Case Study

INSTILLING CONFIDENCE IN THOSE WITH MULTIPLE CHRONIC DISEASES

Managing Co-morbidities For Hospitals and Family Clinics

Overview

Queensway Carleton Hospital (QCH) and Arnprior District FHT are two Ontario based healthcare facilities that see a lot of patients suffering from multiple chronic diseases. Patients with complex care needs make up over two thirds of all healthcare costs in Canada. It is extremely crucial that they be treated efficiently, where quality of care is tied to outcome and lower utilization of the healthcare system.

With this in mind, a concerted effort was made to develop workflows for two major chronic diseases, COPD and diabetes. A workflow is a series of protocols that defines actions and next steps for patients depending on their reported symptoms and readings. The goal was to reduce dependency on the health system and encourage independence for those living with co-morbidities.

Approach

We designed the diabetes workflow working with Arnprior District FHT, lead nurse, pharmacist, nutritionist and hospital diabetes educators. We designed the COPD workflow with guidance from QCH documents, Canadian Thoracic Society, the Ontario Lung Association and Health Quality Ontario. 13 patients were identified for the program with 4 or more chronic conditions.

They received tablets preloaded with aTouchAway where the screen was customized to each case with preferred text size, access to relevant resources and contacts. The workflows were set up in such a way where even without video calls, the nurses were able to monitor the glucose levels and pulse oximetry levels of patients so they could step in when required.

Unlike other platforms, our workflow engine has easy medication entry at the start of the sequence which enables users to specify the types of medication and reliever devices to take and use when prompted. Educational videos were also uploaded to the platform such as a correct way to use an inhaler or instructional videos on how to handle symptoms like shortness of breath. The teaching modules allowed patients to be self coached. The nurses could see if someone had called them and follow up with them to do a virtual assessment. In times when the patient reported "feeling different", the nurses could restore their status to "feeling good" by virtually communicating and recommending best actions.

Results

86% of the patients reported that their symptoms were better managed, while 90% of the patients reported feeling a higher sense of security having the tablet configured with aTouchAway™.

Feeling "In Danger" was triggered 4 times, which normally leads to an ER visit, but was followed up in this case by an advanced practice nurse who was able to restore the patient's health status to normal.

It was reported that anxiety had decreased for patients because quicker access to healthcare professionals.

There had been a decrease in the volume of phone calls.

> I can see the history of the client and what they have been doing to manage their own care.
>
> Advanced Practice Nurse

> I enjoyed reassurance of face-face communication with providers. It gave me an increased level of security knowing someone would be there to respond.
>
> Patient

Conclusion

The level of comfort and satisfaction of both patients and healthcare staff alike shows the promise chronic disease management at a much larger scale. It was even reported at the end of the program that the patients were sad to give up their tablets as they had become so accustomed to the technology. With its simplicity and intuitive interface at the core, Aetonix hopes to demonstrate the value of managing chronic care patients at home where every touch is virtual and every possible scenario is accounted for in the workflow design, where the nurses can step in to assist if needed.

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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