

# DOCOBOWEB PILOT EVALUATION REPORT

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# EXECUTIVE SUMMARY

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## Aims & Methodology

The aim of the Docoboweb pilot was to use a lower intensity of Telehealth to assist in the early detection of signs and symptoms in patients residing in Nursing/Residential Homes within Coastal West Sussex. The aim was to prevent unnecessary admissions to hospital.

Each of the four Admission Avoidance matrons within Coastal selected 2 High admitting Homes within their geographical locality. The Homes were supplied with Android Tablets and the provider's software (Docobo) was downloaded.

Each matron had an average of 23 patients registered onto the pilot. Once registered the home was asked to answer specific questions allocated to the individual patients on regular intervals throughout a 5 day week. Each patient had parameters set against each question and anything outside of this was flagged to the matron via the Docoboweb engine. Action was then taken to address the anomaly.

## Key Findings

The pilot ran in total for 8 months and saw a 75% reduction in admissions across the patients involved compared to the same period the year previously.

23 patients (49%) had no admissions at all throughout the period compared to the previous year.

Residential Homes in general found the pilot far more beneficial than the Nursing Homes. It raised their knowledge level, skills, competencies and confidence, not just for those patients on the pilot but for all residents in their care, and was very well received. Nursing Homes tended to feel that they did not require the support of the service and that they were trained in recognising the trigger signs and symptoms leading to admission to hospital.

## Benefits to the Commissioners

*The health outcomes the initiative delivers for patients are:-*

- Prevention of avoidable admission to acute inpatient care from care homes
- Reduction in 999 ambulance calls
- Reduction in attendances at Accident and Emergency
- Earlier detection of physical, psychological and or functions status through better informed care staff through the use of technology
- Identification of health and nursing issues through technology
- Quicker delivery of appropriate healthcare through early detection of change or deterioration
- Prevention of health breakdown/crisis
- Improved partnership working across health and social care
- Enhanced skills developed for care home staff

- Improved standards and quality of care within care homes
- Better understanding of whole system management by care home staff
- Better understanding of care home staff of the options for seeking medical attention when staff have concerns regarding health deterioration

The financial benefits based on the costs and savings for the pilot and projected for 100 patients in each locality are year 1 £198,709 and year 2 £212,229. More in depth costings would need to be sought if agreed to proceed.

## Acknowledgements

The author would like to thank Docobo for their support and willingness to support the initiative. Special thanks go to the four Admission Avoidance Matrons whose time, devotion and support for the pilot were unwavering. They overcame initial problems with the IT system and their hard work paid dividends in the end. The pilot would not have succeeded without their dedication and commitment to the initiative

# PROGRAMME DESCRIPTION

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- Telehealth was an indicator within the High Impact Innovations for the 2013/14 CQUINs with an allocation of 108,000 pounds attached. A contract was agreed with Docobo, to commence a pilot with a module within doc@HOME called DocoboWeb. The module is designed for those patients who are less symptomatic (lower down the Long Term Condition triangle). It is a cheaper form of access where monitoring is less intense than that required for patients with more severe symptoms.
- DocoboWEB has a scheduling engine whereby automated emails are sent to identified patients at predefined periods. These messages contain a web address (URL link) which will take the patient to their own web page within doc@HOME. Once there, they are presented with the list of questions, devised by the clinician, which they need to answer at that time.
- Initially the Community Matrons were contacted and the scheme explained to them. They were asked to review their caseloads and provide an estimate of patient numbers that the pilot would be suitable for. After considerable discussion and research they felt their patient group was not suitable for the pilot.
- For the purpose of the pilot it was therefore decided to build on the work that the SCT Admission Avoidance Matrons were undertaking with Nursing/Residential Homes. Patients were identified within the Homes that had a Long Term Condition or required episodic treatments, defined as, but not limited to, COPD, Heart Failure, Diabetes, CHD or any respiratory problem for whom the provision of Telehealth provides an aid to the management of such conditions, thus enabling patients to live within the Nursing/Care Home and prevent unnecessary admission to hospital. Rather than an email being sent to individual patients SCT worked with Docobo to amend the procedure to enable the Homes to access multiple patients on the system.
- Eight Homes were selected, and all were supplied with a small android tablet for the pilot period with the Docobo App downloaded. An automated request is sent to the Nursing/Care Home tablet for the identified patients at predefined periods. These messages contain a link to the individual patient's own web page within doc@HOME. Once there, they are presented with the list of questions (devised by the clinician) that they need to answer at that time (see appendix 1). The pilot collects data regarding the patient's symptoms and quality of life changes relating to their disease. Any values outside the set parameters are flagged to the SCT admissions avoidance matron and action taken.
- 92 patients were registered in total on the pilot. Initially the Homes recorded the information daily (Mon-Fri as the admission avoidance matrons are a 5 day service at present) but were unable to maintain this and the matrons with the Homes agreed to reduce the input to twice or three times weekly depending on need.
- The patients, who are enrolled in the project, are done so with their signed consent; (see appendix 2) will continue to receive conventional medical care, either from their GP practice, or by the relevant practitioner, depending on the needs of the patient.

- An implementation package was agreed with Docobo to supply 4 half day sessions training the Admission Avoidance Matrons in the software and 6 days from Docobo trainer to support in the development of the care pathways and implementation.
- The 8 android tablets provided on loan to the Nursing/Care Homes were funded through charitable funds and an agreement/contract was drawn up and signed between the Homes and SCT (see appendix 3).
- The pilot was initially for a 3 month period commencing November 2013 but was extended until the end of June to enable collection of more robust data.

## Goals & Objectives

- Reduce unnecessary face to face contacts with patients
- Prevent avoidable admissions to hospital
- Give control and improve relationships between the Nursing/Residential Home staff and SCT Matron's
- Manage risk through effective procedures

# EVALUATION METHODOLOGY

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The quantitative evaluation criteria was agreed as

1. The number of patients each of the 4 matrons had enrolled
2. Primary diagnosis of the patient
3. How many alerts were raised for each patient
4. Category of alerts
5. The intervention carried out in response to the alert
6. Outcome of intervention
7. Whether an admission has been avoided
8. Frequency of emails requested for the patient

However the Docobo software system was not set up to be able to gather all the information required and therefore points 5,6 & 7 above would need to be collected from the matrons caseload data.

The Qualitative evaluation criteria was agreed as

1. Satisfaction questionnaire to Nursing/Care Homes involved in the pilot
2. Satisfaction questionnaire sent to the relevant patients GP/practice
3. Satisfaction questionnaire sent to relevant patient/family
4. Admission Avoidance Matrons feedback/experience

The questionnaires originated as templates from Docobo and were amended to fit in with the specific pilot. (See appendix 4)

The project manager and Docobo worked together to gather the required information.

Questionnaires were sent to all Managers of the Nursing/Care Homes involved in the pilot, all GP practices involved in the care of the patients and those patients or relatives assigned to the pilot.

In addition to this, SCT data was interrogated to get admission rates from Nursing/Residential care Homes, that were in the pilot.

# FINDINGS

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## Number of Patients enrolled onto the service

	Patients enrolled onto the pilot	Patients Suspended
Matron 1 (RE)	24	10
Matron 2 (JW)	15	2
Matron 3 (SR)	27	8
Matron 4 (JM)	26	13
TOTALS	92	33

46 patients were still active at the end of the pilot

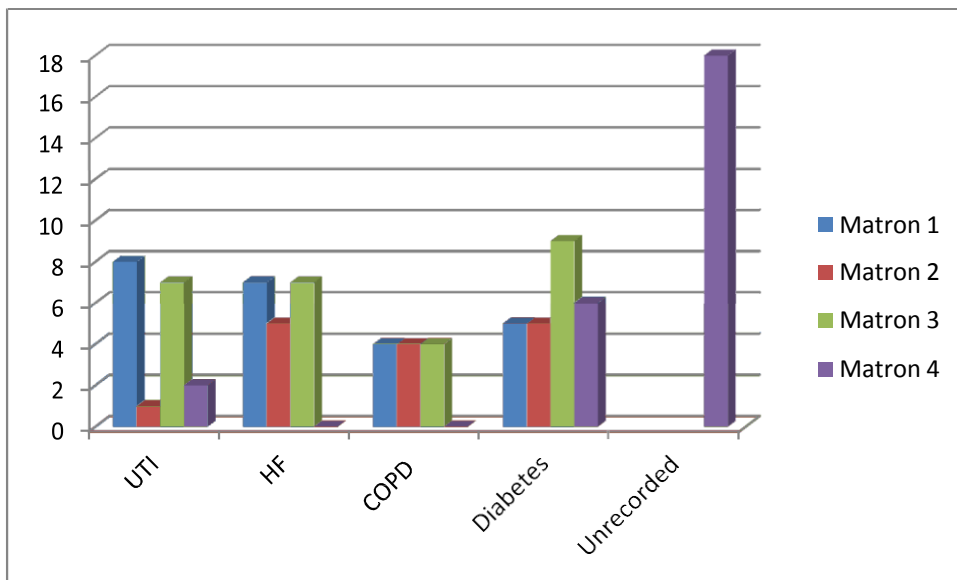
33 patients were suspended plus 13 patients belonging to one matron became inactive as the matron left Sussex Community Trust and was not replaced within the pilot period. 16 of her patients did not have a long term diagnosis recorded.

Patients that were suspended were mainly due to them dying or moving out of the home. One home discontinued with the pilot as the home manager left, the remaining staff were not committed to continue. An alternative Home was selected and the figures are included in the evaluation.

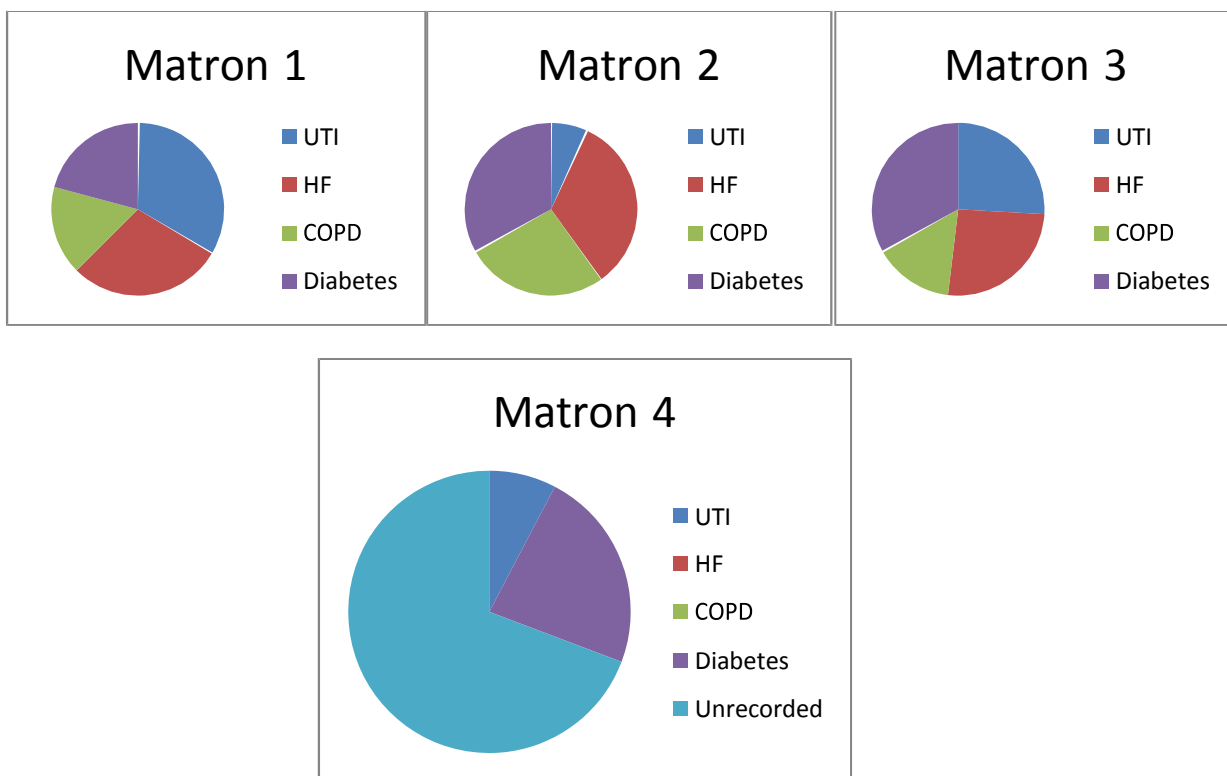
## Patient Diagnosis

Each matron had patients with the following primary diagnosis

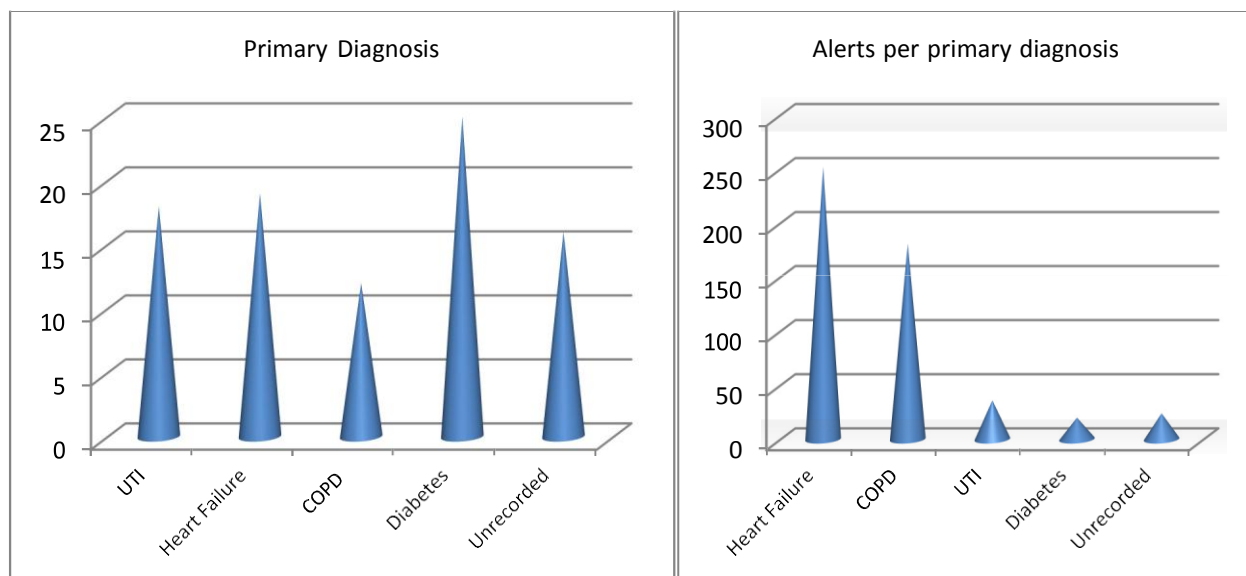
	Heart Failur	COPD	Diabetes	UTI	Unrecorded
Matron 1 (RE)	7	4	5	8	0
Matron 2(JW)	5	4	5	1	0
Matron 3 (SR)	7	4	9	7	0
Matron 4 (JM)			6	2	18
TOTAL S	19	12	25	18	18



The chart above demonstrates amount of patients each Matron had with a specific health condition. The following charts below show the spread of primary diagnosis per matron.



The total Primary Diagnosis of all patients on the pilot is demonstrated in the chart on the left below and the alerts per diagnosis on the right



## Alerts

Matron	Total patients on pilot	Number of patients raising alerts	Total number of alerts
1 RE	24	13	214
2 JW	15	11	178
3 SR	27	12	87
4 JM	26	10	34

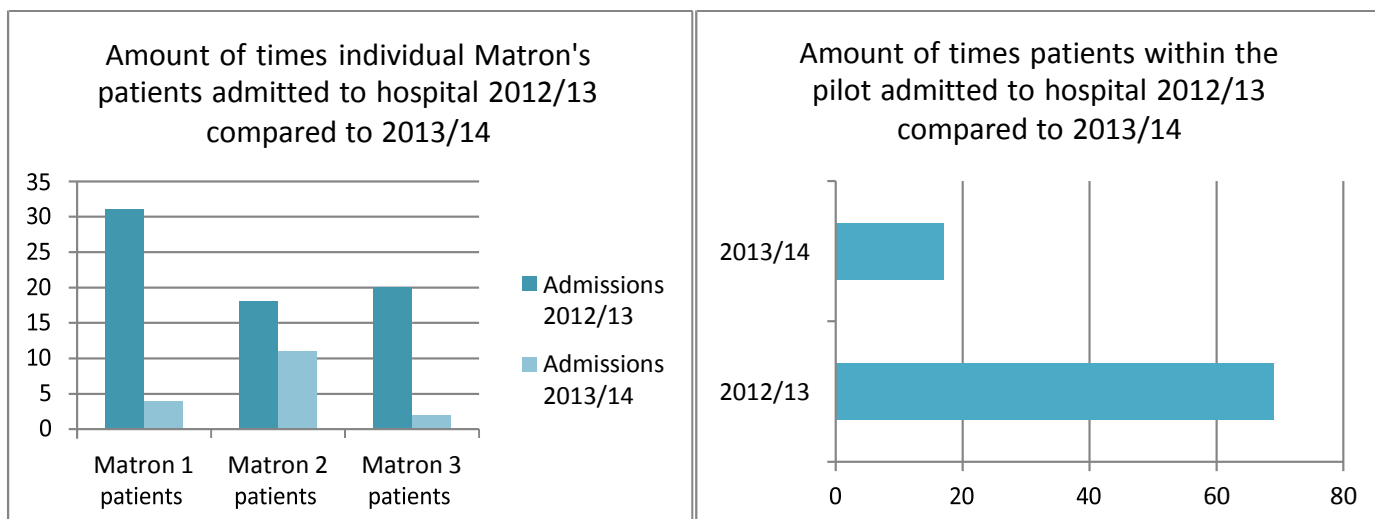
## Alerts per Diagnosis

Primary diagnosis	Total patient with primary diagnosis	Number of patients raising alerts	Total alerts
Heart Failure	19	14	252
COPD	12	8	181
UTI	18	9	36
Diabetes	25	9	20
unrecorded	18	6	24

## Admissions avoided

Pt	Admission s to Hospital for the period 1.11.2012	Admission s to Hospital for the period 1.11.2013	Pt	Admission s to Hospital for the period 1.11.2012	Admission s to Hospital for the period 1.11.2013	Pt	Admission s to Hospital for the period 1.11.2012	Admission s to Hospital for the period 1.11.2013
Matron 1 (RE)								
1	3	0	2	1	0	3	2	0
4	3	0	5	2	1	6	3	0
7	3	1	8	3	1	9	4	1
10	2	0	11	2	0	12	1	0
13	2	0						
Matron 2 (JW)								
14	1	1	15	0	0	16	1	0
17	2	1	18	0	2	19	0	1
20	2	1	21	0	0	22	1	0
23	3	1	24	1	0	25	2	0
26	1	1	27	2	1	28	2	2
Matron 3 (SR)								
29	1	0	30	0	0	31	0	0
32	1	0	33	2	0	34	0	0
35	1	0	36	0	0	37	0	0
38	1	0	39	2	0	40	2	0
41	0	0	42	2	0	43	2	1
44	1	0	45	3	1	46	2	0
47	0	0						

The chart above demonstrates for each patient the admissions they had during the period 1<sup>st</sup> November to 30<sup>th</sup> June for 2012/13 compared to the pilot period 2013/14. Data is missing for matron 4 who left the Trust.



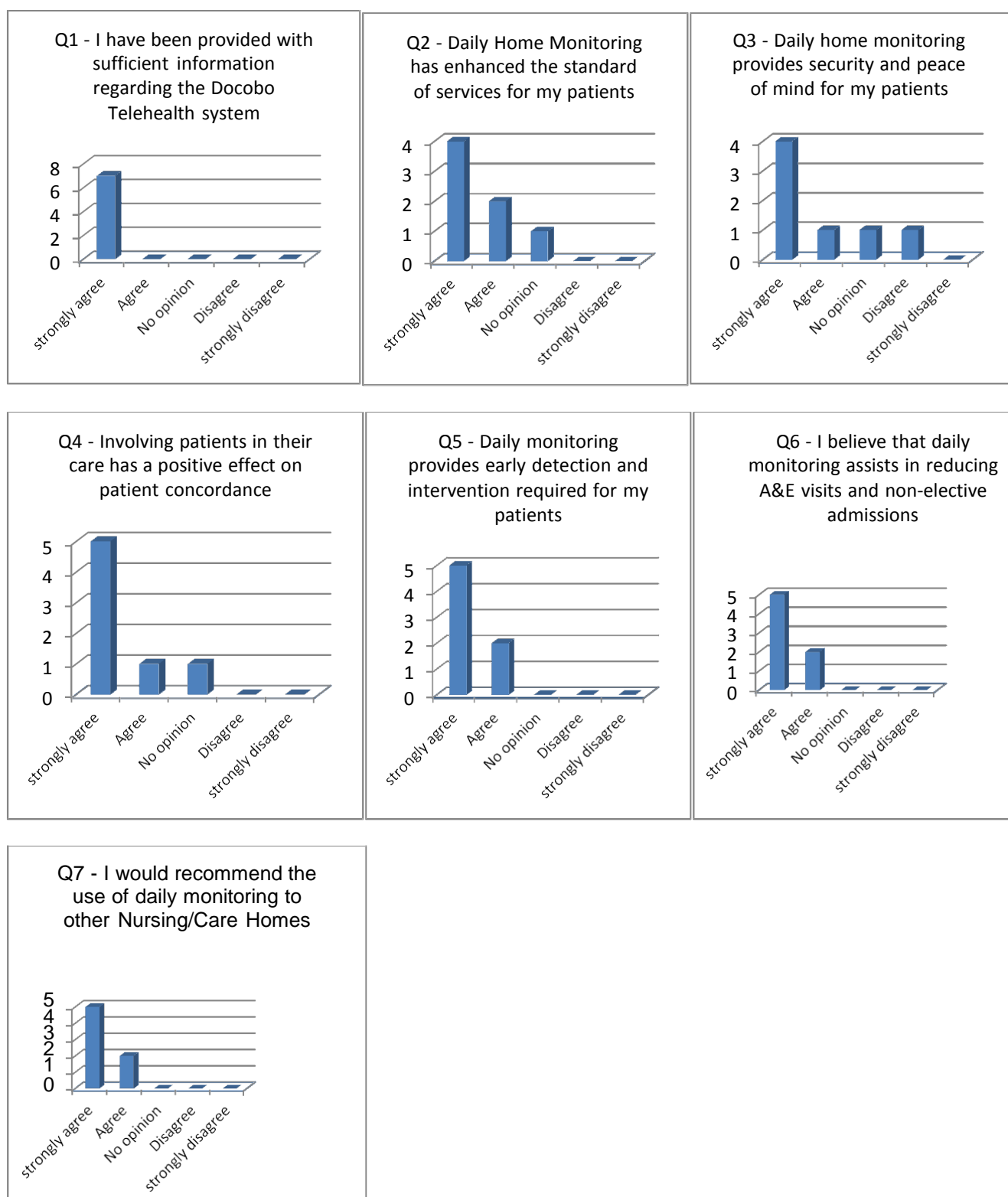
## Satisfaction Questionnaires

### Nursing/Care Homes

Each Nursing/care Home that had patients involved with the pilot were sent a questionnaire to complete. 7 Satisfaction surveys were returned.

	Strongly	Agree	No	Disagree	Strongly
	y		Opinio		y
Q1 - I have been provided with sufficient information regarding the Docobo Telehealth system	7	0	0	0	0
Q2 - Daily Home Monitoring has enhanced the standard of services for my patients	4	2	1	0	0
Q3 - Daily home monitoring provides security and peace of mind for my patients	4	1	1	1	0
Q4 - Involving patients in their care has a positive effect on patient	5	1	1	0	0
Q5 - Daily monitoring provides early detection and intervention required for my patients	5	2	0	0	0
Q6 - I believe that daily monitoring assists in reducing A&E visits and non- elective admissions	5	2	0	0	0
Q7 - I would recommend the use of daily monitoring to other	5	2	0	0	0

The Bar charts x 7 below show the responses to each individual question asked



There were 2 questions that allowed for free text

1. What most impressed you about the monitoring service?
2. How could we improve the

service? Below is a selection of the responses

## What most impressed you about the monitoring service?

The impact on improving patient care

Useful in early detection and improved residents receiving treatments and improved recovery

Ability to monitor patients with matrons assistance

This is an advantage to our clients

Quick response, time and attention given

As a staff group we learnt a lot from the matron about observations and how to recognise when someone is not well.

How easy it was to use

The access to external senior nurse advice and the ease of use

The service from the matron rather than the GP

Information was quick to input

Easy to use when it worked

Excellent trial and really useful

This has made our service more proactive and we have felt able to challenge when we are sure our residents are unwell

I cannot stress enough how fantastic this has been for our residents and the number of potential admissions that we have avoided. This is so important to us given that we are a dementia home and our residents respond better in their own environment

## How could we improve the service?

It would be good to involve a wider MDT awareness

Being able to leave messages on the system for community matron. There appeared to be a problem with

During the week the service is fantastic but would be nice to have someone over the weekend

Would be great if it was available to all the residents

GP to have access to the system

I don't think the patients were affected or reassured by the service. Raising awareness of checks (i.e. pulse/BMstix) at regular intervals is good for early detection of any problems however in a nursing home generally there is trained staff available to oversee the patient's wellbeing. This system would be very

Keep it in place

I don't think that using the system has reduced admissions to hospital as we are a nursing home with registered nurses

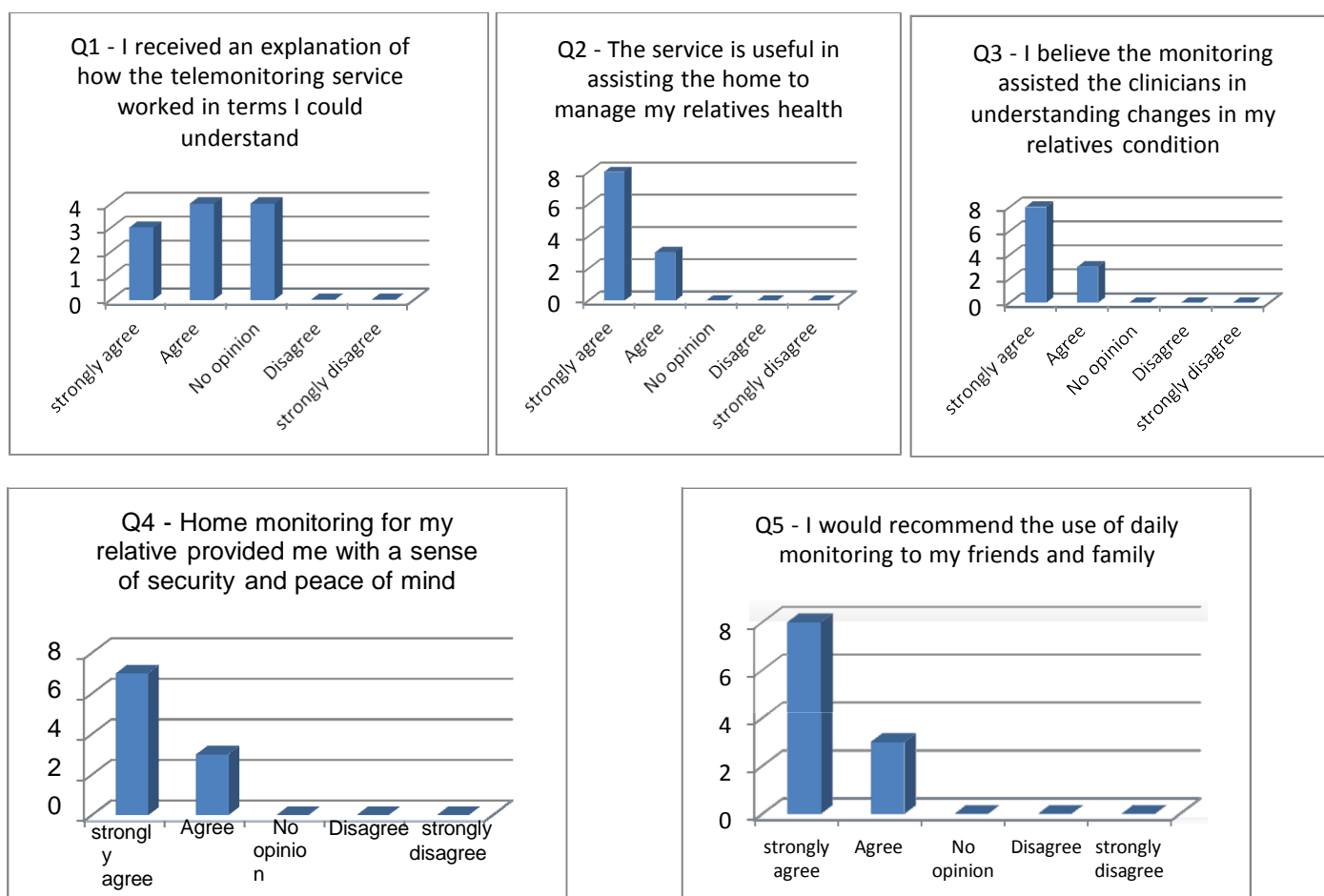
We feel that during the week we have a fantastic service but feel that we are lacking support at the weekend and this is where most of our admissions are happening at the weekends.

## Patient/Relative Questionnaire

11 questionnaires were returned from 46 active patients giving approx. 24% return rate. All 11 returned were completed by the relatives as all the patients concerned were suffering from Dementia.

	Strongly	Agree	No	Disagree	Strongly
	y		Opinio		y
Q1 - I received an explanation of how the telemonitoring service worked in terms I could understand	3	4	4	0	0
Q2 - The service is useful in assisting the home to manage my relative's health	8	3	0	0	0
Q3 - I believe the monitoring assisted the clinicians in understanding changes in my relative's condition	8	3	0	0	0
Q4 - Home monitoring for my relative provided me with a sense of security and peace of mind	7	3	0	0	0
Q5 - I would recommend the use of daily monitoring to my friends and family	8	3	0	0	0

The Bar charts x 5 below show the responses to each individual question asked



There were 3 questions that allowed for free text

1. What most impressed you about the home monitoring service?
2. If you had any questions were they answered in a timely manner?
3. How could we improve the

service? Below is a selection of the

responses

<b>What most impressed you about the home monitoring service?</b>
The response time and the level of care received
It has been useful as now the staff are aware of the early signs that something is changing
The time it took the matron to get to the home and she spent quality 1:1 time with the patient and gave clear explanation to the family
How keen everyone is to avoid admissions to hospital
Mum has not had a visit as her observations have been fine but the staff have said how beneficial it has been for others
Mum was having problems with her blood pressure and the matron arranged for a 24hr tape. Mums medication was altered accordingly, all done within the home.
The visits to the home were prompt
Quick response time
We feel contented with the thought that Mum is being closely looked after
My father is not the easiest to look after and the matron gave the time and attention to best meet his needs and I feel he was able to receive the best possible care
The service provided

<b>If you had any questions were they answered in a timely manner?</b>
All answered Yes

<b>How could we improve the service?</b>
Don't know
Have a weekend service
No improvement excellent service
Out of hours provision
none

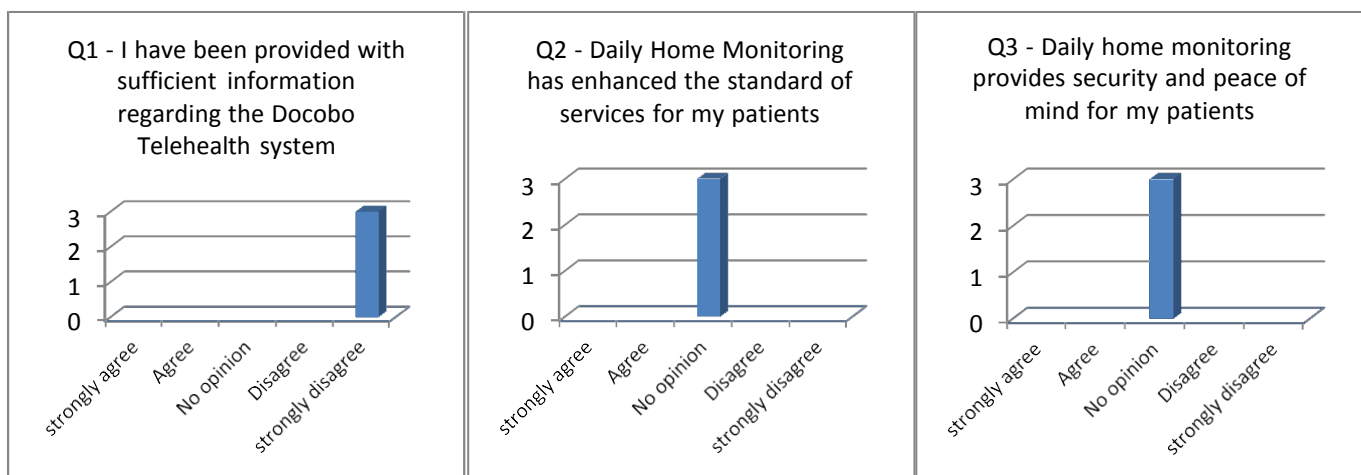
## GP Questionnaire

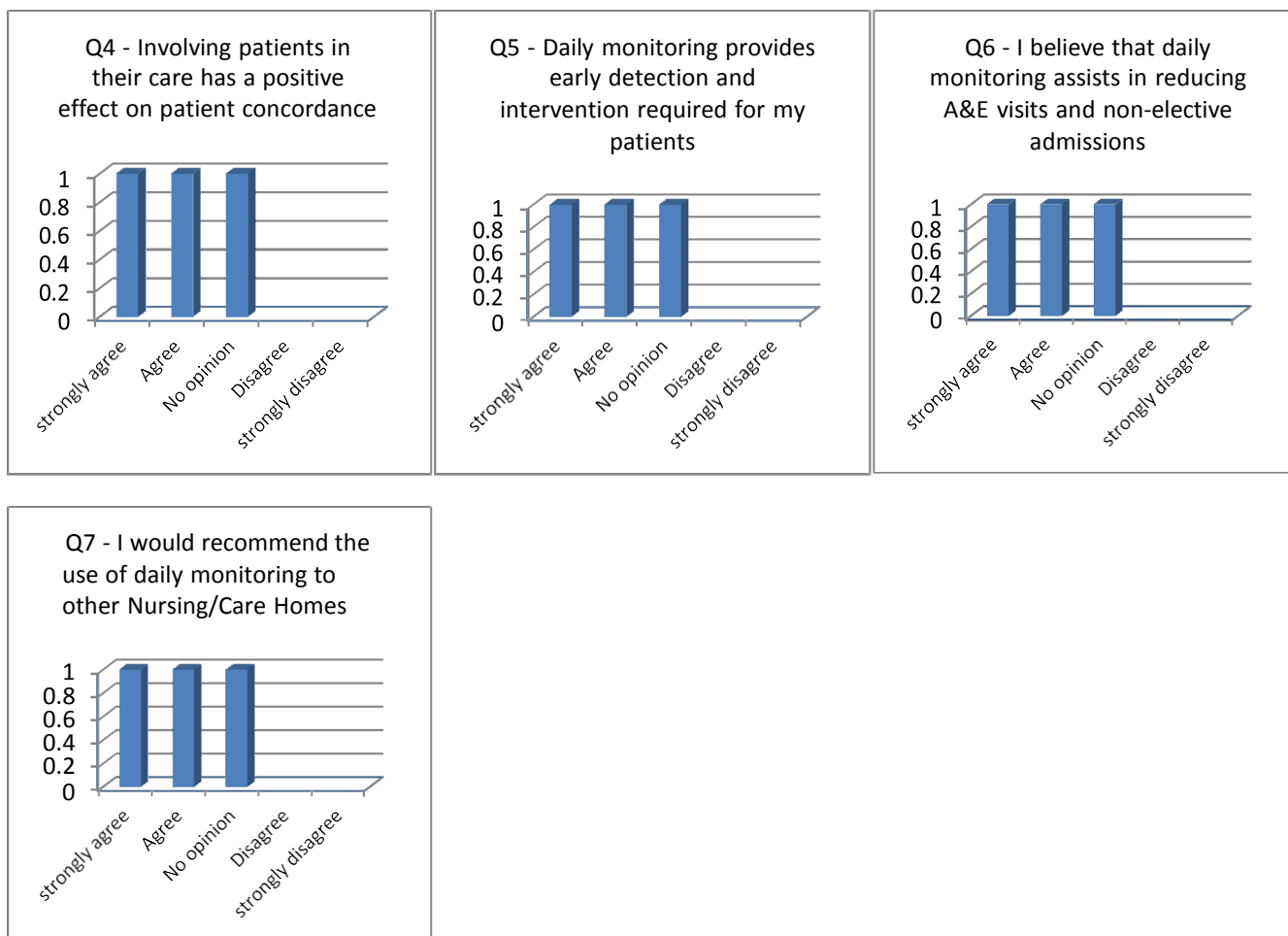
All GP practices involved in the pilot were sent a questionnaire to complete. Only one practice responded despite reminders being given.

A total of 3 questionnaires were returned

	Strongl y	Agree	No Opinio	Disagree	Strongl y
Q1 - I have been provided with sufficient information regarding the Docobo Telehealth system	0	0	0	0	3
Q2 - Daily Home Monitoring has enhanced the standard of services for my patients	0	0	3	0	0
Q3 - Daily home monitoring provides security and peace of mind for my patients	0	0	3	0	0
Q4 - Involving patients in their care has a positive effect on patient	1	1	1	0	0
Q5 - Daily monitoring provides early detection and intervention required for my patients	1	1	1	0	0
Q6 - I believe that daily monitoring assists in reducing A&E visits and non- elective admissions	1	1	1	0	0
Q7 - I would recommend the use of daily monitoring to other	1	1	1	0	0

The Bar charts x 7 below show the responses to each individual question asked





There were 2 questions that allowed for free text

4. What most impressed you about the monitoring service?

5. How could we improve the

service? Below is a selection of the

responses

**What most impressed you about the monitoring service?**

Not aware

Difficult to say as very little communication was transferred to Maywood regarding care provided

Unknown as not involved

**How could we improve the service?**

Improve communication between Community Matron and GP services

# INTERPRETATION & REFLECTION

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## Primary diagnosis –

27% of patients on the pilot had a primary diagnosis of Diabetes followed closely by Heart failure at 20% and UTI at 19.5%

12 patients (13%) did not have their primary diagnosis recorded, the matron responsible left the trust and this information was unobtainable.

## Alerts

All 4 matrons received alerts for their patients. Overall Heart Failure was the top primary diagnosis for the alerts with a total of 252 with COPD second at 181. However if you look at how many alerts on average were raised per patient within the primary diagnosis group, COPD is top with an average of 23 alerts per patient compared to 18 alerts per patient for HF.

The response to the alert depended on what the home told the Matron. Each alert would result in a telephone call which would lead to

- advice given over the phone
- visit made to the patient
- new diagnosis with a new treatment plan to follow
- prescription

The matrons did not admit any of their patients apart from one who was in Type 2 respiratory failure and was toxic from their medication.

## Admissions Avoided

Looking at the admissions for the group of patients included in the pilot for the period 1<sup>st</sup> November – 30<sup>th</sup> June 2012/13 compared to 2013/14 there was a 75% reduction in their admissions.

23 patients (49%) had no admissions throughout the period compared to the previous year.

## Nursing/Residential Home Satisfaction Questionnaire

Each home was sent a satisfaction questionnaire to complete with a covering letter (see appendix 5) 7 homes out of the 8 responded equating to an 88% response rate.

All the Homes were given the opportunity to insert their name along with the name of their Home should they wish and 6 out of the 7 did so. 4 indicated they were a residential home and 2 that they were a Nursing Home

All the homes felt they had been given sufficient information with regard to the system and pilot and all homes either strongly agreed or agreed that the monitoring provided early detection and intervention, assisted in reducing A&E visits and non-elective admissions and they would recommend the service to other Nursing/Residential Homes.

One home stated they had “no Opinion” to the question “Involving patients in their care has a positive effect on patient concordance” and qualified this by stating that they were a dementia home.

However one Nursing Home did disagree that the monitoring within the pilot provided security and peace of mind for their patients. This could be explained by their comment in the free text that as they were a Nursing Home with trained nurses, checks were already undertaken.

Overall the pilot was received extremely well in all the Residential Care Homes and the staff felt it improved their skills base and competencies not just for those patients on the pilot but for all residents in their care.

#### Patient/Relative Questionnaire

All patients were given the opportunity to complete a satisfaction questionnaire. For those patients unable to participate in the evaluation their relatives were given an amended version to complete (see appendix 4).

100% of the surveys returned either strongly agreed or agreed with questions 2 - 5. 4 surveys indicated that they had no opinion to Q1 as to whether they received an explanation of how the Telemonitoring service worked. This could either be explained by the question not being made clear enough and the relative thinking they were being asked about the detailed workings of the data collection or most likely that an explanation was felt to have not been provided.

45% felt the pilot could be improved by providing an out of hours/weekend service and the remaining 55% felt they either didn't know how it could be improved or that it didn't need improving.

73% strongly agreed that they would recommend the pilot to family and friends with the remaining 27% agreeing, none disagreed with the statement.

#### GP Questionnaire

GP uptake to the questionnaires was very poor and the only practice that responded did not feel involved with the pilot. However 2 out of the 3 responders either strongly agreed or agreed that that involving the patients in their care has a positive effect on concordance, that home monitoring provides early detection and intervention, that it assists in reducing A&E visits and non-elective admissions and that they would recommend it to other physicians. The third responder had no opinion.

Although no further GP's completed a questionnaire verbal responses from other GP Practices have been very positive, one was quoted to say they liked the system, it reduced their visits and they felt it empowered the staff with decisions.

#### Matron's feedback

The matrons were asked for their feedback both positive and negative with regard to the overall pilot and all felt the initiative

##### Positive

- Gave the homes more confidence in assessing their patients condition
- Exacerbations/deteriorations were identified sooner avoiding admissions
- Homes discussed issues, leading to advice and support given, resulting in reduced GP visits
- Families of the patients welcomed the pilot and were very excited by it.

## Negative

- Docobo system not set up for Nursing/Residential homes so not all data fields appropriate.
- Initially time consuming to register patients
- Difficulty with some WiFi connections
- Homes found daily questions too frequent which led to non-compliance. Agreed to proceed with 2 or 3 times a week questions which proved beneficial.

# FINANCES

Before the eight month Innovation commenced the technology provider delivered a start-up package that included training of staff, implementation and pathway development at a non-recurring cost of £5,400.

Emails sent to the home are at a cost of 0.90p each. On average 2 emails were sent per patient and initially there were 92 patients enrolled on the service, though this did decrease to 46 active patients at the end of the pilot. For cost purposes based on 60 patients for 8 months receiving 2 emails per week = £3720

513 alerts were raised which incurred clinicians time. This varied in duration depending on whether it was a phone call or a visit. If each alert took one hour of clinician time at Band 7 = £15,390.

8 Android Tablets were purchased for the Homes involved in the pilot at a cost of £170 each = £1,360

Based on the 46 patients at the end of the pilot they had 69 admissions in 2012/13 compared to 17 admissions 2013/14. If each admissions is averaged at 3 days at a cost of £250 per day = estimated saving of £39,000

Giving an overall saving for the pilot of £22,250. This does not include savings incurred from decreased GP visits, Ambulance call outs and any stay that might incur more than 3 days admission.

To continue with the service within Coastal Locality there would be on-going costs at 90p per email sent per patient. Estimated costs on 3 emails sent per patient per week for a year, times by 100 patients = £14,040

## Full Year Cost versus Savings to roll out SCT Wide

The figures below are based on the costs and savings for the pilot and projected for 100 patients in each locality. More in depth costings would need to be sought if agreed to proceed.

	Year 1					Year 2		
	Cost			Projected	Overall savings	Cost	Projected savings	Overall
	Start up	Android	Cost of emails			Cost of		
Coastal	N/A	N/A	£14,040	£84,783	£70,743	£14,040	£84,783	£70,743
North	£5,400	£1,360	£14,040	£84,783	£63,983	£14,040	£84,783	£70,743
Brighton &	£5,400	£1,360	£14,040	£84,783	£63,983	£14,040	£84,783	£70,743
Total	£10,800	£2,720	£42,120	£254,349	£198,709	£42,120	£254,349	£212,229

# RECOMMENDATIONS

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The author and the Admission Avoidance Matrons recommend

- That the pilot is mainstreamed and rolled out. It is a cost effective approach to admission avoidance at a cost of 90p per day per patient that the service is used.
- Target high admitting homes for a short period to increase awareness and skill sets.
- Work with Docobo to amend data fields to Nursing/Residential Home requirements.
- Explore the possibility of linking the initiative with SystemOne to improve information sharing and avoid repetition of tests etc.
- Make the information on the Android Tablets available to all health professionals involved in the patients care
- Improve communication with the GP's

## Appendix 1

### QUESTION's

#### Chronic Heart Failure

Measure and record your blood pressure  
Take a reading of your blood oxygen  
Measure and record your weight  
Have you experienced breathlessness in the last 24 hours?  
Have you had any chest pain in the last 24 hours?  
How would you describe the pain?  
Are your ankles or feet swollen this morning?  
Is there anything else you feel the nurse should know regarding your health?

#### COPD

Measure and record your blood pressure  
Take a reading of your blood oxygen  
Have you been anxious today?  
Have you experienced breathlessness in the last 24 hours?  
Did you wake during the night due to coughing or breathlessness  
Have you produced sputum today?  
Is there anything else you feel the nurse should know regarding your health?

#### Diabetes

Have you noticed you are thirstier today?  
Have you used a dip stick in your urine today?  
Record your blood glucose level and enter the value

#### UTI

Take your temperature and enter the value.  
How many drinks have you had so far today?  
Have you used a dip stick in your urine today?  
Please enter your ph reading from the dip stick test  
Select which statement best describes your mobility  
Are you using a catheter?  
Do you usually wear pads?  
What colour is your urine?  
What is the consistency of your urine?  
What description best describes the aroma of your urine?  
Is there any new confusion or more disorientation than normal?

### Patient Informed Consent for Telehealth

#### Patient details (or pre-printed label)

Patient Surname	
Patient first name	
Date of birth	
Responsible health professional	
Job title	
NHS number	
Special Requirements (e.g. other languages/other communication method)	

I, \_\_\_\_\_, give permission to the staff of Sussex Community NHS Trust to provide home telemonitoring services to me.

#### I understand that:

- The monitoring service is **NOT AN EMERGENCY RESPONSE DEVICE**.  
If I feel unwell and require medical attention, I know to call the Emergency Services and/or my Health Care Provider
- I will call Sussex Community Trust or my health care provider with any questions I may have.
- The length of time I am prescribed Telemonitoring via email is at the discretion of the Admission Avoidance Matron and they may choose to remove the service at any time.
- I understand that the service enables me to provide my own health measurements via the nurses in the Home, which are then passed to clinicians to help monitor my condition. It is in my own interest to enable them to enter the data daily.
- Information obtained from home telemonitoring is considered part of my patient record and may be shared with other health care providers to enhance my care.
- I have the right to discuss the use of telemonitoring at any time with my carers and can refuse to be part of it. In which case I will be removed from the Telemonitoring service. If I am removed from the service, I understand that the Admission Avoidance matron's will not have access to the telemonitoring data that helps them support my condition.
- Sussex Community Trust may share information with other relevant organisations as a way to assess care provided to me and the benefits of home telemonitoring. However, none of this information will identify me.

#### I acknowledge:

- Y That I am aware of the Telehealth via email service
- Y That I give permission for the data to be collected by the Nursing Home and sent via Docobo to the Admission Avoidance Matron.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician's signature

\_\_\_\_\_  
Date

An AGREEMENT between Sussex Community NHS Trust (the Trust), the provider of Google Nexus 7 Tablet

and .....(The User)

Google Nexus 7 equipment is supplied to the user on the following terms and conditions:

1. The equipment remains the property of the Trust or its appointed agents and must be returned to the Trust or its appointed agents when authorised usage of such equipment ceases or the pilot finishes.
2. The user must maintain the equipment in good working order and is responsible for any damage caused.
3. The equipment is supplied to the user on the strict understanding that it is for Telemonitoring pilot use.  
Google Nexus 7 provided by the Trust shall not be used for personal reasons unless in the event of an emergency.
4. The equipment is not to be loaned temporarily or permanently to another Home or individual employee.
5. Failure of the user to comply with the terms and conditions of this agreement may result in breach of contract.

I, (the user), confirm receipt of a Sussex Community Trust's Google Nexus 7 equipment and hereby agree to the terms and conditions as set out above.

Signed ----- Date -----

Print Name -----

Organisation's name -----

Signed on behalf of the Trust -----

Print Name ----- Date -----

### GP Satisfaction Survey

Your feedback is vital in helping us to achieve our goal of continuously improving the services we provide. Thank you for taking the time to complete this survey and for participating with us in telemonitoring technology.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I have been provided with sufficient information regarding the Docobo telehealth system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily home monitoring has enhanced the standard of services for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily home monitoring provides security and peace of mind for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving patients in their care has a positive effect on patient concordance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily home monitoring provides early detection and intervention required for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that daily home monitoring assists in reducing A&E visits and non-elective admissions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the use of daily home monitoring to other physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Please tell us

1. What most impressed you about the home monitoring service?
2. How could we improve the service?

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Physician name (optional)

## Nursing/Residential Care Home Satisfaction Survey

Your feedback is vital in helping us to achieve our goal of continuously improving the services we provide. Thank you for taking the time to complete this survey and for participating with us in telemonitoring technology.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I have been provided with sufficient information regarding the Docobo telehealth system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily home monitoring has enhanced the standard of services for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily home monitoring provides security and peace of mind for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving patients in their care has a positive effect on patient concordance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily monitoring provides early detection and intervention required for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that daily monitoring assists in reducing A&E visits and non-elective admissions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the use of daily monitoring to other Nursing Homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Please tell us

3. What most impressed you about the monitoring service?

4. How could we improve the service?

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**Nurses name (optional)**

## Patient Satisfaction Survey

Your feedback helps us to continuously improve the home care services we provide. Thank you for taking the time to complete this survey and for participating in our Telehealth Monitoring Programme.

### Instructions

Listed in the box below are a number of questions about your recent home telemonitoring experience. Please answer each question by marking the box that best indicates your opinion.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I received an explanation of how the Telemonitoring service worked, in terms I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service is useful in assisting me to manage my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt more involved in my care by participating in the Telemonitoring Programme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe the monitoring assisted the clinicians in understanding changes in my condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home monitoring provided me with a sense of security and peace of mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would use the Telehealth Monitoring System in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the use of daily home monitoring to my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Please tell us

1. What most impressed you about the home monitoring service?
2. If you had questions were they answered in a timely manner?
3. How could we improve the service?

## Patient Satisfaction Survey (Relative)

Your feedback helps us to continuously improve the home care services we provide. Thank you for taking the time to complete this survey and for participating in our Telehealth Monitoring Programme.

### Instructions

Listed in the box below are a number of questions about your recent home telemonitoring experience. Please answer each question by marking the box that best indicates your opinion.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
I received an explanation of how the Telemonitoring service worked, in terms I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service is useful in assisting the home to manage my relative's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe the monitoring assisted the clinicians in understanding changes in my relatives condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home monitoring for my relative provided me with a sense of security and peace of mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the use of daily home monitoring to my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Please tell us

4. What most impressed you about the home monitoring service?
  
  
  
5. If you had questions were they answered in a timely manner?
  
  
  
6. How could we improve the service?

Deborah  
Hassell Project  
Manager  
Bognor Regis War Memorial Hospital  
Shripney  
Road  
Bognor  
Regis West  
Sussex  
PO22 9PP

*Insert Address*

*Insert Date*

Dear

Re Docoboweb  
Pilot

I would like to take this opportunity to thank you for your co-operation and involvement with the Docoboweb pilot, that Sussex Community Trust has been undertaking via your Community Admission Avoidance Matron.

To help inform us, I wondered if you would be prepared to participate in the evaluation by completing the enclosed questionnaire and returning it in the stamped addressed envelope.

Your feedback is vital in helping us achieve our goal of continuously improving the services we provide.

Thank you for taking the time to complete this survey and for participating with us in telemonitoring technology.

Yours sincerely

Deborah Hassell  
Project Manager