CREATING A NEW PATHWAY

Four key steps:

1) Agree vision ✔
2) Draft structure and content
3) Create content
4) Review and publish

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THE CITIZEN PATHWAY

VISION	To draw on the expertise of the twinning partners to create an online resource of materials to support the development and deployment of innovative, person-centred service models that place the citizen at the heart of digital telecare

OBJECTIVE	To embed citizen-centric thinking at the heart of digital telecare transformation by increasing awareness and expertise of:
	
	• Citizen-centric service design and UCD methodologies
	• Key aspects of citizen-centric approaches:
	    • Citizen ownership of their health data
	    • Citizen utilization of their own systems and applications for managing health and communication with health and care providers
	    • Citizens empowerment to participate in decision-making regarding their own health and care issues

IMPACTS	• Greater confidence in the adoption and deployment of citizen-centric approaches amongst telecare providers • Citizens involved in the design of digital telecare services • Digital telecare provision that is tailored to meet the individual needs of citizens • Empowered citizens with greater self-efficacy able to live independently for longer
BENEFITS	• Greater uptake of citizen-centric approaches amongst telecare providers • Increased citizen satisfaction with services • Increased integration of consumer technology

PATHWAY STRUCTURE

Content in the Digital Telecare Play Book is divided into pathways which are then further divided into key stepping stones split across three phases:

- Discovery
- Planning
- Implementation

PHASE 1: DISCOVERY

Looking at the organisation's current analogue telecare functionality. Exploring both internal and external business drivers to justify moving to a digital telecare function.

VIEW

PHASE 2: PLANNING

Planning further assesses and provides robust arguments to support the business case for the proposed digital solution.

VIEW

PHASE 3: IMPLEMENTATION

Actions can begin to initiate the plans outlined in the business case, starting to rollout the digital telecare solution.

VIEW

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PHASE 1: DISCOVERY

Looking at the organisation's current analogue telecare functionality. Exploring both internal and external business drivers to justify moving to a digital telecare function.

View >

Set Up Project Team

Establish Existing Analogue Telecare Setup

Develop SWOT And/Or PESTLE

Source Analogue Operational Processes

Develop Action/Milestone Plan

Baseline Data Collection

Mandate To Progress To Digital Telecare

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THE PROPOSED STRUCTURE

DISCOVERY

- Why take a citizen-centric approach?
  - Thought paper(s)
  - Case studies highlighting benefits

PLANNING

- How to take a citizen-centric approach
  - Guidance on specific methodologies

IMPLEMENTATION

- Support for taking a citizen-centric approach
  - Templates
  - Case studies highlighting aspects of methodologies or common challenges

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CONTENT

Phase	Product	Purpose	Author/Lead
Discovery	Thought-paper	Joint piece on the importance/value of citizen-centric approaches to introduce the pathway	All
	Alzheimer Scotland Case Study	Illustrates the benefits of taking a citizen-centric approach	Thomas
	Quadruple Helix Method	Overview and explanation of the role of the citizen within this?	Kjetil
Planning	Introduction to SAtSD	Overview of the Scottish UCD technique and it's application to the digital telecare transition	Thomas
	Agder Living Lab		Kjetil
	Gathering citizen feedback with a large user base		Pablo
Implementation	Welfare technology ambassadors and demo apartments case study		Kjetil
	Implementation of Digital Telecare and Involvement of end-users case study		Kjetil
	Supporting materials/templates for SAtSD	Links to templates and other tools	Thomas

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3 February 2021

THE SCOTTISH APPROACH TO SERVICE DESIGN

DIGITAL TELECARE

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http://telecare.digitaloffice.scot
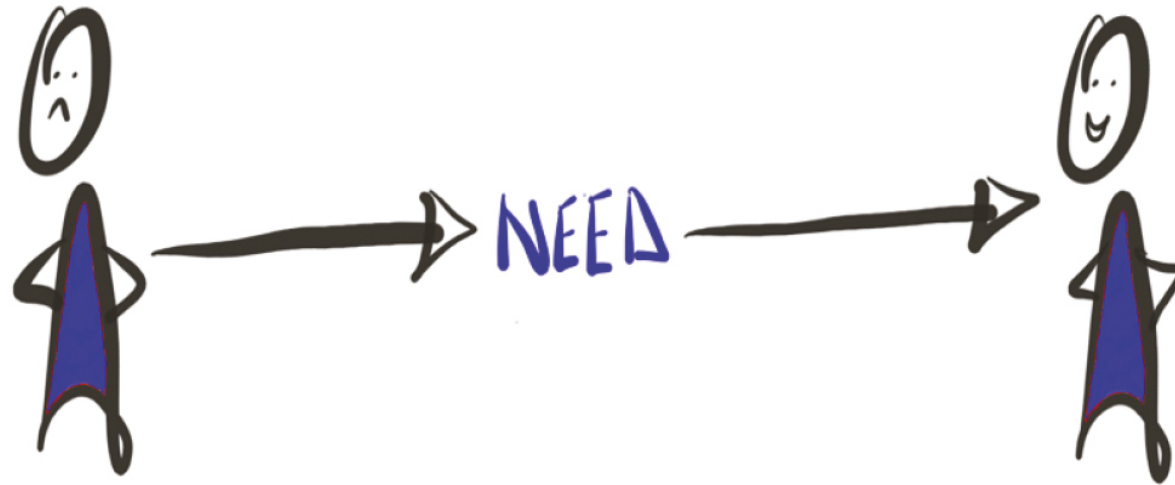@DigTelecareScot
#DigitalTelecare

INTRODUCTION

- 2011 – The Christie Commission report on the future delivery of public services

- https://www.gov.scot/publications/commission-future-delivery-public-services/

- Key finding was the need to actively engage citizens in the design and delivery of public services

- Existing approaches for service transformation worked well within an organisation, but were less suited to the Public Sector where multiple organisations and stakeholders need to coordinate their efforts

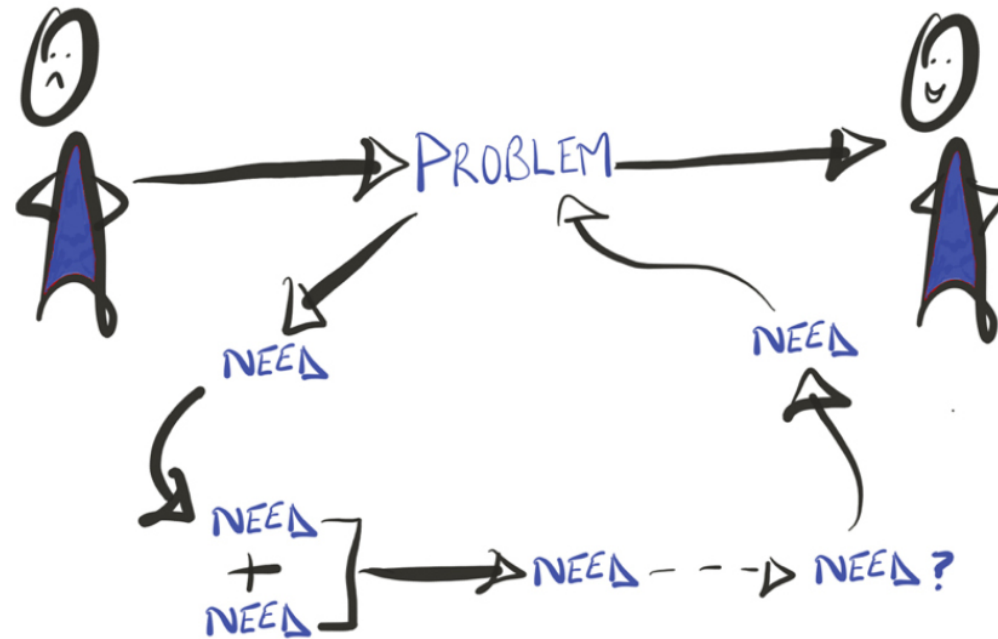- https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/about-this-resource/

THE CHALLENGE
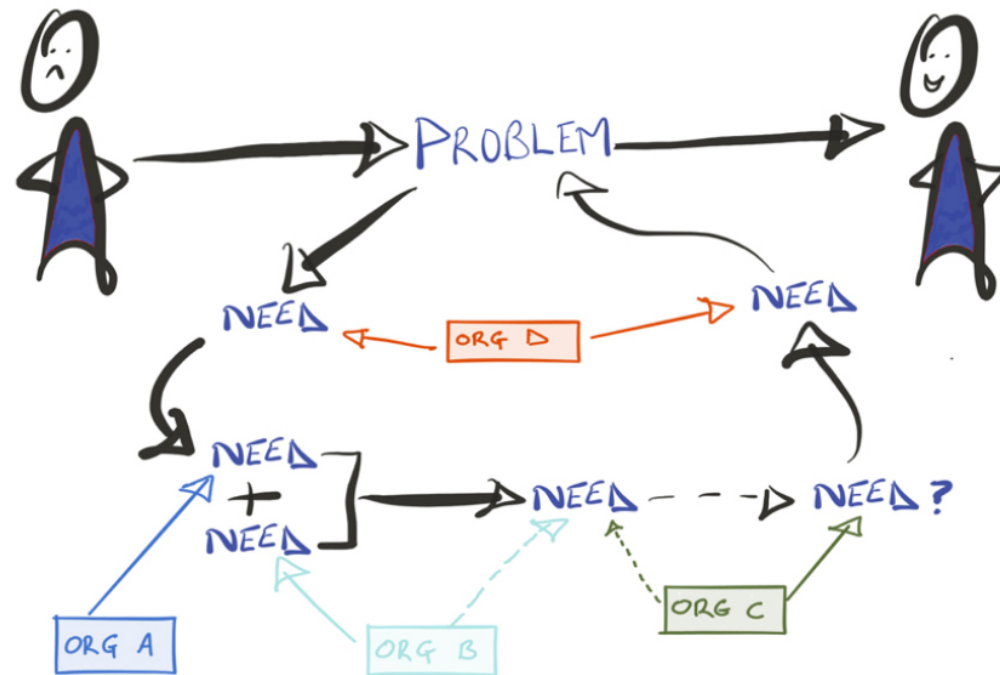
Public services are aimed at solving problems.

https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/why-we-need-a-new-approach/

THE CHALLENGE

We're trying to solve people's problems.
Underneath problems are lots of needs.

https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/why-we-need-a-new-approach/
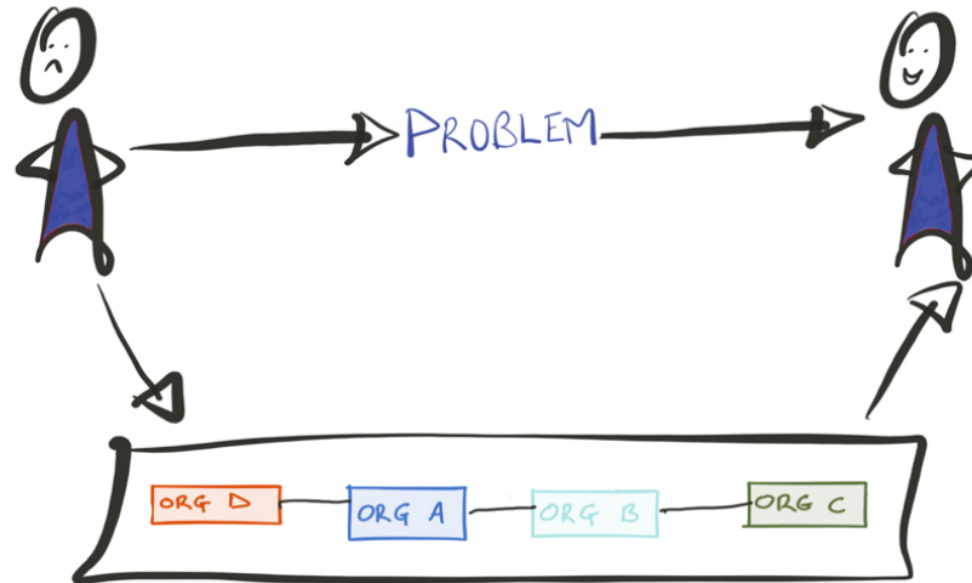
THE CHALLENGE

We often make things worse by expecting people to know where to find help for all the things they need in order to get over the problem they're facing.

https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/why-we-need-a-new-approach/

THE SOLUTION

We need to build user and service focused thinking into all public sector organisations in Scotland so service design can be delivered across organisational boundaries seamlessly.

https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/why-we-need-a-new-approach/
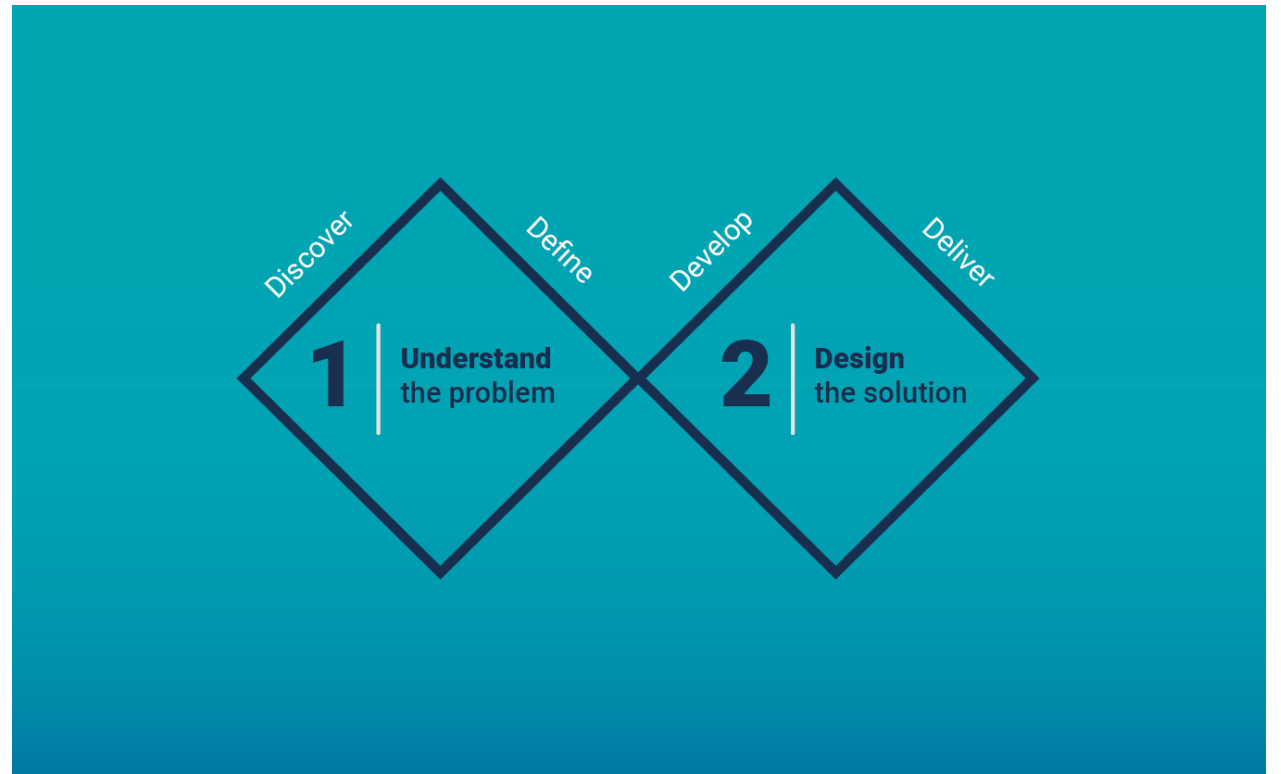
THE SEVEN PRINCIPALS OF SAtSD

1. We explore and define the problem before we design the solution

2. We design service journeys around people and not organisations

3. We seek citizen participation in our projects from day one

4. We use inclusive and accessible research and design methods so citizens can participate fully and meaningfully

5. We use the core set of tools and methods of the SAtSD

6. We share and reuse user research insights, service patterns, and components wherever possible

7. We contribute to continually building the SAtSD methods, tools, and community

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https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/the-7-principles-of-satsd/

WHAT IS DEISGN?

- **Design Council – Most important aspect of design is understanding the problem BEFORE creating the solution**
- **Created the Double Diamond Model:**

https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/the-design-process/

DESIGN THROUGH USER ENGAGEMENT

- **Mapping user journey**
- **Capturing problems, needs and wants**
- **Creating personnas**

- **Stakeholders are actively and meaningfully engaged throughout, not just at the start and end**
- **Decisions are made collectively**

- **Example: South Lanarkshire Council**

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https://www.gov.scot/publications/the-scottish-approach-to-service-design/pages/the-design-process/

BACKGROUND INFORMATION

NEEDS

VALUES

CHALLENGES

OTHER (DEVICES, TECHNOLOGY, INTERESTS)

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Proactive Calling: Selection Criteria

Digital Health Europe

| Proactive calling | → | Once a month target | → | Follow up calls on specific cases |

USERS → Carers in case of communication difficulties

BENEFITS → **GENERAL IMPROVEMENT OF WELL BEING AND SAFETY LIVING INDEPENDENTLY FOR LONGER TIME AT HOME**

SERVICIO ANDALUZ TELEASISTENCIA
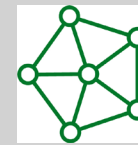
JUNTA DE ANDALUCIA
CONSEJERÍA DE IGUALDAD, SALUD Y POLÍTICAS SOCIALES

ASSESSMENT

ASSEMENT OF SITUATIONS

Information given by the user in regular monthly contact or other follow up calls

Monitoring

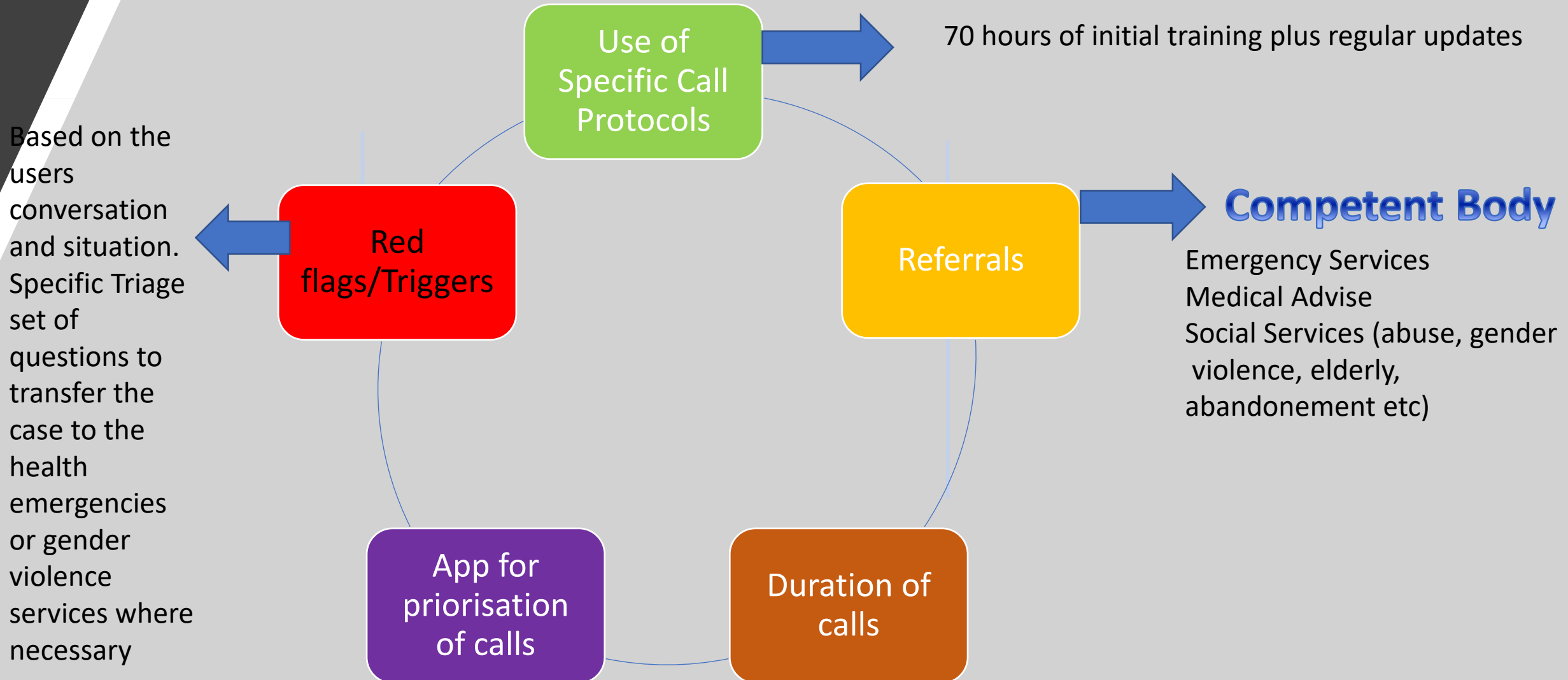Data base of events , situations , medical history and needs of the users

Personalisation

Personalised and adapted according to the user's personal situation, IT tool called INCIDENTS

DELIVERING THE CALLS

Use of Specific Call Protocols

70 hours of initial training plus regular updates

Referrals

Competent Body

Emergency Services
Medical Advise
Social Services (abuse, gender violence, elderly, abandonement etc)

Red flags/Triggers

Based on the users conversation and situation. Specific Triage set of questions to transfer the case to the health emergencies or gender violence services where necessary

App for priorisation of calls

Duration of calls

WORKFORCE

Digital Health Europe

Training
- Initial training
- Health Emergencies/Gender violence
- Complex Calls training

Quality
- Supervisory roles
- Quality Assurance
- Satisfaction Survey+Staff Focus groups

Impact
- Users
- Staff
- Service

Numbers

- Over 5000 incoming calls a day from which 1200 are derived to the emergency services
- More than 1200 of the follow up calls in a year detected some sort of social issue situation and were derived to specific social services to deal with them
- Initial Segmentation:+65, People with Dissabilities and dependent people
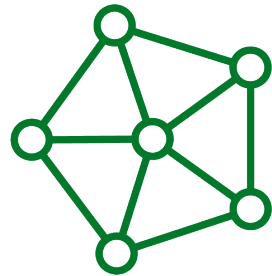
**REGIONAL
COORDINATION GROUP**
E-HEALTH AND WELFARE TECHNOLOGY
AGDER

Service design – digital supervision

Serveral steps

1) First step is to design the service provided with the chosen technology.

 2) The second step is to prepare a risk and vulnerability analysis on technology and service

3) The third step is to conduct Data Protection Impact Assessment – DPIA

4) The fourth step is to test the service together with the user/patient, healthcare professional, response center and provider

5) The fifth step is to evaluate the service and implement this further in all the muncipalites In Agder

In all the steps many different actors are involved

Service design – digital supervision

Kartlegge	Tilpasse	Lære opp	Daglig drift	Evaluere	Videreføre/avslutte

Step 1: Mapping
- map the service delivery
- Management routines
- profit plan
- anchoring in own municipality
- Involvement of the ICT environment and supplier
-Operating routines

Step 2: Coustomize
- identify user / patient needs
- Assess consent competence
- Decision
- Documentation routines
- Customize and configure the technology for easy use
- Create information material for employees and patients

Step 3: Training in routines in relation to:
- Mapping
- Competence assessment
- Technical competence and skills
- documentation routines

Step 4: Daily operations
- Response Center performs digital supervision have their own routines and task
- The home service have their own routines and task
- Technical support

Step 5: Evalutate and ajust the service

Step 6: Continue or stop the service at operation level or stop at a indiviual level.
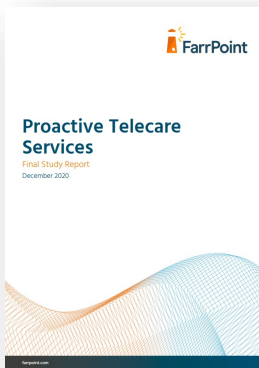
BACKGROUND

December 2019

75% telecare calls are incoming – outgoing calls are in response to an incoming call or equipment checks.

COVID-19; May 2020

Around half the Telecare Services had introduced proactive wellbeing calls.

City of Edinburgh's ATEC 24

Between April & June 2020 staff carried out **18,281 wellbeing calls** to 7,000 citizens.

December 2020

[Proactive Telecare Services](#) Study Report published by Farrpoint.

OUR WORKING DEFINITION

"Proactive Telecare has a **deeper relationship** with its service user, **gathering insights into patterns of behaviour** and **preferences over time,** which could provide a more **anticipatory** and **preventative** service, which is tailored to the individual."

- ✓ Greater integration of telecare services with care, health, third sector & community services.
- ✓ Targeted and tailored outbound calls.
- ✓ Sign-posting for wellbeing.
- ✓ Escalation to statutory services when required.
- ✓ Outcomes focused with asset-based approach.

FUNDED TESTS OF CHANGE: FOUR TELECARE SERVICES

- Test models for delivering proactive outbound calling as an **enhancement** of an existing telecare service.
- Identify the **practicalities**, **challenges** and **enablers** for delivering the tested model.
- Identify all costs and benefits to establish **desirability**, **sustainability** and **scalability**.
- Use the findings to **further develop** proactive telecare service delivery models for Scotland.
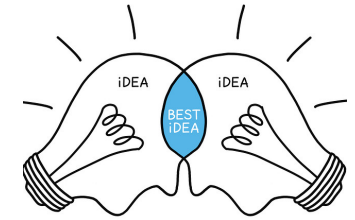
PROACTIVE TELECARE LEARNING COLLABORATIVE
(Dec '20 – June '21)

Aims to maximise learning across the tests of change by creating opportunities:

- for **knowledge exchange**;
- to **share** learning, experience, ideas, successes and things that don't go quite so well;
- to **problem solve**;
- to **co-design** aspects of their project; and
- provide **peer support**.

What we hope to learn:

- Who will benefit most from proactive calls – ie our target population

- How we carry out an initial assessment to better understand how we can support a person

- How to have good conversations

- How we monitor change over time

- How we identify trigger or index events that require escalation to other services

- How we work with a new range of services, including community-led support

- What works best for the customer

- How we can provide this in the longer term – cost and benefits

Response procedures

KOMMUNAL RESPONSSENTERTJENESTE

general response procedure upon receipt of alarm

Corona clearance (all emergencies)

Action card of alarm events

Allergic reaction	Medicines
Stress/anxiety	Suspected death/death
Unconscious/unresponsive	Impaired general condition
Burns	Practical need for help
Chest pain	Difficulty breathing
Diabetes	Injury/wound/bleeding
Fall	Pain
Confused/unclear	Somatic assessment
Palpitations	Questions/messages
Stroke symptoms	Dizzy
Cramps/epilepsy	CPR adult
Nausea/vomiting/diarrhoea	Suicide risk

Other inquiries

False alarm
Cannot make contact/silent alarm
Test of existing alarm
Test of new alarm
Technical alarms
Empty alarms
Interpreter telephone for the deaf
Unregistered person

Routines

EPR message		The common catalogue
TRYGGI		Home office

Alarm from sensors

Smoke alarm Fall alarm Epilepsy alarm GPS tracking Safemate alarm

Door alarm Bed alarm Medicine dispenser Scheduled camera surveillance Event triggered camera surveillance

Security technology (photo and technical description)

English 🇬🇧
Spanish 🇪🇸
German 🇩🇪

Emergency services

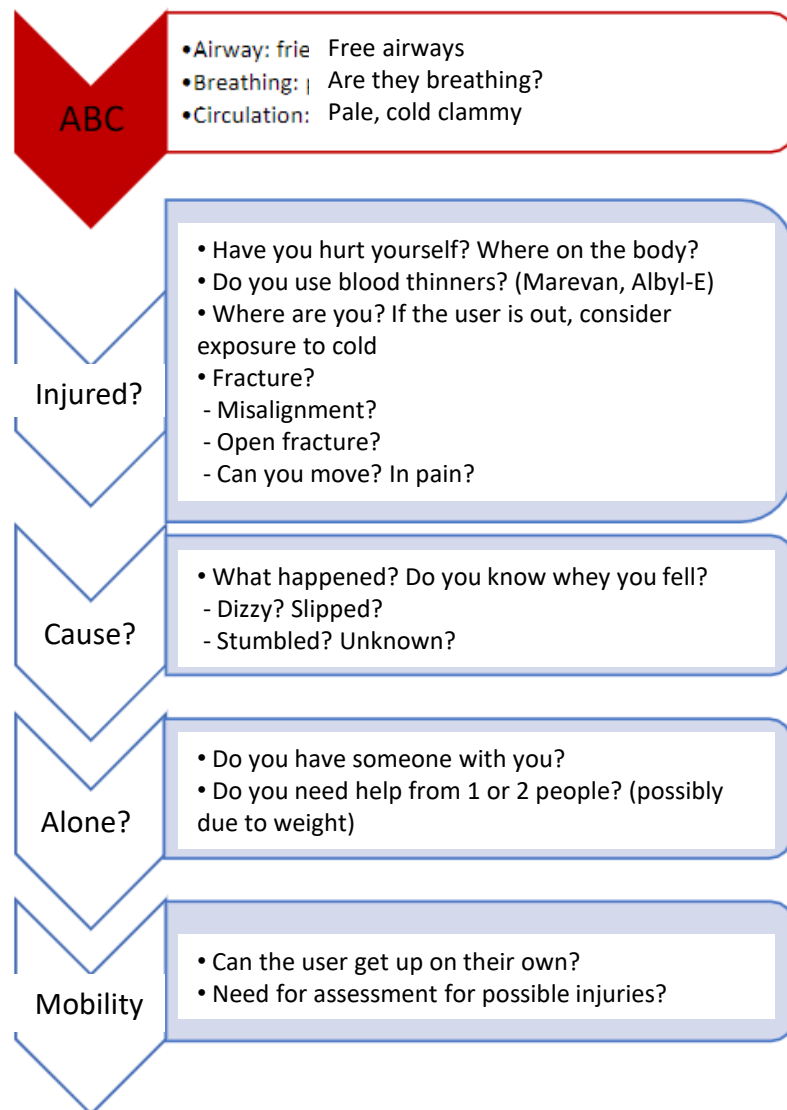| Contact the emergency medical communication centre |
| --- |
| Contact fire department |
| Police districts |

In the event of a need to call the Emergency Medical Communication Center

1. Ask the user to keep in touch while calling 113

2. Call emergency medical communication centre (see under resources for direct numbers)

3. Introduce yourself (the 'name' of the response centre in Kristiansand)

4. **Who it is**: "I have received a security alert from *'user name'*"

5. **Where: "**the person in question is at *'the address'* in the '………………' Municipality"

6. Contact information: "his/her telephone number is: ………………"

7. **Why:** explain what has happened and why the person needs an ambulance

8. Insert users **date of birth/social security number**

9. Inform that we contacted the home service/security service who will travel to the user and unlock the door if relatives / others are not present. Give the home service/security service the phone number to the emergency medical communication centre

10. Make sure the emergency medical communication centre has a telephone number for the user before the conference connection

11. Conference connect the emergency medical communication center and user. Say "now you will to talk to 113, and the response center will withdraw" Listen that they are talking together before leaving the call
    * to withdraw from the conference link press 'connect' again. The alarm then goes to the top of the alarm record image, and ' emergency medical communication center is helping' is the status.

12. Call home service and inform about the incident and any assistance needed to unlock the door. Security services are not contacted if they are not to move out.

Fall

ABC
- Airway: frie — Free airways
- Breathing: — Are they breathing?
- Circulation: — Pale, cold clammy

Injured?
- Have you hurt yourself? Where on the body?
- Do you use blood thinners? (Marevan, Albyl-E)
- Where are you? If the user is out, consider exposure to cold
- Fracture?
  - Misalignment?
  - Open fracture?
  - Can you move? In pain?

Cause?
- What happened? Do you know whey you fell?
  - Dizzy? Slipped?
  - Stumbled? Unknown?

Alone?
- Do you have someone with you?
- Do you need help from 1 or 2 people? (possibly due to weight)

Mobility
- Can the user get up on their own?
- Need for assessment for possible injuries?

**Acute, severe -
Contact the emergency medical communication center**

Contact emergency personnel

Relevant patient information

Diagnosis – cause of alarm
- Diabetes
- Heart failure – dizziness
- Suspected stoke

Previous incidents
- Increased tendency to fall
- Repeated incidents?
- Changed need for services?
  - report to home municipality
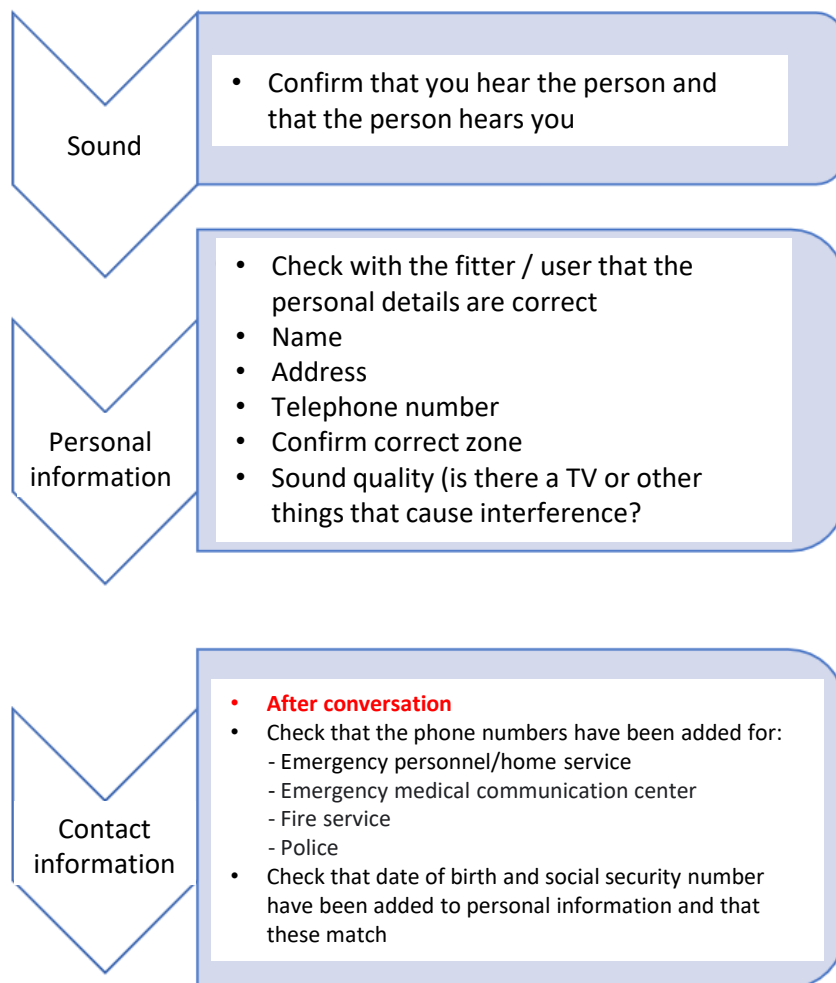
Note:
- Underlying cause

Other current action cards

16. injury / wound / bleeding

The common catalogue

Til hovedside

Test new alarm

KOMMUNAL RESPONSSENTERTJENESTE

Sound

- Confirm that you hear the person and that the person hears you

Personal information

- Check with the fitter / user that the personal details are correct
- Name
- Address
- Telephone number
- Confirm correct zone
- Sound quality (is there a TV or other things that cause interference?

Contact information

- **After conversation**
- Check that the phone numbers have been added for:
  - Emergency personnel/home service
  - Emergency medical communication center
  - Fire service
  - Police
- Check that date of birth and social security number have been added to personal information and that these match

If any information is missing:

- Please remind the installer / home service to convey this to the municipality
- If this becomes difficult: write an email to the department head or deputy.
  - write in the subject field of the e-mail "Change e-mail RS"
  - REMEMBER to include unit no. session no. and municipality

Tips if the alarms come in double (191 mobile alarms):

- Double check that the device code and sim card number are 100% identical with the number 47 in front of the telephone number in the security alarm. The same applies in ProAlert, but there you must remember to put a + in front of the phone number under devices.

Til hovedside

Smoke alarm

Note!
- (NOTE! Loud sound from the smoke alarm)
- Call the user on the phone if you do not hear the user
- If there is no smoke alarm sound, the alarm is still treated as a normal smoke alarm

No contact
- **Call FIRE!** Initiate conference calls with the alarm box
- Call 1st resource/response person and inform about event (possibly ask them to unlock)

Upon contact with user
- Introduce yourself as normal. Your smoke alarm has been triggered. Is there fire? Is there smoke?
- What happened? How many are present?
- If there is still visible smoke, ask the person to leave the smoky area

- **Call FIRE!** Initiate conference calls with the alarm box
- Call 1st resource/response person and inform about event (possibly ask them to unlock

- If the user can fix it themselves (e.g. alarm triggered by cooking, wood burning):
  - Does the resident need assistance? Has the resident stated venting? Here the operator must establish from the occupant signs of *chaos* or *panic*, the fire service must be called *regardless of the answer*
  - Keep in touch with the user until the beep sounds stop and you perceive that the user is in control

- If the user says everything is ok, but the alarm goes off a second time, it is most likely smoke development and the fire service must be contacted
- Without sound: ask the user/relatives if the alarm has ever sounded. If not, send mail

TEST
- In the case of new alarm: Confirm the correct name and that it is marked as smoke alarm
- In the case of an existing alarm: Confirm that it is marked as a smoke alarm

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Technical info

Marking of alarms to RS:

- Agder: RV til RS
- Asker/Bærum: RV:1500. (serial number)
- Lillehammer: smoke alarms

- Other type of direct alert (not RS)
  - Auto RV

Contact fire service

Contact emergency personnel

Acute, severe: contact emergency medical communication center

Til hovedside