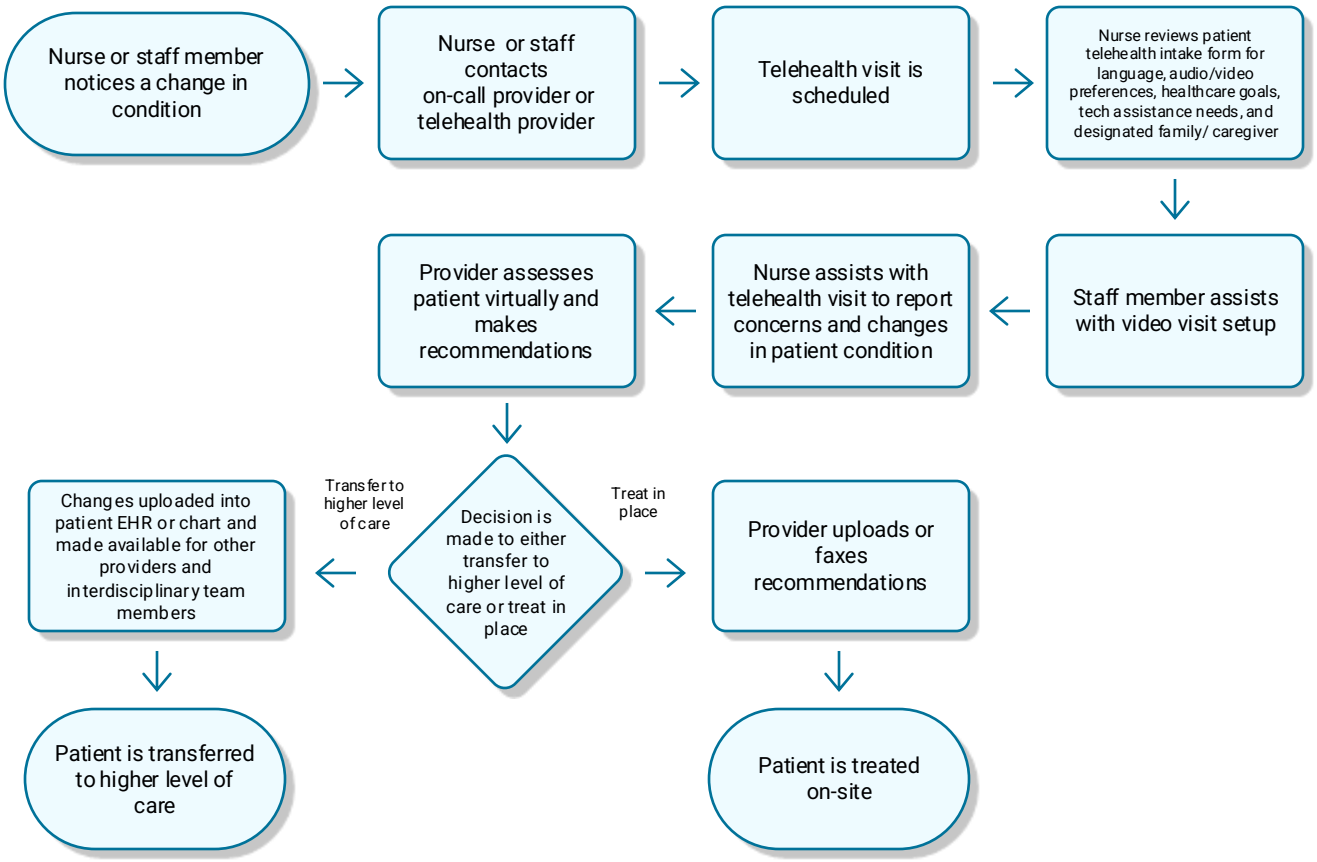
Provider Workflow



TIP

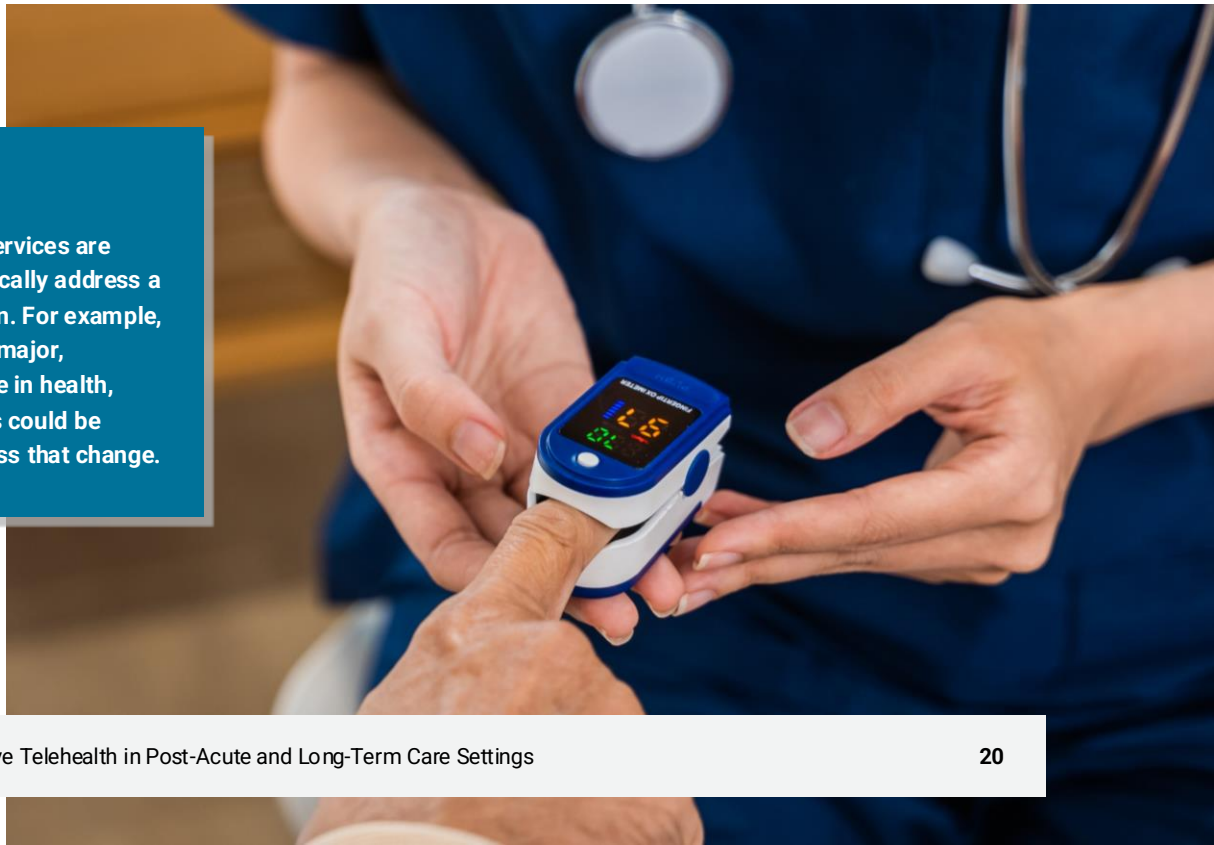
Ensuring comprehensive and replicable provider workflows will create telehealth systems that support integrated and coordinated care, including supporting integrated care among multiple stakeholders and safe, coordinated transitions in care. This meets the requirements for Principle 3 Guidelines 2 and 4.

Change in Condition Workflow



TIP

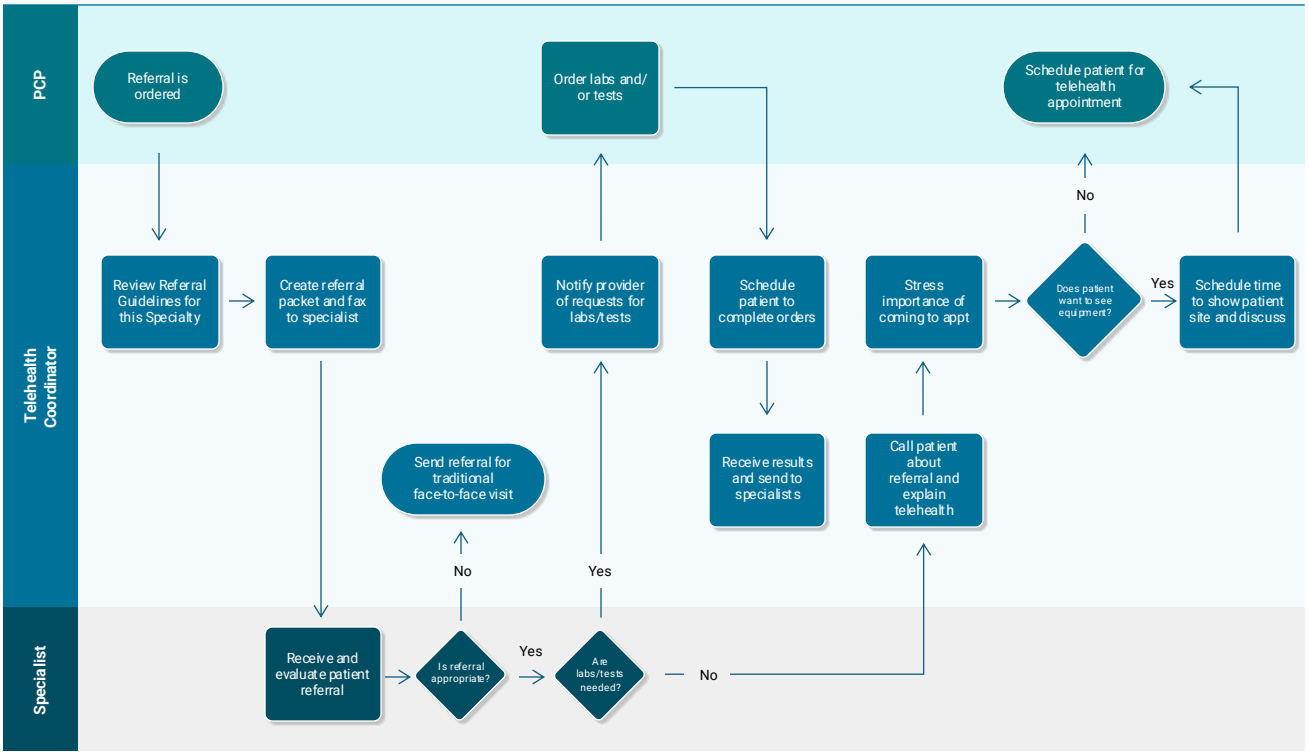
Some telehealth services are engaged to specifically address a change in condition. For example, if a resident has a major, unexpected decline in health, telehealth services could be accessed to address that change.



Specialist Consultation Workflow

In some areas, access to specialist providers may be limited. To bridge this gap, telehealth expands coverage for residents requiring specialty care. Creating workflows for telehealth specialist consultations that are easily available throughout your facility is imperative.

Telehealth: Referral and Scheduling for Telehealth patients

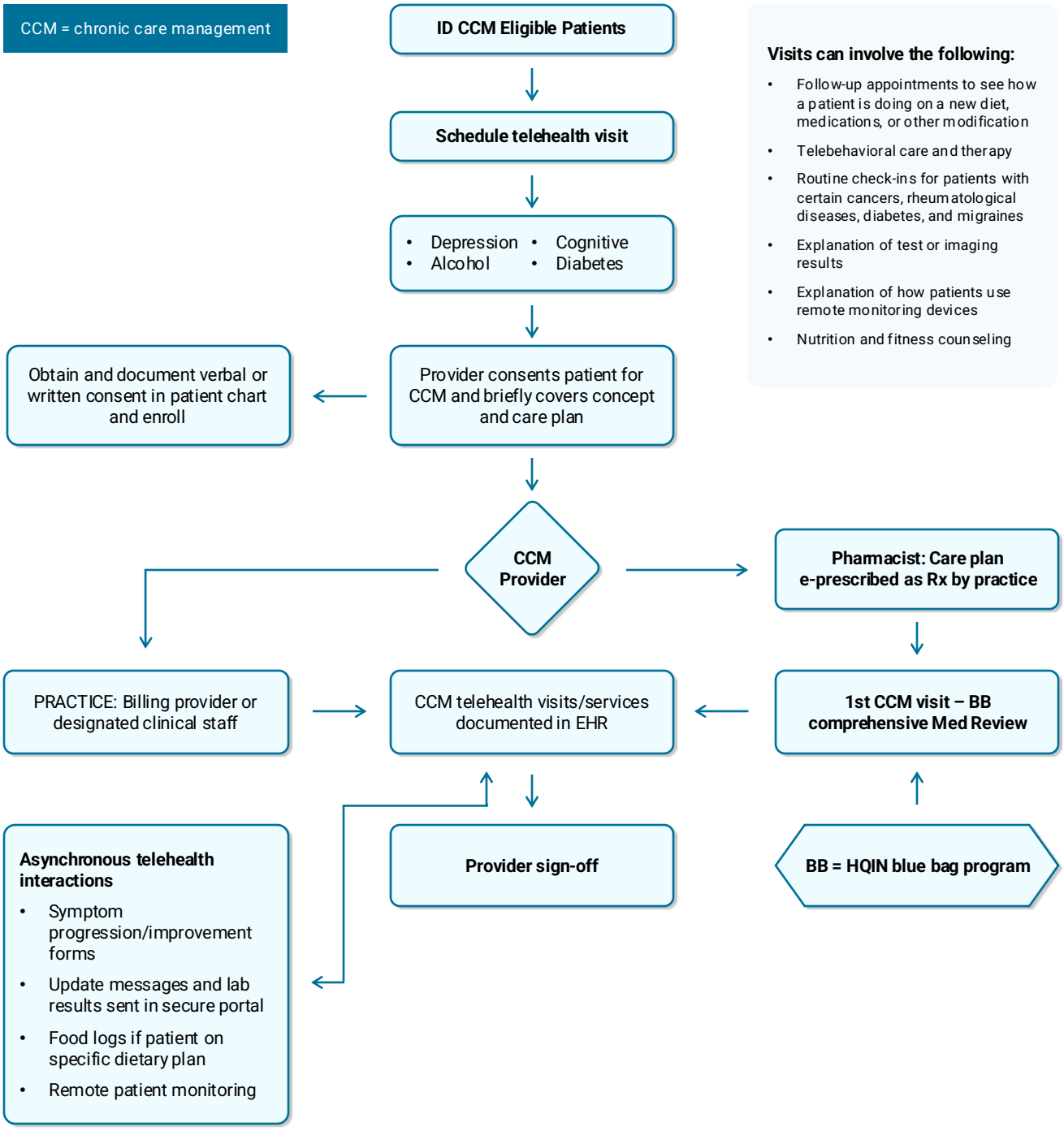


Source: https://caltrc.org/wp-content/uploads/2021/01/Sample-Workflows-1.pdf

TIP

Ensure that training is provided for specialists and consider using a simple telehealth platform or platform of their choice if possible.

Chronic Disease Management Workflow



Source: https://hqin.org/wp-content/uploads/2021/05/CCM-Toolkit-508-1.pdf

Licensing and Credentialing

As your telehealth services change and potentially grow to add additional services, it is important to ensure that all services are appropriately licensed and credentialed. Licensure allows medical providers to practice in a state while credentialing is specific to health care organization and payers.

For example, if you do not operate through a comprehensive telehealth provider and your organization contracts with providers individually, it is important that remote providers are appropriately credentialed to provide care at your PALTC facility. If your organization operates across state lines, or if you are adding providers that operate out of state, the telehealth provider will need to be licensed and credentialed in applicable states.

CE4TA
CENTER OF EXCELLENCE FOR
TELEHEALTH AND AGING

PERFORMANCE MONITORING

Performance Monitoring

Fundamental building blocks for an effective performance monitoring and sustainability strategy are key for understanding the impact of your program and your program improvement initiatives.

Quality improvement exists in a cycle. Many of the steps in monitoring the performance of your telehealth program will mirror your needs assessment and implementation. With a continuously changing world, especially in the fast-moving space of technology and telehealth, continuous assessment and improvement will ensure your programs remain valuable and competitive in the marketplace.

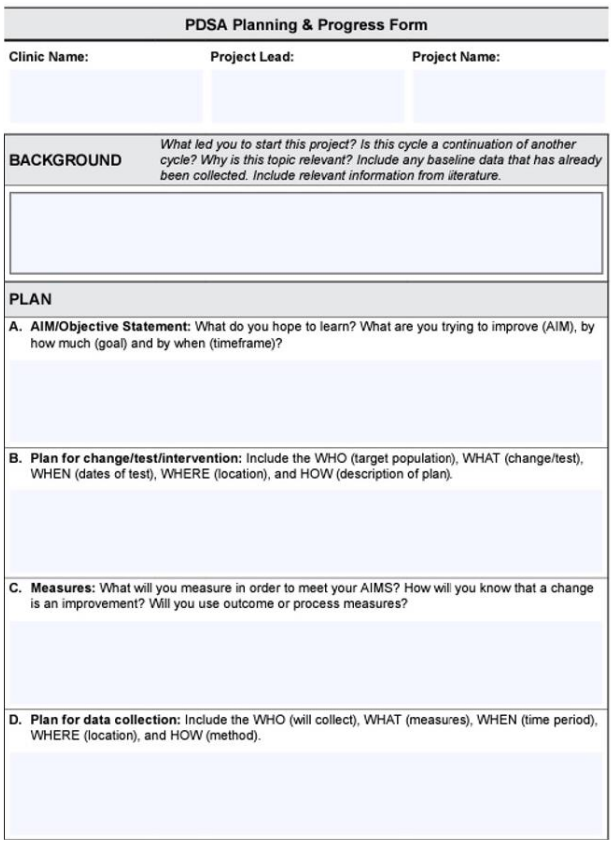
Utilizing the Plan-Do-Study-Act Testing Cycle[11]

As care is provided to your residents, it is important to consistently evaluate if your workflows are achieving the desired results and how they may be improved. The Plan-Do-Study-Act method involves:

- Developing an initial plan of action
- Carrying out the plan
- Observing and learning based on what is going well and what gaps remain (studying the plan)
- Determining modifications that should be made to the original plan

The Institute for Healthcare Improvement has created a PDSA worksheet to help you and your team document the plan and changes made. You can access the document and more information about PDSA testing here.[1]

To download this sample PDSA Form, **click here**



PDSA Planning & Progress Form

Clinic Name:	Project Lead:	Project Name:

BACKGROUND *What led you to start this project? Is this cycle a continuation of another cycle? Why is this topic relevant? Include any baseline data that has already been collected. Include relevant information from literature.*

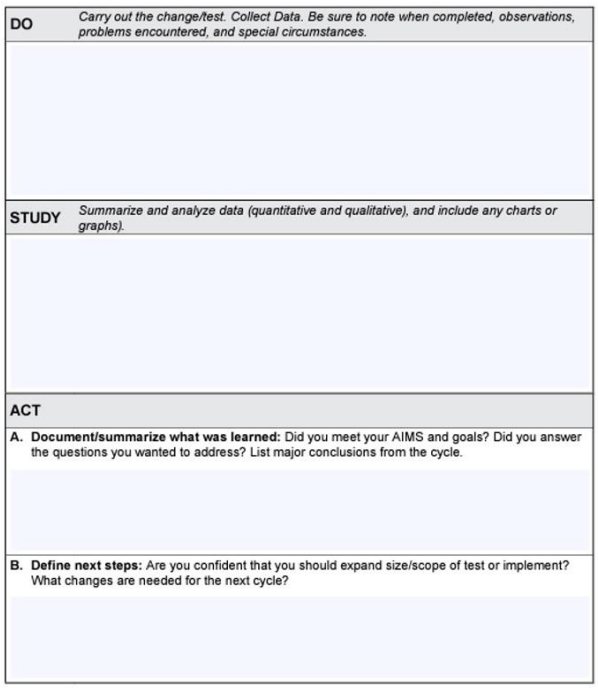
PLAN

A. **AIM/Objective Statement:** What do you hope to learn? What are you trying to improve (AIM), by how much (goal) and by when (timeframe)?

B. **Plan for change/test/intervention:** Include the WHO (target population), WHAT (change/test), WHEN (dates of test), WHERE (location), and HOW (description of plan).

C. **Measures:** What will you measure in order to meet your AIMS? How will you know that a change is an improvement? Will you use outcome or process measures?

D. **Plan for data collection:** Include the WHO (will collect), WHAT (measures), WHEN (time period), WHERE (location), and HOW (method).



DO *Carry out the change/test. Collect Data. Be sure to note when completed, observations, problems encountered, and special circumstances.*

STUDY *Summarize and analyze data (quantitative and qualitative), and include any charts or graphs).*

ACT

A. **Document/summarize what was learned:** Did you meet your AIMS and goals? Did you answer the questions you wanted to address? List major conclusions from the cycle.

B. **Define next steps:** Are you confident that you should expand size/scope of test or implement? What changes are needed for the next cycle?

Performance Metrics

Measures

When developing telehealth measures, facilities should consider aligning them with the standardized metrics already being captured from the nursing home quality measures.[12]

Short Stay Quality Measures

- Percent of Short-Stay Residents Who Were Re-Hospitalized after a Nursing Home Admission
- Percent of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit
- Percent of Residents Who Newly Received an Antipsychotic Medication
- Percent of Residents Who Made Improvements in Function

Long Stay Quality Measures

- Number of Hospitalizations per 1,000 Long-Stay Resident Days
- Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days
- Percent of Residents Who Received an Antipsychotic Medication
- Percent of Residents Experiencing One or More Falls with Major Injury
- Percent of Residents Whose Ability to Move Independently Worsened

Benchmarking and Analysis

Benchmarking

As part of your organization's needs assessment, data will be collected on organizational details, immediate needs, and the anticipated value of telehealth services. These data are also important in determining a benchmark for performance monitoring and meaningful change over time.

Setting Alerts and Measuring Engagement

Flag metrics based on certain deviations from benchmark performance, in addition to alerts for other metrics such as inappropriate utilization, low utilization, or workflow. These alerts will assist in understanding and mitigating issues that may arise after implementation.

For example, if utilization is low, this suggests that the staff may need additional education or a reminder of the incentives of the telehealth services. Automated alerts also can be useful in helping your facility know when equipment needs to be serviced.

Analyzing Data

The goal of performance monitoring is to find actionable information to optimize and improve performance. Analyzing data provides information necessary for informing decisions in scaling and sustaining the telehealth services. To optimize data analysis, have the data in one place so that it can be more easily maintained and queried to create reports as they are needed. Resident, family member, medical provider and staff surveys may also be helpful in assessing performance overtime and are often conducted by your telehealth provider.

Telehealth Utilization Data

What percentage of residents have filled out an intake form for telehealth, which includes identifying the healthcare goals and preferences?	
What percentage of residents with visual impairments are utilizing telehealth services?	
What percentage of residents with auditory impairments are utilizing telehealth services?	
What percentage of residents who do not identify English as their primary language are utilizing telehealth services?	
What percentage of telehealth visits include participation of a family member or caregiver?	
What percentage of residents have been treated in place over being transferred to the ED?	
What percentage of residents have received education on what to expect from their telehealth visit?	
What percentage of staff report feeling comfortable utilizing our telehealth services on a daily basis?	
What percentage of staff report feeling comfortable promoting telehealth services and educating others?	
What percentage of providers identify telehealth platforms as increasing their ability to access interdisciplinary patient health records?	

After collecting, organizing and analyzing data, your facility can identify which upgrades are working and which areas could still benefit from focused improvement.

Sharing Results

The last and most crucial step of performance monitoring is to share insights with team members and leadership. Some of the components to consider including in a report are:

- **30-day outcomes**
- **Trends of diagnoses**
- **Education for certain conditions**
- **Additional equipment and support**

It is important to share wins as a result of adopting the Principles and Guidelines of Telehealth and Aging. For example, how many avoidable ED transfers did the program catch? Have more older adults in your care been taking advantage of your program after age-related upgrades have been implemented? Have nurses, providers or residents shared positive experiences with telehealth?

Summary

Sustainability must include structure, coordination, planning, and strategic vision. Aligning a program's goals with strategic initiatives will help improve performance and ensure accountability among staff. Telehealth can have a positive impact on resident care when placed in the hands of motivated medical providers and staff. Such motivation can be achieved through open communication in your organization.

In order to maintain valuable and sustainable telehealth programs, your organization must routinely assess where the value of your program lies, and which improvements can ensure your telehealth is timely, age-appropriate, accessible and beneficial. It takes work, but the excellence in care, resident and staff satisfaction, and organization ROI will ultimately prove worth the effort.

References

1. Groom LL, McCarthy MM, Stimpfel AW, Brody AA. Telemedicine and Telehealth in Nursing Homes: An Integrative review. *Journal of the American Medical Directors Association.* 2021;22(9):1784-1801.e7. doi:10.1016/j.jamda.2021.02.037
2. Joseph JW, Kennedy M, Nathanson LA, Wardlow L, Crowley C, Stuck A. Reducing Emergency Department Transfers from Skilled Nursing Facilities Through an Emergency Physician Telemedicine Service.*Western Journal of Emergency Medicine/Western Journal of Emergency Medicine.* 2020;21(6). doi:10.5811/westjem.2020.7.46295
3. Shah MN, Wasserman EB, Wang H, et al. High-Intensity telemedicine decreases emergency department use by senior living community residents. *Telemedicine and E-health.* 2016;22(3):251-258. doi:10.1089/tmj.2015.0103
4. Grabowski DC, O'Malley AJ. Use of telemedicine can reduce hospitalizations of nursing home residents and generate savings for Medicare. Health Affairs. 2014;33(2):244-250. doi:10.1377/hlthaff.2013.0922
5. Goldberg EM, Jiménez FN, Chen K, et al. Telehealth was beneficial during COVID-19 for older Americans: A qualitative study with physicians. *Journal of the American Geriatrics Society.* 2021;69(11):3034-3043. doi:10.1111/jgs.17370
6. Wardlow L, Leff B, Biese K, et al. Development of telehealth principles and guidelines for older adults: A modified Delphi approach. *Journal of the American Geriatrics Society.* 2022;71(2):371-382. doi:10.1111/jgs.18123
7. Using champions and opinion leaders to support learning, Evidence-Based practice, and quality improvement. Published August 2018. https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/tools-and-materials/using-champions.pdf
8. What should I know before my telehealth visit? Telehealth.HHS.gov. Published February 29, 2024. https://telehealth.hhs.gov/patients/what-should-i-know-before-my-telehealth-visit
9. Planning your telehealth workflow. Telehealth.HHS.gov. Published June 21, 2023. https://telehealth.hhs.gov/providers/planning-your-telehealth-workflow/
10. Telehealth workflow. National Consortium of Telehealth ResourceCenters. Published November 30, 2021. https://telehealthresourcecenter.org/resources/fact-sheets/telehealth-workflow/
11. Plan-Do-Study-Act (PDSA) Worksheet. Institute for Healthcare Improvement. https://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx#:~:text=The%20PDSA%20cycle%20is%20shorthand,to%20the%20test%20(Act)
12. Nursing Home Quality Initiative. Centers for Medicare & Medicaid Services. https://www.cms.gov/medicare/quality/nursing-home-improvement/quality-measures


CE4TA
CENTER OF EXCELLENCE FOR
TELEHEALTH AND AGING