



Telehealth & Chronic Disease Management

How is this technology helping us?

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Telehealth At a Glance

- Telehealth Saskatchewan is a Sask Health program with an effective approach to improve access to health services.
- Telehealth Saskatchewan uses communication and information technology to support the delivery of clinical care and professional education services.

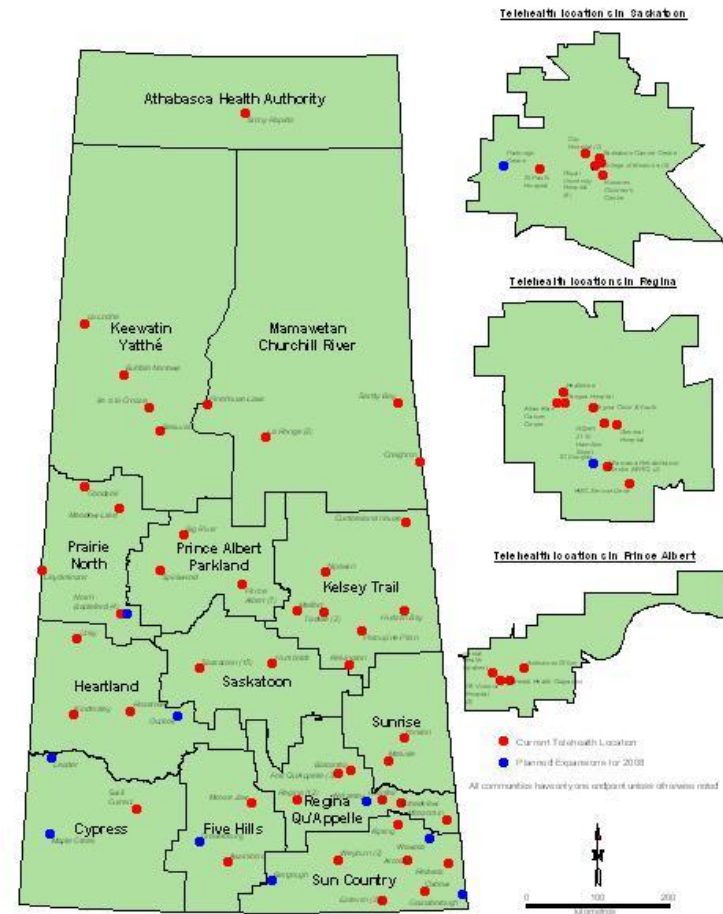


Using live, two-way videoconferencing, health care providers can enable a remote patient to 'visit' an out-of-town health care provider from their home community rather than having to travel



Provincial Program

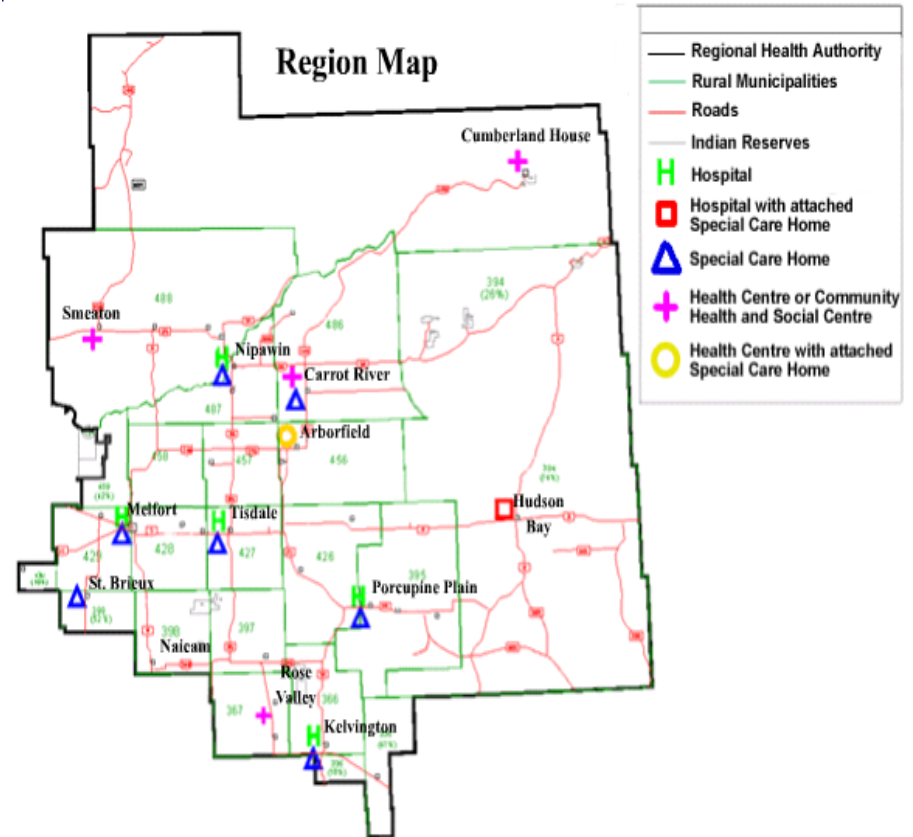
- 13 regions
- Currently over 120 Telehealth sites
- 17 specialties that utilizes the program (over 25 providers)
- 2009/10 stats
 - Clinical - 2493 pts seen
 - Educational – 24961 professionals attended sessions





KTHR – Mapping it out

- Large geographic area of over 47,000 sq km
- Estimated population of approximately one person per kilometer
- Region serves:
 - 3 larger communities
 - Nipawin, Melfort and Tisdale
 - 30 other towns/villages
 - 5 First Nation communities





Why Use Telehealth?

- Increase access to HCP in the region
- Reduce Travel (both providers and clients)
- Better use of regional resources – time management



Diabetes Management

- One on One Diabetes consults
 - Point to Point connection
 - DNE providing increased service to outlying communities that have TH equipment
- Diabetes In-services
 - Multipoint connection
 - DNE's host in-services for acute care nursing on the current Diabetes Teaching tools and resources available in the region



Cardiovascular Disease

- **Lipid Classes & Heart Health Classes**
 - DHHC team presented on various topics regarding management of CVD
 - Topics include: heart health, label reading, lipid management and optimal target values
- **Hypertension “Best Practice Guidelines”**
 - Regional CDM Nurse Educator used Telehealth to deliver education to staff regarding the BPG for Hypertension
 - Hypertension classes are scheduled for the fall, 2 sites, point to point – 1 provider (nurse educator)



Depression

- Depression Resource In-service
 - Mental Health Staff in KTHR provided an in-service for Healthcare Providers on Regional Resources available in the area of managing Depression.
- Clinical Consults – Psychologist
 - Providers from PAPHR provide one on one consults for follow up treatment of Depression.



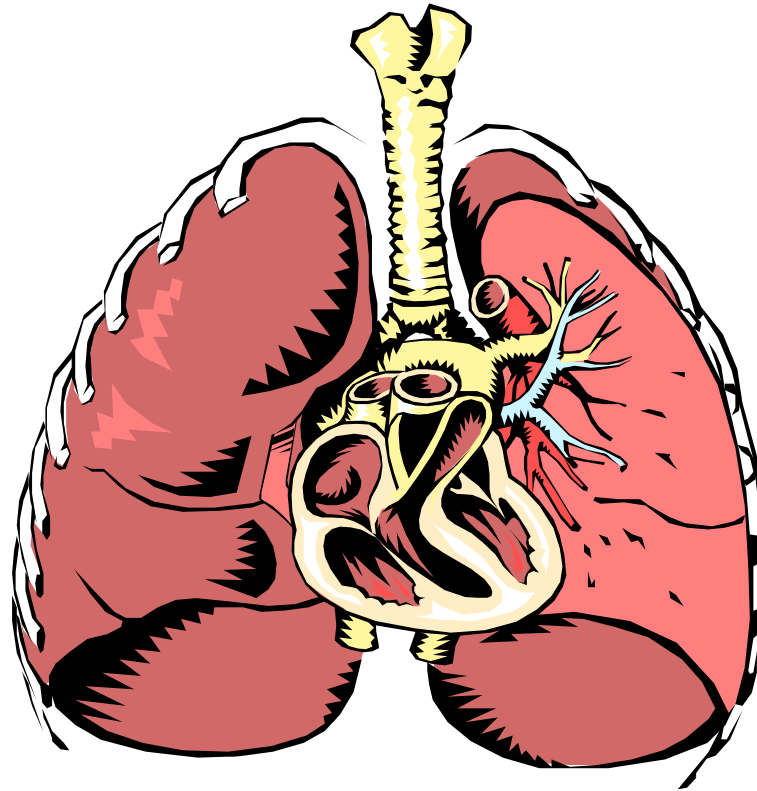
Chronic Kidney Disease

Satellite Dialysis Clinics - Tisdale

- Telehealth Clinics - Nov-Mar each year
- SHR Dialysis Team – St Paul's – Variety of Nephrologists
- Participating Regions: ***KT***HR, PAPHR, PNHR
- 24 patients involved in ***KT***HR (1-2 clinics each per year)



Kelsey Trail Pulmonary Rehab Program





Why Pulmonary Rehab

“In Canada, COPD is the fourth most common cause of hospitalization among men and the sixth most common cause of hospitalization among women. Approximately 500 000 people over the age of 35 have been diagnosed with COPD, and it is estimated that an almost equal number of middle-aged Canadians may also have COPD, but are not aware of it. In fact, by 2020, it is estimated that COPD will be the third leading cause of death world wide. It is the only chronic disease with increasing mortality.” (sk.lung.ca)



Focus on small group education and exercise sessions

Goals

- Help patients breathe easily
- Increase activity
- Decrease hospital stay time and admissions
- Fewer respiratory infections
- Encourage patients to expect more and enjoy life !



Getting Started

- Health Quality Council of SK focused on management of COPD
- Collaboration between Primary Health Care and Therapies
- Made use of Saskatchewan Lung Association's COPD Toolkit
- Exercised in individual sites and used telehealth for education



The Process

- Booking time, space, people
- Obtaining referrals
 - Physicians, NP's, HCW
 - Inclusion and exclusion criteria
- Booking clients for preliminary assessment
 - Subjective and objective assessments
 - St. Georges Questionnaire
 - 6 minute walk test
 - Introduced the Action Plan



The Program

- Started with education first in the initial session followed by one hour of exercise
- In the following sessions we exercised first than took part in education
- Exercise sessions
 - Monitored RPE, SOB, SpO2, HR, BP, time, reps



Education sessions

- Introduction to Pulmonary Rehab
- Benefits of Exercise
- Managing Shortness of Breath
- Oxygen Therapy
- Walking as Exercise
- Pharmaceuticals
- Managing Flare-ups
- Stages of Change and Goal Setting
- Managing Stress
- Managing Risk Factors and Triggers
- Advanced Care Planning/ Living Will
- Healthy Eating
- Managing Fatigue
- Wrap-up



Discharge

- Living Well with Chronic Conditions
- Discharge assessment
 - 6 minute walk test
 - St. George's Questionnaire
 - Summary to referring physicians/NP's
- Community walking programs



Utilizing Telehealth

- Decreased workload on HCW
- Camaraderie between participants
- Increase access and decrease travel
- Challenge is coordinating multiple sites



Improvements

- Increase awareness of the program
- Obtaining referrals
- Encouraging continuing self management and exercise
- Support meetings



Future of Pulmonary Rehab in KTTHR

- Spring and Summer Sessions in as many sites as can be facilitated



Healthy People in Healthy Communities

Questions?

www.kelseytrailhealth.ca