CARE

CARE ABOUT CARE

Building up the expert center and defining new workflows

Author(s)	Angela Riesenhuber, Marc Vlaeminck, Inne Schram, Elisabeth Bourkel, Nadine Zahner
Organisation(s)	Hilfswerk Niederösterreich (HWN), Korian Belgium (KOR), Stëftung Hëllef Doheem (SHD)

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1 Introduction

The ‘C^C Remote Care Assist’ service professionally supports and advises care workers, informal carers and home care service users by providing expert knowledge from distance. It will initiate new workflows and service models using Care expert centers and augmented reality technologies via glasses and smartphones (C^C Consortium, 2021, p. 4). Care expert centers, equipped with new technologies and staffed with specialists and experienced care workers, enable care organizations to establish new workflows and to offer attractive working conditions for staff no longer able to cope with physically demanding care tasks. Knowledge of older care workers is kept within the organization and shared with less experienced colleagues. In addition, travel time of experts can be reduced to a minimum which allows to support more care recipients. (C^C Consortium, 2021, p. 7)

1.1 Purpose of this document

This document represents the official deliverable D6 of the AAL project C^C – Care about Care. This document outlines the procedure for building up the expert center and defining new workflows for each end users’ organization participating in the project Care about Care. This includes the care service providers Hilfswerk Niederösterreich (AUT), Korian (BEL), Stëftung Hëllef Doheem (LUX). This deliverable relates to task T2.3 Building up the expert center of the DoW.

1.2 Definitions, acronyms and abbreviations

AR	Augmented Reality
AAL	Active and assisted living
AUT	Austria
BEL	Belgium
C^C	Care about Care
CM	Care Manager
CW	Care Worker
DoW	Description of Work
EC	Expert Center
HWN	Hilfswerk Niederösterreich
IC	Informal Carer
ICFP	InfoCenter Fall Prevention
LUX	Luxemburg
SHD	Stëftung Hëllef Doheem

SU Service User

PN Primary Nurse

WU Wirtschaftsuniversität Wien

1.3 Document structure

This document begins with stating the proposed EC for the Hilfswerk Niederösterreich (HWN) and the new defined workflows within the organization followed by the EC for Stëftung Hëllef Doheem (SHD) and finally the EC for Korian (KOR).

2 Expert Center at HWN

The expert center at the Hilfswerk Niederösterreich is build up on facility-level. Which means every care manager (CM) of his/her respective HWN facility in lower Austria is in the position of the expert, and therefore represents the expert center. The reason for the care manager taking that spot is due to being in ongoing contact with the employees as well as the clients and therefore knowing the clients of the respective location and their needs best.

Further advantages of this choice are:

- saving of personnel costs, since a decentralization of EC would require the creation of a new workplace
- CM knows the care situation of clients and its environment (family doctor, local network, etc.)
- CM has the best knowledge of the offers (personnel resources, specialist in their service facility or the surrounding area, HWN offers) which can be used to solve problems
- CM has access to all data (client, employee, work schedules, touring plans, ...)
- Digital skills and abilities of CM are strengthened (important factor for the future)
- Representation in case of illness (deputy CM)

The location of the expert center is at the Hilfswerk service facility of the respective care manager. Overall, there are 54 care service facilities of the HWN in lower Austria. How the operating times will possibly look like in the future and how many of the care service facilities are reasonable to be staffed, will be decided based on the outcome of the pilot.

2.1 Delimitation of responsibility

The scope of work of the triaging care manager, is to accept practical professional inquiries regarding the following topics: therapeutic and specialist topics, case management, care

related inquiries from employees, general care counseling for relatives and information on services offered by the HWN.

Not within the scope of work is, call diversion or operational planning issues, questions related to the care process, complaint management or medical inquiries.

2.2 New workflows

New workflows have been defined to display the course of action of the expert center.

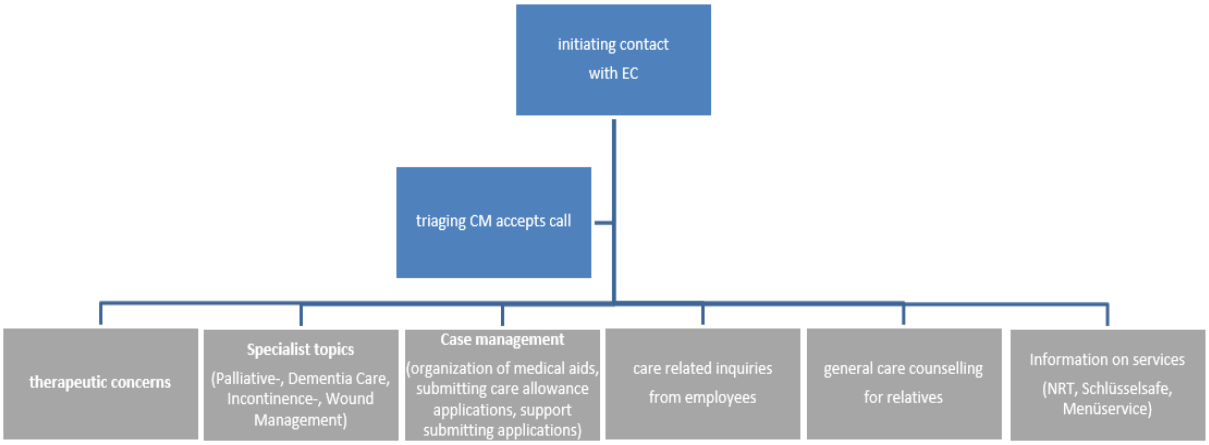

Figure 1 Workflow of the EC at HWN – initial process

Figure 1 shows the initial process when the expert center is contacted. The call starts, the expert is sitting in the expert center and is accepting the call. After noting down the name, reason of call and the birth date, the triaging care manager is either transferring the call to a specialist, or is answering the questions directly if possible.

Inquiries regarding therapeutic concerns can be accepted as well as specialist topics like e.g. palliative care, dementia care, incontinence management and wound management. Further reasons of call could be case management, examples here fore be the support in the organization of medical aids, submitting care allowance applications and the support of submitting applications in general. Care related inquiries from employees as well as general care counseling for relatives can be accepted by the triaging care manager. In case of information of services and additional products offered by the HWN, the triaging care manager can provide help as well.

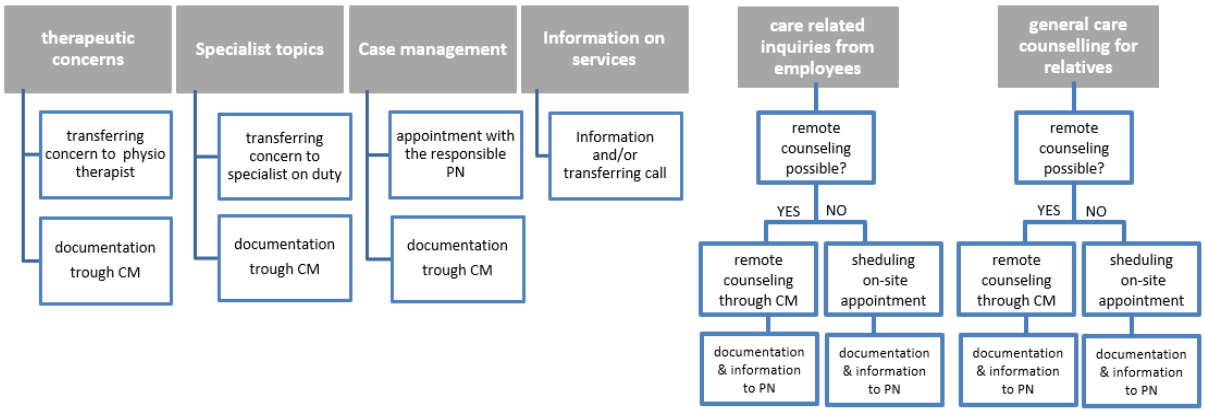

Figure 2 Workflow of the EC at HWN - further steps

Figure 2 states the further process. In case of an inquiry concerning a therapist or a specialist the call will be transferred to the respective specialist on duty, the course of action will then be documented. For inquiries regarding case management an appointment will be scheduled with the responsible primary nurse and the documentation of the care manager will follow. Information on services can be given and transferred to the respective department. Care related inquiries of employees as well as general care counseling of relatives will be answered by the triaging care manager, in case this is not possible an on-site appointment will be scheduled. The course of action will then be documented and the responsible primary nurse will be informed.

2.3 Required endowment for the expert center

2.3.1 IT Equipment

The care manager has the following equipment for disposal: a computer with 2 screens (in case of live broadcast) or a notebook including equipment, mobile phone and headset. The same goes for the specialist on duty.

2.3.2 Checklists

To ensure a qualitative process for every client and employee calling via the remote support feature, the procedure must be standardized, checklists and assessments need to be therefore developed.

Potential procedure when accepting a call: care managers introduces herself/himself, records and documents data and the reason of call from the caller, care manager triages the concern, care manager organizes further steps.

A more specific picture can be made after performing the first Pilot.

2.3.3 Digital documentation and appointment scheduling

A better insight into each specific case is given by the digital documentation. According to the latest update, digital documentation in the Mocca-record of the customer is possible. It is

furthermore possible to create a task for other specialists, like for example therapists, wound managers or primary nurses.

Two screens are possible, one screen with the EC and on the other screen the Mocca-system, interaction will be with Mocca. Through a click on the link it is possible to directly open the file and start documentation the purpose of call and the course of action in the Mocca-system.

Also, the access to the working schedule of the specialities on duty is needed in order to be able to offer competent service, the triaging care manager must know to which specialist they can forward the request, or to make an appointment with right away.

2.4 Expert Center for the Pilot

The first pilot will take place in the care service facility Gloggnitz. The Pilot will be held for three weeks on three days per week, with three to five clients per day. For the pilot the focus will solely be on the specialist topic wound management. It has to be considered that the care manager and the specialist (wound manager) on duty, need to be ready to take the call. It is important to plan the visits time shifted and not simultaneously so the expert has enough time.

The expert center for the first pilot will be in a reduced form, this is important as the experts should get familiar with the situation and focus out the features and the process of accepting and transferring calls.

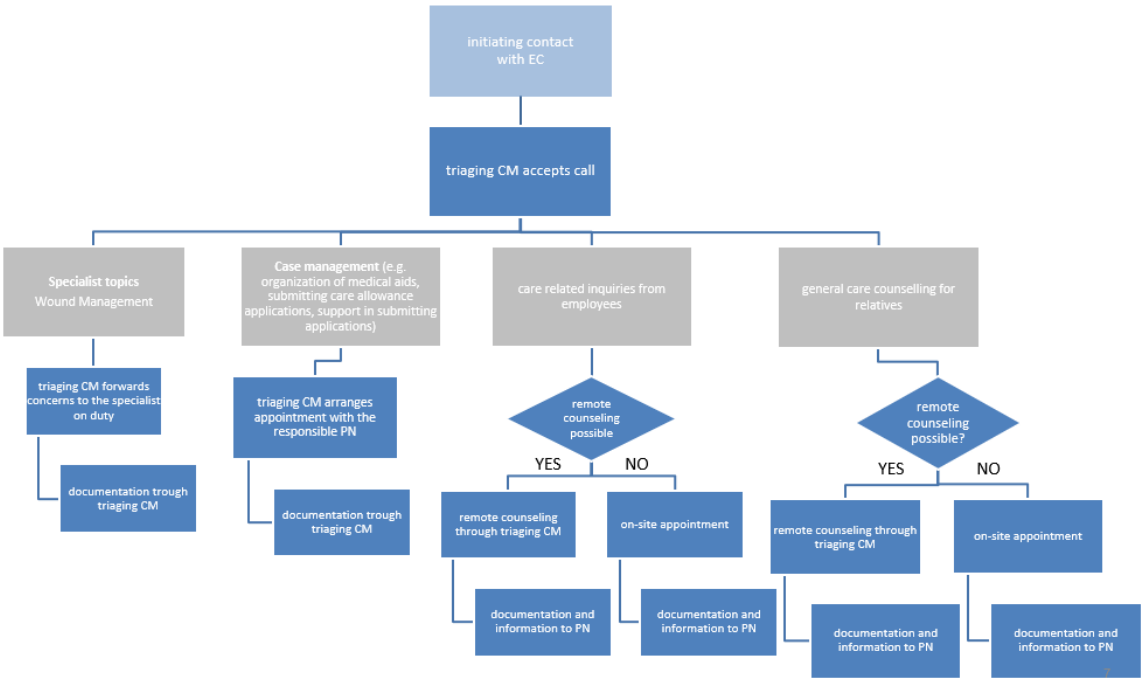

Figure 3 EC at HWN for the first Pilot

The creation of the questionnaire will be done by the WU as well as the evaluation. Every caller should have the opportunity to give feedback, which is important for evaluating the project and improve the expert center fitting to the client's needs.

The triaging care manager should also be able to give feedback after every call. Important information would be, whether the call was processable or not, if the request exceeded the knowledge and to be able to give feedback in terms of connection.

3 Expert Center at Stëftung Hëllef Doheem (SHD)

The build-up and workflow of SHD's Expert Center has been defined in line with the findings of the co-creation workshops and the interviews with care managers, which took place from September-November 2021 (Bourkel & Meyer, 2021) (Bourkel & Zahner, 2021).

The findings show that the objectives and tasks of remote support and the expert centre must be clearly defined and communicated to care workers (CW), service users (SU) and informal carers (IC). The results suggest that the added value of the expert centre should be clearly noticeable, otherwise neither the staff nor the service users would make use of the EC.

Further points emerged from the co-creation process:

- When contacting the EC, the request must be received immediately, i.e. a quick and competent response is expected.
- The field of activity of the EC and the qualifications of the experts must be clearly defined.

Based on these considerations, SHD has developed a concept for Remote Support/EC, which is described in the following sections.

3.1 "InfoCenter Fall Prevention" (ICFP)

3.1.1 General Description and Tasks

Taking the conditions describe above into account, we have decided that the EC should focus on mainly one domain during the trial phase in the C^C project. From SHD's point of view, this is the most effective way to clearly communicate the added value of the EC to employees and service users and to create the necessary and reliable organizational framework.

The domain SHD's EC will focus on, is **fall prevention**. We chose this topic as a large proportion of SHD's service users are at risk of falling, with a significant number of falls being reported.

In order that the EC's objectives can be clearly communicated and promoted to staff, service users and relatives, the EC will be named "InfoCenter Fall Prevention" (ICFP), or "InfoCenter Sturzprävention" in German.

There are fall prevention measures at place within SHD (s. section 3.1.2), however the creation of an EC focussing only on fall prevention would allow to systematically screen for fall risk in a large number of services users and provide a contact point when it comes to sensibilisation, as well as primary and secondary prevention for all our service users.

Furthermore, SHD's aim is to develop a service which has been specifically tailored to the utilisation of AR glasses.

We decided to conduct fall prevention mainly by the means of Fall Risk Assessment conducted via remote support by the experts. The experts will guide care workers who are present in the home of the SU. The CW executes the assessment in the home of the SU supported by the expert.

This approach, which includes the systematic use of a structured tool with associated guidelines and recommendations has several advantages:

- the framework regarding the expertise passed on is clearly set and defined
- a standardised assessment allows to give the best suited individual recommendations
- the training of the exert can be standardised as well

The assessment tools will be further clarified in section 3.2.2

The objectives of ICFP in a nutshell:

- **Sensibilisation** of the clients and their relatives to **fall prevention**
- Practical, individual advice by the experts to reduce the risk of falling (e.g., identifying hazards linked to falling, suggesting adaptations of home)
- "Training on the job" of the care workers by the expert. The fact that the CW are guided by the experts with the help of remote support, they can develop their knowledge about fall prevention.
- Evaluation of the feasibility of remote support in general and with AR in the context of fall prevention

3.1.2 Current state of fall prevention measures at SHD

Currently, fall risk assessment and fall risk prevention are defined in SHD's procedures. However, the assessment is not completely standardised.

At the beginning of a care intervention, the nurse assesses the risk of falling as part of the anamnesis. The nurse can either assess the risk of falling based on their expertise and experience, or they can use an assessment tool, namely the fall risk assessment by Siegfried Huhn (Huhn, 2000), to support them. This assessment tool allows indicating a low, high and very high risk of falling. If there is a risk of falling, the intrinsic and extrinsic risk factors are documented in the care documentation.

Currently, there are no guidelines that support the CW in the individual selection of the interventions according to the fall risk. e.g., which measures to choose for a low, high risk or very high risk?

With the help of remote support and procedures that have a higher degree of standardization, SHD could optimize its fall prevention offering.

3.2 Organisation of InfoCenter Fall Prevention

3.2.1 Staff

The ICFP will be composed by staff members of the quality of care department. This department is available daily from 8:00-17:00 (except holiday periods).

The ICFP consists of:

1. **Contact person** (appointed staff members of the quality of care department)
   Tasks:
   - Answering all incoming calls
   - Coordinate and plan appointments with experts

   One staff member within the quality of care department will be appointed to mainly fulfil this task. Other members of the quality of care department will be appointed for the timeslots the main contact person is not available

2. **Expert** (nurse or physiotherapist)
   The experts will be selected staff members of the quality of care department or other staff members who have the minimum qualification as a nurse.
   Appointments with them will be scheduled.
   Before the Pre-Trial starts, the experts will receive training in fall risk assessment and evaluation, the objective being that the conducted assessments are all comparable and reliable.

3.2.2 Assessment

The fall risk assessment will be conducted mainly with the help of one tool, namely the Home Falls and Accidents Screening Tool - Home FAST (Mackenzie, Byles, & Higginbotham, 2000a).

Home FAST helps assessing the risk of older patients falling in their own homes and it identifies older people at risk of falling.

Further characteristics of Home FAST:

- Assesses 25 of the most common home hazards
- Provides a personalised risk assessment, tailored for each patient
- Highlights seriousness of the risk: low, medium or high
- Available in German and English

It is beneficial if the Home FAST is conducted by a nurse, physiotherapist or occupational therapist in order to provide valid results.

Based on Home Fast, recommendations to reduce the SU's risk of falling of the person can be given. SHD will prepare a list of possible interventions, including internal and external resources (e.g. physiotherapy, personal support from an occupational therapist,…).

In addition to Home FAST, additional assessments could be conducted, if needed, e.g., if there is a suspicion of malnutrition, the mini nutritional assessment.

3.2.3 Work flow

Fig. 4 depicts the information and work flow of the ICFP.

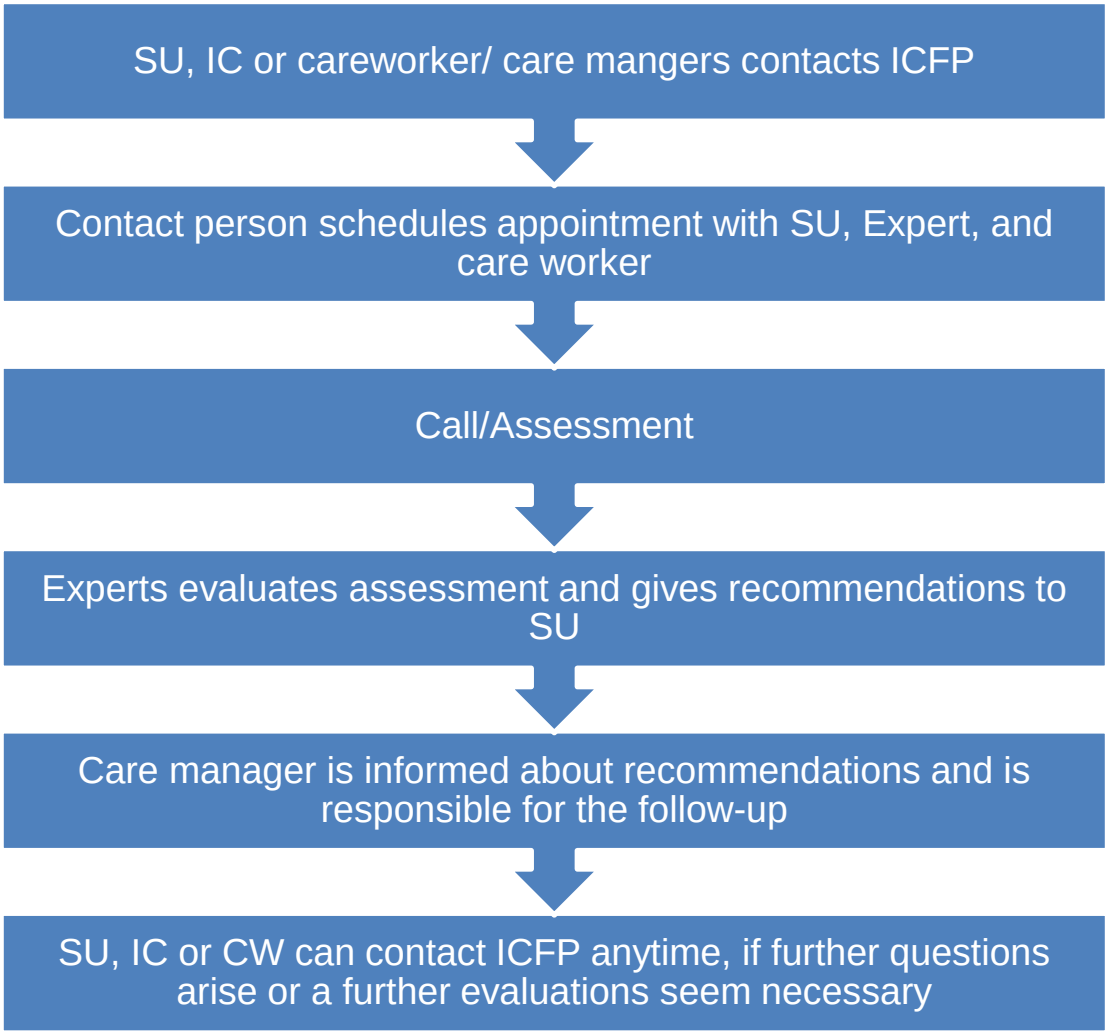

Figure 4. SHD InfoCenter Fall Prevention Workflow

3.2.4 Target groups and contact procedure

The ICFP can be contacted by care workers as well as clients and their informal carer in case a service user is at a risk of falling and/or more information about fall prevention is needed. Furthermore, Information about the ICFP will also be included in the C^C App within the Feature “Education and Learning”. Here a short self-assessment tool will be provided, including the suggestion to contact the ICFP in case the score indicates that the SU might have a fall risk

By the means of ICFP we would like to primarily address people who could be at risk of falling, but who have not yet had this clarified in an evaluation.

Within the domain of fall prevention, not everything can be covered by remote support. For example, SU with a high need of care and repeated falls need close personal support, which cannot always be covered by the expert centre and therefore there will be certain limits when it comes to giving advice via the expert centre (see section 3.4).

3.3 Limitations of ICFP

We have set the following limits on what the ICFP cannot offer:

- No choose of aids (e.g. walking)
- No substitute for an individual physiotherapy/occupational therapy or nutrition counseling
- No counseling for clients with the following profile:
    - repeated falls
    - a high need of care

Furthermore, the care center managers stay the principal contact persons for the clients and their relatives, concerning any other topics but fall risk and fall prevention.

4 Care Expert Center at Korian (KOR)

4.1 Introduction

The build-up and workflow of the KOR Care Expert Center has been defined in line with the findings of the co-creation workshops and the interviews with a KOR care manager and the brand manager of Coloplast, which took place in the Autumn of 2021.

Korian Home Care (KHC) is a department of Korian Belgium (KOR).

KHC is working in 8 Belgian districts (Flanders & Brussels Region), wherein 120 (independent) nurses are working. They get their care tasks/prescriptions from hospitals and family doctors. Beyond this, we see every nurse as an ambassador of our care department.

4.2 How is the Care Expertise organised now (11/2021)

There is a strong cooperation with companies & hospital wards, on several care pathways: Woundcare, Stoma-care, Parenteral care, Urological care, Hemodialysis

There is an open exchange of information, and knowledge between home care nurses & company nurses.

The advantages of this way of working are huge:

- Building knowledge & skills in Korian Home Care
- Great satisfaction for patient & nurse: the KHC-nurse is helped professionally, the patient is helped immediately & directly
- Increasing reliability towards prescriptors
- Great help in times of shortage staff

The results suggest that at this moment, the actual way of working in the care expert centre is quite satisfying.

In the following chapters we describe 3 ways of cooperation at this time (11/2021): Cooperation in Woundcare, in Stoma Care, and in Hemodialysis

Cooperation in Woundcare (with the company GD Medical)

- In co-creation between GD Medical and KHC a woundcare-procedure has been developed and rolled out in all districts.
- An expert company-nurse of GD Medical is available in an emergency center 24/7
- In co-creation between GD Medical and KHC new therapies & specialised care are introduced e.g. vacuum-therapy, in a pilot-study with the federal government of Belgium.

STEP	INVOLVED	ACTION
Step 1	Nurse KHC	Identificaton **new stomacare-patient**
Step 2	Nurse KHC	Collects info: Takes pictures following guidelines company References actual products Medical & nursing history patient
Step 3	Nurse KHC	Contacts regional manager KHC with collected info
Step 4	Regional manager KHC	*Contacts internal stomaspecialist *Introduces patient in the Coloplast Care Programme
Step 5	Expert Coloplast	Contacts KHC-nurse for appointment virtual/live Contacts regional productspecialist Coloplast
Step 6	Expert Coloplast	Creation & communication careplan to regional manager KHC with correct materials Helps de patient in contacting the bandagist
Step 7	Regional manager KHC	Informs her nurses about adaptations made by the expert

Figure 5 Cooperation in Stoma Care (with the company Coloplast): workflow

Cooperation in Haemodialysis & CAPD with hospitals (University Hospital Antwerp and other general hospitals)

- New patient with starting hemodialysis is transferred to the home situation and needs home care.
- Nurses KHC are trained in the hospital wards
- Hospital nurses visit the patient@home
- If indicated - patient gets CAPD-therapy (Continuous Ambulant Peritoneal Dialysis)
- KHC nurses are trained in the hospital wards into this new therapy

4.3 How could a KHC Care Expert Center be organized in the future

In addition to the ongoing organization of the care expertise (see above), there are new challenges in home care nursing in Belgium:

- Diabetes education
- Home dialysis (CAPD)
- Palliative Care
- Dementia Care

The development of a KHC Care Expert Center has to be discussed further more within the organization.

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