

Telecare for early discharge from hospital



What if telecare could be used effectively to enable patients to be discharged and sent home from hospital earlier than at present? It would save on the high cost of hospital bed spaces, ease the problem of scheduling operations, reduce the opportunity for infections, and could reduce the need for outpatient visits. For the patient, it would mean a less stressful recuperation in the comfort of his own home.

What would be necessary to achieve earlier discharge? Firstly, it will need efficient collaboration between doctors and pharmacists, community care nursing staff and the assistive technology services, and perhaps the local Social Services and Occupational Therapists. Then it will need a telecare technology platform to enable doctors and carers to do all that they could have done if the patient remained in hospital, and possibly more, to provide the confidence in the decision to discharge the patient early.

What should this telecare technology platform look like? There are a number of essential functions that it will need to make available:

- It must support the collaboration requirements, enabling the rapid marshalling of all the resources from different organisations needed to provide the commissioned care package. It should be highly configurable to enable the package to be fully personalised to each patient's needs, providing controlled access with patient consent.
- It must support a wide range of health monitoring devices (e.g. blood pressure, heart rate) as well as personal (falls detector, medication dispenser) and home monitoring (bed sensor, gas detector) to cope with a wide range of patient conditions.
- It must have an alerting system that a) allows the patient to call the telecare service immediately when in need, and b) is triggered automatically when anything starts to go wrong (e.g. when a blood pressure signal goes out of the prescribed range for that patient). The telecare service must be able to choose the appropriate response, and route the alert to the appropriate responder.
- It needs to have an audio-visual capability, so that doctors can see and hear the patient's condition and check on the healing progress of wounds. Their ward rounds could be done 'virtually', from their own desks. The facility should also be used for teletherapy.
- It needs to enable local support teams to provide audio-visual information (dietary and cooking advice) and teaching guides (exercises) to patients, to enable self care and improved services in the home. It needs to be flexible enough to allow changes as recuperation progresses.

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CareMATE Online from iTelecare provides this functionality, and more. iTelecare's service enables the home based equipment, including the required broadband service, to be installed in 24 hours, so that discharge decisions can be implemented quickly. Rolling monthly contracts provide the flexibility for short rehabilitation programmes, and the equipment can be re-used. CareMATE can be linked to GPs' patient records and Social Services Case Management systems to build a full picture of the patient, accessible by appropriate staff according to local policies.

been shown to be therapeutic in itself, encouraging faster recovery. It can relieve the demands on health and social care workers, as well as providing respite for voluntary carers when needed. These facilities offer many opportunities for improved social inclusion, for lonely and less mobile people, such as special interest and common interest groupings for interactivity.

Simplicity of use is a key aspect of the system. Patients use their own TV sets with a neat little camera, which the client controls, with a simple remote control. There are many management aids in CareMATE, to make it easy for control centre staff to add new patients, check and reset the operation of remote monitoring devices, transfer calls, and send messages to patients and collaborators.

iTelecare provides the opportunity to establish a whole new way of providing patient care, saving substantial costs, while improving patient-centric care.



Friends, family and keyholders can be authorised to join the collaboration of care for the patient. Such social interaction has