Community Care Reaches out for the Mobile Moment

Dr Simon Wallace
Presentation Overview

• Concept of a ‘Mobile Moment’
• The inevitable ‘Public Health Time Bomb’
• The importance of community services
• The ‘Mobile Moment’ in the Community
• Real examples and benefits of mobile working in the community
• Analytics – The Jewel in the Crown
• The opportunity and challenges
• Discussion
Have you had your ‘Mobile Moment’ today?
Mobile Moment – what is it?

• Phrase coined by Ted Schadler, Forrester

• ‘A point in time and space when a person uses a mobile device to meet an immediate need, whatever that may be and wherever that person may be.’

• Quite different from a desktop/laptop experience

• ‘Snapshot’ of a complete web site

• Satisfying a specific need eg. My bus time at my bus stop

• BUT – can this concept apply to healthcare, particularly community care?
The Public Health Time Bomb – LTC and dementia

• 15 million with a long-term condition – no cure
  o Hypertension, depression, asthma, diabetes, CHD, chronic kidney disease

• Prevalence of LTCs rises with age
  o 50% of people aged 50 and 80% of those aged 65.
  o 23% of population have two or more LTC (Scotland)

• Alzheimer’s disease and other forms of dementia
  o 800,000 in UK costing £23 billion
  o 1 million by 2021
"Medicine used to be simple, ineffective and relatively safe.

"Now it is complex, effective, and potentially dangerous."

Sir Cyril Chantler
The Workforce Conundrum

Be safe

66% of nurses felt they did not have enough time with each patient.

54% reported that care was left undone due to understaffing.
The Politics of Change

• The answers are complex
• ‘..breakdown the boundaries between family doctors and hospitals, between physical and mental health and between health and social care’
• Roy Lilley is a fan.........
• One size does NOT fit all
• Para 8: Multispecialty community provider
• Para 9: Primary and acute care systems
• Para 10: Urgent and emergency services

• http://www.england.nhs.uk/ourwork/futurenhs/
The Policies of Change

Delivering better services for people with long-term conditions
Building the house of care

Key messages:
- The management of care for people with long-term conditions should be preventive, holistic, protective and patient-centred. This report describes an extended primary care delivery model – the house of care – that incorporates learning from a number of sites in England that have been working to achieve these goals.
- The house of care model differs from others in two important ways: it encompasses all people with long-term conditions, not just those with a single disease or in high-risk groups; and it assumes a more active role for patients and other health care professionals in identifying, managing and responding to any illness or deficit. The report suggests that health care providers need to abandon traditional ways of thinking and behaving, where they see themselves as the primary decision makers, and instead shifting to a partnership model in which patients play an active part in determining their own care and support needs.
- In personalised care planning, doctors and patients work together using a collaborative process of shared decision-making to agree goals, identify support needs, develop and implement action plans, and monitor progress. This is a continuous process, not a one-off event.
- An important feature of the approach is the link between care planning for individuals and commissioning for local populations in order to make best use of local authority services (including social care and public health) and community resources, alongside more traditional health services.
- The house of care metaphor is used to illustrate the whole-system approach, emphasising the interdependence of each part and the various components that need to be in place to build it together. Care planning is at the centre of the house; the left wall represents the engaged and informed patient, the right wall represents the health care professional committed to partnership working, the roof represents organisational systems and processes, and the base represents the local commissioning plan.

Community services
How they can transform care

Key messages:
- The addition of more care closer to home has resulted in some reductions in lengths of stay in hospital, but further significant changes remain to be seen in care delivered.
- A recent report on the impact of devolution of health and social care in the West Midlands and Greater Manchester suggests that the transformation of care management that has occurred since 2010 has seen a number of things change: the delivery of care has become more flexible; the focus on prevention has increased; and the role of community services in reducing hospital use has become more prominent.
- A key feature of the move towards community services is the emphasis on prevention and early intervention. This approach aims to reduce the need for hospital treatment, and to improve health outcomes and quality of life for people with long-term conditions.
- Community services need to be developed and supported to ensure they are effective and sustainable. This includes providing adequate funding, training and support for staff, and ensuring that services are linked to other community and social care services.
Opportunity for Service Redesign – Community Services

• The King’s Fund Report emphasises the importance of service redesign:

• ‘a simpler pattern of services should be developed, based around primary care and natural geographies and with a multidisciplinary team. These teams need to work in new ways with specialist services – both community and hospital based, to offer patients a much more complete and less fragmented service’.

• Integrated workflows within a health economy

• Digital technology has a central role to play
### Mobile Moments in the Community

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visits</strong></td>
<td>6 New, 2 Outstanding</td>
</tr>
<tr>
<td><strong>Inbox</strong></td>
<td>0 Unread</td>
</tr>
<tr>
<td><strong>Add Note or Reminder</strong></td>
<td>0 Started, 1 Available</td>
</tr>
<tr>
<td><strong>Antenatal Booking</strong></td>
<td>1 Started, 1 Available</td>
</tr>
<tr>
<td><strong>Behavioural Care</strong></td>
<td>1 Started, 2 Available</td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td>0 Started, 7 Available</td>
</tr>
<tr>
<td><strong>Log IT issue</strong></td>
<td>0 Started, 1 Available</td>
</tr>
<tr>
<td><strong>Maternity Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Pathway</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mediquip</strong></td>
<td>0 Started, 1 Available</td>
</tr>
<tr>
<td><strong>Patient Feedback</strong></td>
<td></td>
</tr>
</tbody>
</table>

Synced at 12:17 in 12s
Individual patient view and 'i' view superimposed.

Mobile Moments in the Community
**Mobile Moments in the Community**

**Visits**

Locked
You are currently locked in this visit.

**Referral Letter**

**St Elsewhere and Somewhere Hospitals NHS Trust**

**Referral Letter to Community Physiotherapy**

**Patient details:**
- Patient name: William Mills
- Date of birth: 30th August 1965
- Patient sex: Male
- Ethnicity: White British
- NHS number: 835 679 0018
- Patient address: 300 Whitewall Road, Belfast BT36 7RY
- Patient telephone number: 0208 754 3333
- Patient e-mail address: d.mills@hotmail.com
- Relevant contacts: Wife, Diane Mills

**Referral details:**
- Referrer: Community physiotherapy for home visit
- Referrer details: Mr Paul Jones, Consultant, Trauma and orthopaedics
- Referral method: Electronic referral to community physiotherapy
- Person to attend with patient: Wife will be at home with him for visit.
- Details of other referrals: District nurse to check wound 3 days post discharge.

**History**
- Reason for referral: 10 days post op for right THR. Needs physiotherapy support for mobility and confidence with steep stairs. Request for twice weekly physiotherapy at home for 6 weeks.
- Expectation of referral: To improve general mobility and gain confidence on steep steps at home.
- Patient’s expectations: Gain confidence with his mobility and managing steep stairs at home. Be able to walk the dog and use 4 wheel shopper.
- Presenting issues: Less mobility than expected following his right total hip arthroplasty. He has lost his confidence and is anxious about falling again.
## Mobile Moments in the Community

### Visits

<table>
<thead>
<tr>
<th>Visits</th>
<th>300 Whitewell Road</th>
<th>Jamie Dwyer</th>
<th>New</th>
<th>16/10/2014 at 12:17</th>
<th>TM5FH045</th>
<th>BCH Community</th>
<th>Provide ongoing care as per care plan...</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Visits</th>
<th>45 Bush Road</th>
<th>William Mills</th>
<th>New</th>
<th>21/11/2014 at 12:17</th>
<th>TM5FH02024</th>
<th>BCH Community</th>
<th>Initial Assessment required</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Visits</th>
<th>45 Bush Road</th>
<th>William Mills</th>
<th>New</th>
<th>21/11/2014 at 12:17</th>
<th>TM5FH02025</th>
<th>BCH Community</th>
<th>Initial Assessment required</th>
</tr>
</thead>
</table>

### Wound Assessment and Evaluation

<table>
<thead>
<tr>
<th>Wound Assessment and Evaluation</th>
<th>12:40</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient NHS Number</th>
<th>555 555 5555</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>1971-08-31</th>
</tr>
</thead>
</table>

### WOUND(s) ASSESSMENT FORM

<table>
<thead>
<tr>
<th>Patient Consent Given For Taking Image Of Wound:</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Signature:</th>
<th>Touch here</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wound Image Number:</th>
<th>0</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Wound:</th>
<th>![Location Image]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wound Location:</th>
<th>Type here</th>
</tr>
</thead>
</table>

| Type of Wounds: | |
Mobile Moments in the Community

Confidentiality/How we use your Information
The information that you give to us will be used to assess and provide suitable Health and Social Care services.

Have you been given the “How we use your information” leaflet?
Yes

If not, would you like a copy?
Touch here

Mental Health Act Status
Compliant

Legal Care Status (if under 18)
Family of origin
Eye colour
Green

Hair Colour
Brown

Distinctive Marks
Birth mark on left cheek

Does the person have any allergies (if yes please provide details in Section 4)
No

Section 1: Core Information
Alice Name
# Mobile Moments in the Community

## Maternity Booking

<table>
<thead>
<tr>
<th>Select answer</th>
<th>Organisation Code (GMP practice of mother at booking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Eclampsia Eclampsia or HELLP</td>
<td>GMP2341</td>
</tr>
<tr>
<td>Puerperal Psychosis</td>
<td>Organisation Code of Antenatal Care Lead Provider (choice by mother after booking)</td>
</tr>
<tr>
<td>Term baby less than 2 half kg or greater than 4 half kg</td>
<td>GP</td>
</tr>
<tr>
<td>Intrauterine growth restriction</td>
<td>INTERMEDIATE FACTORS</td>
</tr>
<tr>
<td>Placenta accreta</td>
<td><strong>Current Factors</strong></td>
</tr>
<tr>
<td>Fetal loss second or third trimester</td>
<td>Complex Social Factors, Physical Disabilities</td>
</tr>
<tr>
<td>Neonatal death or stillbirth</td>
<td><strong>Medical Factors</strong></td>
</tr>
<tr>
<td>3 or more consecutive miscarriages</td>
<td>Hepatitis B and C, Previous Uterine Surgery exc C Section</td>
</tr>
<tr>
<td>Early pre term birth less than 34 weeks</td>
<td><strong>Medical Factor Comments</strong></td>
</tr>
<tr>
<td>Fetal congenital anomaly</td>
<td>Type here</td>
</tr>
</tbody>
</table>

**Select all that apply**
Mobile Moments in the Community
# Mobile Moments in the Community

## Claim Expenses

**Claiming month**
- January

<table>
<thead>
<tr>
<th>Claim Item</th>
<th>Expense type</th>
<th>Date of Transport</th>
<th>Taxi Charge</th>
<th>Fuel Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxi</td>
<td>Taxi</td>
<td>15/01/2015</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Fuel</td>
<td>Taxi</td>
<td>15/01/2015</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Parking</td>
<td>Parking</td>
<td>15/01/2015</td>
<td>15/01/2015</td>
<td>5</td>
</tr>
</tbody>
</table>

**Expense Summary**

- **Total Expenses Claimed**: Unable to calculate

**Authorising Manager**
- Colin Reid

**Employee Signature**
Reporting and Analytics

Sample VISITS DASHBOARD:

- All Visits by Team
- Successful Visits
- Successful Follow-Up Visits
- Visit Length Analysis
- Patient Facing Time
- Successful Visit Metrics

Filter by Team: [ ]
Filter by Year: [2013] [2014]

Patient Facing Time:
- Avg % of day with Patient (over 8hrs day) 69.80%

Continence
Crisis Response
CW COMMUNITY NURSING
Diabetes Services
Domiciliary Care
Health Visitors
Integrated Care
Maternity Services
NI District Nurses
SH Tissue Viability
Social Care
Tissue Viability

4 Feb 2015 13:28:53
### Reporting & Analytics

#### MUST Score

<table>
<thead>
<tr>
<th>Date</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/02/2014</td>
<td>2.5</td>
</tr>
<tr>
<td>11/02/2014</td>
<td>2.0</td>
</tr>
<tr>
<td>14/02/2014</td>
<td>1.5</td>
</tr>
<tr>
<td>17/02/2014</td>
<td>1.0</td>
</tr>
<tr>
<td>21/02/2014</td>
<td>0.5</td>
</tr>
<tr>
<td>24/02/2014</td>
<td>0.0</td>
</tr>
</tbody>
</table>

#### Waterlow Pressure Ulcer Risk Assessment

<table>
<thead>
<tr>
<th>Risk Type</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Risk</td>
<td>148</td>
</tr>
<tr>
<td>At Risk</td>
<td>127</td>
</tr>
<tr>
<td>High Risk</td>
<td>154</td>
</tr>
<tr>
<td>Very High Risk</td>
<td>97</td>
</tr>
</tbody>
</table>

#### Visit History within the Last 30 Days

<table>
<thead>
<tr>
<th>Visit</th>
<th>Job Description</th>
<th>Date Due</th>
<th>Date Completed</th>
<th>Completed On Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/02/2014</td>
<td>Follow-up assessment required following release from hospital</td>
<td>15:07:37</td>
<td>08/04/2014 10:19:03</td>
<td>X</td>
</tr>
<tr>
<td>11/02/2014</td>
<td>Follow-up assessment &amp; wound evaluation required following release from hospital,</td>
<td>15:07:37</td>
<td>12/03/2014 09:35:05</td>
<td>✓</td>
</tr>
<tr>
<td>14/02/2014</td>
<td>Follow-up assessment &amp; wound evaluation required following release from hospital,</td>
<td>15:07:37</td>
<td>12/03/2014 09:35:05</td>
<td>✓</td>
</tr>
<tr>
<td>17/02/2014</td>
<td>Follow-up Assessment Required with Patient</td>
<td>15/03/2014 15:07:37</td>
<td>12/03/2014 09:35:15</td>
<td>X</td>
</tr>
<tr>
<td>21/02/2014</td>
<td>Follow-up Assessment Required with Patient</td>
<td>16/03/2014 15:07:37</td>
<td>01/03/2014 10:58:31</td>
<td>X</td>
</tr>
<tr>
<td>24/02/2014</td>
<td>Follow-up Assessment Required with Patient</td>
<td>16/03/2014 15:07:37</td>
<td>01/03/2014 10:58:31</td>
<td>X</td>
</tr>
<tr>
<td>27/02/2014</td>
<td>Initial Assessment required</td>
<td>30/02/2013 15:07:37</td>
<td>01/03/2014 10:58:31</td>
<td>X</td>
</tr>
<tr>
<td>08/02/2013</td>
<td>Initial Assessment required</td>
<td>30/02/2013 15:07:37</td>
<td>01/03/2014 10:56:32</td>
<td>X</td>
</tr>
<tr>
<td>11/02/2013</td>
<td>Outcome appointment</td>
<td>30/02/2013 15:07:37</td>
<td>01/03/2014 10:56:32</td>
<td>X</td>
</tr>
<tr>
<td>14/02/2013</td>
<td>Test Ending Visit 2</td>
<td>30/02/2013 15:07:37</td>
<td>01/03/2014 10:56:32</td>
<td>X</td>
</tr>
<tr>
<td>17/02/2013</td>
<td>Initial Assessment required</td>
<td>30/02/2013 15:07:37</td>
<td>18/12/2013 12:15:15</td>
<td>X</td>
</tr>
<tr>
<td>21/02/2013</td>
<td>Initial Assessment required</td>
<td>30/02/2013 15:07:37</td>
<td>18/12/2013 12:15:15</td>
<td>X</td>
</tr>
<tr>
<td>24/02/2013</td>
<td>Initial Assessment required</td>
<td>30/02/2013 15:07:37</td>
<td>18/12/2013 12:15:15</td>
<td>X</td>
</tr>
<tr>
<td>27/02/2013</td>
<td>Initial Assessment required</td>
<td>30/02/2013 15:07:37</td>
<td>18/12/2013 12:15:15</td>
<td>X</td>
</tr>
<tr>
<td>08/02/2012</td>
<td>Initial Assessment required</td>
<td>30/02/2013 15:07:37</td>
<td>18/12/2013 12:15:15</td>
<td>X</td>
</tr>
</tbody>
</table>

### Comments

**Thinking about your experience today, how likely are you to recommend this service to your friends and family?**

- Extremely Likely: 100
- Likely: 75
- Neither Likely nor Unlikely: 50
- Unlikely: 25
- I don’t know: 0

**In the support and information we are providing helping you to manage your own health/condition?**

- Yes: 100
- No: 75
- Not Sure: 25

**Please choose one option from the list that would most improve your experience today:**

- More time with the clinician
- Clearer information on how to contact the service
- Being treated with dignity and respect
- I’m happy with the service today: 100
Reporting & Analytics

Sample Dashboard - Pressure Sores Data
Not just about quality of care – value for money

TAKE YOUR TYPICAL NURSE WITH AN AVERAGE SALARY OF £25,783*

60 TotalMobile is proven to save at least 1 hour per nurse, per day.
16.89 Saving your organisation £16.89* per nurse, per day.

Based on deploying TotalMobile to 1000 nurses...

£16,890 SAVED PER DAY

£84,450 SAVED PER WEEK

£4,391,400 SAVED PER YEAR

This is the equivalent of 133 additional nurses per year, on the same pay grade!
But:

‘Culture eats strategy for lunch, every day.’
Tips and Tricks for Mobile Deployments

- Gain leadership buy in (Board level) from the start
- Nurture mobile clinical champions within your organisation
  - Drive the project forward
- First consider the whole service and the potential for redesign
  - Consider required organisational change
  - Position it as a change/transformation project and NOT an IT project
- Map out the workflows for each clinical service and ask:
  - How can we deliver a better, more innovative service
  - Then ask – how can mobile working help?
- Describe the anticipated benefits and their measurement
- Do NOT try to replicate the ‘back office’ (PAS & EPR) on laptop
- Do NOT try to access ‘back office’ (PAS & EPR) over internet
- Provide adequate training and support
Questions?

Dr. Simon Wallace
simon.wallace@totalmobile.co.uk