

Edna's Story

Following a nine-week stay in hospital, Edna was referred to Brightwater's connected health program as a means of self-managing her health conditions, avoiding unplanned hospitalisations and maintaining her independence.

Edna lives with various chronic diseases including COPD, type 2 diabetes, chronic cardiac failure, myocardial infarct, rheumatoid arthritis and hypertension, as well as being oxygen dependent, anxious about living alone and socially isolated.

The solution

After a prolonged nine-week stay in hospital with a chest infection, Edna was referred to a transition care program that provided her with Tunstall's in-home connected health solution, ICP myClinic, including a connected health hub, blood pressure monitor, lung monitor, blood glucometer and pulse oximeter.

Edna was shown how to measure her vital signs and answer a series of clinical questions using the connected health hub to determine her current condition. Edna's vital signs were monitored daily by a clinician who worked closely with her to better manage her health and wellbeing.

“ I would definitely recommend the connect health program. It has given me a great sense of security and self-confidence in managing my health conditions. – Edna



How it works

The ICP myClinic connected health solution allows Edna to manage her conditions from home, reducing frequent unplanned GP visits. The program prompts Edna to take her vital signs and answer a series of health related questions on a daily basis. These details are then automatically transmitted to the connected health nursing team via Tunstall's ICP Triage Manager patient management system where RNs compare the data to Edna's 'normal' readings. Abnormal readings are then forwarded for follow up to the patient's care team.

Connected health provides Edna's care team with near real-time information so that a decline in health can be identified and managed well before it reaches crisis point.



Edna also uses video conferencing to reduce her anxiety and social isolation by remotely interacting with Brightwater nurses on a daily basis Monday to Friday, in addition to social training with her occupational therapist, personal care three times a week, and weekly domestic assistance and social support.

The results

Since commencing on the connected health program in 2015, Edna is more aware of her health conditions and healthy vital sign ranges, and feels more confident knowing that her health is being monitored.

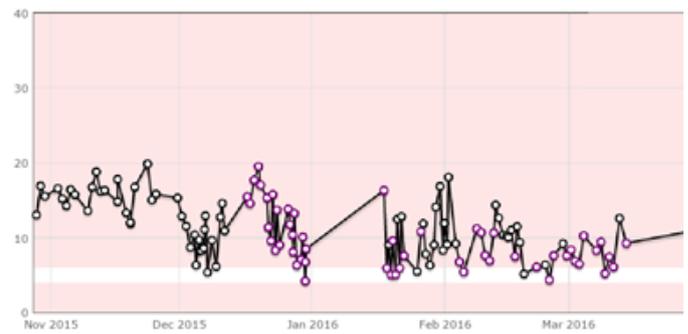
Edna says, “The connected health system gives me confidence to remain at home. The nurses ring if there are any problems with my health recordings; they check how I am feeling and give me advice”.

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Edna also feels more confident in seeking medical advice earlier, saying, “The staff are always approachable, supportive and willing to help.”

Prior to commencing Brightwater’s connected health program, Edna’s blood glucose levels were considered high at 12–20mmol/L and well over the normal limits, highlighted in white (Graph 1).

Graph 1 Blood glucose levels



However, after determining that Edna’s high levels were due to a lack of dietary knowledge and control, the Brightwater nurses referred Edna to a dietician for dietary advice and assisted her to set up a food diary to monitor her daily intake. As a result, Edna’s blood glucose levels dropped to a more healthy range of 5–12mmol/L (Graph 1, Mar 2016).

Since using the connected health program, Edna also experienced a reduction in hospital visits, an increase in knowledge of her normal vital sign ranges, and confidence to self-manage her conditions.

“The connected health system keeps me at home and independent,” says Edna.

“I would definitely recommend the connected health program. It has given me a great sense of security and self-confidence in managing my health.”



For more information about Tunstall Healthcare’s connected health solutions, visit www.tunstallhealthcare.com.au or call us on 1800 603 377.

For more information about Brightwater, visit www.brightwatergroup.com

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