

Home monitoring for Heart Failure Management

Reduces visits to the emergency and hospital admissions

Why refer a patient to telemedicine CHF home monitoring?

- Helps the patients live their best possible life.
- Complements the care provided by the patient's primary care provider.
- Provides regular reports on your patient's status.
- Provides warning of potential worsening of the condition.
- Reduces visits to the emergency and hospital admissions.



Home Monitoring for Heart Failure

- Prevent exacerbation through early warning.
- Patient confidence and peace of mind increases as self-management skills are learned.
- Support helps patients retain independence and remain in their own homes.

How it Works

Home monitoring service supports patients with Heart Failure through health coaching and remote monitoring. The service is free to patients.

1. A primary care provider refers a patient to the telemedicine department.
2. The telemedicine nurse will meet patient at the telemedicine studio to teach CHF and install home monitoring equipment.
3. Patients use home-based technology to measure blood pressure, weight, and to answer simple questions about how they are feeling.
4. Specially-trained registered nurses monitor daily vital signs and provide weekly health coaching by telephone.

How to refer a patient?

- ◆ Fill out the reference form "CHF Telehome Monitoring Referral-Telemedicine".
- ◆ Fax the reference form at 613-636-6201.

For additional information on telemedicine, please call 613-632-1111 ext. 52401.



UNIVERSITY OF OTTAWA
HEART INSTITUTE
 INSTITUT DE CARDIOLOGIE
 DE L'UNIVERSITÉ D'OTTAWA

Cardiac Telehealth

Cardiac Telehome Monitoring Program

Phone 613-696-7050 / **FAX** 613-696-7150

Toll free: 1-877-303-9877

Referral from: _____
Please specify hospital, clinic, physician's office etc...

Contact person: _____ **Phone number:** _____

Patient Name: First: _____ Last: _____

DOB: _____ **Address:** _____
Mm/dd/yyyy Street number & street name

City: _____ **Province:** _____ **Postal Code:** _____

Phone: Home: _____ Work: _____ Other: _____

Discharge Date: _____ **Discharge Weight:** _____ Kg Lbs
Mm/dd/yyyy

MRN (if applicable): _____

- Required documents:**
- Current Medication List
 - History / Discharge Summary
 - Echo / EF% report
 - CXR report

Physicians: Referring physician: _____

Primary physician: _____

Other: _____

Pharmacy Name: _____ **Phone:** _____ **Fax:** _____

Transmission Time (before breakfast): __ __ __ __ am

Serial numbers: Monitor _____ Scale _____

Bridge Modem *SIMID* (need 5 last numbers): _____

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