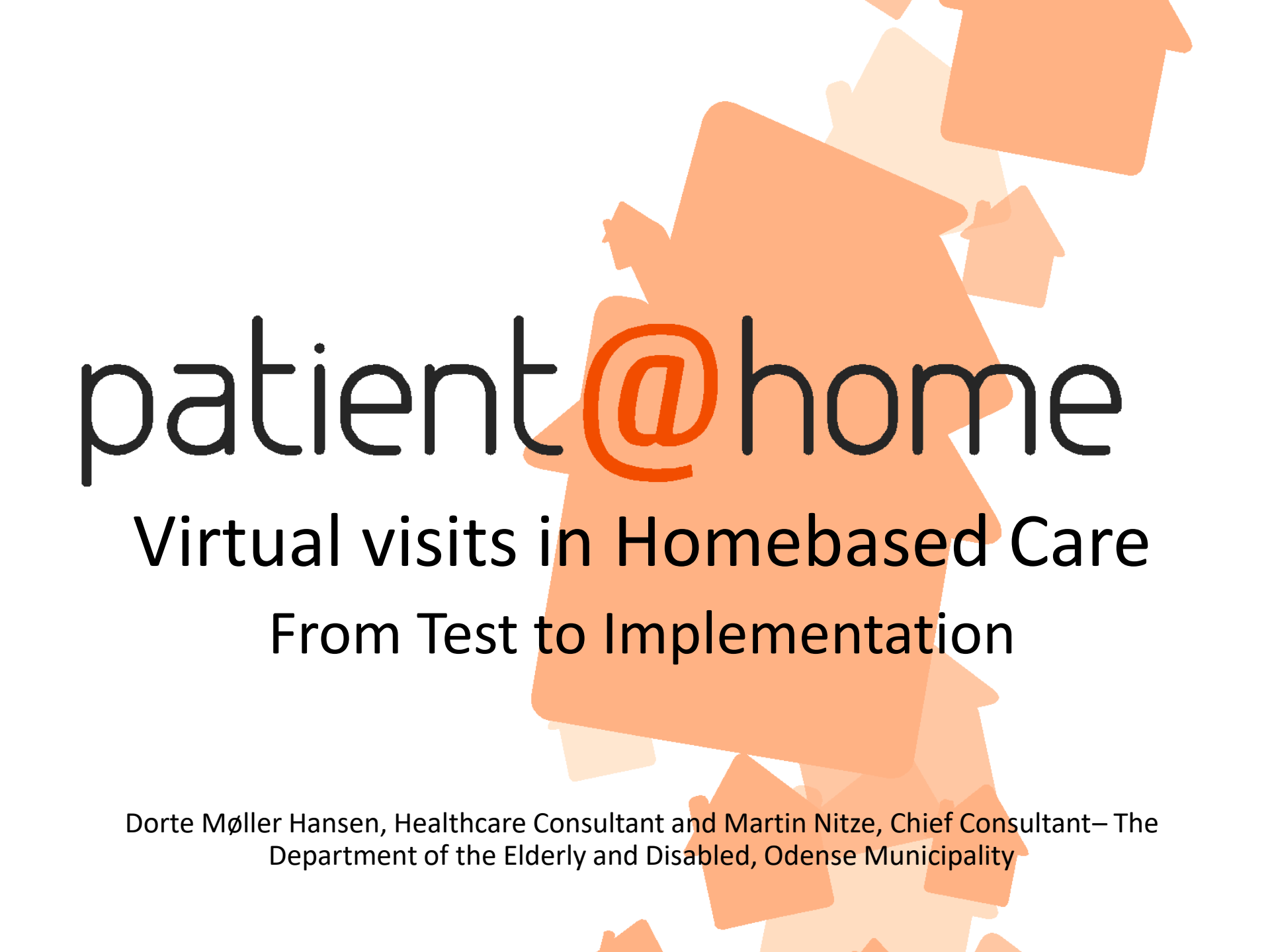




patient@home

Virtual visits in Homebased Care From Test to Implementation

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Background



- 2013 – 2017
One callcenter covering all citizens in Odense.
2 staffmembers handling all visits.
- From July 2017 virtual visits made in more homebased care groups.
Tablet to tablet.



Who can get help from the municipality via video



- What kind of help can be given via video?
 - Where hands and physical presence are not necessary



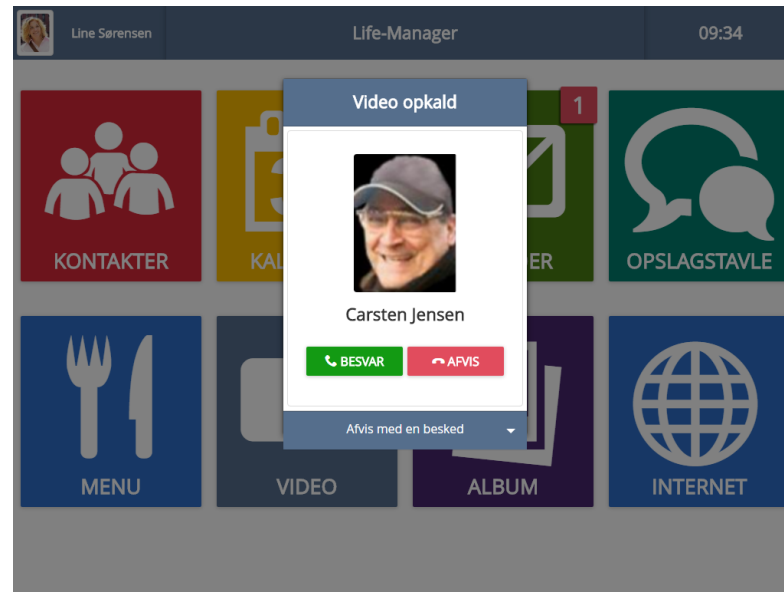
- Guidance in taking medicine
- Guidance in getting lunch or supper
- Guidance in remembering to drink
- Measuring blood sugar
- Guidance in structure of daily life



Who is calling?



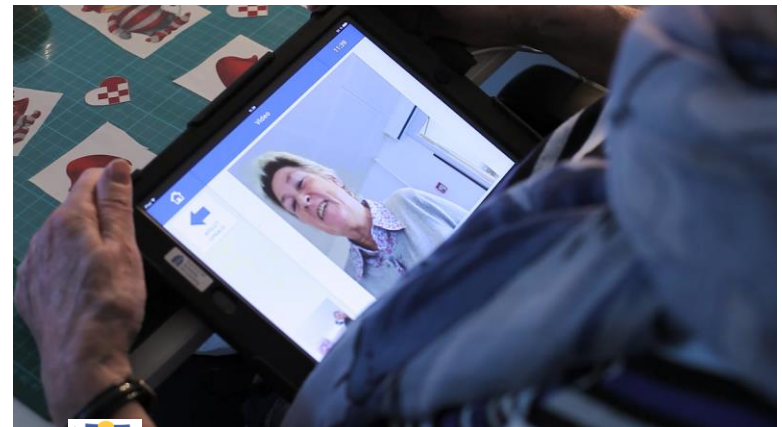
- Social and Health Assistants
- Social and Health Helpers
- Nurses
- Physiotherapists



Benefits of visiting via video



- Focused visits
- Eye contact – no other things distracting and disturbing the visit
- The citizen choose what to wear and what background to show
- The citizen does not have people in and out of the house during the day.
- Visits done in the car where there are two employees in the car
- Reduced driving



Barriers and Obstacles

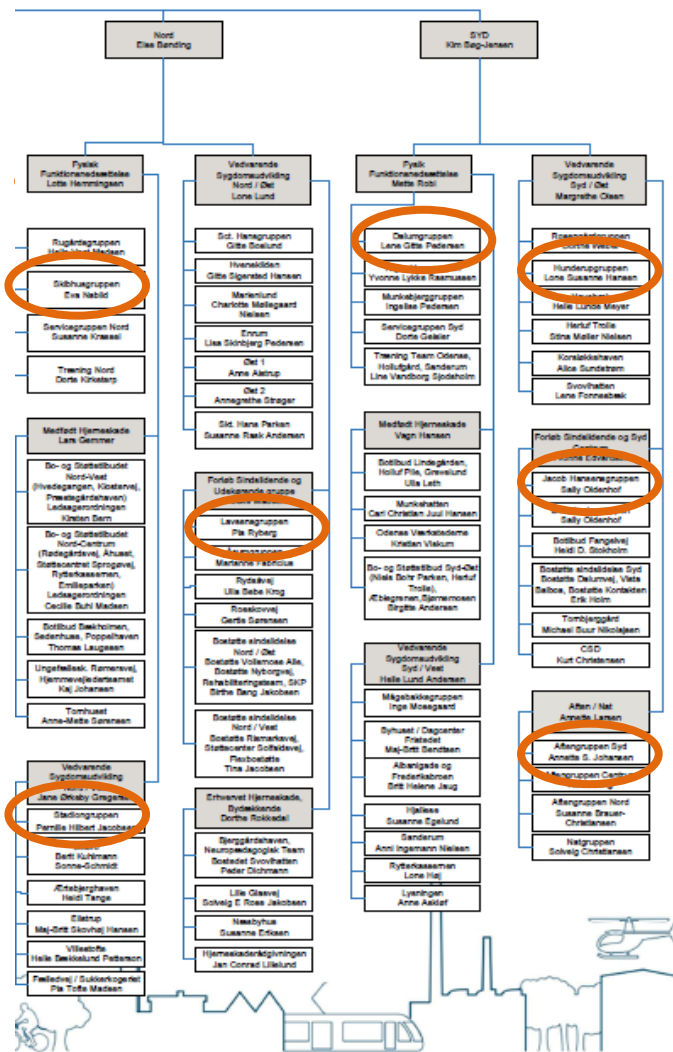


Citizens who give up quickly	• Give time and encouragement • Few dedicated employees
Employees who give up either on the technology or on behalf of the citizen	• Good dialogue • Leadership involvement • Local ownership
The relatives	• Good dialogue with the relatives • Few dedicated employees
IT - Technical problem	• Good cooperation with the supportteam in the Company
Changed work procedures	• Accept time to adapt to changes • Supported implementation



7 homebased care groups

- One group manage visits to own and neighbouring homebased care groups
- Each group has a target between 10 – 15 users
- Total user target is 100



Status 6 months later



- Individual meetings with all managers about the implementation plan
- Training of 5-6 video caregivers in each group (7 groups)
- Information in all homebased care groups and training in how to identify users for video visits
- Still the same number of citizens doing visits by video after 6 months

Further implementation

- Meetings and planning with the managers.
- Sharing of knowledge and experience
- Further training of the video caregivers
- Further training in identifying users



New target group for video



- Testing in Q1 and Q2 2018 in the groups
 - Acquired brain damage
 - Congenital brain damage
 - Mental illness
- Technology – Life Manager and Google Duo
- Purpose
 - reduce physical visits
 - More flexible support of the citizens
 - reduce transport for employees
 - improve work environment

 Google Duo

