Remote Patient Monitoring
Standard Operating Procedure

The goal of the RPM program is to monitor the patient's vitals at home. This is to gain a better understanding of how their vital levels are doing outside of the clinic on a day-to-day basis. Which in turn can help the patient's provider treat them better and avoid emergency situations.

Patients are using our devices to transmit data to EHI per the provider's order. These devices will send readings directly to the EMR. The patient's provider/nurse has access to these readings, and they can see the notes. There is a tech support team available to assist with device difficulties. There is also a nursing team that takes care of abnormal readings for the patients.

Expectation:

Your job is to monitor and assist the patients with their readings. You are to be an advocate and conduct the proper investigation when the patient's levels are falling or rising. This includes making sure the patient is compliant to the program, checking in with the patient when levels are abnormal, asking about medications (when the patient is taking them and if the medications are assisting with stabilizing out the patient's levels), reporting adverse reactions to levels being too high or too low, give education when needed, and communicating to the clinic/provider about levels needing to be addressed.

Guidelines for Conducting RPM Call and Charting:

❖ **Timer:**

➢ Click start on the RPM timer and this should bring up the RPM templates in quick notes.

➢ When taking care of a patient who is in the RPM and CCM program:

▪ RPM and CCM timers are monitored separately. To do RPM, you need to stop CCM, and make sure you start the RPM timers. This will also allow you to see the RPM templates in the quick notes.

❖ **RPM Dashboard:**

➢ Click on the RPM tab in the left panel:

▪ The patient's readings and summaries/statistics with Standard Deviation will be available.

• Be sure to select the correct device to view the different readings

• This is where you can view the trend of the patient's levels. (Be sure to chart and communicate with the clinic/nurse manager about trends that are unstable.)

❖ **Review readings:**
➢ Things to look for:
▪ *Technical:*
• Is the patient sending readings at least once a day?
• Review the Compliance Template
♦ If patient requires training, please review the device management tabs in the templates.
• Any escalations for devices that are not transmitting:

- ◆ Inform patients that someone from your support team will reach out to them.
  - ▪ Hit LEVEL 2 Support in the dispositions
  - ▪ Staff should call the patients the same day, or later.
  - ▪ There is a support number in the templates for them to reach out to the patients themselves.
- ▪ *Clinical:*
  - • Alerts:
    - ◆ You will be able to see alerts patients had in the previous care notes.
    - ◆ You will also be able to notice if they are sending high readings, and then sending proper readings right after.
      - ▪ Ask patient on what they did differently to make the levels go down/up. (Remember to document this)
    - ◆ Make sure patients are taking their medications first and then taking readings. (Unless their provider states otherwise)
      - ▪ We want to see how medications are helping them keep readings in check
      - ▪ Medication adherence is important for RPM, and questions asked in CCM can overlap. Make sure you document on both sides for this one.
    - ◆ Are the patient's vitals stable?
      - ▪ Vital stability should be measured as a Standard Deviation of ~10.
        - ▪ If SD is higher, to make sure you send a message to managers to look and activate the RPM Nurses team.
      - ▪ ==DO NOT MAKE ANY JUDGEMENTS ON THE RPM READINGS.== (Meaning: Do not give your opinion on the levels. The level parameters are set by their provider. We are to make sure they are okay and communicate what we find out.)
      - ▪ When the patient is concerned about their levels, comfort them by reassuring them that you are there to help. (Reiterate that you will be communicating all information to their provider and their health is important to you and the clinic.)
      - ▪ Please make sure you let your managers know if you are concerned with a specific patient's readings.

- ❖ **Disposition:**
  - ➢ Training completed
    - ▪ Do not pick abnormal dispositions

Things to Remember

- ❖ **The Do's:**

  - ➢ Do encourage patient to check vitals daily.
  - ➢ Do encourage patient to take their medication as prescribed.
    - • Educate patient on how to take medications if/when needed.
  - ➢ Do encourage healthy choices: (Educate patient on the needs for this when necessary)
    - • Diet
    - • Drinking water
    - • Exercise
  - ➢ Do check Care Notes.
  - ➢ Do, ALWAYS, chart things that are discussed.
    - • **Remember, if it's not documented, it never happened!**

- If patient/family have specific things to remember (times to call, how they have been monitoring patient's levels, etc.)
  - ♦ Utilize Sticky Notes (future reference for yourself and fellow nurses)
- ➢ Do Remember to follow the chain of escalation!
  - Example:
    - Patient > Nurse > Provider
- ➢ Do Remember that a text will be sent to patient to recheck.
  - Check patient's trends
  - Give patient time to recheck! (Unless this is an unusual abnormal for the patient)
  - Escalate to Nurse Manager
    - They will monitor and if 2-24 hrs. nothing has changed Nurse Manager will advise next steps. (Based on patient's situation)
- ➢ Do remember to be polite and understanding
  - Sometimes the patient or family member may not understand or get aggravated/discouraged. It is our job to help them in these moments by being kind and patient with them.

❖ **The Don'ts:**

- Do Not give your opinion on the levels
  - Example: If the patient/family member should be worried about the level, whether to take more medication, whether medication needs to be changed, etc.
  - Not our place to give advice!!!
- Do Not chart things that did not happen.
- Do Not Pick Abnormal Dispositions.

Provided tools:

❖ Generic Parameters
  - ➢ Blood Pressure:
    - Systolic:

Level	Ranged Diagnosis	Escalation Sequence
<70	Very Hypotensive	Physician>Nurse>Patient
70-89	Hypotensive	Outlier>Patient>Nurse
90-119	Normal	None
120-129	At Risk	None
130-139	Hypertensive	None
140-179	Hypertensive Severe	Patient>Outlier>Nurse
>/= 180	Hypertensive Urgency	Physician>Nurse>Patient

    - Diastolic:

Level	Ranged Diagnosis	Escalation Sequence
<40	Very Hypotensive	Physician>Nurse>Patient
40-59	Hypotensive	Patient>Nurse
60-79	Normal	None
80-89	Hypertensive	None
90-119	Hypertensive Severe	Patient>Nurse
>/= 120	Hypertensive Urgency	Physician>Nurse>Patient

- Heart Rate:
  - Low: <50 and High >100
    - Report to Dr and check on patient
- Blood Glucose:
  - Under 60:
    - Report to Dr and check on patient
  - Exceeding 300:
    - Report to Dr and check on patient
- SPO2
  - All:
    - Low: < 94%
    - High: Average is >98%
  - COPD:
    - Low: < 88%
    - High: 5% increase from mean

- Please do remember that these parameters are a generic baseline. Each patient is going to have certain parameters that are their normal/stable range.
- Please check Care Notes and patient chart for parameter Standard Deviation.