

Telehealthcare

FOLD
TeleCare

The challenge

The Department for Health announced that Northern Ireland will become the European Centre for Connected Health, with the allocation of £46m to bring telehealth solutions to 5000 people by 2011. They have also set an ambitious target of reducing the number of hospital admissions by 10% in the first year and by 50% by 2011.

The development will initially focus on the following three disease groups:

- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Heart Failure (CHF)
- Diabetes

The challenge for Health and Social Care Trusts is to change the way care is delivered, moving away from the traditional care model towards a more person centred care in the community model. Telehealthcare provides remote vital signs monitoring which allows people living with long-term conditions or chronic diseases to live at home, preventing unnecessary hospital admissions and in some cases support early patient discharge.

The project

Fold TeleCare, part of Fold Housing Association, is the leading 24 hour telehealthcare service provider in Ireland, working in partnership with Tunstall.

Fold is a not-for-profit organisation currently supporting over 20,000 customers and works closely with housing providers, Health and Social Care Trusts and community groups throughout Ireland.

The efficient and unobtrusive service that telehealthcare offers, helps people enjoy safe and secure lives. It provides an essential link via the telephone from the home to the 24 hours, 7 days a week response centre in Holywood, County Down.



All the reassurance you need

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“The response to the telehealth service from patients and clinicians has been very encouraging. This equipment empowers people to look after themselves better and will help them recognise the warning signs when their condition worsens which ensures early intervention is made which can help them avoid a trip to hospital or shorten the time that they need to spend in hospital.”

Sandra Rankin, Service Manager Older People's Housing and Community Support, Milton Keynes Council

How does it work?

Fold's Telehealthcare Service works in partnership with Health Care Professionals to ensure they receive full support and service enabling them to concentrate on the patient's quality of care. The service provided covers:

- Technical and clinical consultation with the patient
- Installation, verification and connection to the Fold Response Centre
- Daily administration and non clinical triage
- Removal, infection control and storage of equipment
- 24/7 secure remote access for clinical triage by nursing practitioners

Using product solutions from leading provider Tunstall, Fold's Telehealthcare Service is installed in the patient's home, where vital sign readings are taken daily. These include blood pressure, heart rate, weight, temperature, oxygen levels and blood sugars. These readings are sent securely to the Response Centre who co-ordinate with health professionals to monitor the readings on a regular basis. The system also automatically triages the patient and will raise an alert if any of the readings fall outside individually clinically approved preset parameters, enabling proactive care and early intervention.

Fold's Telehealthcare Service was launched in three Health and Social Care Trusts in February 2008 and already provides a service to over 300 clients today (May 2009).

We currently work in partnership with:

Northern Health and Social Care Trust

The Northern Health and Social Care Trust now supports a number of different telehealthcare programmes throughout the Trust area, focusing on Diabetes, CHF and COPD.

Northern Health and Social Care Trust currently have three telehealthcare projects

- Barn Halt Cottages - this scheme is designed for Frail Elderly people who require additional support including telehealthcare
- Your Health, Your Care at Home - acute care at home teams enable early hospital discharge and specialised nursing teams manage people living with chronic conditions in their own home, preventing unplanned readmission to hospital
- Floating Support - this programme utilises telecare services, which are complemented with community support workers who assist people in their daily living

Southern Health and Social Care Trust

The Southern Health and Social Care Trust's programme provides telehealthcare to people living in Housing with Care, Nursing Homes and in the wider community.

One of the projects main aims is to provide this service to people who are suffering from Dementia and other chronic diseases. This provides the unique challenge of training both family members and professional carers to assist them in measuring their vital signs.

Western Health and Social Care Trust

The Western Health and Social Care Trust is using their network of GP surgeries and district nursing teams to refer people in the community who are living with a long-term condition to their telehealthcare service.

District nurses are trained to remotely monitor their patients on a daily basis, ensuring early detection of changes in vital signs. This enables an early intervention, which should help to prevent a possible admission to hospital or unnecessary GP visits.

Case studies

Chronic Heart Failure

The challenge

Margaret is 70 years old, living on her own and suffers from CHF and diabetes.

The solution

On her last admission to hospital her consultant referred her to the Acute Care at Home Team, to facilitate her early discharge. The Acute Care at Home Team commissioned Fold to deliver a telehealthcare package to enable them to remotely monitor her condition daily.

Each morning Margaret measures her blood pressure, pulse oximetry, heart rate, weight and blood sugar readings, which are remotely monitored by her nurse. For the first two weeks the Acute Care at Home Team visited Margaret on a regular basis, after this period the remote monitoring enabled her care to be transferred to the Continuing Care Nurse.

Fold's Telehealthcare Service enables the nurses to monitor Margaret's condition to ensure that she becomes more stable and remains so. Visits to Margaret by her nurses will become less frequent as her daily monitoring enables the nurse to detect any early changes in her condition, which may require a telephone call rather than a visit.

The outcome

Margaret feels well cared for as she knows that her condition is being managed by her nurse on a daily basis and she will receive a telephone call or visit if required, reassuring her that her care plan is meeting her changing health needs.

Margaret receives regular visits from her family, who are impressed with their mother using technology in her own home, which they feel helps her have more choice and understanding of her condition, with the added reassurance that if anything does go wrong it will be picked up quickly and help keep her out of hospital.



Long-Term COPD Management

The challenge

John is 76 years old, lives in a rural area with his daughter, and suffers from COPD. A specialist nurse manages his condition with regular visits to his home.

The solution

John had the Telehealthcare Service installed into his home six months ago, enabling his nurse to effectively case manage his condition. He takes his blood pressure, pulse oximetry, heart rate and temperature readings every day with the help of his daughter. These are then checked by his nurse who will call him if his readings are outside his individual preset parameters to advise on any remedial action.

The outcome

John now feels reassured that his condition is being monitored on a daily basis and if there is any cause for concern his nurse will contact him. He is very pleased that he is able to remain at home and feels that his telehealthcare plan has prevented him from unnecessary hospitalisation.

John has now become more aware of his condition as he can see his readings and take additional readings throughout the day. When his pulse oximetry is low in the morning he would regularly take an additional reading later that day, which usually improved, making him feel better and more in control of his condition.



Case study

Diabetes - Chronic Disease Management

The challenge

Nicole is 31 and lives with her husband and two young children who are 9 and 10. Her life has been affected over the past 16 years by her type 1 diabetes. However, in recent years, Nicole has experienced more regular hypos which are often severe and violent in nature.

The solution

A telehealthcare package was provided in order to allow Nicole to effectively monitor her condition in her own home. Nicole measures her blood glucose at set times which fit in with her daily routine and should the results fall outside of Nicole's individually set parameters, the appropriate action can be taken.

The outcome

Nicole now feels more confident that her condition is being monitored regularly and should any changes in her condition occur, they are detected early and preventative action can be taken. Nicole feels that for the first time in 16 years she is in control of her condition and she is able to fit her condition management around her busy lifestyle rather than having to make regular doctor's appointments.

For further information please call 01977 660479

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