Digital Telecare Twinning Knowledge Exchange Webinar



Wednesday 16 December 2020 08:00 – 10:00 CET





REGIONAL COORDINATION GROUP E-HEALTH AND WELFARE TECHNOLOGY AGDER







Digital Health Europe has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 826353

Joining instructions



Link to webinar:

https://us02web.zoom.us/j/85632770307?pw d=MUc3UnQ3cHF3ZTl5VTVpMnhHb0NlZz09

Agenda 09:00 - 09:05(CET)

09:05 - 09:15

09:15 - 09:55

09:55 - 10:00

10:00 - 10:10

10:10 - 10:50

Welcome, introductions and objectives of the workshop

Telecare Service Structure and Organisation

Telecare Service Structure and organisation Range of services

Presentation from Agder General discussion

Short break

Roles / competencies

Workforce Profiles and Skills

workforce training

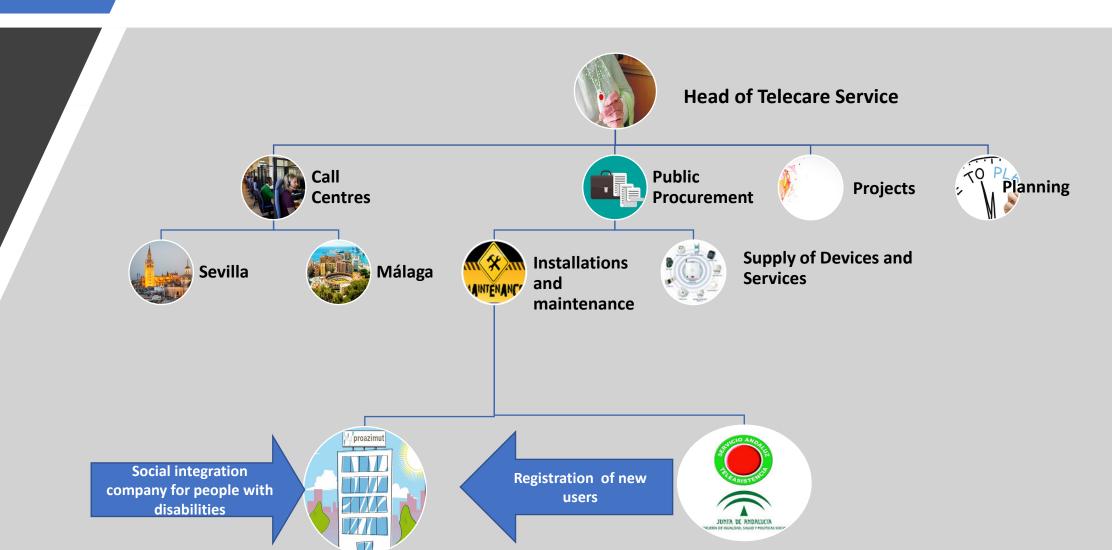
Staff shifts management

Presentation from Agder General discussion

Summary of learning and next steps 10.50 - 11.00

Telecare Service Structure





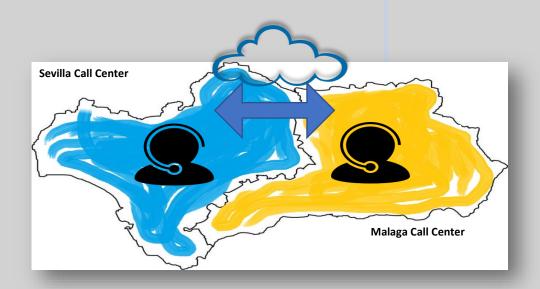
Telecare Service Structure



Call Centres

2 Call Centres, one in Seville and another in Málaga with return of data in real time.

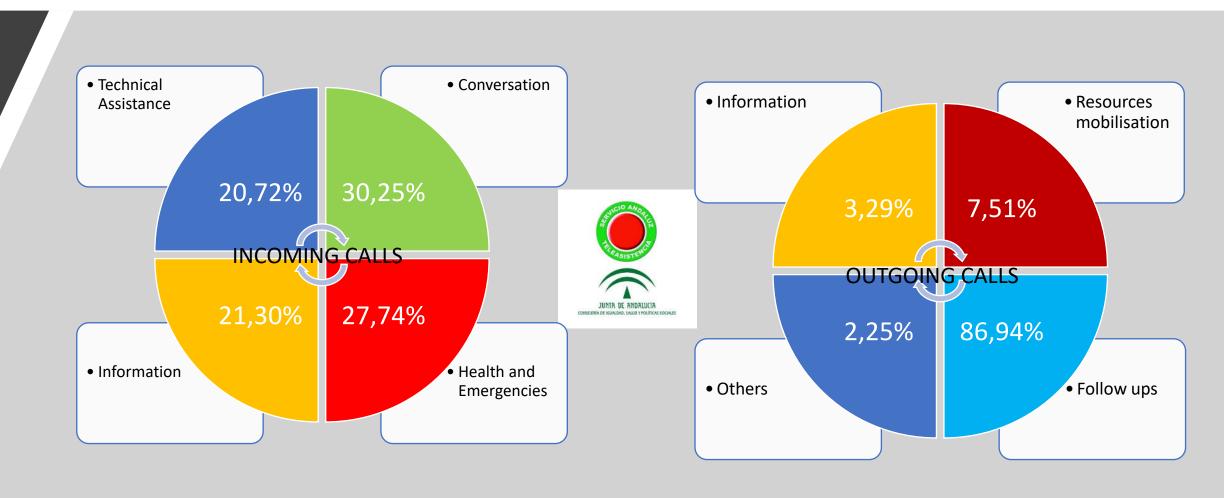
276 work stations calls.





Nature of the calls





Additional Services managed by SAT Heal





ADDITIONAL SERVICES:

- Installation of additional devices for dependant people
- Flu /Heat Campaigns
- Installation of smoke and gas detectors for people over 90 years of age to increase safety
- Elderly care phone number
- People with disabilities care phone number
- Minors care phone number
- Child Abuse phone number
- Junta 65 card phone number



.

SAT in numbers





S.A.T. IN NUMBERS:



Daily average No. of calls: 15.762

Yearly average No. of outgoing calls: More than 4.3 M

Yearly average No. of incoming calls: More than 1.4 M

Total number of managed calls:

More than 74 M since 2002

SAT in numbers









2019: 36,415 Installations & 107,431 Maintenance visits

2020(*): 33,544 Installations & 80,910 Maintenance (**)



*) Numbers at 10.31.2020

(**) Due to the Pandemic, from March to May 2020 we had a massive decrease in these actuations.







S.A.T. IN NUMBERS: Human resources

Technical Staff: 21

Specialist Staff:

• Training and Protocol: 3

• Quality evaluation of calls: 8

• Staff administration: 3

• Others: 6

• Supervisors call centres: 45

• Telecare assistants: 443

Teleoperators: 10 (*)

• Administrative staff: 10

(*) They deal with service request lines and other lines of social nature.







PROTOCOL:

The main tasks of the Protocol Working Group are:

- Reviewing and updating the call handling protocols.
- Design of new specific protocols for the performance of various tasks or the use of new computer applications.







TELECARE ASSISTANTS TRAINING:

INITIAL TRAINING:

Initial studies required: Certificate of Higher Education or higher.

Length: 70 hours \rightarrow 2 weeks \rightarrow 10 days (6 days of theory training and 4 days

of practice training).

RECYCLING TRAINING (Needed when someone has been out of the Service for a long time).

CONTINOUS TRAINING:

- Management and handling of calls.
- Satisfaction surveys about the Service and the technical Service.







TELECARE ASSISTANTS TRAINING:

SPECIFIC TRAINING:

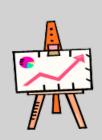
- SOCIAL CARE TELEPHONE NUMBERS:
 - 1. ELDERLY.
 - 2. MINORS PROTECTION.
 - 3. DISABLED PEOPLE.
 - 4. DOMESTIC VIOLENCE.

SPECIFIC ACTIONS TRAINING:

- PROCESSING OF COMPLEX CALLS.
- TREATMENT OF GRIEF.
- STRESS CONTROL.
- MINDFULLNESS.











QUALITY TEAM WORK:

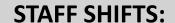
Functions:

- Evaluate user experience and compare it against the Standard Service Protocols.
- Establish quality strategies so as to guarantee user satisfaction and increase operational efficiency.
- Monitoring and analysis of inbound and outbound calls so as to ensure telecare users a consistent positive experience
- **Identification and development of telecare metrics**, key indicators and evaluation forms to measure the overall performance of telecare assistants.
- Developing individual Action Plans and recommendations to improve Telecare Assistants'
 performance.
- Active participation in the modification and update of Standard Service Protocols to ensure they address the users' needs.
- Monitoring of claims and generation of evaluation reports.





Shift Work



MORNING SHIFT: From 08:00 to 15:00

AFTERNOON SHIFT: From 15:00 to 22:00

SPLIT SHIFT: Mornings: From 09:45 to 14:30

Afternoons: From 16:15 to 19:30

ROTARY SHIFT: Mornings: From 08:00 to 15:00

Afternoons: From 15:00 to 22:00 1 week in the afternoons a month

NIGHT SHIFT: From 22:00 to 08:00







TOTAL TELECARE ASSISTANTS STAFF: 443

SHIFT DISTRIBUTION:

MORNING SHIFT: 161

AFTERNOON SHIFT: 72

SPLIT SHIFT: 18

ROTARY SHIFT: 192

NIGHT SHIFT(*): 16 (9 in Seville and 7 in Malaga)

(*) Performed alternately by morning and afternoon shift staff







TOTAL TELECARE SUPERVISOR STAFF: 45

SHIFT DISTRIBUTION:

MORNING SHIFT: 17

AFTERNOON SHIFT: 5

ROTARY SHIFT: 23

NIGHT SHIFT: 2 (1 in Seville and 1 in Malaga)

.(*) Performed alternately by morning and afternoon shift staff

Response Centre for the Municipalities







Foto: Fedrelandsvennen



Response Centre for the Mul

Objective

 To deliver a service with high quality and high degree of clarity

Secure

- Equal treatment
- Relief for home care
- Increased security
- Optimal utilisation of resources
- Increased quality of the assessments of incoming alarms, performed by dedicated staff



National recommendation 2016

- 24/7 365
- Response time: 95 % within 60 seconds
- Health professionals
- Min. two persons on duty
- Always a nurse available
- All employees should speak and write Norwegian fluently
 - English orally

Procedures and Quality System

Based on

- National recommendations
- Legislation
- Reports
- Existing routines used in the municipality today
- Experience



- Response Procedure
- General Procedures
- Interaction Routines

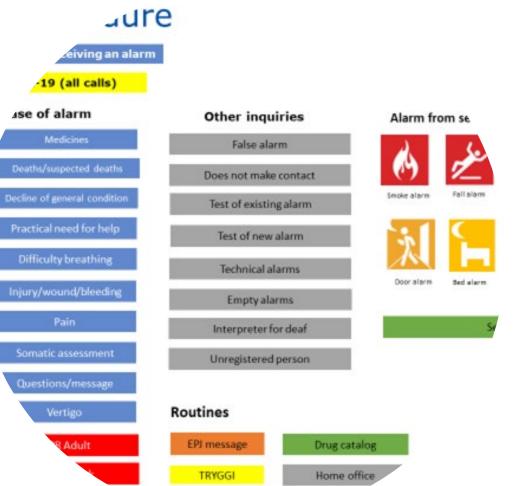












Work Process

- Working according to a response procedure (developed and improved along the way)
- The goal is to give equal treatement, regardless of whether they live in Kristiansand or Bodø
- The municipality and user chooses whether the home care service or relatives should move out on assignment.
- The Response Center also receives enquiries from the Emergency Services
- It may be **easier to use the alarm** in an emergency situation than to use the telephone.

Response Procedure

General response procedure when receiving an alarm

Clearance regarding Covid-19 (all calls)

Action cards in case of alarm

Other inquiries

Does not make contact

False alarm

Test of existing alarm

Test of new alarm

Technical alarms

Empty alarms

Interpreter for deaf

Unregistered person

Alarm from sensors



Smoke alarm







KOMMUNAL



RESPONSSENTERTJENESTE

Safemate alarm

Door alarm







camera



Scheduled Trigged camera surveillance inspection

Security technology

Medicine dispenser

Burns

Allergic reaction

Anxiety

Unconscious

Chest pain

Diabetes

Fall

Confused

Palpitation

Stroke symptom

Cramps/epilepsy

Nausea/vomiting/diarrhea

Vertigo

Medicines

Deaths/suspected deaths

Decline of general condition

Practical need for help

Difficulty breathing

Injury/wound/bleeding

Pain

Somatic assessment

Questions/message

CPR Adult

Suicide risk

Routines

EPJ message

Drug catalog

TRYGGI

Home office

English Spanish German

Emergency service

Contact AMK

Contact fire department

Police districts

Time to response:

- Has worked consciously with response time
- High expectations in the municipalities and with suppliers
- Unusal and motivating to be measured in health care
- Over 95% last three months
- For comparison: The emergency room has a recommendation of 80% within 2 min



Foto: Fædrelandsvennen

Personnel

- As of today, 28 employees on rotation
- Staffing plan 4-4-3
- Employees have a broad background from the municipal health service and specialist health service.
- Separate training course for new employees and temporary staff.

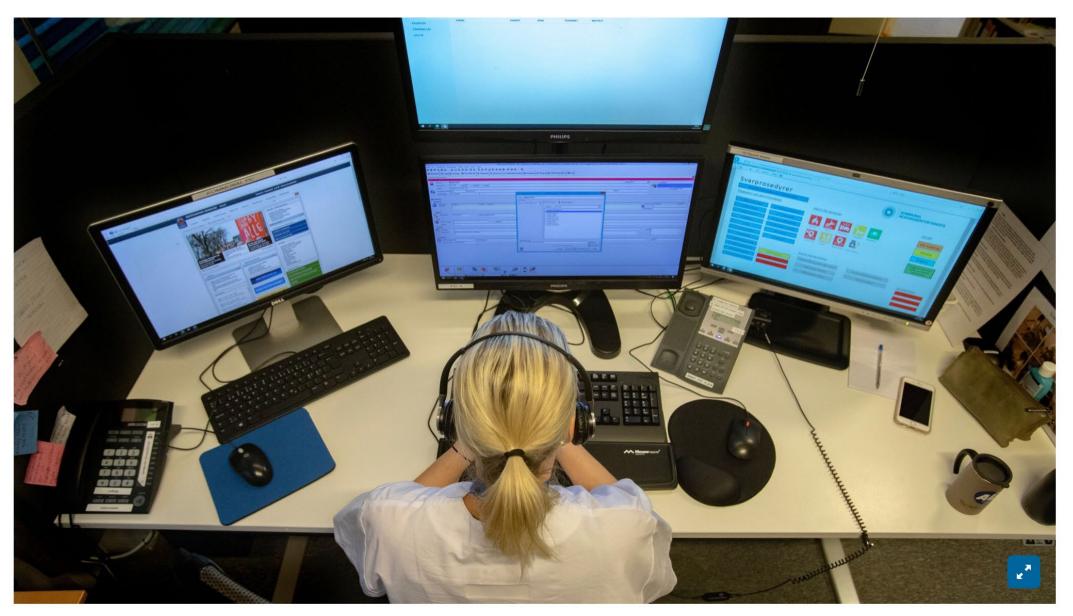


Foto: Fædrelandsvennen