VA Mobile Discussion Series

February 2019 Webinar: Supporting Nurses: VA Technologies that Nurses Will Care About

VA's Mobile Discussion Series is a monthly webinar featuring a variety of topics focused around app development and mobile health at VA.

Micah Azzano: Hello everyone, welcome and thank you for attending our VA mobile discussion series webinar. This month's discussion is supporting nurses: VA technologies that nurses will care about.

My name is Micah Azzano, and I'm going to run through a few brief technical reminders before we begin. Your phone lines are muted, so I will be taking questions through the chat feature. The chat function is available to you at the right of your screen, and if you're experiencing any technical difficulties, please use the chat and someone will be in touch to offer assistance. Today we welcome Dr. Marie Martin, industrial hygienist, safe patient handling and mobility facility coordinator at VA North Texas Health Care System; Theresa Tougas, RN, BSN, Home Telehealth Care Coordinator; and Abigale Boerger, RN, BSN, Home TeleHealth Care Coordinator. If you would like to download this presentation, please click on the file name below the chat screen at any time during the presentation. The webinar will also be available at a later date on the VA Mobile Discussion Series webpage.

During the webinar today, our presenters will be discussing VA apps and technologies, including safe patient handling, home telehealth, Annie, My HealtheVet secure messaging, and VA video connect. We will be taking questions periodically throughout the webinar so once again, if you have any questions during the presentation, please type them into the chat feature on the right. And with that I will turn it over to you, Dr. Martin, to introduce yourself and to discuss safe patient handling.

Dr. Martin: Good afternoon. So my name is Marie Martin, I am a safe patient handling and mobility facility coordinator down at the VA North Texas Healthcare System. And I've been doing that for about 10 years. I came into the VA as an industrial hygienist and when the VA launched their national rollout of safe patient handling and mobility, my safety chief said "hey, I have someone who knows ergonomics, she can get us started."

I've been doing it ever since because I love it. But to explain what safe patient handling and mobility is, the program's goal is to prevent VA staff and patients and caregivers from getting hurt by manual patient handling, with the old methods where we reach in under people's shoulders or move them with our hands-on. And that can hurt both the people doing the work and the person being moved. So we want to avoid that. So VA has been a leader in the US. We've been doing research since 1997 and we installed our first ceiling-mounted patient lifts in the VA in about 2001, maybe 2000. But we have a national program directive that covers medical facilities throughout the VA, and we have programs we use to issue equipment to veterans for home use to give them the independence and the ability to stay at home.

So we chose to develop an app because we wanted to provide an easy interface to the tools we have that are to help make decision about which methods are safe and effective to move each patient, depending on what the person can do. And so this is meant for staff to help figure out what veterans would need for handling and mobility challenges. It's a communication tool, so that the veterans and families can see how the equipment works. But it's also open to the public so that anyone can go through and figure out through our tools what is a safe way to, for example, get someone in and out of a car, given a particular set of mobility restrictions.

So, the way this works, you come in and stuff that we don't have a bunch of screenshots for you today. But you come in and you can either put in information about your patients and then select a bunch of tasks that you might want to do, or you can start from just the one task that you want to do. And you answer questions about what your patient can do. And it's going to spit out recommendations with links to, in many cases videos, in some cases pictures, of whatever the appropriate patient handling and mobility technology would be.

We also do have our VA algorithms where you can just see the flow charts, and we have links to similar algorithms that are for orthopedic use and for the perioperative environment. Those are built by a couple of organizations whose property they are, so we could not just incorporate them into the app, make them publicly available. And then we have a list of links and resources as well. So the benefits we're hoping for are to offer our best practices for everyone to be able to benefit from. For both VA and non-VA Care Teams, both patients and families, to choose what could work for them. To make all our tools available and easy to use. To help people figure out what their person can do. And to provide links to all the tools that we were able to.

There are a couple things to know if you decide to use this. One is that it's going to assume that when you go back and ask a question, "hey I want to do this with a patient," it's going to keep the last thing you put in preloaded unless you clear the data. So it's going to assume, oh, you might be talking about this patient that you just asked me about, who's over 300 pounds, who has good grasp strength, but can only weight bear on one leg. So unless you clear that data it's going to assume you mean the same person. Now, every VA is different and not all of the equipment at home and in the VA are the same. So you may not see the exact type of equipment or the exact brand that you have at your disposal wherever you are. Now we tried to use a wide variety so that you would be able to see that, yes, many vendors exist and there is no one right vendor. But we also tried to provide more than one option so that if you don't have this, maybe you can get a hold of that.

And as the technology changes, the links are going to need to be updated. As the companies get bought and change their web addresses we're going to need to update those links. The other thing that has happened since this original app was written in 2015 is that some new assessment methods have come into our practice. And so someday when we build the next version of the app, it will probably include the bedside mobility assessment test. But that is going to be for later. So, does anyone have questions for safe patient handling and mobility app?

Micah Azzano: Well thanks, Dr. Martin, and thanks for all that information on safe patient handling. I do want to jump in, I do have one question for you. I wanted to ask and see if you had any success stories on safe patient handing that you'd like to share before we move on to some of the other technologies.

Dr. Martin: I have two, one is for the VA and one is for a particular person. The VA has managed to cut in half the number of our staff, the rate of our staff getting injured by manual patient handling over the past 10 years. So this is a lot of people that don't have that back injury, or that shoulder injury, that's going to keep them from doing what they need to be able to do.

But one of my favorite success stories is with a home patient who was sent home with a sit to stand lift that can help assist the patient to stand up. And that let them keep getting stronger at home and still keep them from falling. So that their caregiver there could get them onto this lift, stand them up, change, go to the bathroom, do all these things with this lift, but the patient was also able to bear weight and do exercises and gain strength. And that patient ended up being able to return to walking. So that is a success story that I love telling because the care doesn't stop when we're in the hospital environment, the rehab environment, it continues at home.

Micah Azzano: Yeah that's fantastic, thank you again Dr. Martin for the information on safe patient handling. And we will be taking additional questions from all of our presenters at the end of the webinar, so please enter them in the chat feature at any point in the presentation. Now I'm going to turn it over to Theresa Tougas and Abigale Boerger to tell us about their background and to go over home telehealth, Annie, My HealtheVet, secure messaging, and VA video connect.

Abigale Boerger: Hi, I'm Abbie and I am with Theresa and we are both RNs at the St. Cloud VA in Minnesota. We work in primary care and strictly do home telehealth. So we're just here to kind of talk about our experiences with these apps and kind of how we use them day-to-day. So the first one is home telehealth, which is kind of our specialty like I mentioned. It's an annual monitoring service used for chronic disease management. Some of the typical diseases that we usually follow are diabetes, hyper tension, COPD, heart failure and weight management. What this equipment does is it kind of provides diagnosis education. It'll ask questions about how they're feeling each day. It prompts them to submit their data, whether it be their blood pressure or their blood sugar or weight. And then we as care coordinators will review the data daily and then we contact the veterans as indicated based on either their vital signs or their responses to their questions.

Some of the benefits of home telehealth are it helps them through chronic disease, reduces symptoms and travel time, reduces hospitalizations and urgent care visits. It helps improve communication between the veteran and their care team. Some challenges that we've noticed, there can be technical difficulties, whether it be connectively with the internet or the equipment. We use electronic devices so sometimes there's technical difficulties with the actual blood pressure pump or scales or the vendor site on the internet. We do have a pretty

strict response rate and program requirements that they must follow. Sometimes it can be difficult to get people to recruit for home telehealth. Most of the times it's the primary care, RNs and the providers that are sending us referrals. Otherwise we do review metrics and kind of find the outliers, the ones that aren't meeting their goals. And then sometimes it can be challenging to get the veterans buy in.

Just kind of a success story that we've had with home telehealth, there was a veteran that was recently diagnosed with diabetes. When he was referred to home telehealth his A1C was 13 percent. I got him enrolled in diabetes classes and I think it took about four months to get his A1C down to 6.9 percent. So, with the diabetes classes, the RN chronic disease management protocols, we can influence. And then with the home telehealth technology he was able to learn self-management skills.

Micah Azzano: Great thank you Abbie. And real quick I just want to jump in with a question on home telehealth. How are you addressing some of the strict response rates or program requirement challenges?

Abigale Boerger: So we use the Annie text messaging services, which Theresa is going to talk about next. But we had a protocol created that's specific to home telehealth. It comes as a text message reminder at a specific time, whatever time we tell it to send the text message at. And so then it's kind of, the veterans have their phones on them all the time, it's kind of a second reminder to do their health check. We can also set reminders on the actual Medtronic device to do their health checks. Otherwise, our HT clerks will call the veterans after no response on day four and day six. And then if they still haven't responded by day eight they'll send them a letter. If they haven't responded for 11 days we're notified as care coordinators and then we can decide if we're going to discharge them or not.

Micah Azzano: Great thank you. And we will be coming back and taking more questions on home telehealth, but right now I want to turn it over to Theresa to talk a little bit about Annie.

Theresa Tougas: Sure. So as Abbie alluded to, Annie is a text messaging service for our veterans, really for self-care management at home of their health conditions. There's a variety of protocols that can be assigned to the veterans. They would get a text message, for example, with the diabetics with insulin and oral hypoglycemic agents, depending on the schedule you set up, they would get a text reminder asking them to send in, or reminding them to send their blood sugars.

What's great about Annie is if they have a low blood sugar or a high one, Annie will send back a prompt saying hey, this is low, this is what you should do about it, contact your care team, or, so they get a little more education around their chronic conditions. There's a hypertension protocol, medication reminder and then like Abbie said, the telehealth reminder. Those are the four that we primarily use in our program, but there are other protocols for weight loss. If someone's in that contemplation stage of wanting to quit smoking, there's a protocol for them. And then there's facility broadcast alerts that they can get with that local information.

Just some of the great things about Annie, you know people always have their cell phones on them. They'll probably leave their wallets at home, but they'll have their cell phones. In our vision, we heard some, they were kind of the first to use this telehealth reminder. And they were seeing benefits in it, so we kind of jumped on board and hopefully we'll notice some benefits too soon. We would see improved medication compliance, just getting that extra reminder to take their meds during the day. It's really great for that accountability and ability to learn self-management skills. So it's kind of like a little health coach in their pocket. On our side, care teams can log in and review the data that they are submitting, so it's nice to see the sugars rather than having them have to read it off over the phone to us. It's really quick and easy to get. And then enrolling them into the program is pretty slick to, so quick easy process.

Just like with every technology and implementing new things, there are issues that would come along. So from our veterans we hear "oh, it's just another reminder," or they might have some alarm fatigue so they get this day after day and they might just start to ignore it. I've had veterans tell me, "I just use my phone as a phone." And that kind of ties into the next point that some of our older population might be less comfortable with technology, but that's not the case across the board. On our side, on the clinician side, even though we can log in and see the data, it is a little cumbersome to get there. So once you get there and find it, it works. But getting there and then kind of the display of it is difficult sometimes. When a veteran chooses to opt out of Annie, right now the care team doesn't get notified, which would be nice to have. And then, there's not going to be a protocol for absolutely everything that you want. It's a newer program and they're always developing. But the ones that are there do work really well.

So just kind of an example of how this worked really well in our practice, we had a veteran who was a truck driver, driving long distances, trying to follow up with primary care and doing those insulin titrations through chronic disease management. And we were having a really hard time connecting with him to get him to call in his blood sugars and give us that data so we could make titrations. And once Annie came around, he was able to text those into us. We could arrange a time for him, he's going to be at the truck stop, we can call him, we can log into Annie ahead of time and see what his numbers are, kind of go through some of that lifestyle stuff quick and then easily make those med adjustments. And I mean, he talked to several nurses on our team and every time we had a call with him, he was just really, really pleased with Annie as a service. And on our side as nurses, it made it really slick. So that was our experience with Annie here.

Micah Azzano: Great. Thank you, Theresa, and there is a lot of interest in Annie, so I do have a quick question for you. Can you explain to us more about what chronic disease management is?

Theresa Tougas: Oh sure. So chronic disease management is something that our facility has set up. It's a set of protocols with the nurses and primary care can follow. Under the primary care provider and clinical pharmacist, we can titrate commonly prescribed medications, like insulin, some blood pressure medications, and so it helps really get to those goals, those health goals, quicker than that three-year, six-month follow-up that they might have with those providers.

Micah Azzano: Alright. I then one more question on Annie. Who has access to Annie's application to assign protocols physicians, RNs, just who in general?

Theresa Tougas: Yeah. The thing is, right now in primary care at least, primarily it's the nurses probably using it in our area.

Abigale Boerger: There's other protocols on Annie that maybe clerks would maybe put in people for, but as far as the one that we use the most often, they're kind of clinical apps, so mostly done by the nurses

Micah Azzano: Okay, and then another question. Is Annie now available for use nationally? Or is it just being sent out selectively.

Theresa Tougas: I think that's a bigger question than us. I think that it hasn't been released nationally quite yet, but I don't entirely know that for sure. I don't know. Annie's person from St Cloud is typing right now actually, she might know.

Micah Azzano: Okay, great. And we'll stay on the line a little bit after the webinar and try to answer some of these questions as well, if there's ones that we need to go back to. And with that, I think we're ready to move on to My HealtheVet.

Abigale Boerger: Yes, so My HealtheVet is an online portal that veterans can use to manage their healthcare. On My HealtheVet they have access to their health records, they're able to communicate with their care team via secure messaging. They have access to refill prescriptions, a lot of their diabetic supplies, their CPAP supplies. They're able to look up basic patient education and chronic diseases and then they can also schedule appointments if they need to.

We like to use Annie, there are several benefits, or excuse me, My HealtheVet. It's pretty convenient for the veterans because they can log in at any time. It helps reduce call wait times, helps create a more informed health care consumer on their end. They can alert their health care team to any non-urgent health concerns and then we have, as healthcare team members, we have three days to respond to their questions. You can also attach files onto the secure messages which is kind of nice. Veterans can attach their blood pressure, their blood sugars, pictures of a wound that they might have. Some challenges, a lot of time they'll say I'd rather talk to somebody in person. The veteran might have a lack of technology or connection. They don't have internet access or a computer or tablet at home. Sometimes their prescriptions will be on hold, which just means that their medications were recently changed and so they're not going to mail them out to them. They're not able to refill those medications and then they have to contact us to refill them. And then sometimes we do get inappropriate use of the secure messaging.

So, I recently had a veteran who worked Monday through Friday, so he's not able to take phone calls very easily at work, because he works the same hours that I do. So, I was able to use the

secure messaging part of My HeartheVet to alert him of medication changes that were recommended by the pharmacist. I've also used it to alert of test results, or any provider recommendations. It also helps with setting up a good time to talk if you aren't able to get ahold of them on the phone, sending them a message and asking them to let you know when to call them is kind of nice.

Micah Azzano: Thank you Abbie that's great. I just want to jump in again really quick with another question on My HeartheVet. So you talked about secure messaging and sometimes the inappropriate use of it. How do you handle or address those situations with the inappropriate use?

Abigale Boerger: Well, first they'd probably address it with the veteran and just remind them of proper use of the secure messaging. Otherwise, if that doesn't work, there is a policy algorithm type thing which involves the My HeartheVet coordinator, and if needed it could result in them getting that access taken away. But in general that hasn't been a huge issue for us.

Micah Azzano: Okay great. And I think that's all the questions we have right now on My HeartheVet, so we'll go ahead and move on to VA video connect.

Theresa Tougas: So, VA video connect is a technology that uses video chat to communicate between veterans and their care team. So basically the idea behind it is to use video chat to replace office visits. So some of things we've found it useful for in our position, anything that needs an assessment through visualization.

So I had a veteran who started on a medication that one of the side effects is edema. So I hopped onto a video visit with him and had him show me his legs to make sure he wasn't having any issues. Maybe they have a new wound, or they have an incision and we want to check up on it and make sure that everything is healing okay. We found it helpful for education, especially in our role. We do a lot with insulin and sometimes if there's a concern about how they are drawing up the medication, how are they giving it, we might be able to watch them over the video to do that. And the same with checking their blood pressure at home.

And recently we've learned that as we're visualizing them checking their blood pressure over VVC, if we're able to see them use the right techniques, show the blood pressure to us on their blood pressure machine then we're able to implement that into our vitals package in the CPRF. So, a good way to actually get a true idea of what their blood pressure is at home, versus maybe something happening in clinic. Could be useful for doing medication reconciliation, if they've got bottles at home and they don't know what they're on and what they're taking. Having them show them to you on the camera so you can read them and make sure everything they have in front of them is what's on their list here.

Some of the benefits of it, obviously reducing travel time or any travel at all for the visit can be completed this way instead of having them come in. It's great with building rapport with the veterans and their families and their caregivers. So for Abbie and I, really we rarely see veterans

in person, we talk with them on the phone most of the time. So it's kind of nice to be able to connect a face with a name and a voice on the other end of the phone. As we talked about, it allows for demonstration of education. We can assess the home environment, their physical appearance a little more easily than just kind of taking their word for it sometimes. Again, some of the things we run across, getting the technology in the veteran's hands or the connectivity can be an issue. A lot of times providers are looking at meeting metrics, you have so many that you have to meet, how many that you need to do in the fiscal year versus what's the value added. Use of it, so using it appropriately in those value added ways.

For Apple products, there's an extra step of actually having to download the DVC app. On Androids and laptops, it's just kind of an easy automatic connect through the email. But that extra step with the Apple product can be confusing sometimes. And then as nurses, it sometimes turns into us having to be IT wizards too and call them ahead of time, do a little trouble shooting in that way. Some time on the phone getting them connected and then we can do the video visit. So there are some hurdles in that aspect. And it's just newer, any time there's something new in a facility it takes a while for everyone to jump on board, or adapt to it.

So I guess, last week one of the nurses in my office, it worked beautifully using VVC. One of her patients was traveling out of state and he called her complaining of some irritation around his pacemaker site. She was able to send him the video on-demand link, he connected right away, she showed him how to assess the site with his fingers to kind of show her what was going on. She kind of recognized hey, this probably needs to be checked out, but it wasn't the ER situation he thought it was. So she put in a traveling vet consult to the facility near where he was staying. So his care was coordinated in kind of a seamless way and it worked out really well. So I think that was a great case scenario of that working.

Micah Azzano: Great, thank you. And just really quick, a couple question here on VA video connect. How do you prepare veterans for video visits?

Theresa Tougas: So, when we bring up the topic of doing the video visits, we give them the 800 number, I can give that here. It's 866-651-3180. So that's a help desk where they can call in, they can do a test visit with them if they are able to do that, just make sure that they have all of the technology in place prior to our visit. They don't always do that, but when they do we find that it goes a little easier. We can, we have the ability to mail out tablets from our facility. So that would be in the case of maybe they're more severely ill and we need to connect with them really frequently over the video. But the preferred choice is really to use their own technology, because we would have to do at least once a month visits with the technology we mail out.

Micah Azzano: Okay great. And then I have one more question on VVC right now. Is VVC being used in home telehealth to complete admissions, 180 nodes and/or 683s?

Theresa Tougas: We have not used it for admissions. For the 180 or the periodic nodes, it has been used for that before. Yeah, so it's just kind of newer, being implemented with our team.

Abigale Boerger: I use it mostly for intervention, like we had mentioned the blood pressure checks or the insulin rate. Otherwise, most of the stuff that we have for the veterans is easily done over the phone for the most part.

Micah Azzano: Okay great. And thank you both for walking us through all those technologies. At this time, I would like to ask that if you have any questions for any of our presenters to please enter them into the chat feature on the right. And at this time I'm going to kick things off with a question for Dr. Martin. Dr. Martin, is the safe patient handling app available on a computer yet? And is the safe patient handling app meant for use inside VA or outside VA?

Dr. Martin: So the safe patient handling and mobility app is meant for use both inside and outside VA. And it is currently available only on Apple or Android, but we are at the very end of a process to get it onto the computer. They are only awaiting the port over to Amazon Web Services and then it will be available on computers for the first time.

Micah Azzano: Okay great, thank you. And now I have a question, again for you Dr. Martin, on assessment methods, are already evolving from the time this app was written. How are these changing and what does that mean for safe patient handling?

Dr. Martin: So the algorithms that are in the app ask you questions about what the patient can do. And one of the things that is happening in a lot of Vas, and there's a movement nationwide that we may end up adopting the bed side mobility assessment test, nationwide. What this does, is it gives, right now it's specifically RNs, the ability to ask the patient to do some specific steps and then depending on whether they pass or fail and how, that tells you the answers to the questions the algorithm is asking about what the patient can do. And so right now you won't find the bedside mobility assessment test in the app, although some of the questions in the algorithm clearly relate to it.

Micah Azzano: Okay thank you. I have another question here, but this one is for Theresa and Abbie. And this question is on VVC. Our facility is struggling to get nurses on board with VVC, do you have any recommendations?

Abigale Boerger: I would say, it's ...

Theresa Tougas: Education, learning about it. So I think a lot of times what's holding us back on our end is just fear of that technology, not really knowing all the steps, is going to go smoothly. And I think identifying, like we talked about, those value-added scenarios, versus doing it just to do it. It's really, as a nurse, when you do a video visit where it's like wow that technology made that visit better and I was able to do my job better because of it and help the patient better. That's where you get people to really get on board with it. So I think identifying those value-added places is a big piece of it too.

Abigale Boerger: We've also had a lot of support from our upper management, our telehealth people with giving us the education and providing us with power points and screen checks and

how to troubleshoot, and we have the health hub that we're able to contact if we have questions. So we have a lot of support technology-wise too on our end.

Theresa Tougas: I think that that's made it more successful for us, feeling supported on that end. If that helps at all. I know it's tough to get nurses.

Abigale Boerger: They do work, they are nice.

Theresa Tougas: That's great.

Micah Azzano: And you actually touched on something that I think goes across all these technologies, is that fear of technology. And the next question kind of ties into that. You mentioned older populations as a challenge when adopting Annie. How are you addressing this issue?

Theresa Tougas: I mean we don't force the issue with them. We talk to them about what text messaging is and that it's not required too much of their time. And then we talk about the benefits of it and a lot of them are hesitant but I think at the same time excited to try something new. A text message is a little less scary than getting an email with a link and doing a video visit and all of that. So I think it might be kind of a gateway app I guess if you could look at it that way. So there are some that flat out refuse and some that still have landlines, but I think if you just walk them through the simplicity of it and that it's completely voluntary, they can text staff any time that they want to if they're overwhelmed with it, I think that gets them to buy in a little more.

Abigale Boerger: Some of the older generation, it is kind of a daunting task. Even if home telehealth has set up their equipment, you make sure their home care nurse is going to be there, their family is going to be there to help them with the set up helps too I think.

Micah Azzano: Any success stories? Or any people that you were able to, who was resistant at first, that you were able to turn on to Annie that are now big advocates for it that you want to share?

Theresa Tougas: I'm trying to think of my patient list that's on Annie. Is this just for Annie?

Micah Azzano: For any of these.

Abigale Boerger: Well for Annie, the veterans that work Monday through Friday or the truck drivers, they're really big advocates for Annie just because they're able to text in their numbers any time of day, even with the, it's kind of same thing, it's kind of on their hands and their own timeline when they do it.

Theresa Tougas: And even with the VVC, I know last year I used it with one of my veterans for a period, and he was super hesitant, he's close to 80. And then this year he asked to do one. So it was, once you see it and do it, it helps, I guess that's all I can say.

Abigale Boerger: And once you show them and they do really like them, they get excited and they show you stuff. I think you had a guy show him your dog.

Theresa Tougas: Yeah, show the dog, show the river out back, show you around the house.

Abigale Boerger: So it's kind of fun.

Micah Azzano: They enjoy bring the care closer to home and closer where they are.

Abigale Boerger: Yeah.

Theresa Tougas: Exactly.

Micah Azzano: Okay so I want to go back to, I have another question here for Dr. Martin. Safe patient handling, the current best practices in safe patient handling and mobility, what are you doing to ensure that that stays up to date?

Dr. Martin: Well, we have links to, on the app, to our guide book. And the guide books are living documents. We make sure that the Tampa VA research and education foundation, which hosts the public-safe version of those documents, has our changes when they're made. Right now, I stand by the VA algorithms. I will tell you that the times have decreased in usage but there's nothing wrong with it. There's nothing in this app currently that we would consider inaccurate. So, the guide books are living documents and we are hoping that the group that develops the apps will be able to find resources to help us keep the links up to date and to redo the app when it's necessary.

Micah Azzano: Okay great thank you. And I'll give everyone just a few more minutes to put in any questions that they would like answered on today's webinar and into the chat. Dr. Martin, Theresa, Abbie, is there anything else that you would like to add? Dr. Martin, I'll start with you first on safe patient handling, are there any other success stories or rollout information that you'd like to share at this time?

Dr. Martin: What I will tell you is that if you have questions about safe patient handling and mobility or if you've got a challenge with how to handle or mobilize a specific veteran, every VA has a safe patient handling and mobility facility coordinator. There's someone who is doing that job. And if yours just retired, there should be someone who's subbing in. But there's also a national network of us. And if you Google VA safe patient handling and mobility, there's a link to an email that can reach the national program leadership. We are always able to answer questions for you. And personally, I will say I'm always happy to help you find answers too.

Micah Azzano: Okay great, thank you. And actually Abbie, I just had another question come in for you. So it says, I am very interested in the insulin, I'm going to say this wrong, but, titration protocol that you are using. Can you provide additional information?

Abigale Boerger: Sure. So in the primary care packs the RNs have what's called a CDM protocol, which is a chronic disease protocol. Chronic disease, the consult is put in by the care provider or the primary care provider. And then as RNs we can use these protocols specific for insulin titration. So, it gives us a range of their blood sugars between 50 and 200. So then we can tell the veterans how to increase, or what dose to increase their insulin to. But ultimately the provider or the pharmacist have to sign off on the dose increase.

Theresa Tougas: They're pretty tight parameters on the protocols so it's not like the RNs get to run wild with it. But they're created by our medical staff and they've been vetted through pharmacy so there's all those checks and balances along the way. But it is nice to have that touch base for med adjustments in between provider visits. And we can only titrate certain insulins. Like we can do apart, 70/30 and glargine.

Abigale Boerger: And regular.

Theresa Tougas: And regular, yeah. And then some blood pressure medications when they send it through, CDC, amlodipine. And then with some of those, with the blood pressure medications, there's additional requirements for a labs and all of that that we follow too.

Abigale Boerger: And then we only, once we follow them until we get them to their goal, whatever the specified goal by the provider is. And then after that we don't follow them anymore.

Micah Azzano: Okay great thank you. Is there anything else that either of you would like to add in relation to any of the technologies that you discussed today or any highlights that you want to share?

Abigale Boerger: I think we covered most of it.

Micah Azzano: Okay. I again want to thank our presenters, Marie Martin, Abigale Boerger, and Theresa Tougas, for taking the time to present today, and thank you to everyone for participating in today's webinar. On the screen here you will see a link to a survey where you can submit topic ideas or tell us how we're doing, what topics you would like us to cover in the future. I'm going to leave this up for a few minutes after the webinar has ended for those interested in providing feedback. We really appreciate your input and hope that you will join us next month for another VA Mobile Discussion Series webinar. Thank you to our presenters and thank you everyone for participating.