

Olomouc region, Czech republic: Improved management of visits in Home Care

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	No
Verification of the Good Practice	Yes
Evaluation of the Good Practice	No
Type of the Good Practice	Good practice

Part 2: Description of the Good Practice

Name of the Good Practice	Improved management of visits in Home Care
Short name (Acronym)	HC
URL of the Good Practice	www.nmskb.cz
Geographical scope	Regional level
Country	Czech republic
Region(s) involved	Prague
Status of the Good Practice	On-going
Stakeholders involved	<ul style="list-style-type: none"> • Hospitals • Home care centres • Nurses
Size of population covered	25-99
Targeted audience	Irrelevant
Summary of the Good Practice	
<p>The practice includes Home Care services for patients within the region of Prague Capital. The Home Care Centre is a department of the Sisters of Mercy of St. Borromeo Hospital in Prague (Nemocnice Milosrdných sester sv. Karla Boromejského). The general objective is providing the medical care at the homes of patients. Specifically, it is concentrated on nursing care, i.e. treatment of wounds, application of infusion, injections, wound dressing, treatment of pain and others.</p> <p>The nurses are visiting the patients according to the indication of medical doctor and in cooperation with him. Management of visits in Home Care (HC) is improved by ICT solution called IMACHECK. The First step of the innovation is implemented (identification of nurse visits); second step is under development in Autumn 2016 - distribution of scenarios for individualized home care and patient data collection (reporting). The ultimate goal is to improve services in homecare by digital processing of routine operations in homecare.</p> <p>The transferable experience at current stage of the practice could be electronic evidence of visits at the patients and their time management.</p>	

Key words: Home care, nursing care, electronic evidence of visits, Near-field communication (NFC), integration of data with hospital information system (HIS).	
Good practice being part of the larger programme	
Yes.	
This practice is part of regular homecare service in the CR provided to selected patients for a period of time as prescribed by medical doctor (practitioner).	
Challenges / problems addressed by the good practice	
Identification of the nurse visit in specific time period in patient's home. The use of electronic tools during the visit and transfer the data from visits into Hospital Information System (HIS) introduces accuracy in this identification. Android Mobile phones or tablet with NFC were selected as suitable technological solution and the system was developed by a local ICT company in Prague (IMA).	
Importance of the challenges / problems before starting to implement good practice	
There was no electronic identification before and record of it was done only manually on paper by the nurses themselves. Generally, this is a part of better comfort in data transfer into HIS, the security of transfer and accuracy. Implementation of electronic tools is supposed to help the nurses save time and simplify the way of data transfer from nurse to doctor and hospital.	
Environment before the good practice was implemented	
Paper evidence of visits, filling paper forms, paper documentation.	
Key innovative elements of the good practice and how the good practice improved situation compared to previous practice	
Electronic evidence of visits has improved the survey and control of the Home Care manager about nurses and their visits, enables manager operatively and reasonably manage the nurses in the locations of Prague a respond to urgently medical needs of patients. Help to improve the quality of care of patients. When a patient is scheduled for homecare, he receives a NFC identifier (smart card). The nurse coming to visit has a NFC enabled smartphone as a reader of the identification from patient's card. Smartphone serves as a gateway for the identification data that are sent to the central server in the hospital where the ID with time stamp is assigned to respective patient's record. Further extension of the practice is already under development and it should include electronic recordings of the visits.	

Part 3: Transferability of the Good Practice

Cost-effectiveness of the good practice (including all kind of costs)	Equal costs, improved outcomes
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and outcomes such as better health, quality of life or other resources)	
Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required.	
Personnel: 5 nurses + 1 manager, 1 office room, 1 nurse room, usual office equipment, HW (PC, 6 smart phones, data traffic in mobile network, SW - IMACHECK, 100 smart cards for patients).	
Total budget of the Good Practice	0 - €9,999
Source of funding	Other (not-for-profit)
The main actions that have to be done to deploy the Good Practice	
HW and SW equipment to be able to make bedside patient's documentation during the visit. Some minor organisational measures to ensure distribution of identification cards for patients and providing compatible smartphones for nurses and initial training.	
Issues during the implementation of the Good Practice	
Ensuring financial resources for the Home Care services. Some patients need deeper familiarization with the purpose and method of identification. Very small number of patients refused participation because they felt being part an electronic identification system.	
Additional resources required to scale up Good Practice	
No.	
Basis to support sustainability of the Good Practice	
Financial resources and functional HW, SW.	
Evidence to observe the Good Practice	
A visit to an implementation site.	

Part 4: Viability assessment of the Good Practice

Time needed to deploy the Good Practice
Less than a year.
Investment per citizens / patient / client in terms of financial resources
Between €100 - €1.000 per targeted citizen / patient.
Smartphones for nurses (average, in 2014,2016) 11 pcs 117 1287 Smart cards (average, in 2015) 100 pcs 1,2 120 Data traffic per phone/month 11 pcs 2,4 26,4 SW license monthly 1 pcs 26.9 Life time of smartphones - 5 years Lifetime of smartcards - 5 years Average number of patients in the service: 75 Average length of home care is assumed 1 month Monthly cost per patient in service (incl. depreciation of phones, cards; traffic and SW license): 1 Euro.

<p>Evidence behind the Good Practice</p> <p>No knowledge about evidence. No evaluation or documentation of effect has been carried out.</p>
<p>Maturity of the Good Practice</p> <p>The practice is “on the market” and integrated in routine use. There is proven market impact, in terms of job creation, spin-off creation or other company growth.</p>
<p>Estimated time of impact of the Good Practice</p> <p>Long term and sustainable impact - e.g. a long time after the pilot project ended and routine day-to-day operation began.</p>
<p>Impact observed</p> <p>Increased sense of security (societal).</p>
<p>Transferability of the Good Practice</p> <p>Transferability has not been considered. The innovative practice has been developed on local/regional/national level and transferability has not been considered in a systematic way.</p>

Part 5: Your organisation

Name of the organisation	The Sisters of Mercy of St. Borromeo Hospital in Prague (Nemocnice Milosrdných sester sv. Karla Boromejského)
Address of the organisation	Vlašská 336 / 36, 118 33 Prague 1, Malá Strana, Czech Republic
Type of organisation	Hospitals
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