Case Study

BRINGING THE CLINIC TO PATIENT'S HOMES

Full Service Virtual Care Platform For Patients with Multiple Chronic Diseases

Overview

Arnprior Regional Health System and Winchester District Memorial Hospital are part of the AROW and Upper Canada Health Links respectively. Health Links is an integrated patient-centered approach to care that manages ongoing care coordination for those patients suffering from multiple chronic diseases.

For patients of these two hospitals, there was a need to develop and maintain patient-centered care plans which would provide a full view of the patient as they availed services from multiple organizations and came into contact with various healthcare professionals, caregivers and family members.

Approach

Using our platform, we were able to connect the patients of the two Health Links to over 50 agencies including hospitals, primary care teams and community sector agencies. The patient's entire care team including clinicians, caregivers, family members and social workers could see, assess, and support the patient directly through their smartphones or computers by downloading our app. From the patient's perspective, they received a tablet that was already pre-configured with aTouchAway™.

Results

The two Health Links were able to increase the frequency of their care conferences virtually via the tablet without creating extra burden on the patient and staff by eliminating the need for travel.

The ratio of care coordinator to patients increased, as each care coordinator was more efficient in managing cases remotely. They could control the access of all notes, videos, pictures and other documents that were shared securely and also forward calls to the right person if required. Normally communication across sectors and agencies including the patient themselves was limited to phone, fax and hard copies that were not easily accessible, shareable or editable.

Besides enhancing the care coordination process for patients with connected care, perhaps the greatest beneficiary were the patients themselves. Many came forward praising the system on how the virtual care platform not only kept them healthy at home but made them more accountable for their own care. It made them more involved with everything and improved the patient experience as a whole.

> Everyday at 8 am, I knew I would get a call on the tablet, so I was dressed and sitting at the table drinking coffee. Previously, I found little reason to get out of bed. I have been out of the hospital since October of last year and my health is getting better. I still have some issues, but I hit that button and talk to Laurie and she keeps track of me. I am here today because of this.
>
> Paul, 61, Resident

> It is certainly a different approach to helping these patients. Enhanced connectivity is significantly improving the flexibility and capacity of our system navigators and care co-ordinators
>
> Cholly Boland
> CEO of Winchester Memorial District Hospital

Conclusion

It is amazing how all members of the care team were able to work together through the care platform to address each patient's unique healthcare goals. Health Links's raison d'être was realized where everything was centered around the patient, from sending them reminders to do daily activities and take medications, to giving them an opportunity to do video calls with their nurses and physicians, all the way to monitoring their vital signs to intervene when necessary. It brought the clinic directly to a patient's home but also made them active and fully engaged in managing their own care. We hope more health systems like Arnprior Regional Health and hospitals like Winchester District Memorial Hospital utilize Health Links to serve their patients.

aTouchAway™ by Aetonix

At Aetonix, we know that choosing the right digital tool to empower your chronic and complex care patients to self-manage their health at home can improve outcomes and reduce the strain on you and your team -- as well as the overall system. The right technology can prevent costly emergency room visits, hospital admissions and other clinical interventions.

aTouchAway™ is an innovative software platform built to manage the care of chronic and complex patients at home by connecting the entire circle of care to ensure effective, accountable and coordinated care. aTouchAway is the only home health platform that offers secure video and text communications, a robust Workflow Engine, integrated Care Plan management, and comprehensive reporting dashboards – all in one secure digital platform.

Contact us today to learn more about how **Aetonix** can help you and your organization deliver the best care

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