

	SHARE OUR SELVES CORPORATION (SOS)	Policy Number: TBD
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	POLICIES AND PROCEDURES	Original Date: 10/8/2020 Revised Date: 12/17/20
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		Policy Owner: Quality Dept.
POLICY TITLE: REMOTE PATIENT MONITORING DEVICES		

1.0 PURPOSE:

- 1.1 Share Our Selves Corporation (SOS) distribution of Remote Monitoring Devices (RMD) to patients and ongoing monitoring of equipment.

2.0 POLICY:

- 2.1 It is the policy of SOS to offer Remote Monitoring Devices to select patients with chronic diseases such as diabetes, hypertension, and obesity, based on established criteria, in order to improve their health outcomes.

3.0 PROCEDURE:

- 3.1 The SOS Care Team staff identifies patients who might benefit from the ability to monitor their chronic disease condition at home utilizing a Remote Monitoring Device (RMD).
- 3.2 Criteria for distribution of the RMD is as follows:
 - 3.2.1 Diabetic patients with an HbA1c > 8%
 - 3.2.2 Hypertensive patients with a blood pressure reading > 140/90
 - 3.2.3 Obese patients with a BMI > 30
 - 3.2.4 There will also be considerations made for patients with co-morbidities, depending on their conditions.
 - 3.2.5 Patients selected to receive RMD are established patients who have a documented history of compliance with keeping appointments.
- 3.3 SOS staff and/or affiliated students educate patients on how to use their RMD, including how to download their health information onto an application on their smart phone.
- 3.4 Patients sign a collaborative care agreement before receipt of an RMD. The agreement outlines the responsibilities of the patient and SOS regarding the RMD. A copy of this agreement is in Appendix A of this document.
- 3.5 SOS Care Team staff check-in with patients who have a Remote Monitoring Device at their initial visit, and regularly scheduled visits thereafter to see if they have any questions, or are experiencing any issues with their device.
- 3.6 RMDs given to patients are theirs to keep in perpetuity, with the understanding that they agree to the terms outlined in the Patient Care Agreement form.

4.0 APPLICABILITY:

- 4.1 Clinic

5.0 WORKFLOW

- 5.1 Patient identified by SOS Care Team staff to receive an RMD.
- 5.2 SOS Care Team staff and/or affiliated students educate patient on how to use the device.

- 5.3 Patient and SOS Care Team staff sign the collaborative “Patient Agreement” document.
- 5.4 Remote Monitoring Device given to patient at an in-person clinic visit.
 - 5.4.1 Patients are also given a self-management tool, such as:
 - 5.4.1.1 Blood pressure log
 - 5.4.1.2 Blood sugar log
 - 5.4.1.3 Weight Journal
- 5.5 Patients instructed to contact their Care Team staff and/or clinic site immediately with any out-of-range or abnormal readings / numbers / results from their device.
- 5.6 SOS Care Team staff and/or affiliated student checks in with patient two weeks after they receive the device, and again one month later to ensure patient is using their device and to ensure that they aren’t having any technical difficulties with the device.

Appendix A

Remote Monitoring Device – Share Our Selves (SOS) / Patient Care Agreement

This agreement is between (patient name) and (Care Team staff member name). The goal of this agreement is to ensure that the patient uses their Remote Monitoring Device on a regular basis in order to improve their health outcomes.

I, the **patient**, agree to do the following:

1. Use my medical device as instructed by my SOS Care Team staff.
2. Record my results in the app, or maintain a paper record (log).
3. Show my Provider or Care Team staff member my results in real-time during a Telehealth visit (if applicable).
4. Be present for my two check-ins with an SOS Care Team staff member.
5. Contact my SOS Care Team staff member if my results are abnormal.

The SOS Care Team staff agrees to do the following:

1. Encourage my patient to use their device at our regularly scheduled appointments so that they can improve their health outcomes.
2. Educate my patient on how to use their Remote Monitoring Device.
3. Check-in with my patient at least twice in the first two months of them receiving their device.

If I, the patient, do not follow the terms of this agreement, my SOS Care Team staff member may ask that I return the Remote Monitoring Device.

I have read and understand the terms listed above. I have asked any questions that I may have. I agree to follow this agreement, and understand what can happen if I do not.

Patient Signature

Date

SOS Care Team staff member Signature

Date