BURLINGTON ONTARIO HEALTH TEAM

Community Remote Care Management Program supports Burlington-area patients safely in their homes

"I had nobody to tell me how to manage my condition, and nobody to call when things started slowly getting worse. This program has given me contact with professionals who have taught me so much about the progression and management of my COPD."

- CRCM patient living with COPD

"What patients appreciate most is the fact that we teach them about their chronic disease, so that they know what to expect, and how to manage. I am so grateful to help provide technology and resources in an effort to allow patients to understand what is happening and give them the tools to maintain quality of life."

- Primary Care Paramedic, Halton Paramedic Services

www.burlingtonoht.ca/community-remote-care-management-program

COMPREHENSIVE REMOTE CARE

The Burlington Ontario Health Team Community Remote Care Management (CRCM) Program supports patients with chronic disease in their homes.

Physicians may refer:

- Patients with COPD and/or CHF (who may or may not have other comorbidities)
- Patients is at least 18 years old

The program is for patients who live at home in Burlington and in surrounding communities.

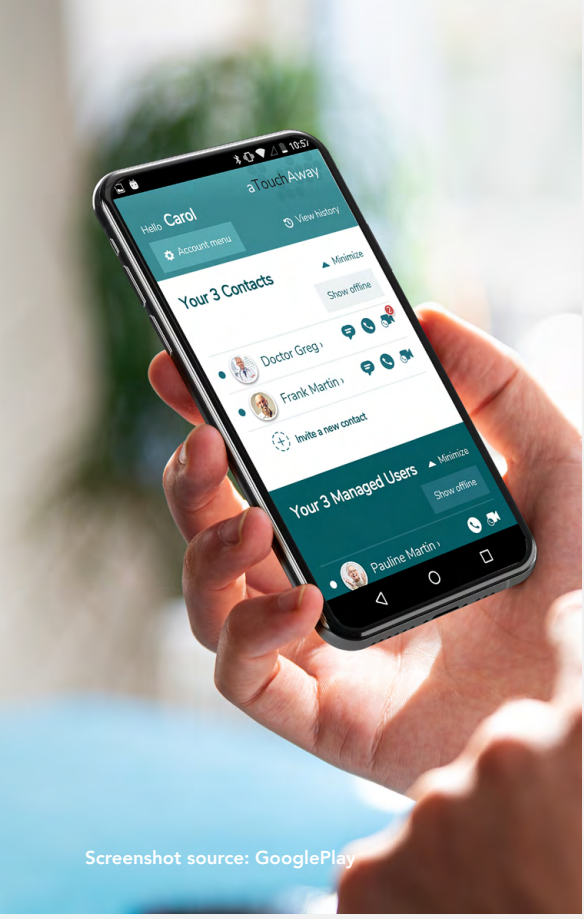
HOW CRCM HELPS

- Ensures the right work is in the right hands at the right time and place
- Offers an easy referral process and valuable support for physicians
- Provides community connections to assist the patient meet their health and social needs
- Ensures peace of mind for patients, their family members, and their primary physician
- Reduces unnecessary calls to 911 and ED visits
- Leads to better health outcomes

EASY-TO-USE APP

Patients receive access to Aetonix aTouchAway. This proven system:

- Meets OTN requirements for privacy and security
- Delivers alerts and reports to the CRCM team



Screenshot source: GooglePlay

REFERRALS FROM PHYSICIANS

Making a referral is easy:

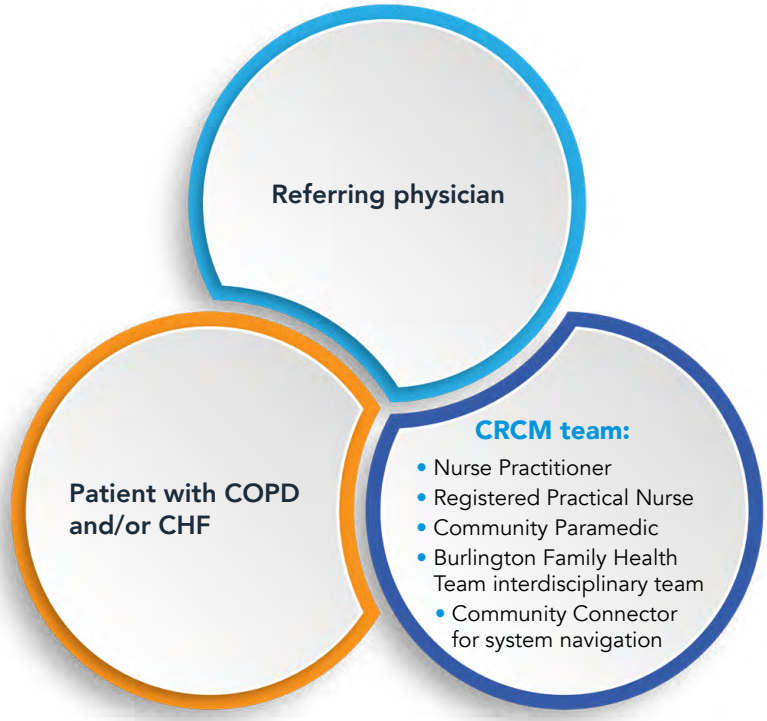
- Visit the Burlington Ontario Health Team website to access and print the referral form: www.burlingtonoht.ca/community-remote-care-management-program
- Fax your completed form to **855 928 5284**
- If you have questions about referrals, please phone the intake line **289 208 9619**

The referral form is also available on **OCEAN eReferral**.

To read comprehensive FAQs, visit the Burlington Ontario Health Team website: www.burlingtonoht.ca/community-remote-care-management-program

BURLINGTON ONTARIO HEALTH TEAM

THE CRCM CARE TEAM



SYSTEMATIC REMOTE MANAGEMENT

Using the app, CRCM patients can:

- Connect to their care team and family members via messaging and virtual visits
- Respond to reminders and complete questionnaires
- Learn more about their condition

Patients being monitored because of their chronic conditions are given a free tablet and biometric measuring equipment while registered in the program so they can:

- Measure and send current vital signs, biometrics, and symptoms to the care team
- Build self-management skills and confidence

If intervention and escalation protocols are triggered, the CRCM care team may initiate a phone call, video assessment, or home visit, or advise the patient to call 911 or go to the emergency department.

When necessary, the NP provides recommendations to the physician and/or connects directly with the physician on the spot. Physicians are notified of major changes in the patient's status, such as a significant change in vitals or a visit to the ED.

Physicians also participate after a recommendation for imaging or lab work, referral to a specialist, etc.