

Technology Enabled Care (TEC) provision for the care home sector in the Scottish Highlands: video conferencing in care homes

Abstract

Introduction

Public service reform in Scotland is focusing on prevention and early intervention with the aim of breaking cycles of inequality and poverty. Public bodies are expected to play a full part in delivering these improved outcomes with leaders and their teams working collaboratively across organizational boundaries to ensure that services are shaped around the needs and demands of individuals and communities.

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

NHS Highland health board in Scotland covers an area of over 32,500 square km. With a population of 320,000 it is one of the largest and most sparsely populated Health Boards in the UK. NHS Highland care home places for older adults are provided by care homes owned and managed by a mixture of local authority/health board, private organisations and the voluntary sector. In the care home sector improved outcomes for individuals are expected to come about by preventing adverse situations through the use of anticipatory care and planned care models.

Latest care home census data indicates that close to 57% of care home residents in the NHS Highland area are affected by dementia (both medical and non-medically diagnosed). Access to specialist psychiatric expertise for staff and for residents affected by dementia presents challenges in this rural context due to long gaps between consultant visits and the anxiety and stress related to travel to secondary care for appointments in between consultant visits. TEC psychiatric clinics have been introduced to address these challenges.

Practice Change Implemented

Nurse led TEC older adult psychiatry clinics were introduced in three rural care homes in NHS Highland with the aim of providing improved access to psychiatric care services, reducing unnecessary admissions, reducing antipsychotic use for people with dementia and improving the management of behavioural and psychiatric symptoms of dementia.

Stakeholder groups involved in the psychiatric clinics included the service provider (NHS Highland), technology enabler and facilitator (Scottish Centre for Telehealth and Telecare, SCTT), care home managers and staff, care home residents/family members, occasional care home users (day care and lunch clubs) and other wider community users such as GPs, social workers, hospital consultants, pharmacists, community nurses.

Key Findings and Highlights

The direct impact on residents has been quicker assessment, treatment review and regular monitoring. Residents and family members believe that it is more responsive to their needs.

In addition to direct impacts on residents, the development of greater knowledge and understanding by care home staff through access to specialist knowledge, experience and advice has led to increased confidence and skills, enabling staff to feel more confident and be more actively involved in care.

Care homes have become more able to manage complex cases and challenging behaviours locally and are less likely to admit patients to hospital. Prevention of hospital admissions has allowed residents to remain within their local care setting. Where hospital admission has been necessary, sooner and more frequent follow up has been possible after discharge back to the care home.

Frequent reviews have enabled more rapid adjustment in medication, with some residents becoming managed through behavioural plans only. Overall, participation in the clinics has led to staff feeling more valued in their role.

Although the initiative emerged following consultation and collaboration between SCTT and secondary care psychiatric clinicians in response to a redesigning of outreach services, involvement by the care home staff from an early stage facilitated a successful introduction.

Provision of training for as wide a group of potential users as possible promoted and enabled use of the technology for applications other than psychiatric clinics.

Conclusion

An equivalent level of input and support for residents without utilising TEC would involve a significant amount of time travelling for specialist secondary care staff with associated high travel costs. For care home staff, accessing an equivalent amount of relevant training would be unachievable due to resourcing issues. While residents and their families have clearly benefited directly from individual consultations, a significant impact on residents has come about through the knowledge and confidence gained by care home staff. This has resulted in improved patient outcomes by early intervention through participatory care planning.

Wider community impacts are beginning to emerge with the launch of other initiatives using the care home based TEC including polypharmacy review clinics, hospice palliative care and the way the local community are using the equipment to access a range of specialist services (eg weight management classes) in one care home community.

Location

Scotland (Highlands)

Year

2016



Related Integrated Care keywords

- DIGITAL HEALTH: ICT (INFORMATION AND COMMUNICATION TECHNOLOGY) SOLUTIONS, DEVICES, MONITORING
- SERVICE, FUNCTION AND CARE INTEGRATION / COORDINATION – TRANSITIONS

Pervasiveness

Small scale in a local jurisdiction

Status

Completed

Links

<https://www.ijic.org/articles/abstract/10.5334/ijic.2898/>