



## Honeywell Life Care Solutions Telemonitoring Guidelines Setting Vital Sign Alert Parameters M2250A

Desired Outcomes	<ul style="list-style-type: none"> <li>✦ Establish patient specific guidelines for physician notification of telemonitoring alerts and other measurable indicators</li> <li>✦ Provide timely treatment / interventions to prevent /reduce unnecessary hospitalizations</li> <li>✦ Improve patient outcome (process measure) scores (M2250a)</li> </ul>	
Standard of Care	Rationale/Process	Implementation & Implications
<p><b>Frequency</b></p> <p>Patient vital signs and designated clinical indicators will be monitored at least daily unless a different frequency is ordered by the patient's referring care provider.</p> <p>Recommendation: Daily monitoring of vital signs</p> <p><b>Establish Alert Limits</b></p> <p>The established alert parameters enable care oversight clinicians to know when to appropriately contact the physician.</p> <p>Recommendation: Always establish alert parameters as part of your plan of care.</p> <p><b>Parameters Monitored</b></p> <p>Parameters for vital signs and other designated measurable clinical indicators for which values have been assigned will be established on all monitored and non-monitored patients. Other measurable indicators may include blood sugar values, PT/INR values, pulse oximetry values, ECG arrhythmias – any monitored clinical indicator for which an acceptable range of values can be established.</p> <p><i>Parameters should be established with consideration of an appropriate range of values acceptable for each patient. Additionally, some VS measurements should be considered over time in order to establish the validity of the aberration (A range of values for B/P, Pulse and blood glucose may be "trended" over 3 – 7 days if agreeable with MD to avoid unnecessary calls for periodic benign "spikes" in values.)</i></p>	<ul style="list-style-type: none"> <li>✦ Daily monitoring using applicable clinical parameters will identify incremental changes in measurable clinical indicators including vital signs.               <ul style="list-style-type: none"> <li>• Obtain verbal orders from patient's physician for acceptable parameter ranges within 5 day OASIS window (M0090) for SOC window and the 2-day ROC window in order to meet the measure definition.</li> <li>• Default or standard vital sign parameters are not recommended as vital signs are specific to the individual; if standard parameters are utilized, they must be approved by the patient's physician to answer "yes" at M2250a.</li> </ul> </li> <li>✦ Review of incremental changes and trends in vital signs and other designated measures will be evaluated to determine clinical status improvements or declines.               <ul style="list-style-type: none"> <li>• The physician must be notified timely when a patient's clinical measurements – including vital signs – fall outside of measurable limits (parameters) specific to each individual.</li> <li>• All physician contacts and responses must be documented by clinician making contact.</li> </ul> </li> <li>✦ Cross reference all "NA" answers in OASIS-C M2250a at admission or resumption of care against actual implementation of parameters to determine accuracy of OASIS-C M2250a answers.</li> </ul>	<ol style="list-style-type: none"> <li>1. Assign monitor and install upon patient's admission to home care (SOC).</li> <li>2. Develop vital sign parameters based upon the patient's history, current assessment and physician's orders.</li> <li>3. Call the patient's physician to review suggested parameters and to obtain verbal orders from the patient's physician or designee.</li> <li>4. Document the ordered parameters in the body of the physician plan of care (485) box #21.</li> <li>5. Contact patient if vital sign's alert and/or are outside the ordered parameters then (1) assess for signs &amp; symptoms and (2) request retest</li> <li>6. Contact patient's physician or stated authorized physician designee the same day if the monitor alert is determined to be a problem.               <ul style="list-style-type: none"> <li>• Inform physician of patient's status.</li> <li>• Request order for intervention if indicated.</li> </ul> </li> <li>7. Document physician contact in <i>LifeStream™</i> and the clinical record including identified problem and action taken.</li> </ol> <p><b>OASIS GUIDELINES FOR M2250a</b></p> <ul style="list-style-type: none"> <li>✦ Upon admission or resumption of care, clinician answers OASIS-C M2250a = "yes" or "1" if physician orders or agrees to requested parameters completed within the OASIS-C timelines (M0090).</li> <li>✦ If physician does not respond within the (M0090) dates for completion of the OASIS - or if the physician does not approve the requested parameters or if the physician does not approve agency standardized parameters - answer M2250a "no" or "0".</li> <li>✦ If there are no parameters established and ordered in the physician plan of care (485) you must answer "NA" for M2250a.</li> </ul>

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Developed in 2010 with assistance from Lynda Laff, Laff Associates. References; CMS Interpretive Guidelines for OASIS-C

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