

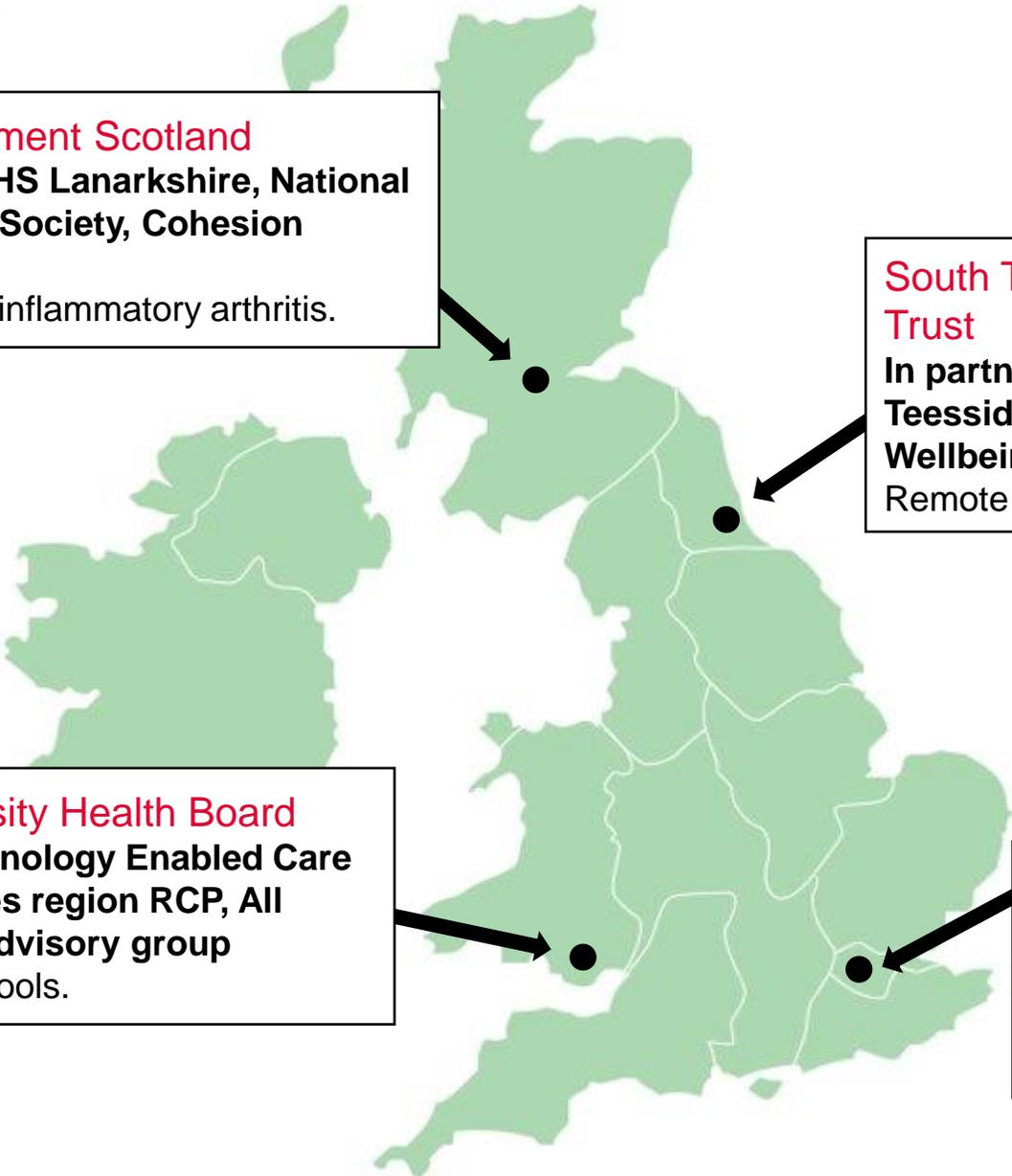
*Session 2: In conversation with
test teams*

Healthcare Improvement Scotland
In partnership with NHS Lanarkshire, National Rheumatoid Arthritis Society, Cohesion Medical
Remote monitoring for inflammatory arthritis.

South Tees Hospitals NHS Foundation Trust
In partnership with National Horizons Centre, Teesside University, What Works Centre for Wellbeing
Remote monitoring for home haemodialysis.

Aneurin Bevan University Health Board
In partnership with Technology Enabled Care Cymru, South East Wales region RCP, All Wales Young Persons Advisory group
Remote monitoring in schools.

Chelsea and Westminster Hospital NHS Foundation Trust
In partnership with Imperial College NHS Trust, Imperial College Health Partners
Remote monitoring and digital inequity.



*Aneurin Bevan University Health
Board*



Technology Enabled Remote Monitoring in Schools

TEC Cymru's 10 Golden Rules to Research & Evaluation



Make 'co-design'
central to your R&E
approach



Conduct a robust
mixed
methodology



Follow a Plan, Do,
Study, Act
approach



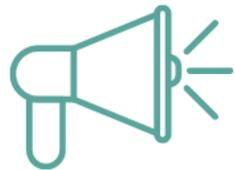
Evaluate from Day 1,
and continue doing so



Get out there, and
understand the lay of
the land



Be open to learning,
and ask all types of
questions



Capture 'all' types
of voices, and
involve all players



Avoid assuming
you know the
answer/outcome

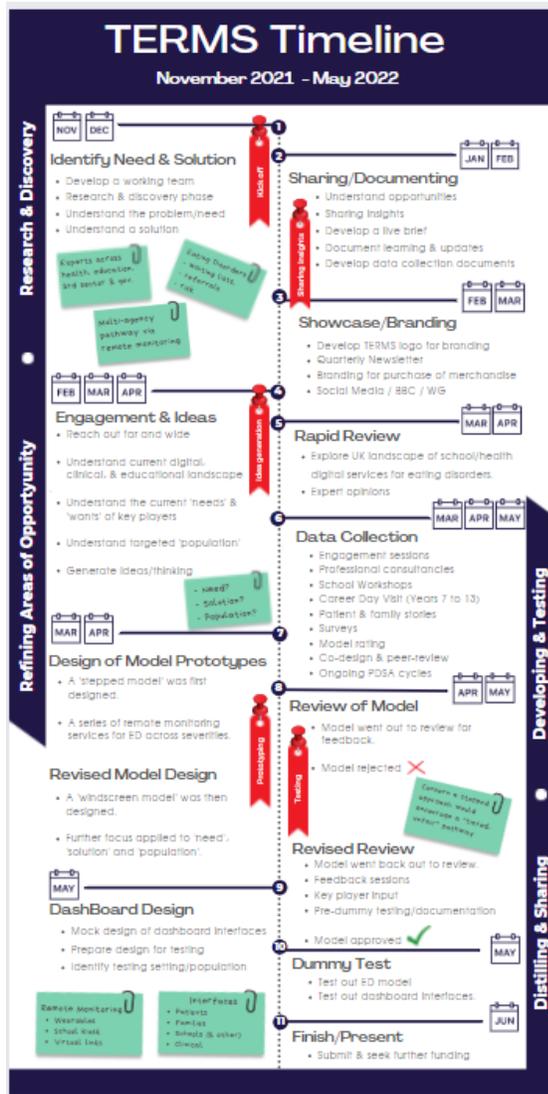


Keep asking these
questions, and keep
learning



Disseminate and
share your learning

Q Lab UK Study: Multi-Agency Pathway Study



- Health Foundation funded- Q Lab UK theme is on '**remote monitoring**'.
- 4 teams - two in England, one in Scotland and one in Wales.
- Welsh team project: **Technology Enabled Remote Monitoring in Schools (TERMS)**.
- Team Identified '**eating disorders**' as the first site for TERMS to pilot test.
- Conducted a Rapid Review of ED in schools to explore UK and Wales need/gaps.
- Engagement & workshops & model development/reviews
- Develop a multi-agency pathway for mental health, using technology.
- Eating disorders to be tested as a pilot multi-agency pathway, and to be applied for further funding.

TERMS Timeline

November 2021 - May 2022

Research & Discovery

Refining Areas of Opportunity



1 Identify Need & Solution

- Develop a working team
- Research & discovery phase
- Understand the problem/need
- Understand a solution

Experts across health, education, 3rd sector & gov.

Multi-agency pathway via remote monitoring

Eating Disorders - waiting lists, - referrals, - risk



4 Engagement & Ideas

- Reach out far and wide
- Understand current digital, clinical, & educational landscape
- Understand the current 'needs' & 'wants' of key players



2 Sharing/Documenting

- Understand opportunities
- Sharing insights
- Develop a live brief
- Document learning & updates
- Develop data collection documents

Kick off

Sharing insights



3 Showcase/Branding

- Develop TERMS logo for branding
- Quarterly Newsletter
- Branding for purchase of merchandise
- Social Media / BBC / WG

Idea generation

5 Rapid Review

- Explore UK landscape of school/health digital services for eating disorders.
- Expert opinions



6 Data Collection

- Engagement sessions
- Professional consultancies
- School Workshops
- Career Day Visit (Years 7 to 13)
- Patient & family stories
- Surveys

- Need?
- Solution?
- Population?

Understand the current 'needs' & 'wants' of key players

Understand targeted 'population'

Generate ideas/thinking

- Need?
- Solution?
- Population?



Design of Model Prototypes

A 'stepped model' was first designed.

A series of remote monitoring services for ED across severities.

Revised Model Design

- A 'windscreen model' was then designed.
- Further focus applied to 'need', 'solution' and 'population'.



Dashboard Design

- Mock design of dashboard interfaces
- Prepare design for testing
- Identify testing setting/population

Remote Monitoring
• Wearables
• School Kiosk
• Virtual Links

Interfaces
• Patients
• Families
• Schools (& other)
• Clinical



7 Data Collection

- Engagement sessions
- Professional consultancies
- School Workshops
- Career Day Visit (Years 7 to 13)
- Patient & family stories
- Surveys
- Model rating
- Co-design & peer-review
- Ongoing PDSA cycles

8 Review of Model

- Model went out to review for feedback.

- Model rejected

Concern a stepped approach would encourage a "tiered, unfair" pathway

Prototyping
Testing



9 Revised Review

- Model went back out to review.
- Feedback sessions
- Key player input
- Pre-dummy testing/documentation

10 Dummy Test

- Model approved
- Test out ED model
- Test out dashboard interfaces.



11 Finish/Present

- Submit & seek further funding



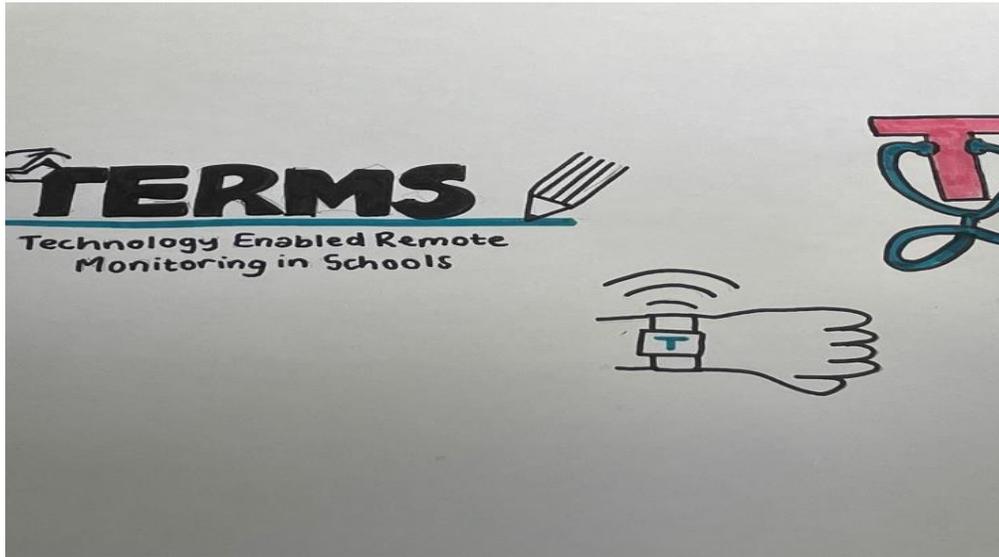
Developing & Testing

Distilling & Sharing

Engagement



- Young People Representatives ✓
- Young people in schools ✓
- College Gwent ✓
- Young people with mental health and disordered eating ✓
- Parents & families ✓
- School teachers and other staff ✓
- Social media platforms ✓
- Third sector agencies (BEAT, Platform, Mind) ✓
- BBC ✓
- Government ✓
- Clinical teams in CAMHS ✓
- Clinical teams in child health ✓
- Eating Disorder teams ✓
- ED RCPsych Chair ✓
- School In-Reach Team ✓
- Early Intervention Team ✓
- Tunstall and other product design companies ✓



Welcome to our first TERMS newsletter! Here we will briefly discuss our recent progress of the upcoming TERMS project. Our project surrounds the premise of Technology Enabled Remote Monitoring in Schools (more commonly known as TERMS)

Our New Logo



During children's mental health week, some of our young people advisors and their peers at Brynteg School worked together to create an initial draft of our new logo. We believe the use of symbols within this logo fully display the aims of this project.



Q-Lab Workshops

We are planning to carry out workshops in different schools across Wales. So far, a school letter has been sent out to several schools, and we are starting to receive replies and arrange virtual chats to set dates and times.

Our young people are in the process of developing an activity sheet. This interactive task will be one resource used in these workshops. These workshops are planning to go ahead in April. If these workshops are beneficial there is a possibility that more schools in the future will be involved in this project.

Twitter

Results provided through our recent Twitter poll have shown that 73.3% of individuals believe that remote monitoring can work in school settings. Please follow us @TERMScymru, to receive future updates and have the opportunity to take part of future polls.



Interview with the TERMS Project Manager

Interview conducted by a Young Person Advisor in March 2022

What are the main aims of TERMS?

The TERMS project is currently in what we call a 'phase zero' zone in a quality improvement project, which is like a discovery phase in research and evaluation terms (see our approach phased approach [here](#)). Being in these early doors zone is actually really exciting for us, as it is a great opportunity to start at day-dot - at the very beginning of the story - and therefore tell the 'full' story, which is just wonderful. It allows us as a project team to work our way through the phases and learn from all the potential ideas, experiences, opportunities, and the challenges'

The main aim of TERMS (in this part of the project) is to scope out the needs and requirements of technology enabled remote monitoring in schools in Wales. To allow us to get out and talk to those on the ground - the pupils, the teachers, the canteen staff, the parents, the health and social care services and so on - and ask them 'what they want' and to better understand what is most likely to work, for whom, under which circumstances and to what extent. In my opinion, this is the only way to truly design and implement a successful project'

How are you getting young people's opinions on the project?

The TERMS project will be a co-designed project from start to finish. We have a group of fantastic young people advisors embedded in the core design team and their voices and opinions have been the driver to where this project is currently sitting. The young people advisors are involved in the design of the TERMS logo, research questions, posters and activity documentation, and the design and content of our monthly newsletter. We will also be running workshops in schools and online with a mix of school pupils and volunteers to help us design the TERMS intervention'

Why is the project focusing on eating disorders in particular?

The focus on eating disorders came out of several different conversations with the core TERMS team and other stakeholders. When we originally submitted the bid for this project there was no set agenda for what health or social care need or requirement TERMS would be used for. We just knew that there was a considerable gap between health and social care and education - and we wanted to scope out how to best close this gap by using a TERMS approach. Eating disorders was identified as a growing problem for young people since the pandemic, and a potential easy fit with the use of TERMS. We will now be taking this idea into schools and health and social care and exploring this further. But if there is no buy-in, we will return to the drawing board'

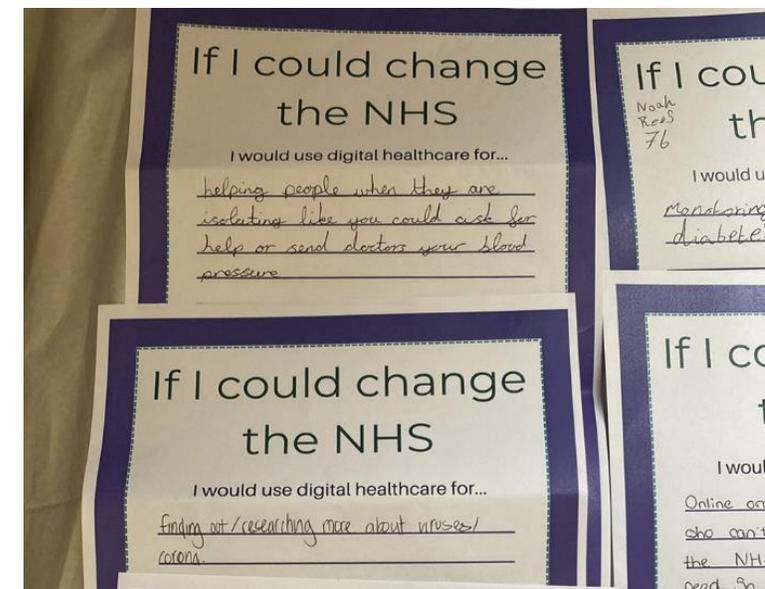
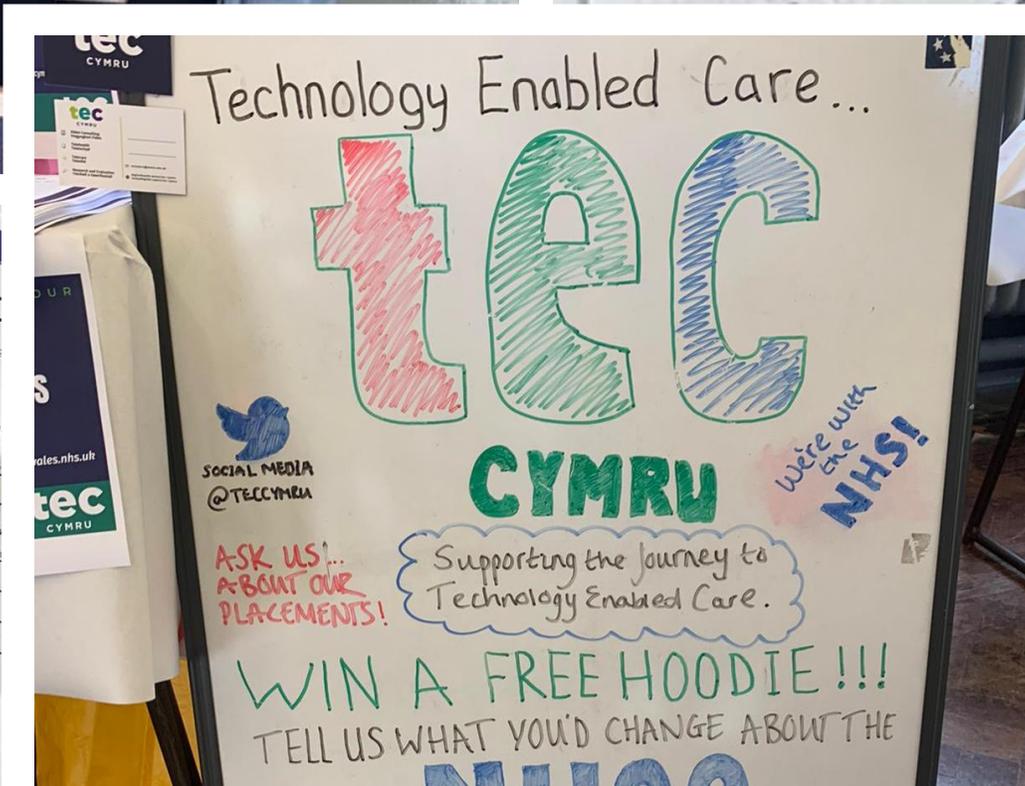
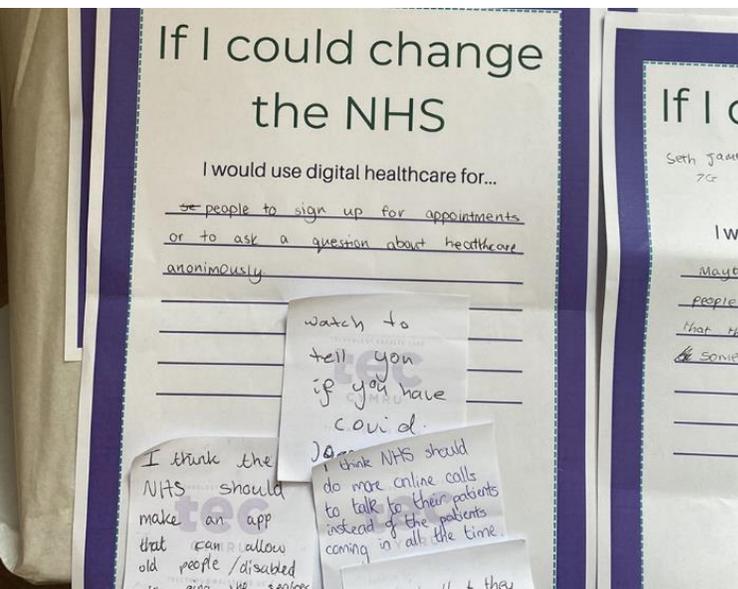
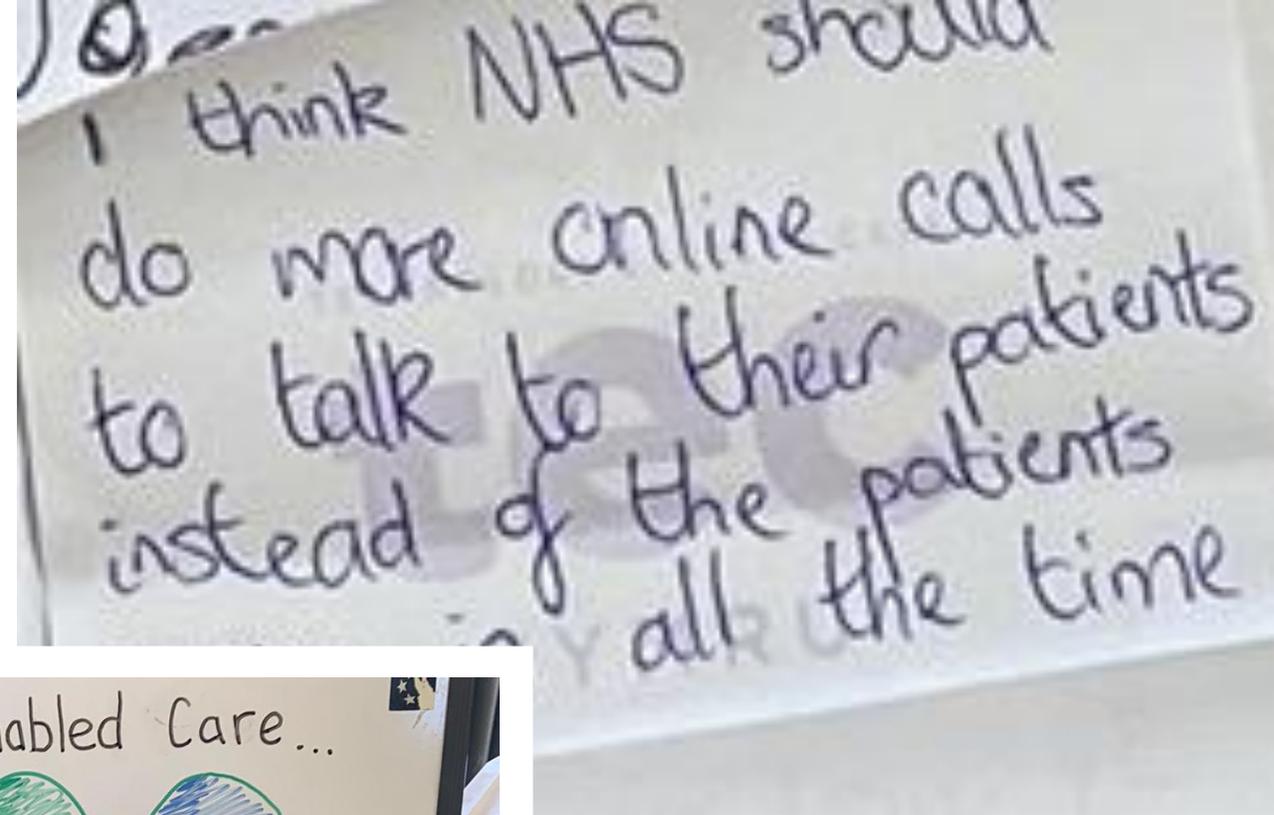
How can this model be used in other situations in the future?

The model we are proposing to discuss with schools and health and social care is a multi-dimensional approach for schools to adopt and use across a wide range of eating difficulties and disorders ranging from basic advice and support all the way up to medical devices and potential virtual tertiary services. This type of stepped model can be applied across any type of intervention, as it considers all types of people, across all types of situations and considers all types of needs with a wide range of solutions - all under one roof! This type of one-stop-shop makes sense'

Authors

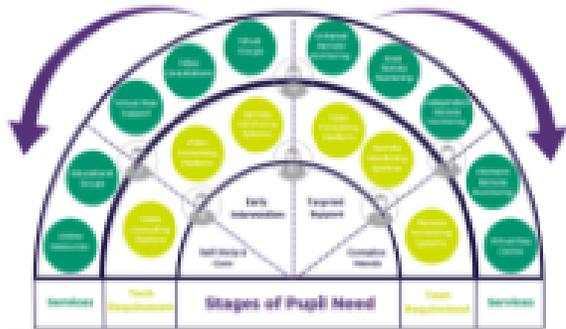
This newsletter, and its developed content, was produced and written up by the TERMS young people advisors.

A big thank you to our young person advisors, Ansh, Ebony, Abbie & Sia.



How would you rate the TERMS model?

The Proposed Model



- 1 Online Resources
- 2 Educational Groups
- 3 Peer support groups
- 4 Video Consultations
- 5 Virtual Group Consultations
- 6 Universal Remote Monitoring
- 7 1:1 Remote Monitoring
- 8 Self Remote Monitoring
- 9 Intensive Remote Monitoring
- 10 Virtual Day Centre

IMPACT

HIGH

I Most Like

I Like

Add more ideas
in the space
below

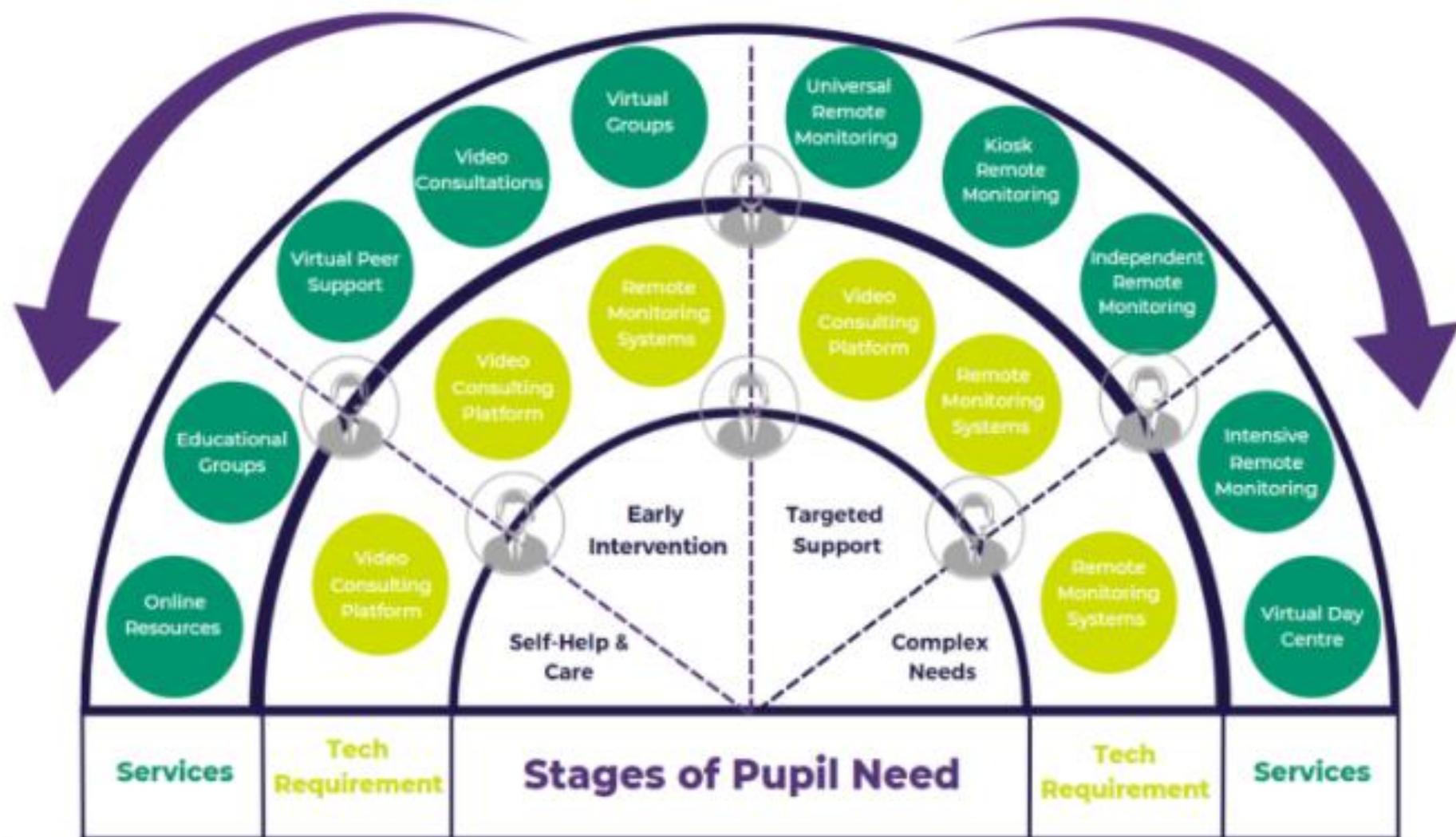
I Like a little

I Least Like

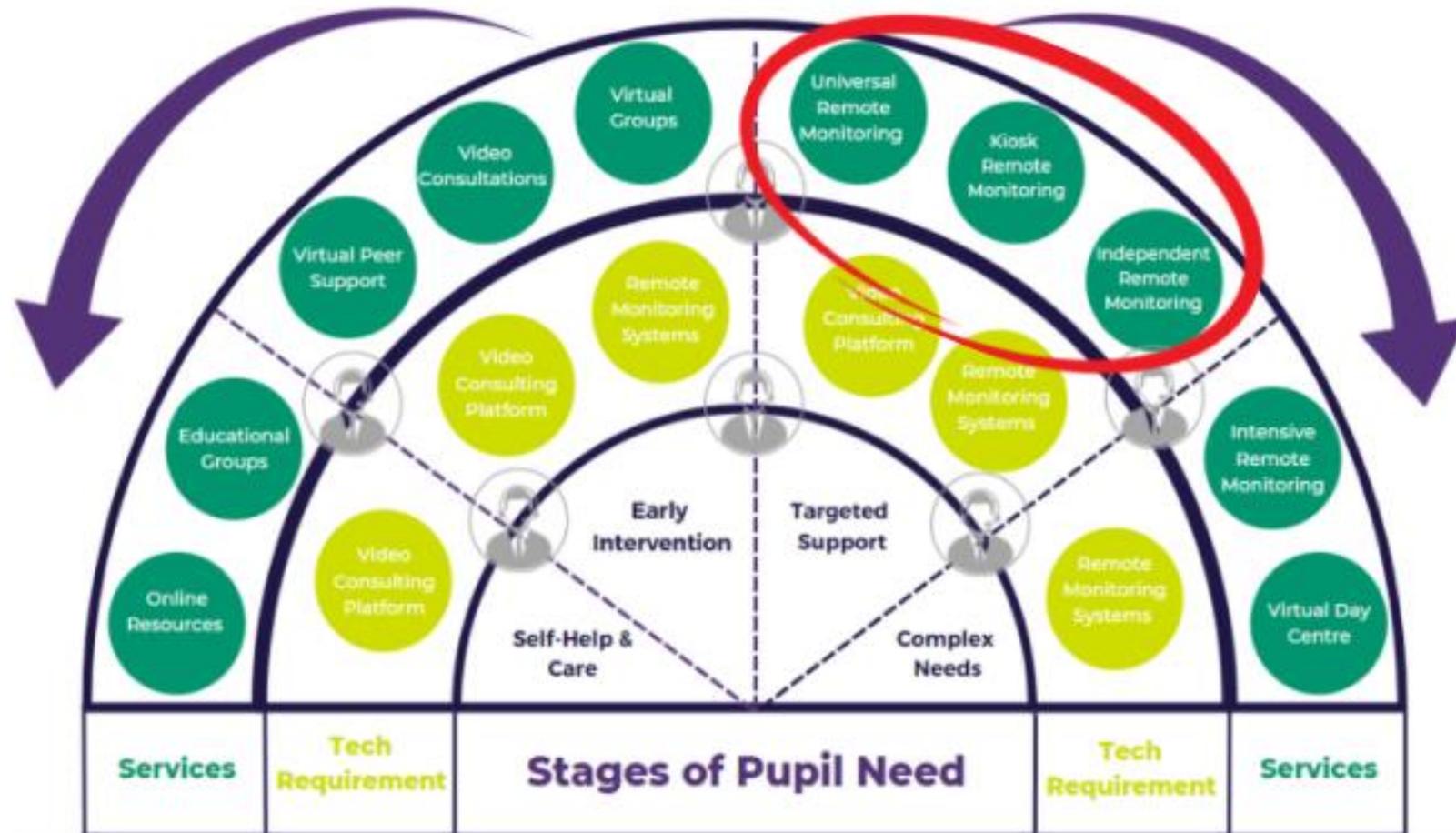
LOW

Using the numbers 1-10, place in relevant boxes above, based on what you like or don't like about the model.

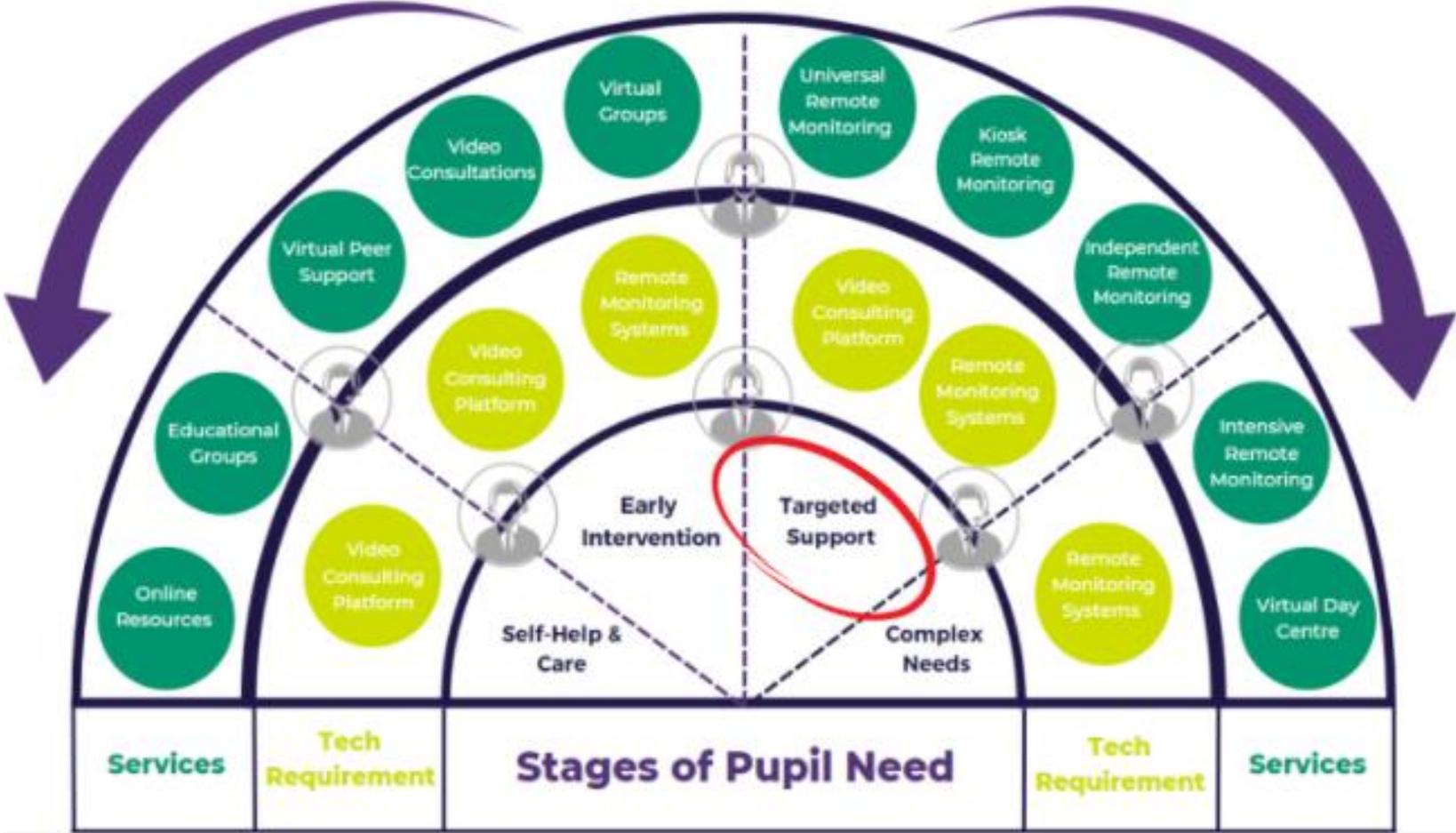
The TERMS WindScreen Model



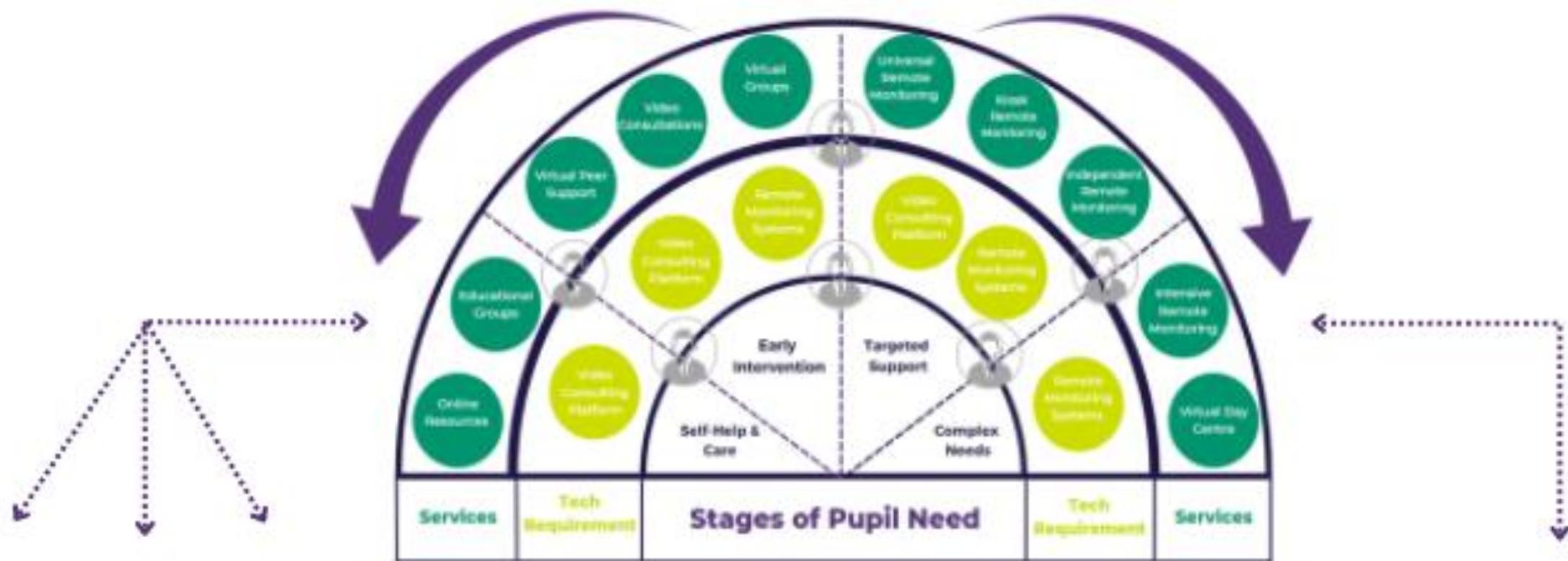
Implementation Pilot Focus - Remote Monitoring



Pilot Population Focus - Targeted Needs (ED)



The TERMS Model & DashBoard Interface



Patient



Parent

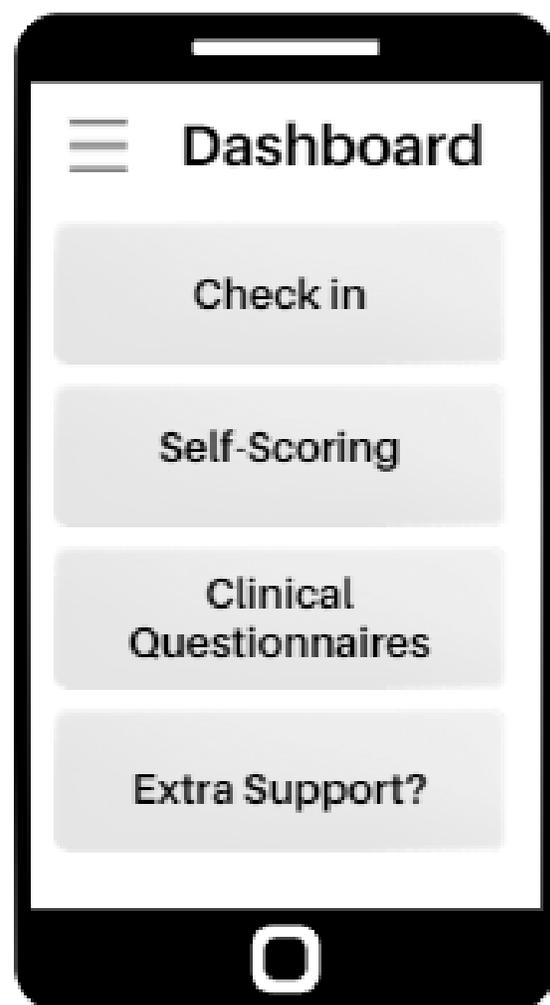


School/Other

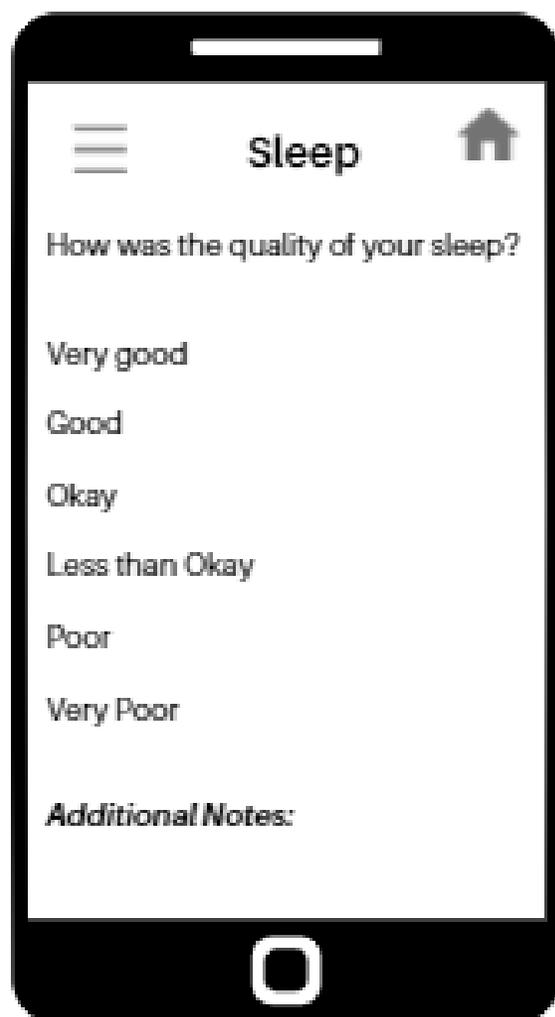


Clinical Interface

The DashBoard - Patient Interface



Patient - Daily Self Scoring



Sleep	Family/Friends	Eating Behaviours
Mood	Physical Activity	Alcohol Use
Stress	Irritability	Smoking / Drugs
Anxiety	Medications	Socialisation

The DashBoard - Clinician Interface



Remote Checks

DAY

WEEK

MONTH

YEAR



Appointments

02/04/2022
Dr. J Williams
CAMHS
Video Call



28/03/2022
Mrs. S Miller
GP Nurse
Bloods (in-person)



14/03/2022
Mr. D Phillips
Family Therapy
Virtual Route



James Thomas

Age 14.2 Sex Male Weight 55kg Height 160cm Other Other



Toilet Use



Sleep Quality



Medication



Water Intake



Vitals (UK measures)

Heart Rate **95** BPM Normal

Blood Pressure **140/90** Normal

Respiration Rate **14** BPM Normal

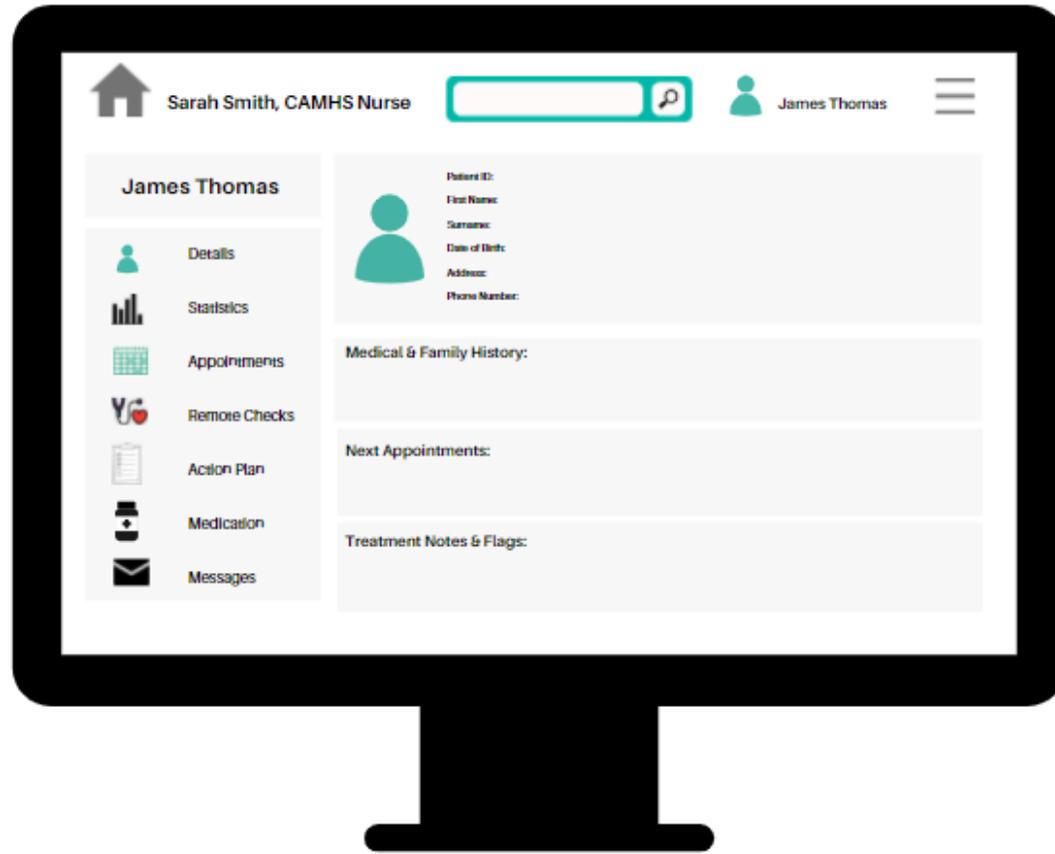
Oxygen **95** % Normal

Glucose **150** mg/dL High

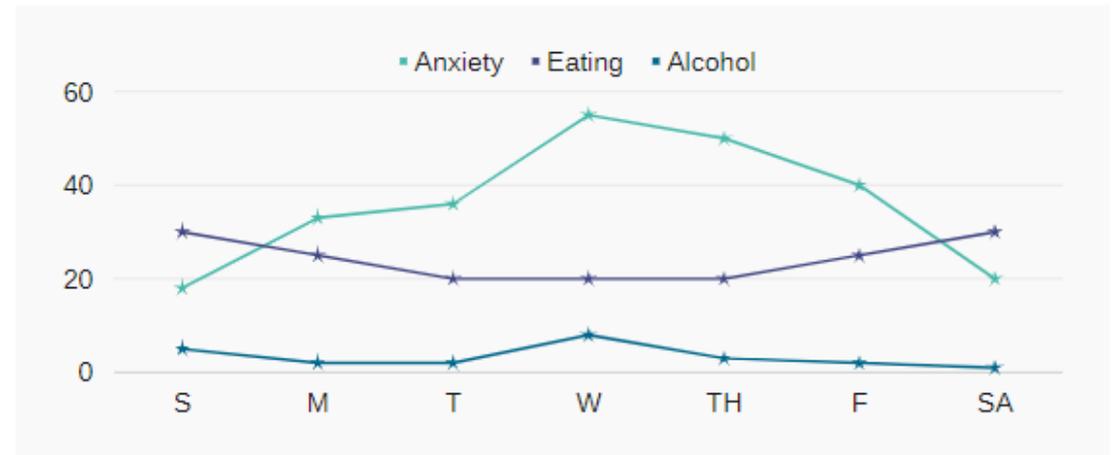
Temperature **36.3** °C Normal

The DashBoard - Clinician Interface

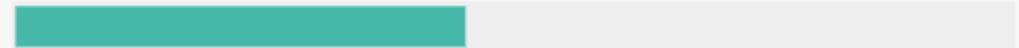
Profile



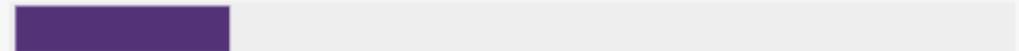
Statistics



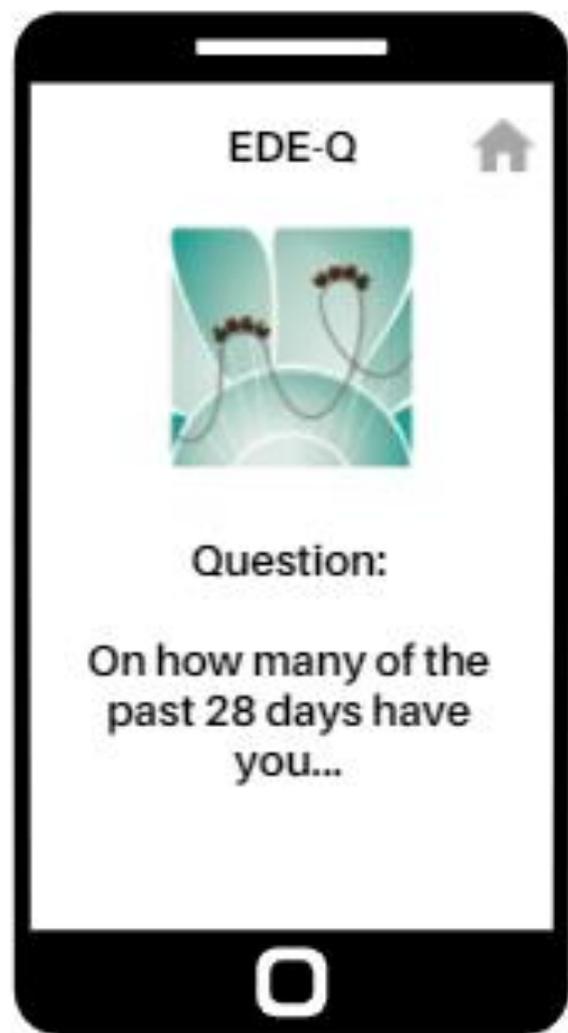
40% Variation in anxiety scores



20% Increase in eating behaviours



Questionnaires - EDE-Q 6.0



ON HOW MANY OF THE PAST 28 DAYS...		NO DAYS	1-3 DAYS	4-10 DAYS	11-15 DAYS	16-20 DAYS	21-27 DAYS	EVERY DAY
1	How you have difficulty wanting to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
2	How you give (or long periods of time) to eating foods or items without eating anything at all in order to influence your shape or weight?	0	1	2	3	4	5	6
3	How you tried to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
4	How you tried to follow dietary rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
5	How you had a definite desire to have an weight normal or with the aim of influencing your shape or weight?	0	1	2	3	4	5	6
6	How you had a definite desire to have a body fat amount?	0	1	2	3	4	5	6
7	How thinking about food, eating or calories made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
8	How thinking about shape or weight made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
9	How you had a definite fear of losing control over eating?	0	1	2	3	4	5	6
10	How you had a definite fear that you might gain weight?	0	1	2	3	4	5	6
11	How you felt fat?	0	1	2	3	4	5	6
12	How you had a strong desire to lose weight?	0	1	2	3	4	5	6

ON HOW MANY OF THE PAST 28 DAYS...		NO DAYS	1-3 DAYS	4-10 DAYS	11-15 DAYS	16-20 DAYS	21-27 DAYS	EVERY DAY
13	Over the past 28 days, on how many days have you eaten or drunk too fastively? ... Do not count episodes of binge eating.	0	1	2	3	4	5	6
14	Over what proportion of the times that you have eaten have you felt guilty (not that you've done wrong because of its effect on your shape or weight) ... Do not count episodes of binge eating.	0	1	2	3	4	5	6
15	Over the past 28 days, how concerned have you been about other people seeing you eat? ... Do not count episodes of binge eating.	0	1	2	3	4	5	6

11	Over the past 28 days, how many times have you eaten what other people would regard as an unusually large amount of food (given the circumstances)?	
14	... On how many of these times did you have a sense of having lost control over your eating at the time you were eating?	
15	Over the past 28 days, on how many DAYS have such episodes of overeating occurred (i.e. you have eaten an unusually large amount of food and have had a sense of loss of control at the time)?	
16	Over the past 28 days, how many times have you made yourself sick (vomit) as a means of controlling your shape or weight?	
17	Over the past 28 days, how many times have you taken laxatives as a means of controlling your shape or weight?	
18	Over the past 28 days, how many times have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape or amount of fat, or to burn off calories?	

ON HOW MANY OF THE PAST 28 DAYS...		NOT AT ALL	SLIGHTLY	MODERATELY	MARKEDLY			
19	Has your weight influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
20	Has your shape influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
24	How much would it have upset you if you had been asked to weigh yourself once a week (too many, or too often, or not for the next four weeks)?	0	1	2	3	4	5	6
25	How dissatisfied have you been with your weight ?	0	1	2	3	4	5	6
26	How dissatisfied have you been with your shape ?	0	1	2	3	4	5	6
27	How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	0	1	2	3	4	5	6
28	How uncomfortable have you felt about others seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	0	1	2	3	4	5	6



Please stand on the scale and do not step off until the scale informs you to.

Please enter your reading manually. Be aware that the reading will appear to have been performed when it is entered, so please perform the reading now.

Weight (kg)

Continue



Please measure your blood pressure.

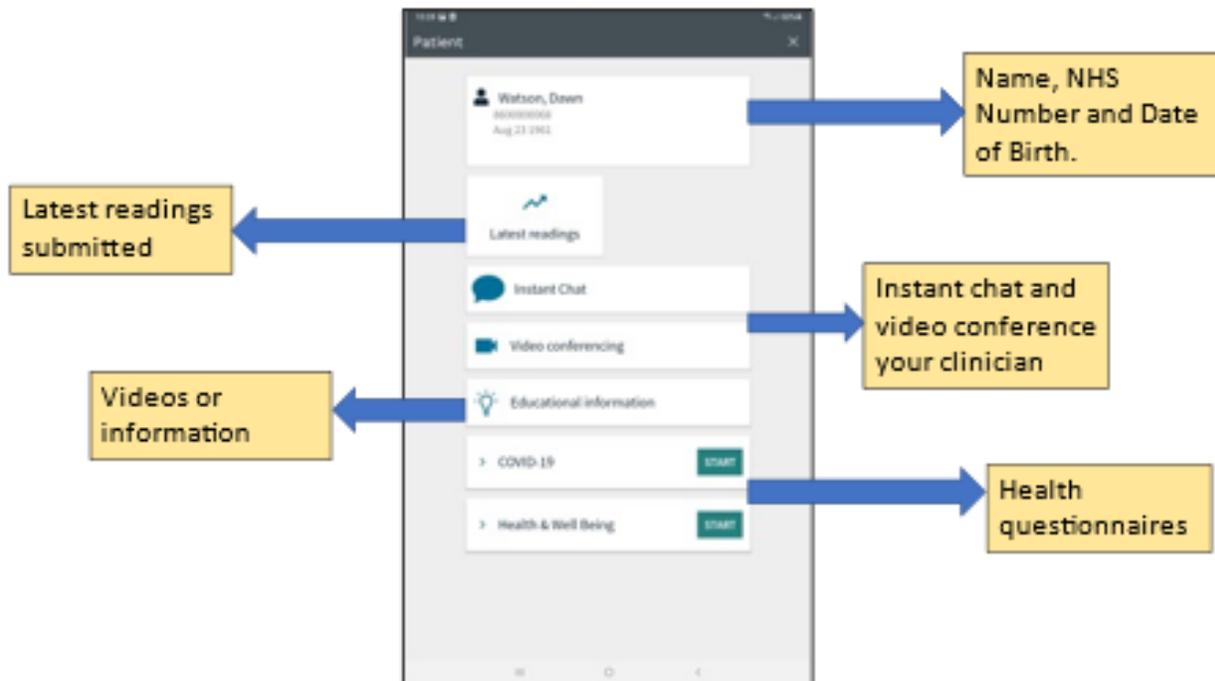
Please enter your reading manually. Be aware that the reading will appear to have been performed when it is entered, so please perform the reading now.

Systolic Blood Pressure (mmHg)

Diastolic Blood Pressure (mmHg)

Pulse (bpm)

Continue



Latest readings submitted

Videos or information

Name, NHS Number and Date of Birth.

Instant chat and video conference your clinician

Health questionnaires

*Healthcare Improvement
Scotland*

Building Trust & Confidence in Remote Monitoring Solutions for Rheumatoid Arthritis

Co-Designed using Lived Experiences

User insights were gathered from three focus groups held by NRAS, COHESION and Humanly

22/02/22

8

Patients

24/02/22

7

Patients

22/03/22

3

Clinicians

Thematic Areas:

Patients	Clinicians
<ul style="list-style-type: none">• Personalisation & Usability• Self-Assessment using PROMs• Self-Reporting Condition Changes (PIFU)• Self-Management (e.g. using NRAS)• Sharing Data & Data Privacy• Accessibility & Inclusivity	<ul style="list-style-type: none">• Patient Self-Assessment & Self-Reporting• Data Review & Response• Communicating with Patients

Key User Insights:

Patients need to be seen when they're struggling, not when they're managing

Clinicians see the value in and are supportive of PIFU & App-based remote monitoring

Patients would benefit from completing PROMs & uploading data at home using an App

A system is needed to triage which Patient Data needs reviewed to reduce time reviewing data

Patients want to understand how responses are made after they have shared data

There is an opportunity for the system to help unburden the nurse helpline

Patients want to be able to let their teams know how they're doing

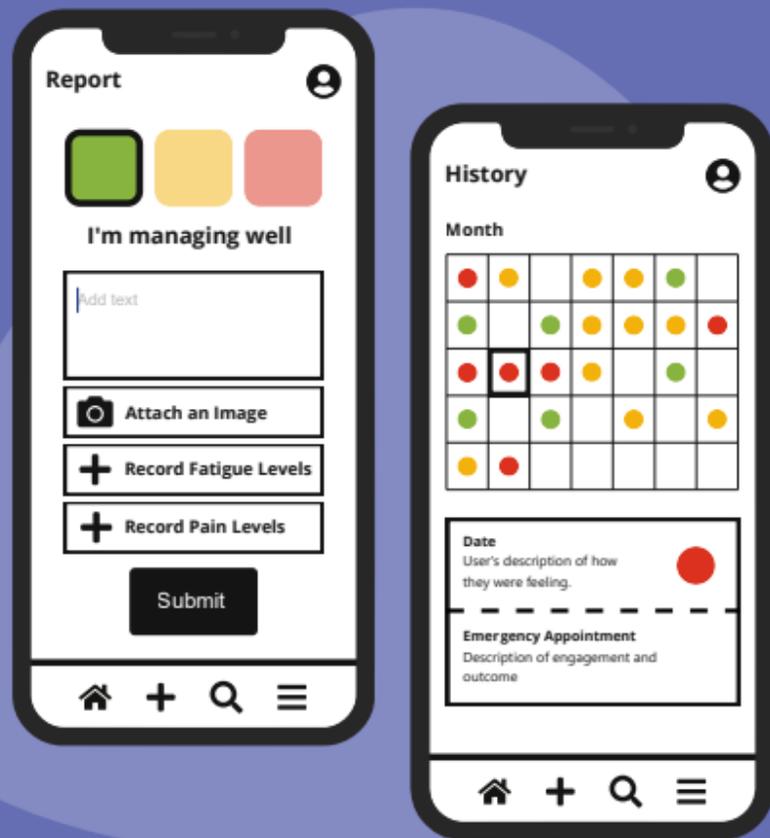
A Patient reminder system could help reduce the currently high number of missed appointments

Key Challenge:

Using a remote monitoring solution to enable patients to:

- a) easily communicate their health status and,**
- b) action a Patient Initiated Follow Up (PIFU)
when they feel they need to, whilst**
- c) minimising the time and effort a Clinician
must spend on reviewing Patient Information.**

Next Steps:



- Generate low-fidelity prototypes
- A-B test with user focus groups to:
 - Sense check
 - Gain feedback on prototypes
 - Iterate the concept
 - Co-design the solution



nras
National Rheumatoid
Arthritis Society

Benefits of Social Prescribing as part of ScotQR

Working in partnership with Third Sector



Ailsa Bosworth MBE, National Patient Champion, NRAS

The NRAS team are passionate believers that when people with lived experience together with patient organisations *and* health professionals *work together*, this powerful combination has a better chance of realising the outcomes that really matter to patients.



Drivers for partnership with Third Sector

£7 in every £10 of NHS budget is spent on long term conditions

NHS 5 year plan – Personalised care and supported self-management are highlighted in the Universal Model of Personalised Care

Development of integrated care systems (England only)

Covid has necessitated innovation – NHS moved at pace to change the way care was delivered

NHS workforce needs to create capacity

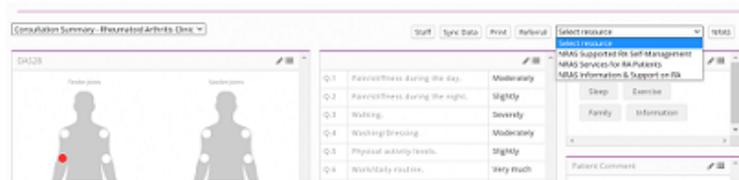
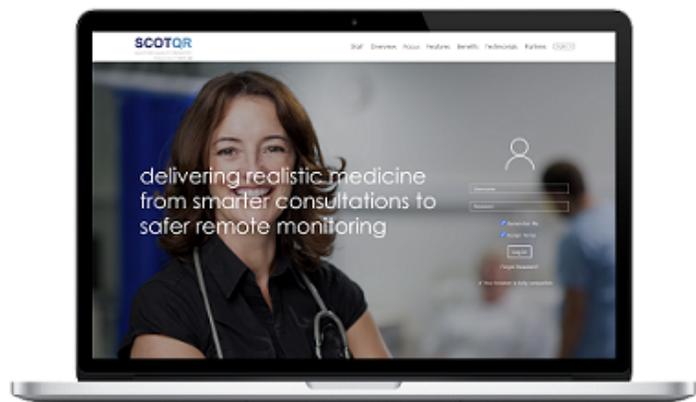
Collaboration with and utilization of Third sector patient organisations' resources can really help not only the people they are targeted to but also the Health Professionals delivering our care

Examples of some of the services which can be prescribed by HCPs as part of the ScotQR programme

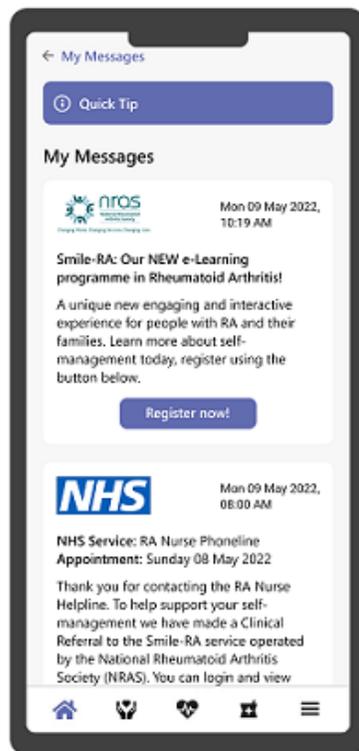
- Right Start Service for newly diagnosed patients
- SMILE-RA e-learning programme – modular – for patients and families to do on line at their own pace
- Peer support (Here for you) by trained volunteers 1:1 and online community support available 24/7
- National Helpline available 09.30-4.30 Mon-Fri
- Living with RA Service for people with existing/longer term disease (similar to Right Start)
- Wide range of publications available online or in hard copy
- Wide range of video resources on YouTube channel
- Range of on line events, webinars, wellbeing training courses



From Social Prescribing to Supported Self Management



**NHS -
Social Prescribing**



**COHESION Connected
Citizen Health App**



**NRAS -
Supported Self-Management**

Thank you for your attention!



nras
National Rheumatoid
Arthritis Society



*South Tees Hospitals NHS
Foundation Trust*

Storyboard:

Remote monitoring of kidney function with a wearable, non-invasive device



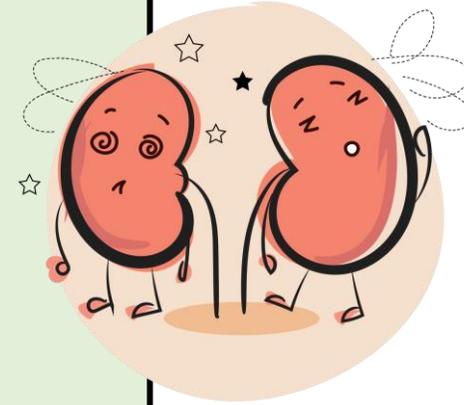
Introduction

- a bit of context as to why this work is needed
- When our society has good health and wellbeing, people thrive. We live long, healthy and happy lives
- The way we care for people when they become unwell is changing
- We think that we can change the way kidney function is measured to incorporate a wearable, non-invasive device. For the purposes of this animation, we've assumed that our new device does provide accurate, clinically equivalent, readings.
- At the end of this short animation, we'd like you to share your thoughts and reflections on this approach.

Current Service Provision

Many people frequently need their kidney function checked

Routine monitoring of long-term health conditions, such as diabetes, heart failure or kidney disease



Drug monitoring

Episodes of acute illness



Kidney function checks in community settings

Chronic kidney disease

15% of adults

Testing once / year to once / month*.

*Depends on stage

Kidney transplant

3000 per yr

Initially very frequent. Frequency reduced over time.

wks 1-2: 2-3 times per week

wks 3-4: 2 times per week

wks 5-6: once a week

wks 6-10: fortnightly

After wk 12: 3-4 times a month.

Heart failure and / or Type 2 Diabetes

7 million people in 2019

Where ACE inhibitors used to prevent kidney injury:

Frequent measurement when new drug administered or its dose altered.

Acute Kidney Injury

1 million people per year

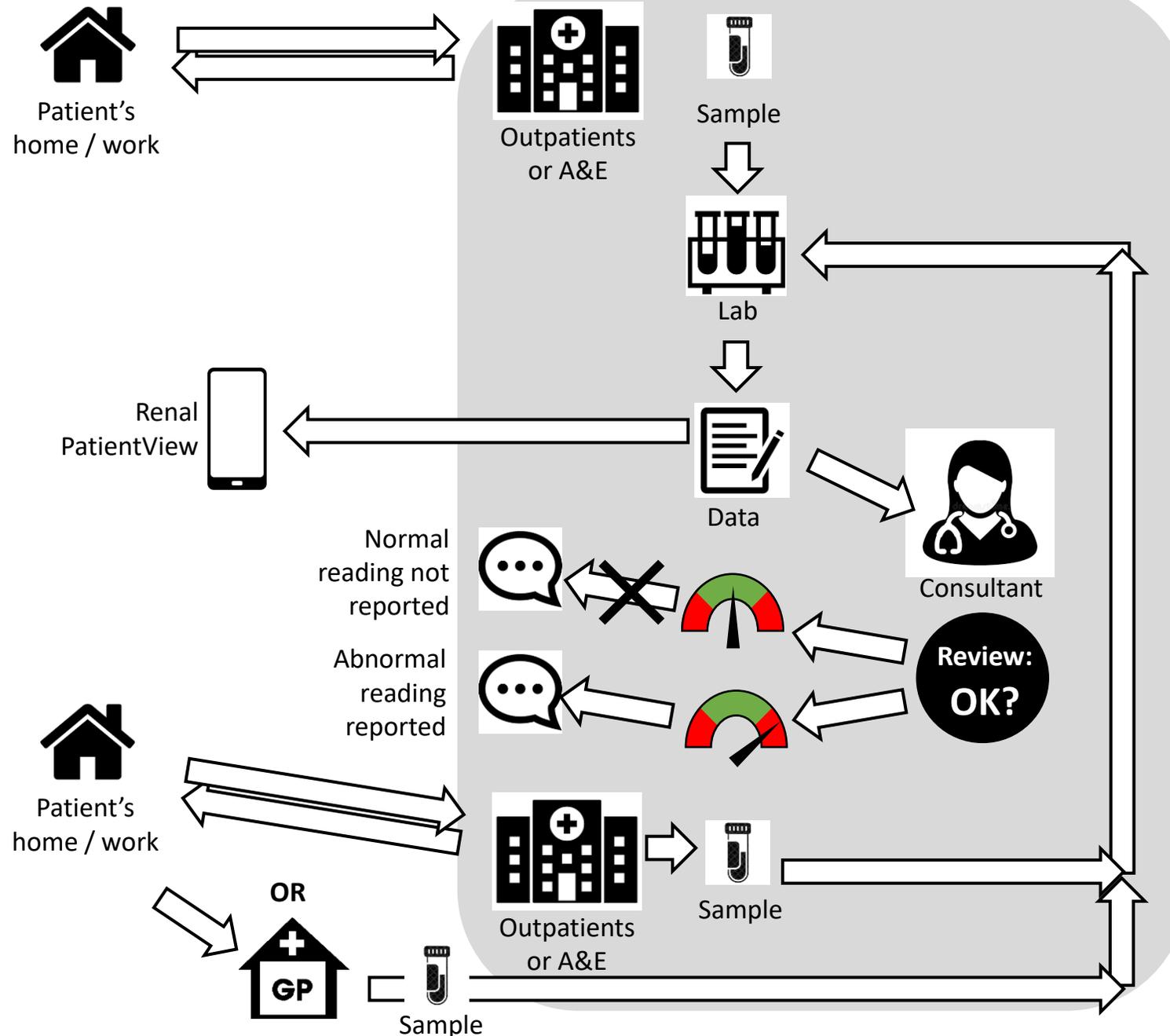
following cardiothoracic surgery, acute emergency, etc.

Frequent following move from secondary to primary care.

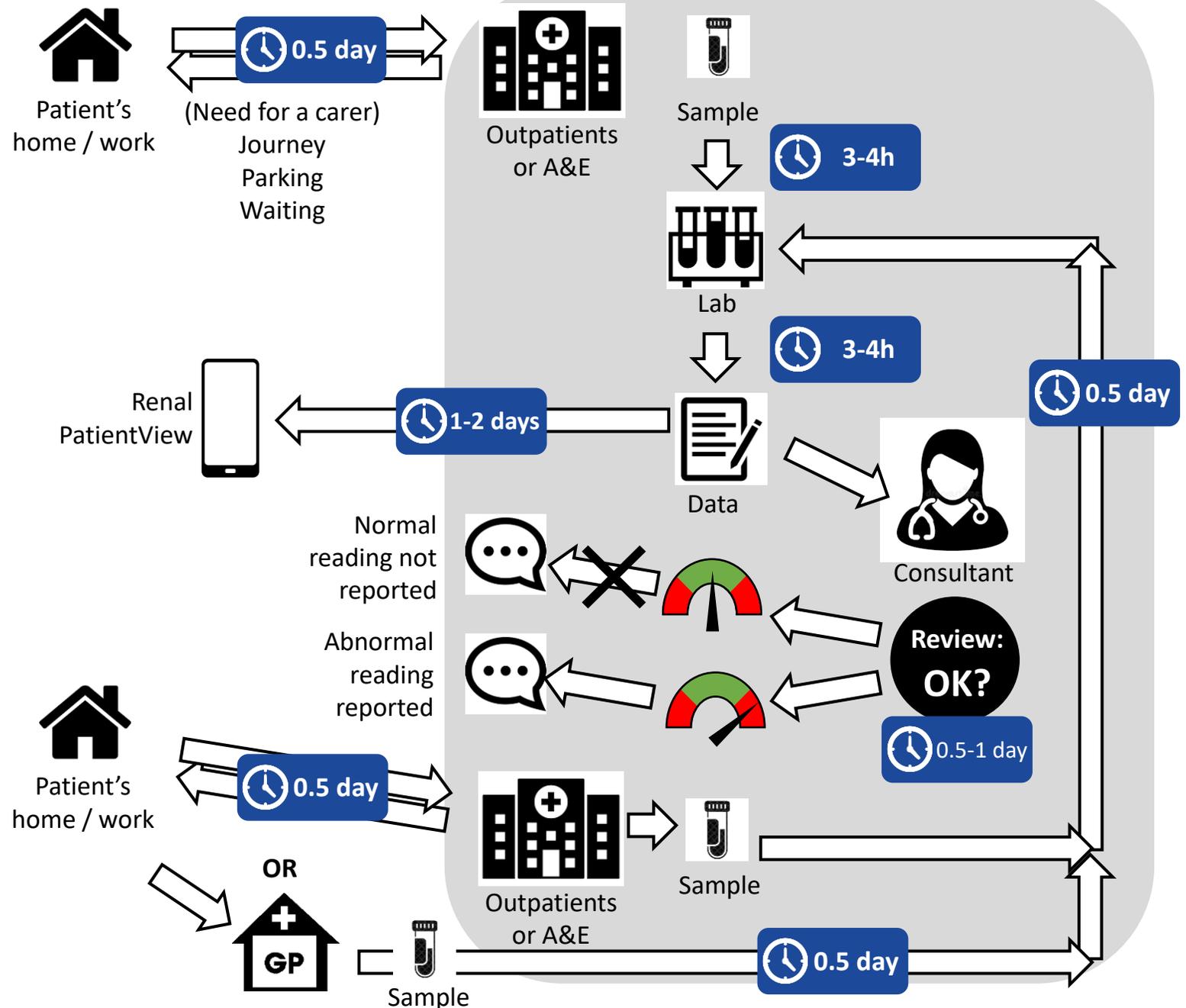
Measurement of potassium aims to detect abnormally high or low potassium levels.

In all these groups: elevated potassium can occur without any obvious symptoms, until cardiac arrest.

How kidney function is currently measured at outpatients or GP practice



Current practice takes time:



Proposed provision

- We know trust and confidence are important factors for patients and healthcare professionals when considering using remote monitoring technology
- We've listened to views of both groups and know our approach needs to consider 3 lenses:
 - Individual
 - Contextual
 - Implementation

Identifying potential suitability

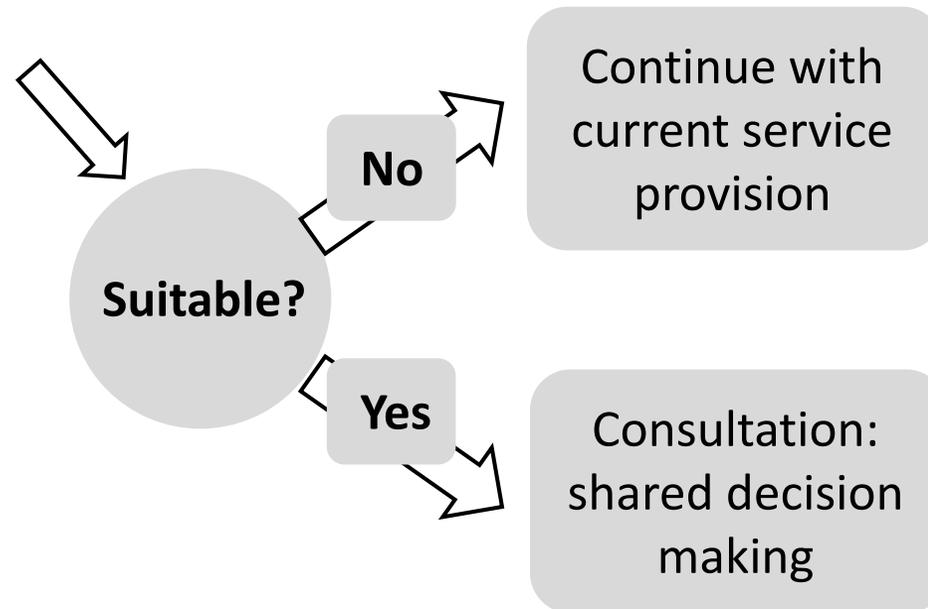
Clinical context for monitoring kidney function

- Progression to chronic disease
- Acute illness episode
- Medication change
- Post hospital discharge



Patient factors

- Wearable – wider patient population
- “Will it improve my quality of life and mean the care I receive is right for me?”



Consultation: shared decision-making

1. Patient first shown a video to explain how and when SmartPatch will be used



2. Face-to-face consultation:

- Show device
- Discuss how it would be used in the patient's case
- Discuss any concerns of the patient
- Discuss available support
- Emphasise that existing face-to-face appointments continue; that the SmartPatch will only be used to replace routine blood measurement

Tailoring: 1. Personal tailoring

Patient determines how the SmartPatch can best benefit their wellbeing

All aspects modifiable, including:

Interface: modified to include the information the patient would like to know e.g. number or alert, and how e.g. SMS, smartphone, telephone call

Identify which healthcare professionals need to see data

Identify who else the patient would like to see the data? e.g. carers

Discuss options for placement of the patch

Discuss colour of the patch and options to customise its colour



Tailoring: 2. Clinical tailoring

Healthcare practitioners* determine when and how they access a patient's data, to best care for that individual:

Timing of when data reported e.g. dashboard, 10am Monday

Temporal trends

Alerts



* Renal consultant; other members of renal team; district nurses; home haemodialysis nurses; GP; AHPs, etc.

Initial usage

SmartPatch set-up

Check patient:

- Is happy with interface
- Can access technical support
- Can access users' group
- Knows that they are still to access healthcare services if unwell

Initial period: blood tests continue at same frequency before SmartPatch fitted

- to ensure that the SmartPatch readings are accurate

Regular, frequent consultation with clinician

After 6 months, have blood draws every 12 months

All other face-to-face clinical appointments continue



Prolonged usage e.g. routine monitoring

Face-to-face clinical appointments continue

- Patient accesses technical support if any issues with device or software
- Patient accesses users' group to gain confidence and get the most out of the device
- Patient knows that they are still to access healthcare services if unwell

12-month blood draws



Change in clinical context or new indication for testing kidney function

SmartPatch set-up

Check patient:

- Is happy with interface
- Can access technical support
- Can access users' group
- Knows that they are still to access healthcare services if unwell

Initial period: blood tests continue at same frequency before SmartPatch fitted

- to ensure that the SmartPatch readings are accurate

Regular, frequent consultation with clinician

After 6 months, have blood draws every 12 months

All other face-to-face clinical appointments continue

Duration of use?

For routine monitoring of long-term health conditions

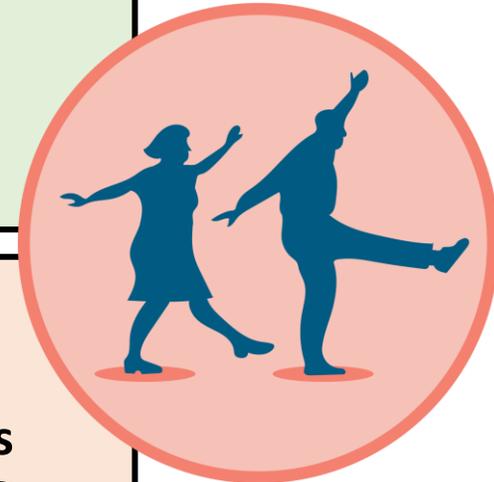
Shared decision between patient and health professional

Drug monitoring

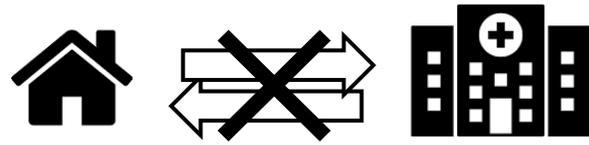
Until new drug dose established

Acute illness

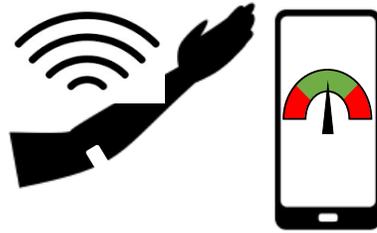
Until reviewed by healthcare professional after hospital discharge



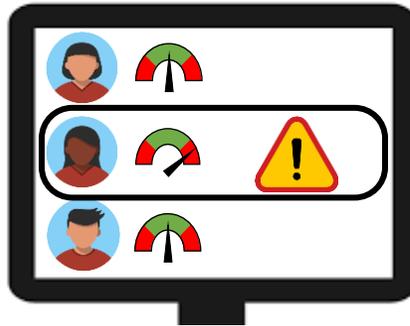
Summary - proposed new pathway for testing kidney function



No need to attend healthcare facility for routine kidney function testing – patients (and those supporting them) lead their life and healthcare fits in



Remote monitoring and customized alerts supports tailored self-management



Virtual clinic reviews are complete – All the data is available, at the right time to a range of healthcare professionals – holistic approach



Ability to see trends over time: no longer a snapshot in time (potentially missing abnormal potassium) and means to better manage conditions

Feedback, thoughts and reflections

- What Works Well?
- How could we make it better?

*Chelsea and Westminster
Hospital NHS Foundation Trust*



Q Lab UK workshop 6

Inclusion and involvement in virtual wards – our experience





What problem do we want to tackle?

- We ran a covid virtual ward – set up at pace in covid-19
- Lots of positives but signals that some people were unable to access / use this service
- Interviews / telephone calls with users to understand more
- Looking to expand our virtual models but didn't want to do it 'the same old way'





What has worked well and why?

- Active engagement - council, patient groups
- Secondary gains – picking up problems eg around discharge
- Adopting learnings from the Q lab workshop to refine some of our earlier planned approach using ideation and testing
- Building formal and informal networks





What has been difficult

- Changes in personnel in partner organisations
- Not natural in workflow
- Clinician engagement





What next?

- Support staff and patients on the usage of digital health technology to boost confidence in recommendation and usage by hospital and patients respectively.
- Work closely with the council to design and digital health inclusive approach into their programs (and ours!) that can aid in bridging the digital gap amongst underserved groups and communities.
- Design all our digital health projects in cardiology to reflect patient's interest and convenience.
- Ensuring we cater to everyone, regardless of the language they speak or socio-economic background





Thank you for listening

