



TEC TEST

Technology Enabled Care
Intermediate Care & OOH Technology

The Issue

- ▶ Limited social care leads to people being admitted to the acute hospital or a care home if – an unpaid carer is unwell or – if they become more frail and live alone
 - ▶ Limited availability of care staff especially in the Out Of Hours period.
 - ▶ Leading to person having to unnecessarily leave their home, causing stress for themselves their family/loved ones.
 - ▶ Social care and social work teams are arranging care at a point of crisis.
 - ▶ Multiple teams have to travel to a person home, often more than once a day to review. This increases demand on all the services.
- 

If unable to support and review people in an innovative way admission to an acute setting is often the only option to keep a person safe.



The Aim

- ▶ To support people in their own home who would otherwise be admitted to a hospital or a care facility.
 - ▶ To enable visual connectivity to the integrated health and social care team to ensure a person remains safe at a time of crisis
 - ▶ Provide a timely service unrestricted by travel and available to a person whether in Inverness city or in a remote or rural community within Inverness District, providing equity of support
 - ▶ Reduce distress and social isolation of a person by enabling connectivity to the social care team and any family or carers
- 

What is TEC TEST?

- ▶ The Tec Test is a working group to test the *Komp Pro Device* and *Alcove Video Carephone*. The funding is provided for social care support with a focus on **critical situations** in the community in and OOH.

Purpose of TEC

- ▶ To alleviate social isolation
 - ▶ Enable communication with family/friends
 - ▶ Enable communication with professionals
 - ▶ Support medication administration
 - ▶ Reduce or replace a support visit
 - ▶ Prevent a hospital/NH/CH admission
 - ▶ Support hospital discharge
 - ▶ In place of telecare (even as an interim measure)
- 

The project team

- ▶ Shona Aldridge – *Digital TEC Lead*
 - ▶ Jackie Hunter – *Mackenzie Day Centre Manager*
 - ▶ Bernie Macleod – *Mackenzie Day Centre Team Lead*
 - ▶ Olivia Osborne – *Occupational Therapist*
 - ▶ Silvia Trotter – *District Nurse Team Lead*
 - ▶ Janet Alexander – *Integrated Team Manager*
- 

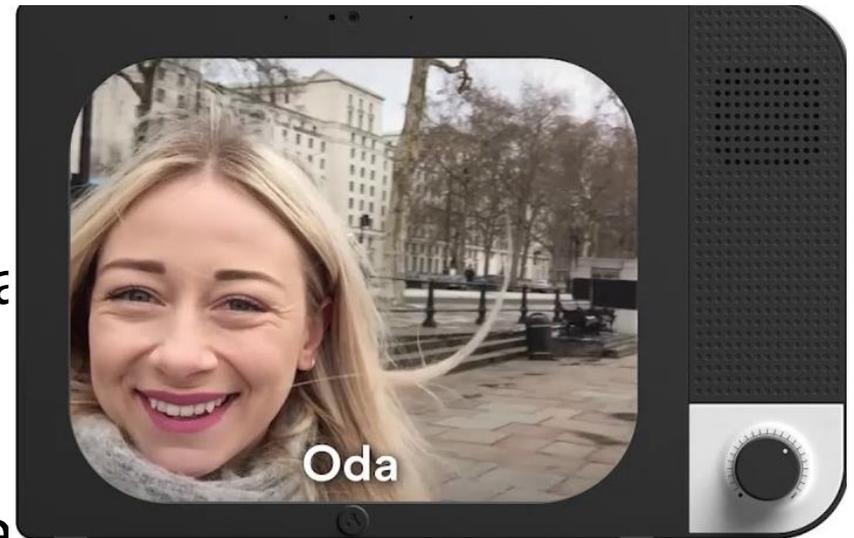
ALCOVE VIDEO CAREPHONE

- ▶ Locked down 10.1 inch Samsung tablet
- ▶ Two-way video calling
 - Pre-configured contact tiles
 - Approved users call via an app
- ▶ Can set-up reminders
- ▶ In-built 4G sim card
- ▶ It is a tablet with bespoke connectivity tiles



KOMP

- ▶ Selected users can video call, and send messages and pictures
- ▶ Komp is automatic, no interaction required
 - Messages/ images are displayed
 - Calls auto-answered after 10 secs
- ▶ Large stationary 21" screen..
- ▶ In-built 4G sim card
- ▶ Family/ friends use Komp app
- ▶ Staff use Komp Pro



Measures

- ▶ Number of times the KOMP Pro/Alcove Video Carephone is installed
 - ▶ What issues did the TEC overcome
 - ▶ Whether the person would have been admitted if the system was not available
 - ▶ Did family/carers use the system for communication
 - ▶ How many visits the person has vs how many they would require without the KOMP Pro/Alcove Video Care system
 - ▶ Survey questionnaire for the service user and their family/carers
 - ▶ Survey of ease of installation, ease of use and usefulness for the care teams
- 

Criteria/Points to Consider:

INCULSION:

- 1.Consent to installation and use of the Komp Pro or Alcove Videocare system.
- 2.To reduce social isolation and or anxiety
- 3.To support carers/family/NOK
- 4.Medication support
- 5.Health promotion –food, fluids & nutrition
- 6.Prevention of deterioration in physical or mental health – exercise, activity & ADLs
- 7.As an interim measure until Telecare installed
- 8.As part of a step down process from reablement
- 9.As part of a current or new support system
- 10.To reduce travel to remote areas.
- 11.If adverse weather conditions expected and access to a person is restricted

POINTS TO CONSIDER:

- 1.Cognition
- 2.Dexterity
- 3.Fingertip skin condition (Too leathery to use a touch screen?)
- 4.Consent – Person, POA or Guardian
- 5.Overload of information via the unit
- 6.Awareness of equipment trial period (2-4 weeks)
- 7.Suitability of home environment
- 8.Person engagement
- 9.Signal availability
- 10.Emergency response
- 11.Review period
- 12.Is the unit for both professional use, family use or both
- 13.Extending agreed equipment lone time if there is availability of units
- 14.Advice re ongoing use of the system – Cost, funding & purchasing.
15. Is there a chance of power outage – back up plan.

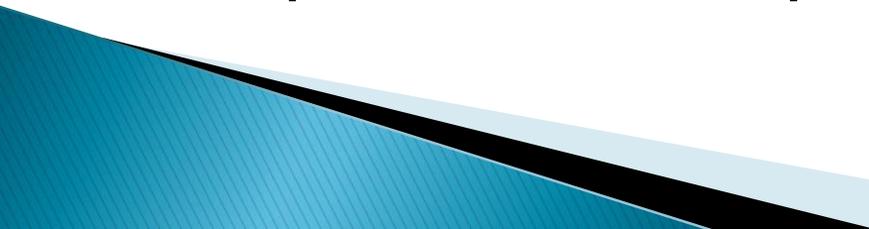
Client A

- ▶ Provided to client to enhance communication with her family who do not live locally
- ▶ Clients family were calling her 2–3 times daily due to anxiety of her living alone and the possibility of something happening to her
- ▶ Client is cognitively very able and therefore the ALCOVE was used to allow her to interact with her family
- ▶ Client and family feedback has been very positive:
 - ▶ “a picture is worth a 1000 words”
 - ▶ “being able to see my mother’s face was “powerful”.

Client B (MM)

- ▶ MM has a diagnosis of Dementia and the family feel that she is deteriorating and are concerned as to how long MM can safely live at home alone.
- ▶ MM has had recent falls and had not been attending The Mackenzie Day Centre as regularly as before. MM does have a mobile phone, however, she is not always able to answer it, therefore, with The Komp having the automatic answer facility this would be beneficial for doing a welfare check and checking in with MM as to how she is and as to whether she will be attending her group/sessions.
- ▶ Client is enjoying the KOMP as she likes being able to see her family members
- ▶ Her family have reported this is a “Game Changer” and it has enriched their relationship. The grandchildren are now also using the device to contact their Granny. They are feeling a lot more comfortable with the safety concerns and now feel a 24 hour care placement is not required

Client C

- ▶ Prompting insulin daily
 - ▶ Patient is able to independently administer his insulin but does not remember to do this without a verbal prompt.
 - ▶ This verbal prompt is now provided over the KOMP PRO Device
 - ▶ The Feedback from both the client and the district nurses has been very positive
 - ▶ The only negative that has been reported is the video resolution is not perfect – this is important so they can see the insulin dosage
- 

SAVINGS ££££££££££££££££££

- ▶ Twice daily travel from RNI base to patient home:
- ▶ one way 2.6miles with return 5.2 miles x2 (am and pm visit) = 10.4 miles per day travel
- ▶ mileage payment £0.61 = **daily mileage cost £6.34**
- ▶ Resource cost for NHS of 1 hour community nurse time= £17

- ▶ Resource cost of travel time for community nurse: one way 10minute travel with return 20min x2 (am and pm visit)= **40 min = £10.20**
- ▶ **Number of days KOMP** being used successfully without any nursing visits:
- ▶ **190 Days**
- ▶

- ▶ **Total of savings:**
- ▶ 190x £6.34 Mileage = £1204.60
- ▶ 190x £10,20 nurses resource lost in travel time= £1938.00
- ▶

- ▶ **Total cost savings over 190 days= £3142.60**

Testing the use of Komp and Carephone to support adult social care services



Janet Alexander - Integrated Team Lead | Shona Aldridge - Digital TEC Lead | Jackie Hunter - Resource Centre Manager
Bernie Macleod - Resource Centre Team Lead | Olivia Osborne - Occupational Therapist | Silvia Trotter - District Nurse Team Lead

Introduction



We are committed to providing support at home as the first option.



Limited availability of social work and care staff makes this difficult.



Often people are being unnecessarily admitted to hospitals or care homes.



To help Social Care Services we trialled the use of two simple home communication devices.

The technology

Komp is a simple and secure communication device that allows users (such as a family member) to video call, send messages or share photos with the end user. Messages are automatically displayed and video calls are auto answered after 10 seconds.



Photo: No Isolation

Carephone is a simple video calling device. Approved callers, such as the person's family and care team, can video call the end user, and vice versa. Daily, weekly, or one-off reminders can be set-up and carers can be notified of the response or lack thereof.



Photo: Active

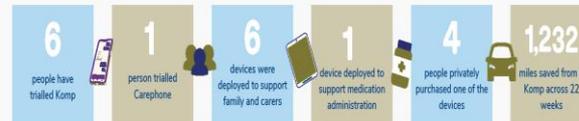
Accessing the tech

These technologies could be deployed to alleviate social isolation, support medication administration, reduce or replace a support visit, support health promotions, enable welfare checks and other similar purposes, when the following conditions were met:

- consent was given by the client or their representative
- the trial was supervised by an identified professional

Points to consider were devised to help professionals decide if the technology was appropriate and which device was most suitable. For example, the Carephone was better suited for someone who was able to understand how to answer and make calls.

Current use



"The Carephone is a wonderful piece of equipment, I enjoy being able to call my sons and see their faces" - Carephone user

"A picture is worth a 1,000 words - being able to see my mum's face is powerful" - Carephone user's son

"The Komp has been a game changer" - Resource Centre Team Lead

Challenges

The biggest challenge was raising awareness and overcoming technology bias. A lack of capacity and staffing issues made it difficult for staff to attend meetings and training sessions.

Some users experienced signal issues which caused video images to appear grainy, this can be improved by connecting to WiFi.

Next steps

Development so far has been very encouraging and there is an appetite to continue so future funding is being sought to extend and expand the project.

This will include additional trials and the provision of ongoing training.

Digifest 2022 Best Poster Abstract Winner 2022



Contacts

Janet Alexander –

janet.alexander2@nhs.scot

Shona Aldridge –

shona.aldridge@nhs.scot

Questions?

