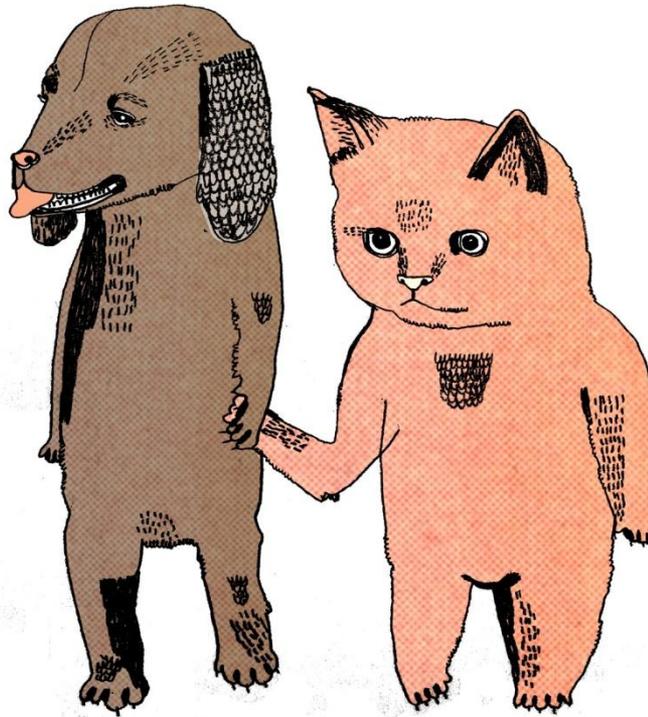




# VET – it's not for pets!

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September, 2015



What is VET?

Video

Enhanced

Therapy





They swallow

We watch



A new way to  
watch!



# Criteria for VET

- Pan sensitive TB disease or LTBI and on 3HP
- Completed initial phase of TB disease treatment or first month of 3HP with 90% adherence
- If smear +, converted to smear negative for AFB during initial phase
- Clinical improvement
- No severe adverse reactions during initial phase or 1<sup>st</sup> month

# Criteria for VET – cont.

- Healthcare worker available that speaks same language
- For now, must have own smart phone or tablet
- Treating physician must approve
- Meds in daily dosing packaging
- Signed VET agreement

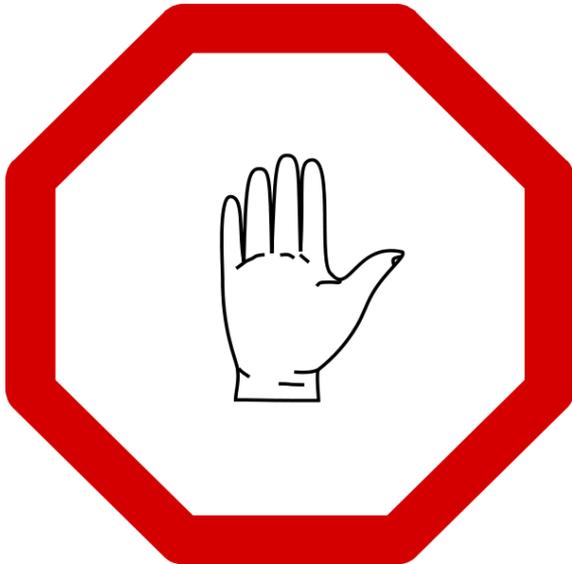
# No VET

- TB disease resistant to first line drugs
- Under age 18
- Medical risk factors – immunocompromised, liver disease
- Substance abuse
- Mental illness



# Reasons to stop VET

- Compliance below 90% of doses
- Clinical status worsens
- Severe, medication related adverse event
- Persistent equipment failure



# Confidentiality

- A big issue – requires care and planning
- Potential for audio heard by others
- Potential for screen images heard by others
- Client being seen in location taking medication
- Hack potential is always a risk



Lets take VET for a walk!



# Getting out the leash

- Use only VDH approved videoconferencing APP - HIPAAbridge
- Assure agreement/consent signed and use of VET approved by treating clinician
- App should be installed on HCW and client devices.
  - Assist client in installing APP at earlier appointment
  - Show client how to use APP
  - Practice, practice, practice!



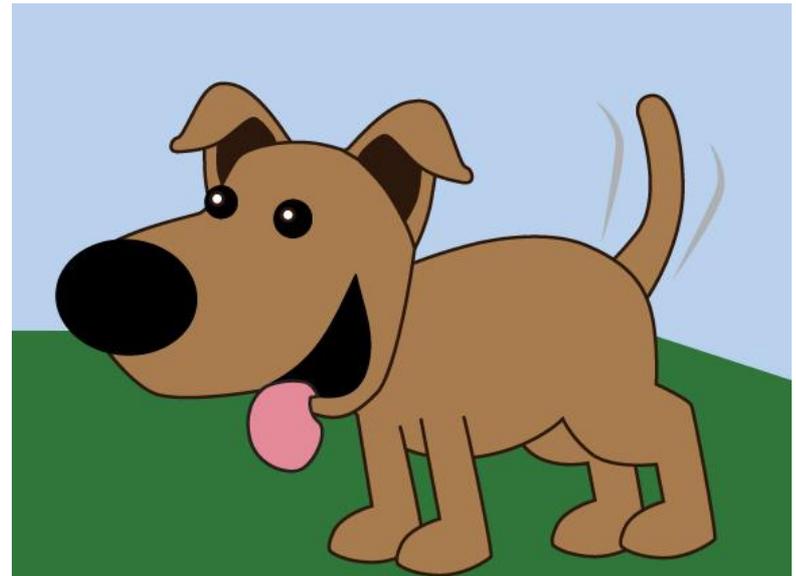
# First things first – put on the leash!



- Review record for med changes, issues, problems
- Assure surroundings for privacy
- Follow instructions for initiating call

# Check that leash

- Confirm identity using established procedure – depending on final APP, may be a pre-established code
- Ask client if in private or remote location
  - Document response
  - Instruct to relocate if needed



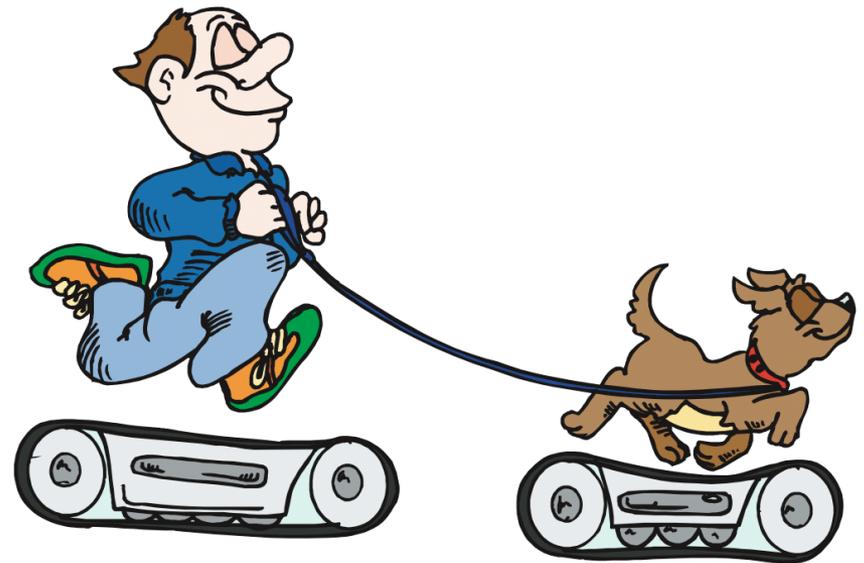
# Start out slowly



- Ask client about side effects, symptoms, other issues – just like beginning a traditional DOT visit
- Follow district procedures if issues identified

# Move on out

- Ask client to open daily administration packet
  - All pills displayed on solid well-lit surface
  - Display liquid for consumption
  - Verify correct drugs and correct numbers
- Begin ingestion
  - Try for client and pills to remain in visual field at all times.



# Maintain control

- Minimum requirements
  - Client displays each capsule/tablet prior to ingestion
  - **Maintain pill count as ingested!**
    - **Crucial especially if meds not in visual field**
  - Mouth check following each capsule/tablet



# Clean-up activities



- Keep 'em talking for several minutes to ensure client did not “cheek” or “tongue” the meds
- Ask about issues using APP or device
- Address any areas for improvement with next visit
- Confirm date and time for next VET appointment

# The wrap up

- End the call
- Document visit according to established procedures
- Notify PHN case manager of any problems or issues during the VET encounter



# Failing VET



- Moves out of visual field
- Pills dropped – okay if picked up and display/count correct
- Electronic equipment malfunctions - single visit
  - Multiple malfunctions – end of VET privileges
- Coughs into hand or tissue after taking med
- HCW suspicions

# Vet failed



- If adherence falls below 90%, discontinue VET and resume traditional Dot 'til completion
- If 10% of VET doses are failures, the walk is over!



# HIPAA BRIDGE Introduction

