



Virtual Visit Guide

Use this guide to understand the impact of virtual visits on patient care and clinical efficiency. This guide can assist your team in establishing best practices for Skilled Nursing, Physical Therapy, Occupational Therapy, and Social Work virtual visits.

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HRS Virtual Visits: A Best Practice Introduction

HRS offers an essential component of a robust Telehealth RPM system, the virtual visit. Virtual visits connect patients to their clinical team in real time and face to face. This is an invaluable asset in today's PDGM environment where payment models can limit the practicality of additional visits. Connecting the clinician with the patient remotely is a cost effective and time saving option.

Virtual visits are a best practice.

Virtual visits far exceed a simple telephone connection. The virtual visit allows the clinician to better assess the patient. The clinician can see the patient and better assess their status. Shortness of breath or weakness can be observed. Observation of the patient combined with biometric data and patient specific surveys give the clinician better information and insight into the patients' health status than a telephone call.

Patients are more engaged with the clinician face to face than on a phone call. Patient surveys can be reviewed, patient's symptoms can be addressed and mitigated, video post tests can validate Teach Back and be a starting point for additional education.

Virtual visits are a powerful tool in the arsenal of chronic care management, but the process must be clearly defined if the visits are to be productive. Virtual visits are structured contacts with the patient for a specific purpose. They are not simply a check in but an integral part of a comprehensive care plan that includes assessment, education and supervision.

The included virtual visit guides for **Skilled Nursing, Physical Therapy, Occupational Therapy and Social Work** provide a template, though each agency can determine their own processes and policies. It is important however, that a defined process be developed so that all staff have the same expectations and goals for providing virtual visits.

Documentation standards apply to virtual visits as well as in-home visits or phone calls. Virtual visit documentation should include the patient's appearance, how receptive they were to the visit, the content of the visit, specific education provided, plan for the next contact, progress toward goals, and any changes to the care plan.

All staff should be properly trained in making an effective virtual visit. Staff need to develop a comfort level with the tool. Practice and supervision are essential. Role playing can be useful as a training tool.

The quality of video calls may vary depending on the lighting and the position of the camera. Take some time to maximize your ability to see the patient and for the patient to see you. Make sure the audio is effective. Background noises can interfere so find a quiet place where you won't be disturbed, and the patient

should do the same. Give the patient ample time to answer your questions and do not talk over them. It does take a bit of getting used to but don't rush the process. Be prepared when you get on the call and resolve any technical issues before proceeding. The call should be beneficial to you and the patient.

Before disconnecting from the call, be sure to ask the patient if they have any other questions or concerns. Give them time to answer. Never appear to be in a hurry.

Virtual visits are a powerful, efficient and effective tool for the clinical staff to connect more frequently with their chronically ill patients and are a vital part of a best practice model.

Home Health Virtual Visit: Skilled Nursing

Purpose: Skilled Nursing virtual visits are designed to support and enhance in-home visits. The goal is to engage the patient in self-management skills, assess the patient's current status, identify new, improving or worsening problems and reinforce positive behaviors.

Eligibility: Virtual visits are appropriate for patients with chronic disease using an HRS tablet that would benefit from additional support, education and supervision from the nurse.

Process: The patient is admitted to home health by the nurse per agency policy. The nurse completes the full nursing assessment and the nursing plan of care. The nurse determines if the patient would benefit from both in-home and virtual visits. The nursing visit frequency is determined and includes both the number of in-home visits and the number of virtual visits. The visits are scheduled as such per agency protocol. An example would be two in-home nursing visits per week for two weeks then one in-home visit and virtual visit per week for two weeks. In this scenario, the patient would have, for the first 30-day episode, six in-home billable visits and two unbillable virtual visits. Nursing utilization would be reviewed and approved per agency protocol. Should the patient require an additional 30-day episode, one home visit and one virtual visit per week for four weeks may be appropriate. In that scenario, the patient would receive four billable in-home visits and four nonbillable virtual visits.

Skilled Nursing Virtual Visits: The HRS tablet is deployed per agency protocol. The nurse instructs the patient how to use the tablet including the use of the peripherals, accessing video education, completing surveys and connecting to virtual visits. Assure the patient that the virtual visits enhance the care provided. Show the patient how to connect to the call and to be near the tablet at the time the call is scheduled.

The nurse will schedule the virtual visit with the patient. A telephone call reminder to the patient the day before the virtual visit is helpful. **It is important that the nurse coordinates with other disciplines**, not only the in-home visits, but also the virtual visits so that the patient is receiving care across the episode and is not overwhelmed with visits and calls.

The Nurse Case Manager or the assigned LPN may make the virtual visit, but it should not be someone who has not made an in-home visit with the patient. The patient should have an established relationship with the clinician for the virtual visit to be effective. Continuity of care and a consistent clinician are critical.

Prior to the virtual visit, review the patients last skilled nursing note. Review the most recent Telehealth data, responses to the survey questions and the completed videos and post-test.

Call the patient's tablet at the scheduled time. Re Introduce yourself and ensure you can see and hear the patient clearly and the patient can see and hear you. Explain what you will be doing during the visit. Assess that the patient is ready, willing and able to participate.

Ask the patient what Zone they are in and why. Use the Zone Tool for reinforcing patient education. Always use Teach Back to assess the patient's level of understanding. Do not move forward with education until the patient can correctly teach back.

Reference your findings to the patient with encouragement and support. Give the patient specific feedback on their progress. Connect their progress with their behavior.

"Mrs. Smith can you see how your weight has improved and your breathing is better since you cut back on salty foods?"

Always make it about what the patient can see and notice. Focus on the patient's stated goals and what they hope to achieve.

"Now that your breathing is better, you can walk to the mailbox every day just as you wanted."

Positive reinforcement on new or improved behaviors is the key to success in building the patient's confidence in self-management.

Follow-up on any outstanding issues, MD appointments or medications. Always ask open ended questions rather than questions that can be answered with a simple yes or no. For example, rather than asking the patient if their shortness of breath is better today, ask the patient to tell you how their shortness of breath is today. Clearly and concisely document the patient encounter including progress toward goals. **Inform the patient of the next scheduled contact.**

Policy and Procedure: An agency specific policy and procedure should be developed to document the process, responsibilities and requirement for Skilled Nursing virtual visits. The above content can be adapted for agency use.

Clinician Reimbursement: A virtual visit should last about 15-20 minutes and includes the brief documentation note. Clinician reimbursement should reflect the time. For example, a virtual visit is equal to 0.25 hours.

It is very important that the scheduling process and productivity expectations includes the time needed for the virtual visits. They should not just be added on to an already fully scheduled day.

Discuss the framework with the staff and address their concerns prior to beginning the program. Initially, virtual visits should be monitored for compliance with the ordered frequency and documentation standards.

Home Health Virtual Visit: Physical Therapy

Purpose: The program is designed to support and enhance the in-home visits provided by the Physical Therapist. Video or virtual visits are performed using the HRS tablet in the patient's home and the clinician's laptop or a desktop fitted with a camera. The goal is to improve the patient's outcomes by increasing meaningful contact between the therapist and the patient while reducing the overall cost of care.

Eligibility: Virtual visits are appropriate for patients that also have skilled nursing in the home. The patient must require the skill of a Physical Therapist. The patient must be assessed as minimal assist or have a caregiver present for all virtual visits. Virtual visits are appropriate for patients with chronic disease, neuromuscular disease or debility or any patient receiving in home nursing and physical therapy that would benefit from additional support, education and supervision from the therapist.

Process: The patient is admitted to home health by the nurse per agency policy. The Physical Therapist subsequently completes the full therapy assessment and completes the therapy plan of care. The therapist determines if the patient would benefit from both in-home and virtual visits. The therapy visit frequency is determined and includes both the number of in-home visits and the number of virtual visits. The visits are scheduled as such per agency protocol. An example would be two in-home therapy visits per week for two weeks then one in-home visit and virtual visit per week for two weeks. In this scenario, the patient would have, for the first 30-day episode, six in home billable visits and two unbillable virtual visits. Therapy utilization would be reviewed and approved per agency protocol. Should the patient require an additional 30-day episode, one home visit and one virtual visit per week for four weeks may be appropriate. In that scenario, the patient would receive four billable in-home visits and four nonbillable virtual visits.

Physical Therapy Virtual Visits: The patient is admitted by the nurse and the HRS tablet is deployed per agency protocol. The nurse instructs the patient how to use the tablet including the use of the peripherals, accessing video education, completing surveys and connecting to virtual visits.

The Physical Therapist also introduces the patient to virtual visits during their visit, explains the process and what will transpire during their visit. Assure the patient that the virtual visits enhance the care provided. Show the patient how to connect to the call and to be near the tablet at the time the call is scheduled.

The Physical Therapist will schedule the video visit with the patient. A telephone call reminder the day before the video visit is helpful. **It is important that the therapist and nurse coordinate in-home visits and virtual visits** so that the patient is receiving care across the episode and so that the patient is not overwhelmed with multiple visits and calls.

The Physical Therapy Case Manager or the assigned Physical Therapy Assistant may make the video visit, but it should not be someone who has not made an in-home visit with the patient. Continuity of care and a consistent therapist are critical.

Prior to the call, review the patient's last Physical Therapy and nursing note. Review the most recent Telehealth data. Reference your findings to the patient with encouragement and support.

Call the patient's tablet at the scheduled time. Re Introduce yourself and ensure you can see and hear the patient clearly and the patient can see and hear you. Explain what you will be doing during the visit. Assess that the patient is ready, willing and able to perform the exercises and/or activities.

Ask the patient what Zone they are in. Assess the patient's pulse ox at the start of the virtual visit and at the end. Take appropriate actions if indicated.

The therapist will determine, based on the last in-home visit and the last visit note, what exercises or activities are most appropriate for the patient to demonstrate. New exercises are not introduced during a virtual visit as this requires an in-home visit. Have the patient perform the selected exercises or activities with a caregiver as indicated. Provide cues, feedback and encouragement. Reinforce the frequency and the type of exercises to perform and refer the patient to any handouts that have been provided. Reinforce teaching and use teach back to assess patient's understanding. **Inform the patient of the next scheduled in-home visit.**

Document the virtual visit to include type and number of exercises performed, patient's tolerance of exercises performed, cues given and progress toward goals.

Policy and Procedure: An agency specific policy and procedure should be developed to document the process, responsibilities and requirement for Physical Therapy virtual visits. The above content can be adapted for agency use.

Clinician Reimbursement: Reimbursement can be determined per agency, but an example includes:

- **Hourly Staff:** 1 virtual visit = .25 hours
- **Salary Staff:** 1 virtual visit = .25 in-home visit

A virtual visit should last about 15-20 minutes and includes the brief documentation note.

It is very important that the scheduling process and productivity expectations includes the time needed for the virtual visits. They should not just be added on to an already fully scheduled day.

Discuss the framework with the therapy staff and address their concerns prior to beginning the program. Initially virtual visits should be monitored for compliance with the ordered frequency and documentation standards.

Home Health Virtual Visit: Occupational Therapy

Purpose: The program is designed to support and enhance in-home visits provided by the Occupational Therapist. To perform a virtual visit, the patient uses the HRS tablet in their home and the clinician uses their laptop or desktop fitted with a camera. The goal is to improve the patient's outcomes by increasing meaningful contact between the therapist and the patient while also reducing the overall cost of care.

Eligibility: Virtual visits are most appropriate for patients that have skilled nursing in the home. The patient must require the skill of an Occupational Therapist. Virtual visits are appropriate for patients with chronic disease, neuromuscular disease, debility or any patient receiving in-home nursing and occupational therapy that would benefit from additional support, education and supervision. Patients with dyspnea are ideal candidates for the program. Patient demonstration of breathing techniques including pursed lip breathing, deep breathing and incentive spirometry is appropriate for virtual visits.

Process: The patient is admitted to home health by the nurse per agency policy. The Occupational Therapist subsequently completes the full therapy assessment and completes the therapy plan of care. The therapist determines if the patient would benefit from both in-home and virtual visits. The therapy visit frequency is determined and includes both the number of in-home visits and the number of virtual visits. The visits are scheduled as such per agency protocol. An example would be two in-home therapy visits per week for two weeks then one in-home visit and one virtual visit per week for two weeks. In this scenario, the patient would have, for the first 30-day episode, six in-home billable visits and two unbillable virtual visits. Therapy utilization would be reviewed and approved per agency protocol. Should the patient require an additional 30-day episode, one home visit and one virtual visit per week for four weeks may be appropriate. In that scenario, the patient would receive four billable in-home visits and four nonbillable virtual visits.

Occupational Therapy Virtual Visit: The HRS tablet is deployed per agency protocol. The following videos should be downloaded to the patient's tablet as appropriate: Managing Heart Failure: Energy Conservation; COPD: Breathing Training; Stress and Relaxation Techniques for Pulmonary Patients; Heart Surgery: Breathing Exercises; Infection Prevention: Incentive Spirometry. The nurse instructs the patient how to use the tablet including the use of the peripherals, accessing video education, completing surveys and connecting to virtual visits. The Occupational Therapist introduces the patient to virtual visits during their visit, explains the process and what will transpire during their virtual visit. Assure the patient that the virtual visits enhance the care provided. Show the patient how to connect to the call and to be near the tablet at the time the call is scheduled.

The Occupational Therapist will schedule the video visit with the patient. A telephone call reminder the day before the video visit is helpful. **It is important that the therapist and nurse coordinate in-home visits and virtual visits** so that the patient is receiving care across the episode and so that the patient is not overwhelmed with multiple visits and calls.

The Occupational Therapy Case Manager or the assigned Occupational Therapy Assistant may make the video visit, but it should not be someone who has not made an in-home visit with the patient. Continuity of care and a consistent therapist are critical.

Prior to the call, review the patient's last Occupational Therapy and nursing note. Review the most recent Telehealth data including the applicable video education and post test results. Also review the survey questions related to dyspnea.

Call the patient's tablet at the scheduled time. Re Introduce yourself and ensure you can see and hear the patient clearly and the patient can see and hear you. Explain what you will be doing during the visit. Assess that the patient is ready, willing and able to perform the activities.

Ask the patient what Zone they are in. Assess the patient's level of dyspnea. Assess the patient's pulse ox at the start of the virtual visit and at the end. Review the post-test and answer any questions the patient may have. Reinforce teaching and use teach back to assess patient's level of understanding. Document the findings and any interventions.

The therapist will determine, based on the last in-home visit and the last visit note, what activities are most appropriate for the patient to demonstrate. New exercises or activities are not introduced during a virtual visit as this requires an in-home visit. Have the patient perform the selected activities with a caregiver as indicated. Provide cues, feedback and encouragement. Reinforce the frequency and the type of activities to perform and refer the patient to any handouts that have been provided.

Document the virtual visit to include type of activities demonstrated, patient's tolerance, cues given and progress toward goals. **Inform the patient of the next scheduled contact.**

Policy and Procedure: An agency specific policy and procedure should be developed to document the process, responsibilities and requirements for Occupational Therapy virtual visits. The above content can be adapted for agency use.

Clinician Reimbursement: Reimbursement can be determined per agency, but an example includes:

- **Hourly Staff:** 1 virtual visit = .25 hours
- **Salary Staff:** 1 virtual visit = .25 in-home visit

A virtual visit should last about 15-20 minutes and includes the brief documentation note.

It is very important that the scheduling process and productivity expectations includes the time needed for the virtual visits. They should not just be added on to an already fully scheduled day.

Discuss the framework with the therapy staff and address their concerns prior to beginning the program. Initially virtual visits should be monitored to ensure they comply with the ordered frequency and documentation standards.

Home Health Virtual Visit: Social Work

Purpose: The program is designed to support and enhance the in-home visits provided by the Social Worker or can be used to replace a routine phone call. Video or virtual visits are performed using the HRS tablet in the patient's home and the clinician's laptop or a desktop fitted with a camera. Virtual visits allow the Social Worker to connect face to face with the patient more frequently, to gather more relevant information and to assist in providing appropriate resources.

Eligibility: Virtual visits are appropriate for patients that also have skilled nursing in the home. Virtual visits are appropriate for any patient that has a social work referral and has an HRS tablet deployed. Social work referrals are appropriate for patients that require connection with community resources, have caregiver or financial issues or patients that trigger for depression on the PHQ9 delivered via the HRS tablet to the patient.

Process: The patient is admitted to home health by the nurse per agency policy and the HRS tablet is deployed per agency protocol. The nurse instructs the patient how to use the tablet including the use of the peripherals, accessing video education, completing surveys and connecting to virtual visits. A social work referral is made per agency protocol. Should the patient trigger for depression, the following videos should be included: What is Stress; What is Depression; Signs and Symptoms of Depression; Relieving Depression through Lifestyle Changes and as indicated: Emotions of Heart Failure; Stress and Relaxation Techniques for Pulmonary Patients; Diabetes Management; Dealing with your Diagnosis.

The Social Worker will schedule the video visit with the patient either during the initial visit or by a telephone call. A telephone call reminder the day before the video visit is helpful. **It is important that the Social Worker and the nurse coordinate in-home visits and virtual visits** so that the patient is receiving care across the episode and so that the patient is not overwhelmed with visits and calls.

Prior to the initial virtual visit, review the patient's admission documentation. Review the video education and post-tests completed.

Call the patient's tablet at the scheduled time. Re Introduce yourself and ensure you can see and hear the patient clearly and the patient can see and hear you. Explain what you will be doing during the visit. Assess that the patient is ready, willing and able to participate.

For patients with depression, use the answers to the video post-test to begin the conversation about the effects of stress and depression on the patient's health.

Document the visit and include the assessment, interventions, recommendations, patient responses, any follow-up required and the plan for the next contact. **Inform the patient of the next scheduled contact.**

Policy and Procedure: An agency specific policy and procedure should be developed to document the process, responsibilities and requirements for social work virtual visits. The above content can be adapted for agency use.