



TOP HOME CARE INNOVATIONS IN AGED CARE

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2023 EDITION



ENKINDLE FOREWARD

Here at Enkindle, we are delighted to present the latest Innovations in home care that are shaping the future of aged care. The word “Enkindle” means to ‘set on fire’ or ‘inspire’; this is precisely what this publication intends to do.

We want to inspire! We want to highlight and elevate! We want to spark creativity and imagination.


Through international collaboration with various stakeholders and the submission of abstracts from aged care thought leaders detailing the inspiring work that is being achieved, we have compiled a showcase of international innovations in ageing. This includes exemplars and case studies that are shaping 21st Century models of home care designed to facilitate healthy, independent and connected ageing.

The showcase includes not only aged care providers but also industry suppliers, entrepreneurs, health care practitioners and individuals driving transformation across the sector and change to improve the lives of older persons worldwide.


This publication has been developed to:

- ▶ Spark ideas and creativity from those showcased.
- ▶ Provide opportunities to link with international stakeholders and create a connected community of progressive thinkers, thought leaders and innovators in the health and aged care industry.
- ▶ Celebrate and elevate innovation in aged care by sharing examples of technologies and creative service models, and how these can be used in the care setting.




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FOREWORDS BY LEADING AGED CARE EXPERTS



GRAEME PRIOR

President
International Federation on Ageing (IFA)

The International Federation on Ageing is committed to enhancing the wellbeing of older people and ensuring that they are enabled to remain connected to, and engaged with, their communities. We are also committed to promoting the rights of our older citizens and recognising the profound value and contribution they make in the different spheres of life.

These commitments, and their supporting value system, resonate with the top innovations in aged care that are outlined in this informative and thought-provoking discussion paper prepared by Enkindle Consulting.

As a group, these innovations reflect the life- and care-enhancing role of technology when it is applied with the rights of older people in mind, and the importance of conceptualising formal aged care as only one part of a person's life, rather than a separate (and sometimes predominant) life experience. The paper illustrates that where once reform came from within the aged care system, now, technology is having a powerful shaping effect that responds to changing consumer demands for greater control and choice. Often that technology has not been developed for aged care purposes but has that effect when it is curated to support care and support outcomes.



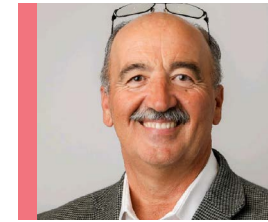
PROF SHARON MICKAN

Professor of Healthcare Innovations Faculty of Health Sciences & Medicine - Bond University

Amidst a recent frenzy of submissions, recommendations and regulations, the aged care industry is currently overwhelmed by negative images and stories. This is happening despite the increasing expectations for individualisation and integration of care as we all live longer and seek to manage and prolong our health.

This impressive report has showcased positive examples of the development and deployment of technology and the application of focussed research to enhance service provision. In addition, authentic leaders have found ways to creatively empower and develop their workforce, to provide care for aging individuals, in safe environments.

From these powerful examples, there are opportunities for all organisations to utilise the disruption of the aged care system and to selectively introduce and experiment with implementing a range of innovations. An initial challenge is to create personalised spaces for individuals to engage in active and healthy aging while not being constrained by many of the medical and safety risks. Across this complex ecosystem of possibilities, there are opportunities to recognise when innovations could add value to your specific organisation. It will be important to understand each scenario and look for ways that these ideas could spark your own transformation.



DR GEORGE MARGELIS

Chairperson
Aged Care Industry IT Council - Australia

Providing high quality care to our ageing members of society is a sign of a compassionate civilisation. In Australia we have strived to do so. However many challenges face us in delivering on that goal. Innovation and the effective use of technology are some of the most effective tools we have to be able to provide this care. I commend this report, and its authors, on the great work they have done in researching the evidence for how we can provide care to our ageing population in their homes.

Whilst much research has been done at an academic level, translating it into practice has always been a challenge. This report highlights how organisations can prepare themselves for the digital transformation that is needed to enable us to provide care at scale.

The practical examples chosen, and the realistic discussion of the challenges posed provides a great resource for leaders to base their decision on. The broad scope of the report provides many opportunities for organisations to consider how they can utilise innovation to improve their services.

I hope all stakeholders in aged care read this report and use it as a basis for the transformation of our sector.

FOREWORDS BY LEADING AGED CARE EXPERTS



DR KATIE SMITH SLOAN

Executive Director
Global Ageing Network

President and CEO
LeadingAge

Among the many challenges we face as we grow older is navigating and choosing the right service or supports that can help us live our best lives.

Given that the aging process is far from linear, needs can change frequently. Home Care Innovations is a critical resource for older adults and their family members. It addresses the time-tested truth about aging across the globe; the vast majority of older adults want to age in their communities which means, more often than not, in the home they have lived in for years.

Without access to the kind of information, tools and resources that are described in Home Care Innovations, it becomes a daily challenge to remain as independent as possible. And with a rapidly expanding marketplace of innovations, staying abreast of what's possible is a challenge. Home Care Innovations has filled a growing void, making it that much easier to age with dignity.



JULIANNE PARKINSON

Chief Executive Officer
Global Centre for Modern Ageing

At the Global Centre for Modern Ageing, we realise it's no secret that more people globally are living and working longer, each with evolving aspirations and expectations for their future. This collective desire to reimagine the experience of ageing and chart new pathways through later life is driving innovation worldwide. This is evidenced by the many examples of disruptive technology profiled in this report.

Our research with older co-designers, industry, research organisations and government at our internationally accredited Living Lab, highlights the need for a holistic approach to the ageing phenomenon. This provides positive opportunities for older individuals, families, communities, organisations, and the economy. This multi-stakeholder challenge to respond and adapt is formidable. Leaders must navigate evolving consumer preferences, shifting business models, and new market entrants with competing solutions.

In charting your organisation's course, I urge you to look always to the reliable 'North Star' of older end users' well-being. To deliver greater quality of life and offer access to resources and opportunities that enable older people to age with dignity, independence, and purpose, innovation must first respond to older people's unmet needs, their diverse lived experience, and the preferences of their family and support networks.

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1. INTRODUCTION TO THE PUBLICATION

HOW TO READ AND INTERACT WITH THIS PUBLICATION

This paper is designed to be a living resource, providing up-to-date information by links to organisational websites and resources, where applicable and possible. The icons and logos below can be used to easily navigate through the innovations.



In order to foster engagement within the ageing ecosystem, when you see this symbol, you will be linked to the contact details of the organisation.



When you see this logo, you can click on the link for evidence-based peer-reviewed literature on this area or concept.



This provides not only the website address but clicking here will also take you to the site itself.



These symbols will take you to the social media sites of the organisation in order to follow and engage with their innovations.

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GUIDING QUESTIONS

Today's digital world demands vigilance. Executives, Board directors and managers must maintain momentum to ensure their organisations and teams achieve success. The COVID-19 pandemic saw large companies fall due to a combination of economic turmoil and a failure to respond with innovation. Yet some organisations flourished, finding opportunity in the uncertainty, taking risks to move ahead.

It is no secret that, in order to not only survive but thrive, organisations, businesses, and leaders need to innovate and utilise the factors of the 21st-century marketplace. To do this, they must ask a range of questions, including -

- ▶ How do we meet the changing needs and expectations of our consumers?
- ▶ How do we meet the changing needs and expectations of the workforce?
- ▶ How do we gain business and employee insights to help us grow?
- ▶ Who or what sector could collaborate with us to modernise our current practices?
- ▶ How can we incorporate or utilise technology to better support us in delivering services?
- ▶ Who are our competitors, and how are they adapting?
- ▶ What is happening globally?
- ▶ Who are the leaders in my sector?

This publication is dedicated to answering these questions through exemplars and case studies of leaders in their fields. It shines a light on true innovators who have changed and transformed their sectors, responding to both internal and external environments, and who have the consumer at the heart of everything they do.

THE RESEARCH APPROACH

In order to identify and short list the top aged care innovators, Enkindle applied four methods, combining the information yielded by each and analysing the findings.



First, contact was made with national and international peak bodies and industry organisations to gain their views on emerging Home Care leaders and/or award-winning models. We received responses from Aged & Community Care Providers Association, the International Federation of Ageing, Global Ageing, the European Ageing Network, Telstra, PWC, the Kings Fund UK, Leading Age America and Ageing Asia.

Second, a call for submissions was also extended to a range of stakeholders (care and technology providers) to submit their models of care, emerging tech or customer experiences.

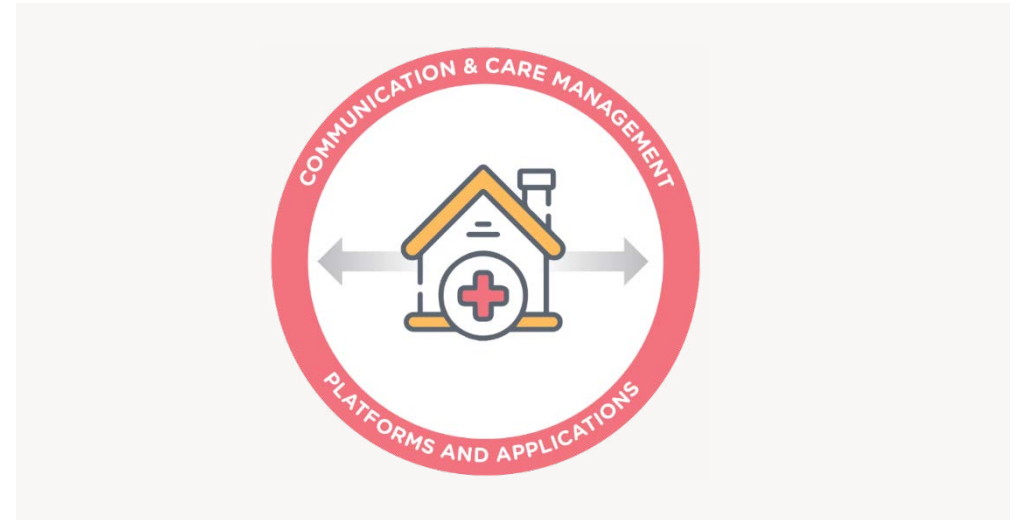
Third, Enkindle conducted desktop research to identify any other organisations that were recent award winners or had gained media attention for particular home care innovations. The identified organisations were so diverse in their operations, innovations and service delivery models that Enkindle also analysed and grouped them according to common themes (described on pg 9).

Fourth, in analysing the findings from our consultation with international stakeholders, Enkindle identified four criteria against which all submissions or nominations were ranked, with an associated guiding question for each.

Note: The icons used to denote each criterion will appear throughout this report to signpost which criteria apply to a specific innovation.

CRITERION	GUIDING QUESTION/S
 Impact & Growth Factor	<p>What was the impact of the innovation on the aged care sector?</p> <p>How does the measure of success address the CSIRO's Challenge Mission or UN Sustainable Development Goals?</p>
 Tech-driven New Product Development	<p>How have organisations or businesses pivoted and innovated using emerging tech to create new products?</p>
 Commercial Success & Viability	<p>How viable and sustainable is the product or service that has been developed?</p> <p>Are there any international success stories?</p>
 Research & Translation	<p>Translation is the ultimate goal of any research. Has the innovation been peer-reviewed?</p> <p>What evidence is there to suggest this product or service is successful?</p>

KEY THEMES OF THE TOP INNOVATIONS



The top innovations are grouped into 11 themes:

- 1) Client Portals Platforms and Apps
- 2) The 'Ubering' of Care (via Portals Platforms and Apps)
- 3) Smart Home Technology
- 4) Smart Gaming
- 5) Virtual Care & Hospital in the Home
- 6) Integrated Care at Home Models
- 7) Self-Directed Care Teams
- 8) Social Prescribing
- 9) Customer Experience (CX)
- 10) Employee Experience (EX) and
- 11) Transformational Education (especially Micro-learning)

These themes are of equal importance and often interact dynamically.

2. WHY DO WE NEED TO RE-IMAGINE THE WAY WE OPERATE?

To survive, organisations must re-imagine what they do to create value, be ready to shed past belief systems and define new, bolder value propositions

INNOVATION IN AGED CARE

Stakeholders within the aged care sector associate reform with the formalised reviews, inquiries, and, most recently, the Royal Commission established to identify system-level issues and recommend changes to address those issues and to improve the care of older Australians. The reform process has been ongoing for more than a decade and can lull the sector into a false sense of security that aged care models are evolving. In reality, the changes and improvements are mainly focused on meeting the funder's legislative, regulatory and policy changes.

However, a number of macro trends, including the Internet of Things, consumer expectations, employment and workforce trends occurring outside of the aged care reform, are shaping our future home care models. In this paper, we discuss those sources of disruption and provide examples of care that are responsive to broader societal change. Much of this change is technology-driven, but of equal importance are changing consumer expectations that expect on-demand services provided within a changing provider-customer relationship.



As more consumers engage on a daily basis with smart technology, especially smartphones, apps and smart home devices, there is an accompanying demand that their care providers work with this technology, integrating it into their care delivery and underpinning business processes. The growth in online portal interfaces between consumers and providers highlights this trend.

Where once there was a clear delineation between assistive technology, developed by and for care provision, and technology developed for lifestyle purposes without intentional care outcomes, a blurring of those boundaries is occurring. Consequently, big tech is now a key player in care, and partnerships between those companies and health and aged care providers are part of a wider reform process. Many lifestyle products (e.g. smartwatches and health monitoring apps) encourage greater consumer engagement with their health and are slowly shifting the point of care towards the individual rather than resting solely with health professionals. A new partnership of care is emerging.

In the aged care industry, today's competitive landscape relies heavily on innovation and transformational change to deliver a superior customer experience and sustainable business model, but also to successfully implement the wave of reforms in response to the Australian Royal Commission into Aged Care and Quality.

THE COVID-19 PANDEMIC - DRIVER OF INNOVATION AND CARE REFORM

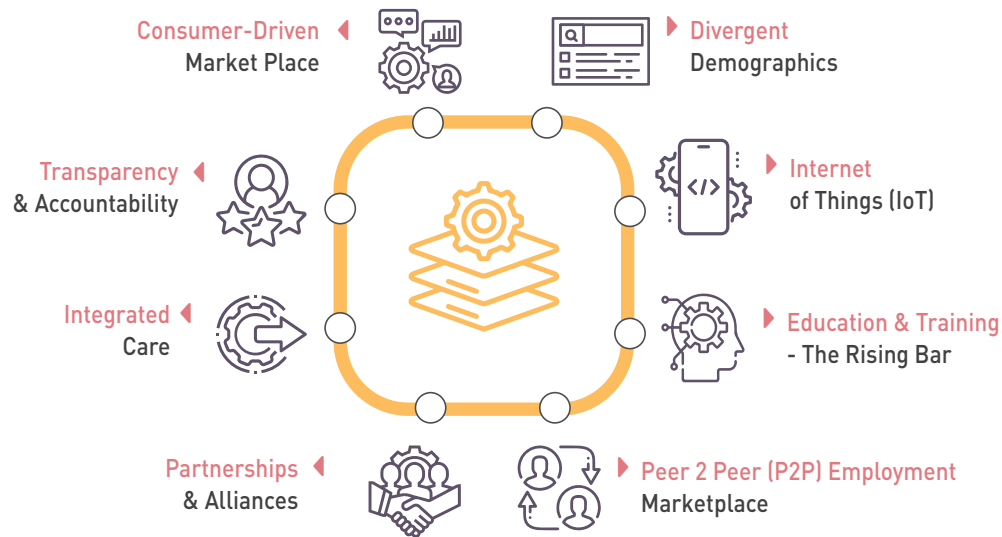
Life, business and healthcare industries will never be the same after COVID-19. The pandemic, affecting millions of people worldwide, was, and still is, a powerful catalyst in an industry long overdue for reform. During this time, it became clear that combatting a pandemic requires innovation at multiple levels - not just relying on scientists to develop a vaccine but also adapting and pivoting business models, finance models, models of care, health technology, care delivery, psychosocial supports and much more. Therefore, a global effort saw new solutions to emerging issues.

Home care services experienced multiple reforms outside of the usual aged care reform process, including:

- ▶ The nexus of home care is shifting to a cloud-based platform rather than a physical office or building.
- ▶ Case management and clinical services are increasing the use of telehealth and telecare.
- ▶ Effective coordination of services was found to be possible from home offices and, in many cases, more efficient.
- ▶ The adoption of client engagement tools like portals and apps reached new levels.
- ▶ Informal carers' primary brand experience shifted to mobile apps and self- service portals.
- ▶ The recruiting onboarding and training experiences shifted to become largely virtual.

A TAPESTRY OF INTERRELATED MARKET FACTORS

The pandemic is one of many broad changes changing how we live and work, and while each is powerful in itself, they interact in a tapestry of innovation and disruption. Some factors, such as global population ageing or the Internet of Things, have received significant attention as separate influences.



Divergent demographics

The combination of an ageing population driving increased demand for health and aged care services and workforce shortages due in part to increased numbers of people retiring from paid work is causing demand and supply imbalances that have been exacerbated by the COVID-19 pandemic. Increasing cultural diversity in workplaces, including aged care, requires different ways of learning, working and HR management.

Consumer-driven marketplace

The voice of consumers in the global marketplace has grown in significance, and their experience with brands, services and products is now seen as a key driver. The aged care sector has implemented a range of reforms that place consumers at the centre of care provision, and this focus will be sustained due to the changing expectations of older consumers.

The Internet of Things

The Internet of Things (IoT) describes a network of physical objects embedded with various technologies to connect and exchange data with each other. Smart home technology is essentially IoT applied to enhance lifestyles. The global growth of these networks is transforming both the way people live and how they work. According to the [Digital Connectivity Index](#), Australia is ranked 2nd in the world in the Top 10 Digitally Connected Countries[1].

Education and Training - the Rising Bar

Workforce education and training are changing, focusing on delivering fast, responsive, more cost-effective and affordable education. Micro-credentialling and micro-learning exemplify this trend as organisations respond to the need to upskill workforces rapidly to ensure their knowledge and skills remain relevant.

Peer-to-Peer Employment Marketplace

A Peer to Peer (P2P) online marketplace connects people offering services to those who want to buy them. P2Ps are changing the employment market, allowing consumers and service providers more choice, control and flexibility. This model has seen the emergence of platform providers changing the way we receive goods and services, including in the aged care sector.

Partnerships and Alliances

Partnerships and strategic alliances are key to ensuring that the appropriate combination of skills, knowledge, experience and networks are available as organisations face an increasingly complex world. As technology continues to shape the way care is delivered, partnerships across the aged care and technology sectors are critical, as are those within the broader technology-driven care ecosystem.

Integrated Care

The importance of consumer-friendly, holistic and connected care that meets an individual's varying needs is acknowledged in the integrated care model. The ability to work across siloed sectors (e.g. health, aged, disability, veterans, primary care, transport) and for multi-disciplinary teams to deliver care collaboratively represents the future of health and aged care, bringing with it the greater likelihood of seamless, effective, and efficient care in a coordinated manner.

Transparency and Accountability

Timely communication and transparency build trust in a brand for both the consumer and the workforce. At an organisational level, this includes publishing information relating to quality care outputs and outcomes, as well as corporate governance performance. At a service level, providing tools to consumers enables transparency of care and services that can be organised and delivered through client self-service portals and apps. These address the growing demand by consumers for real-time information on service delivery and the ability to communicate, request and initiate service changes, billing and payments, and engage directly with staff and care coordinators.

CO-DESIGN THINKING FOR DEVELOPING INNOVATIONS

Co-design is a participatory process wherein the intended end users of a product or service play an equal part with professionals in its design and testing. The expert knowledge of each partner is recognised, and it is a very different process from a consultation where power is not shared, and information flow tends to be one-way.

The importance of co-design that involves older people as active and equal participants in all stages of design and development is gaining increasing recognition across a range of industry sectors, with significant impetus derived from the [Living Labs](#) concept and networks like ENoLL (described in case study below).

Living Labs provide an infrastructure for co-design and are described by ENoLL as '[open innovation ecosystems in real life environments](#)' that use iterative feedback processes involving 'co-creation', 'rapid prototyping', 'testing' and 'scaling up'. As an Adherent Member of the European Network of Living Labs (ENoLL), Australia's Global Centre for Modern Ageing is able to collaborate with some 140 ENoLL Living Labs globally. It is one of only 33 Living Labs globally that are focused on ageing (as of September 2019). Its purpose-built Living Lab facilities support co-design with a network of older adults (see Case Study pg14).





CASE STUDY



The Global Centre for Modern Ageing (GCMA) is based in the Tonsley Innovation District in Adelaide and was established to provide research and insights, advisory and Living Lab services to support businesses and organisations to develop better products, services and solutions to meet the needs of the growing 'Modern Elder' community

The 'Modern Elder' concept promotes ongoing learning at all life stages and challenges ageist assumptions about the participatory and contributory capacities of older people. It sits well with the concept of co-design.

The LifeLab studio provides a simulated real-life environment where GCMA researchers work with older people and businesses to co-design and validate products, services and experiences designed to improve quality of life. The LifeLab is equipped with motion-capture audio and video cameras and a data analytics hub. It's flexible space includes a functioning kitchenette and can replicate a range of settings, including allied health clinics, retail outlets, a community centre and the home environment.



CASE STUDY

European Network of Living Labs (ENOLL)

The European Network of Living Labs (ENoLL), founded in 2006, is an international and not-for-profit association of Living Labs[2].

ENoLL facilitates and promotes the Living Lab concept to influence policies and procedures and enable the implementation of the Living Lab concept at a global level. It describes itself as a community of Living Labs wherein candidates are invited to submit applications to join the network. Currently, there are 155 active members in the network.

The network offers a capacity-building course whereby its students are brought together for eight weekly sessions in a virtual classroom with subject matter experts.

"The only way to really bring people into the process is to start with people, not the technologies, from the initial moments of conceiving and designing a technological system or a service application."



3. INNOVATION #1: PLATFORMS, PORTALS, AND APPS

In 2017, reform in the Australian aged care system saw the introduction of Consumer Directed Care in home care, placing the consumer at the centre of care and decision-making, emphasising the guiding principles of consumer choice and control. However, despite the intent of the reform, the application of these principles has been variable and dependent on the willingness and capacity of individual providers.

It is usually assumed that reform will be generated from within the aged care system. However, there are examples of both forward-thinking providers and technology vendors who are transforming home care services through the use of digital platforms and tools to increase the decision-making capacity of consumers. The use of portals, platforms and apps in this way provides the means for older people and their carers to engage and communicate more regularly and easily with their home care provider and, where desired, to self-manage their aged care services.



Platform-based self-managed care services



Self-managed platform providers in aged care are organisations that are using interactive platforms to deliver individualised services to older people who want to self-manage their home care, supporting a direct relationship between them and independent support workers. The older person has the capacity to choose a range of service delivery features (e.g. timing of service) and their preferred care worker. The choice and control brought by this new group of care providers have been sought by aged care consumers for a long time but typically are limited by a range of constraints faced by most aged care organisations (e.g. availability of staff). Significant flexibility is achieved for consumers, together with a negotiated process of decision-making

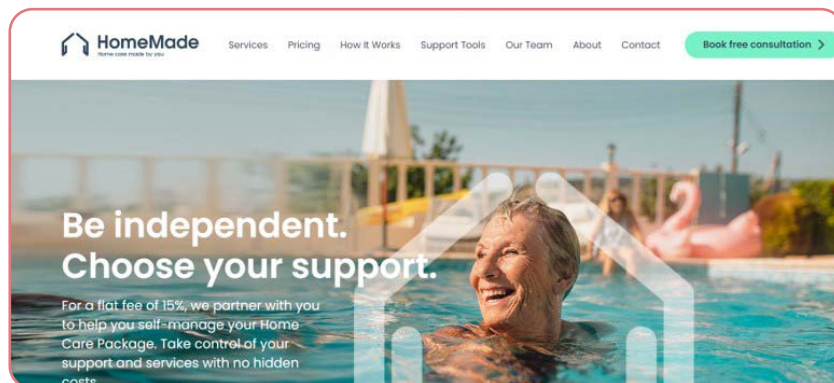


that is largely absent in the formal aged care system. For example, there is scope to determine agreement on fees paid and scheduling preferences. self-management is key to these outcomes.

Self-managed online platforms also exemplify how new models of aged care are responding to the demands of an unsustainable healthcare system by making strategic use of technology to reduce the cost of rostering and administration overheads. The global shortage of health and aged care workers has been documented in numerous reports, and while self-managed and online platforms have not been developed to address this challenge, they can have the effect of bringing new workers to the field of care. The COVID-19 pandemic has been a driver for the increased use of a range of technologies, for example, virtual health care, with an upsurge of businesses pivoting to utilising online platforms. Some, such as banks and even the Australian Government, are now pledging to be totally online by 2025. [i](#)

Applications (Apps) and Portals

As with self-managed online platforms, home care providers' use of customised portals and applications (apps) supports consumer control and the customisation of their home care services. These technologies, incorporated into care services, enable ease of communication that can strengthen relationships and enhance the experience for both clients and care staff. Furthermore, the data generated through their use also provides reliable and real-time [data on patterns of service use](#), needs and preferences.

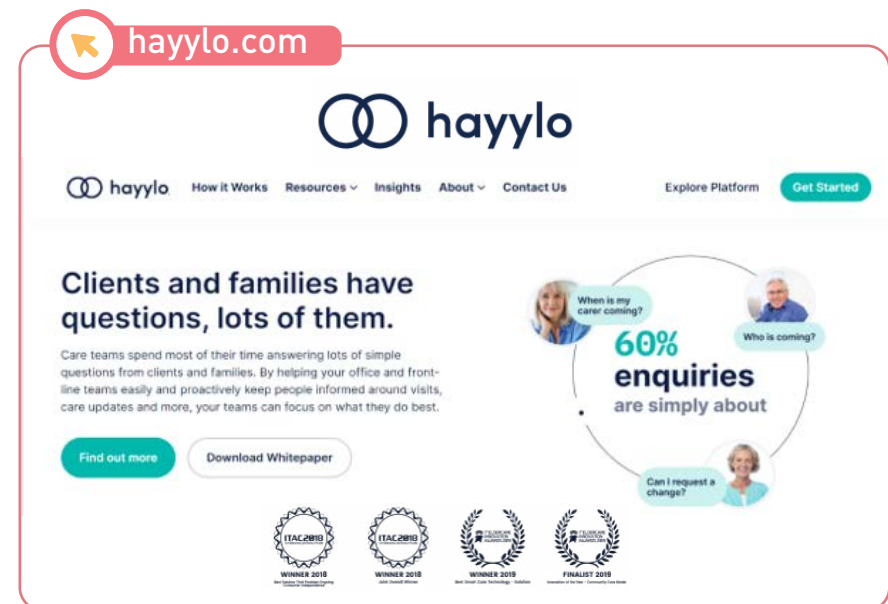


Since Apple launched the iPhone (2007) and opened its App Store (2008), Smartphones and Apps have been significant drivers of change across all industry sectors, including aged care. The 'App Economy' has grown in Australia, generating an estimated [156,000 jobs](#) by January 2021, representing one of the world's fastest-growing sectors. This growth mirrors that of Smartphone ownership which now involves [more than 90% of Australians](#), with older people also [increasing their engagement](#) with this technology.

Applications vary in functionality but may include profiles and selection of staff, services, times, frequency, easy payment of services, and communication with service providers and staff. Some apps provide a geo-location for the selection of staff. The applications are available on the client's portal and can be downloaded to a smart device/tablet (through Apple and Android stores).

The use of these clients' portals and apps is still emerging, with only a limited number of home care providers offering them in Australia. Case study examples are provided in "the ubering of care" below.

Meanwhile, here are some of our highly commended examples - Click on the links to explore them yourself.



checkedincare.com.au

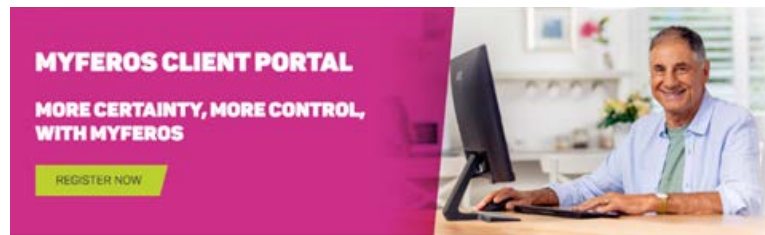


Improve efficiencies and increase revenue

Supporting companies such as Integrated Living, Australian Unity, Catholic Healthcare, Regis aged care, Whiddon Connect and Baptist Care.

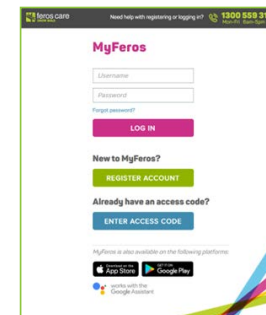


feroscare.com.au



Feros Care's client portal is a free portal and app for their clients. It puts the client in control of their services, provides greater security allowing the client to see which care worker has been scheduled, provides an overview of their budget including the ability to request previous statements and also functions as a communications channel.

MyFeros is integrated with Google Smart Home Technology integrating big tech with client portals for maximum independence and accessibility through voice command.



“ I have more control; I don't need to ring anymore and wait. When you get old it's important to do things straight away before I forget, the portal has enabled me to do this.”

fivegoodfriends.com.au



Five Good Friends is a self-service platform that puts the control back in the hands of the customer. Founded in 2016, the platform provides a comprehensive service offering at the simple click of a button.

4. INNOVATION #2: THE 'UBERING' OF CARE USING PLATFORMS AND APPS



Uber has been a key contributor to the growth of the 'on-demand economy', that is, the 'economic activity created by technology companies that fulfil consumer demand via the immediate provisioning of goods and services'. As this market has grown, so too have consumer expectations for responsive services, with the effect increasingly obvious in the aged care sector, as platforms, portals, and apps become the mechanism for meeting those expectations.

Uber transport services have been operating in Australia for some ten years, and with Uber Eats has generated an estimated \$10.4 billion in economic value for the Australian economy, which is equivalent to 0.35% of the GDP. Consequently, the 'uberizing' of aged care encompasses the response by some technology providers to changing consumer expectations about aged care service delivery and the importance of choice, control, flexibility and customisation of home care delivery to meet individual needs and preferences.

On page 19, several case studies of organisations exemplify the 'uberizing' of home care.

The development of platforms, portals, and apps has brought innovation to care delivery - with the click of a button, care can now come to the person when they need it. Technology organisations have developed software and online platforms that connect health and aged care consumers directly to their care practitioners.

This is an example of innovation building on the development of another innovation. Two examples are *24 Hour Home Care* and *Mobility*.



24hour home care®



24 Hour Home Care, a home care service provider in America, have developed an application called RideWith24 that allows its clients to request on-demand rides with partner ride-sharing companies. Offered through their hospital partners, RideWith24 helps with assistance to and from health care appointments, surgical procedures and social outings.

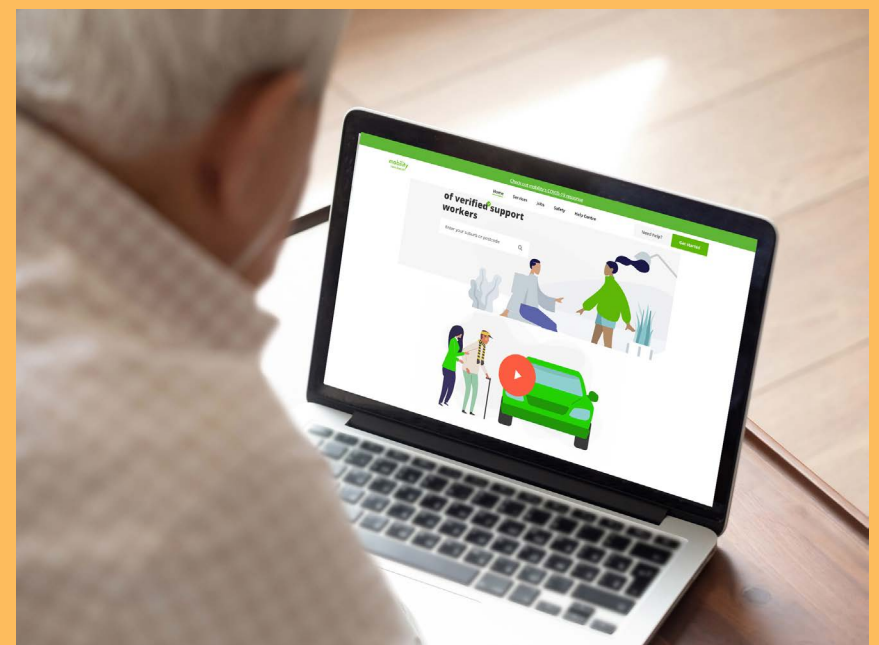
mobility

A Revolution In Australian Home Care

Backed by a large Australian digital and human services team, we've invested over 2 years of development to refine mobility into a platform that makes people's lives easier. We drew on our tech skills and experience to build the platform and engaged subject matter experts in the Disability and Aged Care sectors to build Australia's first enterprise home care app.



Mobility is an Australian app that provides a platform to build a community of support workers, consumers, providers and organisations. Over 4,500 verified carers can be booked and paid for directly from the app.





CASE STUDY



Mable (the name is short for “I’m able”) lies at the centre of several of their partner’s (General Atlantic) investment themes - disruption, healthcare, platform-style businesses and social impact.

Like most good ideas, the concept behind Mable is simple. Connect the people who need support directly with people in their community who offer support using a safeguarded online platform. By connecting people via mutual choice and control, strong relationships can form while reducing the overheads embedded in traditional provider-led models of care. This benefits consumers with more hours and workers with higher earnings. In turn, this is attracting to the sector a new workforce of independent, support-providing small businesses (that includes sole traders), who feel valued and empowered and offer flexibility and positive earning potential.

Become an Independent Support Worker on Mable

- ✓ Build one-on-one relationships
- ✓ Choose the clients you work with
- ✓ Choose the hours you work and the services you provide
- ✓ Potential to earn more

[Sign Up Now](#)



Mable enables someone to search for independent support providers in their community, view their profiles, and choose those who share their interests, their values and are most likely to address their needs. Meet-ups can be arranged ahead of agreements being locked in as a final step in confirming the choice of provider. The respective parties agree on the services, terms, rates and times. Support seekers can also post jobs or bring their support team onto the platform, including neighbours, friends, and past and present support providers.

Every support provider on the Mable platform must meet stringent criteria that meet or exceed industry standards, including police, reference and certain qualification checks before their profiles are placed on the platform. All providers have ABNs and appropriate insurance. Mable provides them with free learning and development opportunities on the Mable learning hub, which includes accredited courses from Registered Training Organisations.

Mable has around 12,000 approved and visible small businesses that offer services via the Mable platform. As such, it is Australia’s largest and most diverse online community of independent support providers.

Mable has also successfully used a community-based approach to create a workforce from within regional communities around Australia - for example, in Bell, Queensland - a town of 500 people located three hours west of the Sunshine Coast. Older residents in Bell found it challenging to get adequate homecare funding and support because there were no local homecare providers. The lack of local support meant spending a portion of their home care package funding on the travel associated with getting providers to drive in from out of town. Partnering with the community, Mable sourced a local workforce from the latent supply within the community. Now, 20 older residents with Home Care Packages are being supported by ten locals, obtaining more hours of support and more than 77 per cent of the package funding staying in the community of Bell.



CASE STUDY



Medicalib is a platform developed to leverage technology to make home care accessible to everyone.

Based in France, Medicalib is a simple and easy-to-use search engine that organises care based on online requests. Customers access a home nurse, home midwife or home physiotherapist by clicking on "Make an appointment". The platform's algorithm helps users find a state-registered healthcare professional practising near the person's home to provide a service in less than 1 hour (on average about 20 minutes).

The service is free and operates across France.



Medicalib is also a member of the Silver Alliance, a 33-brand-strong alliance that is committed to seniors living well at home.

[medicalib.fr](https://www.medicalib.fr)

“ We call ourselves a **phygital service.**

The speed and simplicity of our digital tools enable us to provide more optimised physical care for our patients.”



CASE STUDY



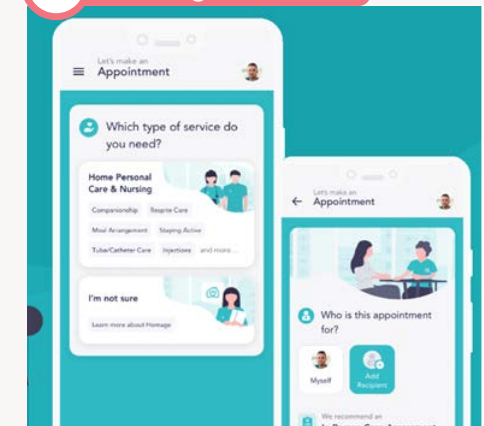
Operating in Australia, Singapore and Malaysia, Homage is an award-winning personal healthcare solution that combines healthcare professionals with smart technology to provide on-demand, holistic home and facility-based care to older people and other adults needing support. It has built a regional network of more than 8,000 fully screened, trained and curated care professionals, including certified and trained caregivers, licensed nurses, board-certified therapists and physicians.

With a smart-matching algorithm developed in-house, the most suitable practitioners are shortlisted and matched to each care recipient. Based on the profiling of more than 100 care practitioner attributes and competencies, a match is made between these and the care recipient's health profile, unique care needs and preferences.

Those seeking care can schedule, manage, monitor care visits and can access the visit summaries to read what took place during a specific care visit. Administrative items, such as payments, are managed seamlessly.

Homage follows a process of ongoing innovation and has maintained a 4.8 out of 5 service star rating.

[homage.com.au](https://www.homage.com.au)



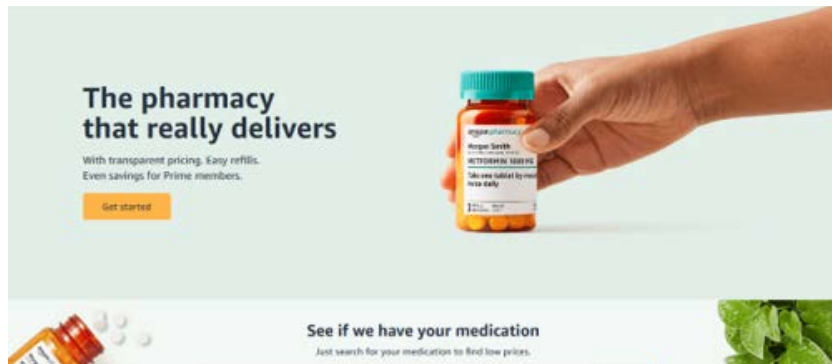


The Ubering of Medications

As described, Uber has been a key contributor to the growth of the 'on-demand economy', and that doesn't stop at physical care. Digitalisation offers an efficient, sustainable and convenient pharmacy experience whereby patients can order and access medicine on demand. Not only convenient, but the "uber-ing of medications" also acts as a centralised record storage of every member's purchases and promotes consistency when completing future orders whilst ensuring pharmacies are able to track drugs and avoid overuse.

The uber-ing of medications and medicine on demand brings consumers an all-new level of simplified access to their medications. With this innovation combined with telehealth and on-demand access to healthcare practitioners, our vulnerable communities will be able to access the same healthcare as if they were in the practice itself. Click on the links below to explore medicine in demand.

[amazon.com/primerx](https://www.amazon.com/primerx)

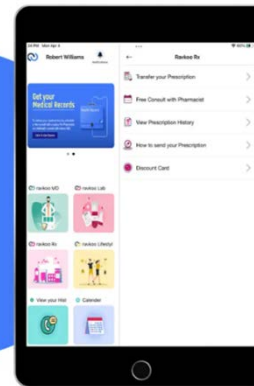


Similar to its core business, Amazon Prime Rx is an on-demand medication delivery service. The platform also offers 24/7 support with online pharmacists and offers a "RxPass" whereby a subscription-based service costing \$5 a month provides medications delivered to your door every month.

ravkoohealth.com



Need a prescription asap?
We've got you covered!



Ravkoo Health is an American online data driven platform of interconnected and interoperative services such as wellness coaching, therapists, behavioural health specialists, weight loss support, health education, telehealth consults, labs tests such as COVID testing and STI testing delivered and returned to the lab and medication delivery. Throughout using the app, data driven analytics then creates a profile where it can give you a personalised health scorecard designed to provide predictive analytics and recommendations to improve the patient's health.

Ravkoo Rx, the prescription offering of the integrated service also offers:

- Free virtual consultations with pharmacists
- A detailed dashboard of your medications
- Same day delivery of medications

CASE STUDY

NimbleRx, first launched in 2015, is a technology platform for pharmacies. It is a direct-to-consumer pharmacy retailer. Nimble identified a gap in the American market whereby independent pharmacies were struggling to compete with the large conglomerates who were building their own platforms and delivery services. Nimble took the opportunity to offer smaller pharmacies access to a delivery service platform without expensive overheads.

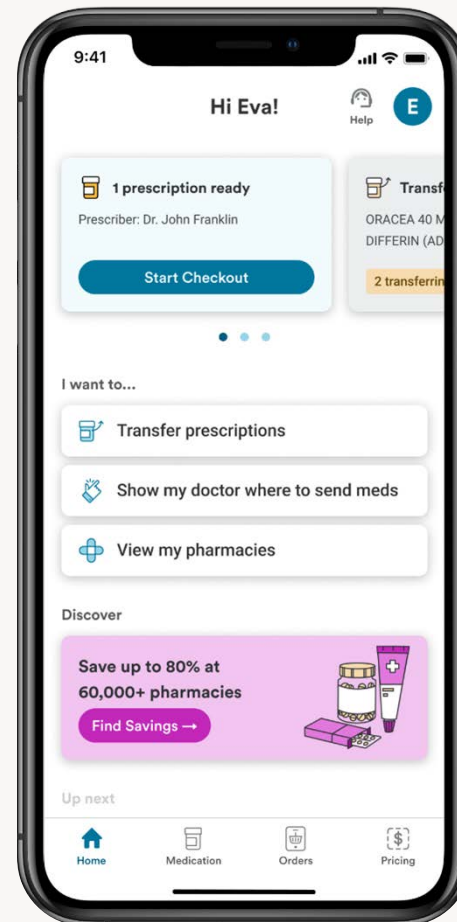
Nimble exemplifies how innovative platforms and strategic partnerships, partnering with *Uber Eats* in 2020, can empower other businesses and drive new service models.

The service offers:

- ✓ A dedicated technology platform that brings together a delivery service and pharmacy
- ✓ *NimbleRx* works with licenced local pharmacies to fill prescriptions. Once prescriptions are transferred, customers can order and manage them in their app.
- ✓ *UberEats* then offers real-time tracking and a \$0 delivery fee



NimbleRX recently was listed in the 2023 Best Places to Work award. Not only paving the way in innovative ways of delivering care but also in employee experience.



5. INNOVATION #3: SMART-CONNECTED HOMES



Smart home technology embeds a range of largely digital technologies designed to produce easier day-to-day living through safety, security, connection and independence enhancements. These are automatically controlled through an internet connection and an app. Smart homes provide important technological support to older people wanting to live independently in their own homes. With the important addition of aged care expertise, it offers the potential to enhance home care services and improve consumer outcomes.

This technology can yield a diverse range of benefits including supporting people with mobility issues (e.g. robot vacuum cleaners, mops and lawn mowers), cognitive issues (e.g. automated reminders to take medicines, appointments and visitors, smart fridges and cognitive therapy), with safety and security (e.g. remote and voice-activated door locks, security, lighting and sensors, falls and movement detection) and care (e.g. smart bedding, falls and movement detection). Smart home technologies have also been linked with health-related benefits such as voice-activated video calls, vital signs monitoring and telehealth appointments. This technology has been found to have significant evidence to support older people in fulfilling their recognised desire to remain independent and to feel secure in doing so.

The extent to which the aged care sector is engaging with this technology and partnering with technology providers to deliver smart home care varies across Australia. Some organisations are leading the way, building reputations as leaders in smart assistive devices and technology, linking with artificial intelligence and personnel assistant technology to improve safety, security and independence. eHomeCare and Bolton Clarke are well-known examples.



Our highly commended examples are Bolton Clarke, eHome Care and McClean Care.

boltonclarke.com.au



Bolton Clarke's In Touch home alert system is a series of alarms inside and outside of a home, with the option of falls detection, enabling any time response to the need for assistance.

With an integrated App, the award-winning In Touch system supports consumers' independence and control over their daily lives.

ehomecare.com.au



Australian organisation e-HomeCare provides a range of smart home technologies that are combined in such a way as to seamlessly support independent living at home. Founders Hubert van Dalen and Gerard Blokker noted that many smart home technologies with the potential to support home care were not an integral part of the aged care system. A key impediment was the need to find ways to adapt them into independent living and into home care, to ensure they could achieve the outcomes sought by older people and by care providers.

The suite of solutions brought together by eHomeCare are affordable and appropriate for the needs of older people and people living with disability while being customisable for individual need and preference. Many are 'off-the-shelf' smart home products configured to individual home settings.

CASE STUDY



McLean Care is an award-winning Australian aged care provider specialising in providing care in rural and regional locations. This not-for-profit organisation has invested heavily in technology infrastructure to support its service delivery, which includes telehealth, wellness, reablement, home monitoring, virtual reality to support safe driving, and communication support using tablets.

McLean received an Innovation grant to trial smart home technologies in older people's homes and partnered with researchers from Harvest Community Sector Consulting and Monash and Deakin universities to undertake the project. The smart home technology devices were off-the-shelf but applied with individually tailored solutions that included smart power plugs (smart switches), digital voice assistants, smart light bulbs and robotic vacuum cleaners. All devices were commonly known as 'plug and play' or 'set and forget' smart home technologies that are not hard-wired and easy to remove if needed.

The research provided a comprehensive, in-situ evaluation of smart home devices with older adults. It confirmed that smart home devices could support positive well-being outcomes for older people if they are:

- ✓ tailored to suit users' unique needs and useability requirements,
- ✓ facilitate experimentation and play to build digital living skills, and
- ✓ are integrated into a system of support.



The project has been recognised as the Winner – Best Ageing Research at the Ageing Asia 9th Eldercare Innovation Awards (2021) and the Winner – Diversity, Equity and Inclusion in Action Award, Australian IoT Awards (2021).



As with eHomeCare, an important lesson in using smart home technology to support independent living is the need to combine devices in such a way as to support users' needs, preferences and capacities. The devices used do not need to be expensive, but they do need to be able to be integrated into everyday living in a seamless, user-friendly way.



CASE STUDY



Sleepitite is an Australian-based company that developed **REMi**, a world-first Smart bedding system that is a non-invasive monitoring and alert system using flexible sensors integrated into the bedding. These sensors extract health data and send real-time biometric analysis about the individual. The platform supporting this translates the data into valuable insights for the aged care workforce – either in a residential facility or a home environment. The big data captured enables care managers to quality check and benchmark and, where necessary, to provide evidence of quality care to regulatory bodies.

If the system detects signs of abnormality, it will request intervention - ensuring that night-time involvement from carers only occurs when the system identifies potential health risks, such as a fall, the threat of a fall, or that the person has been out of bed for a certain amount of time. In this way, care staff can non-intrusively monitor people during the night, reducing their workload in the process while ensuring the safety of the people in their care.

Sleepitite is working toward the goal of fall prevention (by predicting and intervening before a fall takes place) using real-time position tracking via **REMi**. The next phase of **REMi** will see the system able to monitor key vital signs such as oxygen rates and heart rate.

Sleepitite builds on a strong evidence base through key research partnerships. In 2018, Sleepitite received Cooperative Research Centres-Project grant funding to develop a non-invasive resident monitoring system for Australia's aged care industry.



In 2021, Sleepitite received further support from the Department of Industry, Science, Energy and Resources in the form of co-investment from the Advanced Manufacturing Growth Centre's Commercialisation Fund.

Contributing academic and research resources, RMIT is the primary research body undertaking concept, research, design and development activities in collaboration with Sleepitite. Melbourne-based company Sleepzee Bedding Australia assists in the design process of the bedding product.

6. INNOVATION #4: SMART GAMING



It is well known that age-related frailty and poor health can lead to a reduction in social outings or activities ⁽ⁱ⁾. In long-term care communities or residential aged care facilities (RACFs), residents often report a higher prevalence of loneliness, whereby they are often more spatially and socially isolated from others. During the height of the pandemic, current technology interventions were used as a way to address issues related to isolation and loneliness. Some of these innovative technologies employed to combat function or cognitive decline, as well as social isolation, are discussed below.



Platforms

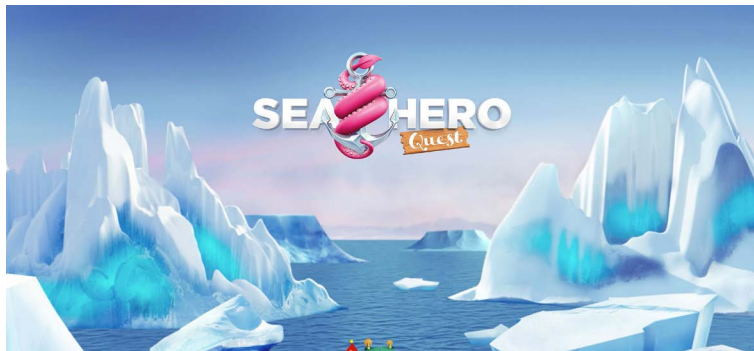
The use of online platforms and apps has dramatically risen in recent times in parallel with the widespread adoption of the internet in RACFs. Multiple research studies have found that in order to gain maximum benefit from information communication technology (ICT) based social interactions, the technologies must be usable and accessible for older people. The accessibility of web-based platforms allows anyone with an internet connection to engage in social participation.



Virtual & Augmented Reality

Experiences in Virtual Reality (VR) and Augmented Reality (AR) can be powerful – not only for the user, who feels as though they are present but also for researchers, who can gather masses amounts of data while the games are being used. Research has highlighted that VR and AR can address issues related to mental distress and cognition, improve cognitive functioning through training and also support procedures for mitigating behavioural and psychological symptoms of mild cognitive impairments and early-stage Alzheimer's Disease ⁽ⁱ⁾. A great example of this is Sea Quest Hero, a web-based or A.R.-supported game – click on the link (pg28) in the example to see more.





Sea Quest Hero, a game that spans both mobile and virtual reality, was created to capture spatial navigation capabilities - the lack of which is an early symptom of dementia.

Apart from demonstrating innovation in gaming and research, this innovative technology represents a strategic tech partnership and involves:

- a co-design methodology between academia – University College London, the university of East Anglia, industry – Deutsche Telekom, and Alzheimer’s research UK
- a choice of use in a VR headset using smart technology or can be used on a mobile app or web-based platform
- the utilisation of big data in research and
- health innovation – wherein gaming is improving cognitive skills.



Virtual & Augmented Reality

Exergames are described as games, such as *Wii Sports* and *Wii Fit*, that gamify exercise. Using gamification to entertain and also encourage older adults to engage in physical activity, research has depicted that exergames have positive effects on cognition, physical function and psychosocial outcomes in older adults [①](#).



Wii Sports and *Wii Fit*, are games that can operate across a console, virtual reality and handheld remotes.

Not only demonstrating innovation in gaming and research, this innovative technology has multiple advantages and benefits.

- A VR headset using smart technology or that can be used on a gaming console.
- Wii-based programs are an option for older adults who prefer to exercise at home.
- Health innovation – whereby gaming is improving cognitive skills.
- Exercises that improve balance control can help decrease the chance of suffering a fall.



CASE STUDY

SiVR Adventures

SiVR Adventures brings immersive Virtual Reality (VR) experiences to older adults in their own homes and in residential care settings. While VR is not a new tool in the health and aged care sectors, its use has overwhelmingly focused on its clinical applications. SiVR Adventures focuses on personal and social well-being, providing virtual experiences that bring meaning and joy and, in the process, reduce social isolation, loneliness and depression among older adults. VR became an important social connection tool during the COVID-19 pandemic, which saw older adults, many of them already socially isolated, locked down for long periods.

SiLVR Adventures' content, services and platform are designed to deliver in-home experiences that elevate the quality of life for older adults receiving care by bringing the world to them through virtual reality. With an extensive library of virtual tours, older people can revisit places with special meaning to them, go on new adventures they never thought possible and connect with each other through remote and localised group sessions.

At the same time, consideration has been given to integrating virtual reality experiences into aged care, with SiLVR Adventures partnering with a range of home care partners, including UnitingCare QLD, Anglicare, VMCH and Like Family.

Recognising that technology is rarely a solution in itself and that it needs to be paired with a personalised approach for each individual user, a delivery model has been developed in collaboration with aged care partners that runs alongside existing social support programs, augmenting traditional methods and leveraging the personal relationships of carers and care recipients.



silvradventures.com.au



“Our resident is from Japan and misses home very much. She was able to reconnect to familiar sites and things such as nature and reminisce. It put the biggest smile on her face to see home again”

(Uniting Care, Queensland)

7. INNOVATION #5: VIRTUAL CARE AND HOSPITAL IN THE HOME

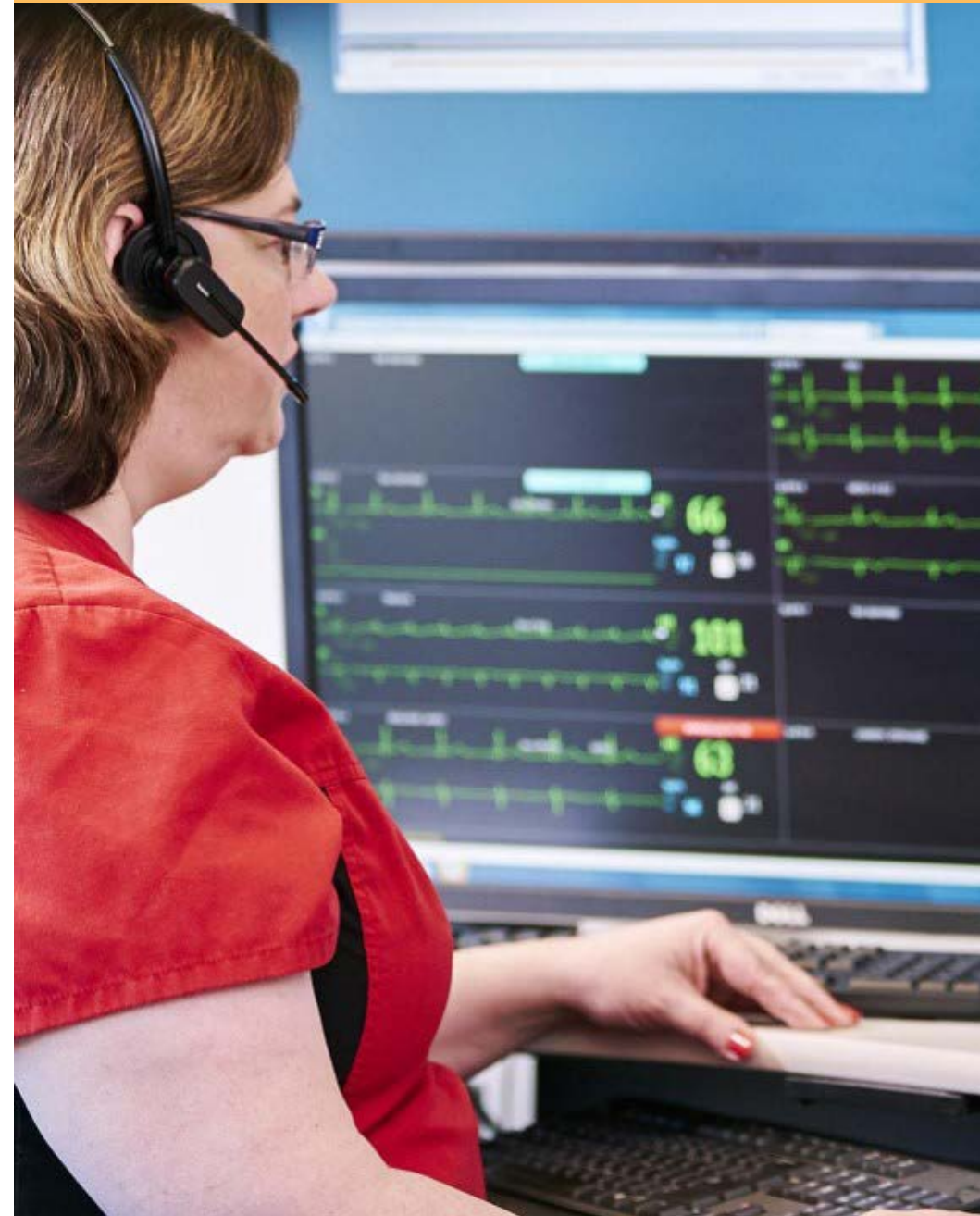


Hospital In The Home (HITH) is an innovative care model for acute-level hospital care at home (as an alternative to going to the hospital) and post-acute care delivery (intensive short-term care at home to reduce risks of re-hospitalisation). The model integrates a centralised team of healthcare practitioners, leveraging technology to help support patients in the home and out of the hospital. The pandemic has accelerated the growth of the HITH model of care as the default setting for a range of episodes of care traditionally provided in a hospital environment.

Home Care organisations create a virtual nursing team to support field staff with health status changes, vital signs and high-risk incidents. Clinical data are recorded on point-of-care apps and sent to the virtual nursing team for monitoring and follow-up, in the process, leveraging emerging technology, apps and portals to care for older people in their homes. Advantages include the following:

- ✓ Remote monitoring enables medical staff to stay connected to their patients at any time while measuring and tracking their vital signs.
- ✓ Patients do not have to be physically in a hospital bed, not only easing pressure on the workforce but also easing pressure on the patients themselves and their families.
- ✓ HITH models also contribute to the employee experience as doctors, nurses, and caregivers experience more flexible work arrangements.
- ✓ Another stakeholder that benefits from this new model is the education sector. Virtual health provides an innovative training tool for junior medical staff.

Changes in the Medicare Benefits Scheme, specifically in relation to telehealth services, have supported the widespread adoption and implementation of virtual care.





CASE STUDY

Queensland Metro North's RADAR service and Virtual ED

Queensland Metro North Health and Hospital service has created over 300 virtual clinics across their acute, outpatient and outreach programs to improve timely access to health care in the community. Their Residential Aged Care District Assessment and Referral Service (RADAR), are multi-disciplinary and led by emergency and geriatric consultants, nurse practitioners, nurse navigators and pharmacists to provide a substitution service for the Queensland Ambulance Service and emergency department (ED) by providing responsive medical outreach and support service to Residential Aged Care Facilities (RACFs).

The RADAR team services includes: ED alternatives, specialist consultative service (medical, nursing and pharmacy) for RACF residents, advice for the management of RACF residents, medication management – via senior pharmacist review, Complex case management and support to RACFs to manage issues such as behaviours, frequent ED presentations and COVID-19-related support for general practitioners (GP) caring for residents in aged care facilities.

The RADAR team uses QLD Health's Telehealth Virtual Clinic solution to enable their response team, facility staff and the patient (in the RACF) to link back to medical staff, support a limited RACFS workforce, with responsive care to ensure better health outcomes for their residents.

Another key initiative Metro-North implemented is the introduction of a virtual ED department that will set the platform for HITH models in the future.

Virtual Emergency Department
 Open: 7 days
 (8am-10pm Monday to Friday | 8am-6pm Saturday and Sunday)

METRO NORTH VIRTUALEAD

For GPs and QAS
 Metro North Virtual ED offers alternative pathways that can help avoid your patient waiting in an Emergency Department.

METRO NORTH VIRTUALEAD
 1300 847 833
 8am to 10pm Monday to Friday

Consult with an emergency clinician
 If you are a patient, you cannot use to this service. You may be eligible for our Patient Virtual ED service.

metronorth.health.qld.gov.au



CASE STUDY

Mercy Virtual Care Centre

Mercy Virtual is a leading example of innovation in healthcare. Opening in 2015, before the pandemic had forced the wide adoption of virtual health, Mercy Virtual Care Centre was already paving the way.

A purpose-built facility serving both patients and medical professionals across 43 hospitals in five states, Mercy Virtual, is described as a "hospital with no beds". Utilising two-way cameras and medical-grade devices connected to the internet to enable real-time monitoring of patients' vital signs, Mercy Virtual is described as a true patient-focused care continuum.

The centre includes:

- A large single-hub electronic intensive care unit, whereby a range of healthcare practitioners monitor patients and provide a "second set of eyes" in over 30 intensive care units across five different States.
- The centre is operational 24/7 and is home to a team of virtual care doctors dedicated to providing continuous care and at-home monitoring for over 4000 patients. Evaluation of the service has identified a 50% reduction in inpatient admissions and, subsequently, a 50% reduction in hospital fees.
- Apart from reducing hospital admission, Mercy Virtual also includes benefits such as shorter hospital stays, fewer complications and better patient outcomes as its benefits.

Mercy has also received funding to bring virtual care to rural America. With continuing demand on the healthcare system, the health needs of an ageing population and the impetus of a pandemic, the growth factor of this virtual service is exponential.





CASE STUDY

Virtual Emergency Care and Virtual Health Education

VIRTUAL EMERGENCY MEDICINE

Western Australia's South Metropolitan Health Service (SMHS), in collaboration with St John WA Ambulance, is changing the face of emergency medical care with the first-of-its-kind in Australia Virtual Emergency Medicine (VEM) service, shown to reduce patient wait times and improve ambulance and emergency department (ED) flow.

The VEM virtual triage system operates from the Fiona Stanley Hospital (FSH) command centre, using video call technology to communicate with paramedics in an ambulance prior to hospital arrival. It allows patients to be assessed and triaged before they reach the ED or are diverted to an alternative suitable inpatient service.

FSH ED Consultant and VEM Project Clinical Lead Dr Ian Dey said VEM was a game-changing emergency medicine model that, with extra funding, had the potential to significantly ease pressures on busy EDs and improve patient care and flow throughout hospitals.

“VEM aims to provide the right care in the right place at the right time, and this may not be in the ED” - Dr Ian Dey



smhs.health.wa.gov.au

VIRTUAL HEALTH EDUCATION

The Imperial College of London

Health innovation can support the workforce as well as its patients. The Imperial College of London became the first medical school in the United Kingdom to use virtual reality (VR) headsets to train future doctors. By immersing themselves in life-or-death situations, such as an epileptic fit or cardiac arrest, students obtain experience in confronting situations, enabling them to be better prepared when an emergency does present in real life.

VR headsets simulate different 15-minute emergencies and offer various potential responses for the doctor, followed by instant feedback, helping students and junior doctors to see the consequences of their actions. This process provides a superior learning experience, enabling students to become active participants in real-time rather than passive observers. In addition, the VR program also simulates non-emergency situations that can be potentially difficult for junior doctors - such as mental health episodes or managing distressed or angry families.



imperial.ac.uk

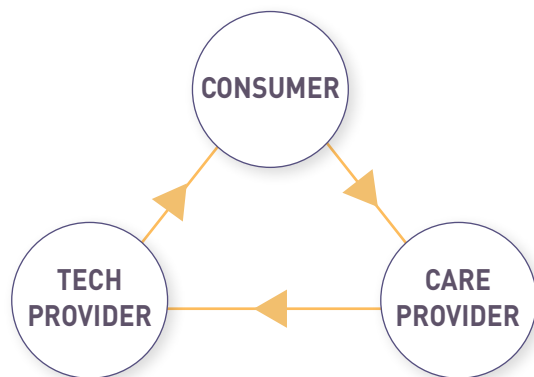


TECH PARTNERSHIPS AND STRATEGIC ALLIANCES ARE KEY

As technology plays an increasingly important role in people's lives and in their health and aged care, partnerships and collaborations are growing in significance. Recognising the needs of ageing populations globally and the longevity economy associated with this demographic trend, most of the 'big tech' companies (e.g. Google and Apple) have been partnering for some time with health sector organisations to develop products that can enhance the delivery of care. These relationships go beyond the mere transactional exchange involved in purchasing a care-providing organisation's technology product.

The boundaries between the technology and care provision sectors are blurring as many technologies, invented without the purpose of providing care or support to older people, are producing this outcome and proving to be key to independent living (e.g. smart homes, voice-activated technology). In addition, consumers are increasingly part of a collaborative delivery process because of their increased ability (through technology like smart watches) to monitor their health status, share findings with their care providers, and, therefore, to self-manage some of their care and support. This also shifts the point of care towards the individual. Co-design with end-users is gaining growing recognition as essential, further supporting the placement of consumers at the centre of service and product development and provision.

For the first time, each stakeholder group (tech providers, care providers and consumers) has become a co-provider and a co-supporter.



The new partnership defining care.



CASE STUDY



Calvary

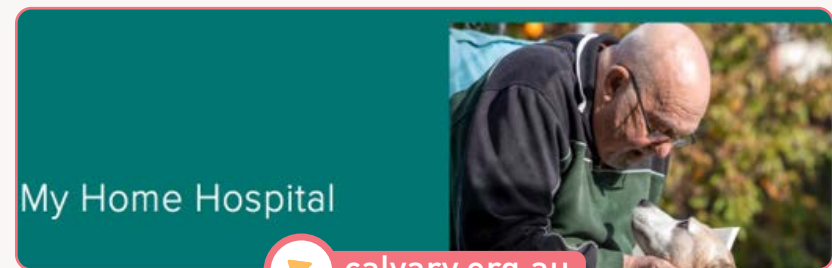
medibank

Operating 14 public and private hospitals across Australia, Calvary is a long-standing, not-for-profit, Catholic healthcare organisation offering a range of services, including community care and residential aged care.

Medibank Private is Australia's leading private health insurer providing cover to over 3.9 million customers and delivering various health services across Australia.

Calvary and Medibank partnered to deliver South Australia's "My Home Hospital" (MHH), which delivers hospital-level care in the patient's home. Multi-disciplinary teams that include doctors, nurses and allied health practitioners provide a range of services, such as some x-rays, blood tests and medication, supplemented by support services (e.g. meals and personal care) tailored to individual needs. Patients receive daily visits and have regular contact with their care team. The Calvary-Medibank strategic partnership brings together diverse skills and expertise in health and well-being services to support this new model of care.

Remote monitoring and artificial intelligence (AI) are used by Medibank and Calvary, building on the experience of both in supporting local health authorities to manage COVID cases across the country. During the height of the COVID-19 pandemic, the Calvary-Medibank partnership supported more than 130,000 people in the community across New South Wales, Victoria and Queensland. The outcomes being achieved in COVID-19 management and the MHH confirm the success of this strategic partnership.





CASE STUDY

Integrated Care at Gesundes Kinzigtal, Germany



Located in Southwest Germany, Gesundes Kinzigtal is one of the few population-based integrated care approaches in Germany, organising care across all health service sectors and serving around half the region's population. It is operated by a regional health management company (Gesundes Kinzigtal GmbH) in cooperation with the regional physicians' network.

Gesundes Kinzigtal was born from the significant gap in public health services and the recognition of fragmentation across health services, primary and secondary ambulatory care (outpatient care), and hospital (inpatient) care. The German government implemented health care legislation to support integrated care solutions. This became the catalyst to develop the Gesundes Kinzigtal integrated care centre with the following characteristics:

- individual treatment plans and goal-setting agreements between doctor and patient
- patient self-management and shared decision-making
- follow-up care and case management
- right care at the right time delivery
- system-wide electronic patient record - giving partner providers of Gesundes Kinzigtal Integrated Care access to electronic patient records.



For more peer-reviewed scientific literature and information surrounding Gesundes Kinzigtal [click here](#).

*Pursuing the triple aim: evaluation of the integrated care system
Gesundes Kinzigtal: population health, patient experience and cost-effectiveness.*

These features of the integrated care model have been found to bring multiple benefits:

- ✓ Improved care coordination over all sectors of care.
- ✓ A more intensive patient-physician relationship through individual and mutually agreed-upon treatment plans.
- ✓ Care providers who have been trained in shared decision-making.
- ✓ Significant shared savings between medical insurance and the government due to the resulting substantial population health gains.

 [gesundes-kinzigtal.de](https://www.gesundes-kinzigtal.de)





CASE STUDY

On Lok, USA



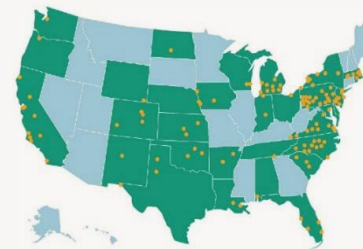
Located across the USA, On Lok created the Program of All-Inclusive Care for the Elderly, known nationally as PACE, which is an integrated care model that supports its older community to age safely in place.

PACE is underpinned by the philosophy that everyone should have the choice to age at home, regardless of their physical, medical, and financial circumstances. It is described as a program that 'takes care of everything' so that older people can live at home.

The integrated care provided by the community of On Lok is delivered by a multi-disciplinary team of primary care providers, registered nurses, social workers, physical therapists, occupational therapists, activity therapists, registered dietitians, home care coordinators, caregivers and drivers. The whole team is engaged in one location and meets regularly to exchange information and review the care plans of their community.

Some of the significant benefits identified for PACE participants include:

- ✓ Reduced hospital admissions - a 24% lower hospitalisation rate compared with dually eligible beneficiaries who receive Medicaid nursing home services.
- ✓ Better preventive care, specifically with respect to hearing and vision screenings, influenza and pneumococcal vaccines.
- ✓ Reduced depression -27% of new participants scored as depressed on a pre-enrolment assessment. Nine months later, 80% of those individuals no longer scored as depressed.



138 sponsoring organizations 272 PACE centers in 30 states

55,000 enrolled participants nationwide



Age at home with On Lok PACE

A full-service healthcare program that includes medical, home care, transportation, and senior services.

DO I QUALIFY?

LEARN MORE



"I feel very joyful when I come here and I truly think On Lok is a paradise for seniors!"

— May W., On Lok PACE Participant



For more peer-reviewed scientific literature and information surrounding On Lok PACE, [click here](#).

Hospitalisations in the Program of All-Inclusive Care for the Elderly



CASE STUDY

Ontario Health



Ontario Health

The Ontario (Canadian) government is paving the way for a digital-first approach to integrated health care. In February 2020, the government announced its plans to modernise home and community care delivery, with Ontario Health Teams assuming responsibility for the delivery of care within an integrated and patient-centred care model. Its integrated care model was designed to break down long-standing barriers, allowing for seamless coordination of patient services. Described previously as hallway healthcare, Ontario Health's mission is to break down the silos within the healthcare sector and build a modern sustainable, connected healthcare system for older Canadians and future generations.

In response to the pandemic, the integrated care established by Ontario Health Teams and Ontario Health is reported to have helped the healthcare system to respond to COVID-19 quickly and effectively. This includes supporting long-term care homes, simplifying the purchase of personal protective equipment, helping establish assessment centres, launching virtual urgent care initiatives, and expanding remote patient monitoring programs to support COVID-19 patients and other vulnerable populations.

Ontario Health's future plans, as described on its website, includes making investments and advancing new initiatives across four pillars [①](#).

- 1. Prevention and health promotion:** keep patients as healthy as possible in their communities and out of hospitals.
- 2. Providing the right care in the right place:** Ensure patients receive care in the most appropriate setting, not always the hospital. This includes expanding access to home and community care.
- 3. Integration and improved patient flow:** better-integrated care providers to ensure patients spend less time waiting in hospitals when they are ready to be discharged. Ontario Health Teams will play a critical role in connecting care providers and, in doing so, help to end hallway health care.
- 4. Building capacity:** build new hospital and long-term care beds while increasing community-based services across Ontario.

 ontariohealth.ca



The New Model for Integrated Health Care in Ontario – taken from [NAVIGATE](#)

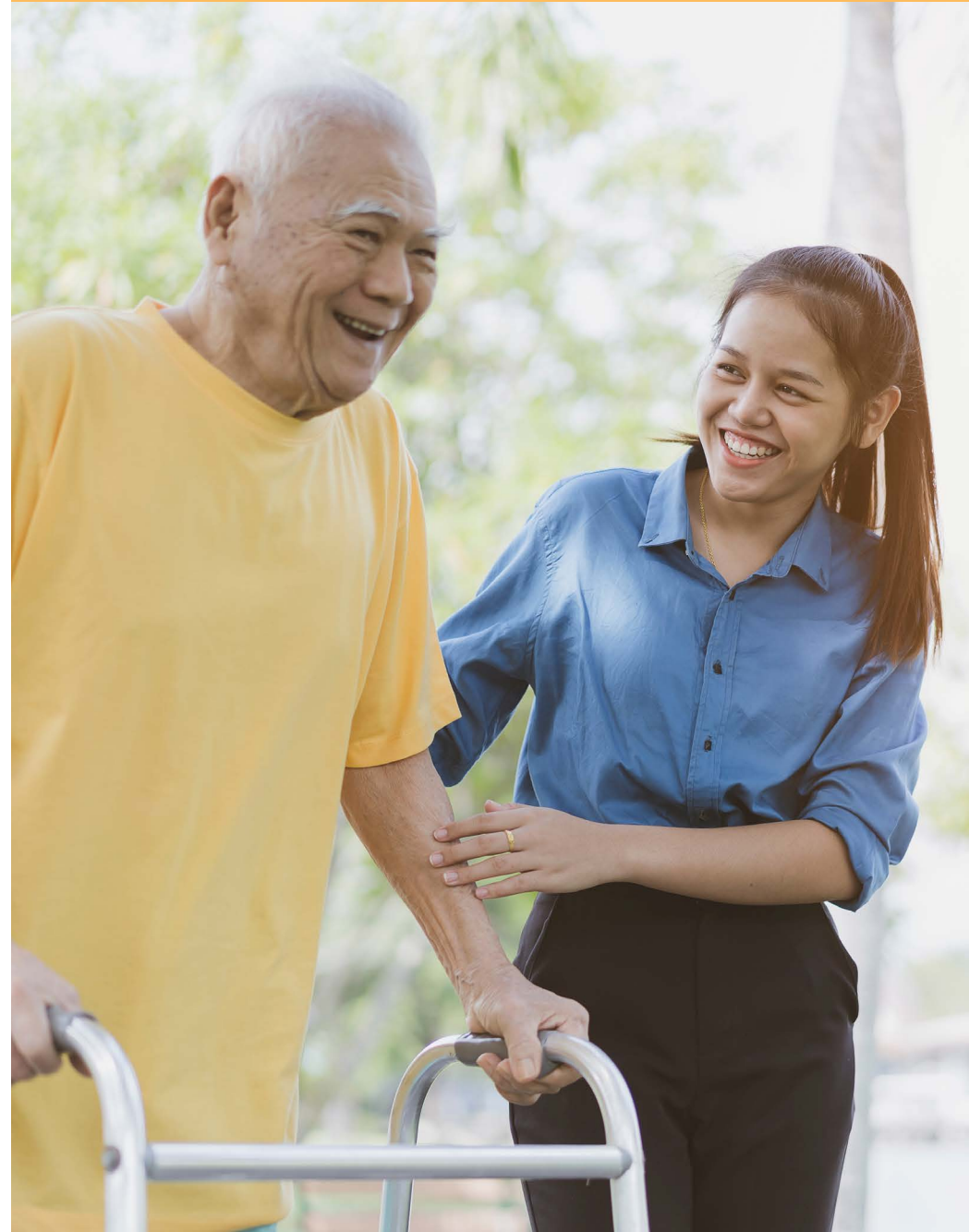
9. INNOVATION #7: SELF-DIRECTED TEAMS



Self-directed teams or specialist teams are described as a group of individuals from an organisation who possess certain abilities to work toward a common goal or business objective without the usual standard administrative oversight. The goal is to remove bureaucracy and centralised decision-making costs while empowering nursing and care teams (multi-disciplinary teams including carers) to manage client groups within a geographic area. This model is highly transferrable to providing hospital in the home and high-intensity post-acute care at home.

Self-directed teams are usually relatively small teams localised to geographic service areas, with members of the teams determining how they work together to deliver the care and service to their group of clients, as well as having collective ownership of team performance and key performance indicators (KPIs). Integral to self-directed teams are characteristics such as responsibility, trust, harmony, encouragement, shared goals or objectives and communication. Benefits of self-directed teams include:

- ✔ More timely and responsive care, not having to wait for a manager's directive, promoting timely completion. This is often the first-cited benefit of a self-directed team.
- ✔ A greater level of empowerment is placed on teams through joint decision-making, leading to greater satisfaction and improved employee retention.
- ✔ Accountability is promoted – individuals increase their productivity by wanting to earn their manager's trust in their abilities while not being micro-managed.
- ✔ Operating and HR costs are reduced due to teams functioning without a manager.

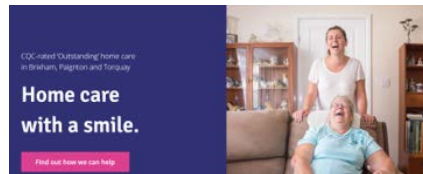


Examples of organisations employing the self-directed teams model are Buurtzorg in the Netherlands, Johns Hopkins School of Nursing with their Capable program and Love2Care in the United Kingdom.



The Netherlands Buurtzorg Model consists of self-directed teams made up of 12 members. The teams integrate themselves into the community, meeting a variety of healthcare professionals and as a team build their caseloads from there. Buurtzorg teams are entrepreneurial in spirit, continually improving the organisation and services due to having the freedom to try new things.

buurtzorg.com



Love2Care is an English organisation that consists of small local teams of wellbeing workers. These small teams focus on linking their clients to their communities. similar to the Social Prescribing model.

These self-directed teams communicate through apps, have weekly meetings and are highly successful - winning numerous awards in aged care.

love2care.com.au

Love2Care was awarded Accolades and rated outstanding in their delivery of care and quality.



CASE STUDY

John Hopkins School of Nursing CAPABLE program



John Hopkins School of Nursing has developed the program CAPABLE, which is a person-directed, home-based program that addresses both function and healthcare expenses. The interdisciplinary program created at John Hopkins School of Nursing integrates non-clinical and clinical services from an occupational therapist (OT), a registered nurse (RN), and a handy worker who work together as a mini team to help patients achieve their goals. It puts the care plan in the hands of the patients themselves, allowing them to curate a care plan based on their goals – aligning with values based on patient autonomy.

The program typically lasts from about four to five months and involves goal setting and action planning while evaluating improvements for activities of daily living. Over a period of 12 years, CAPABLE has expanded to over 25 cities across America.

“People always talk about trying to get the low-hanging fruit, which is a good way to get stuff done,” Szanton told HomeHealth Care News. “But I think the high-hanging fruit inspires people and can make a North Star.” - Sarah Szanton, the Dean of Johns Hopkins School of Nursing.

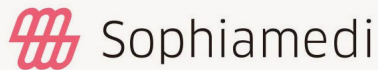


giving.jhu



CASE STUDY

Japan



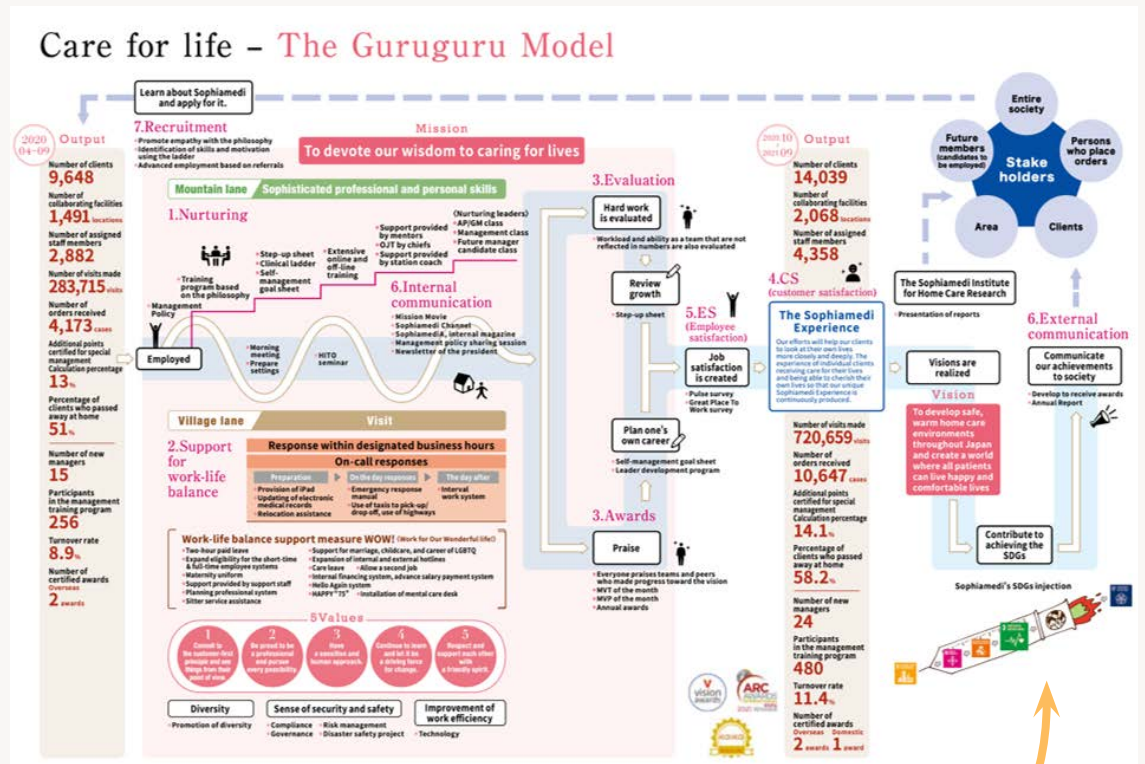
The Sophia Medi Experience is a pioneer in home visit nursing and was developed in response to Japan's 'super-ageing' demography. Within *Sophia Medi*, the value creation model "Looking at Living - Guru Guru Model" revolves around the self-directed teams model, whereby specialist teams work together to provide holistic care. It highlights the importance of workforce development in applying this model.

THE CARE FOR LIFE GURUGURU MODEL

There are two key components to the model - self-directed teams and an accompanying work environment where employees are responsible for their work but enjoy high levels of job satisfaction, in part, based on feeling 'pride and joy' in their work.

To ensure employee satisfaction, Sophia Medi conducts a monthly survey and an annual mental health check for its workforce. These feedback mechanisms are used in a preventive and early detection strategy.

Sophia Medi understands the importance of work-life balance, even developing a work style support measure called "WOW! (Work for Our Wonderful life!). They link their levels of customer satisfaction to the satisfaction and purpose in life of their employees.



10. INNOVATION #8: SOCIAL PRESCRIBING



Social Prescribing was developed as an innovative way to move beyond the traditional medical model and address the wider social determinants of health. These include housing, employment, social connection and engagement as well as a range of needs that include creativity and spirituality.

Social prescribing describes a system (based on specific resources and infrastructure) of enabling health professionals, such as GPs or practice nurses, to refer their patients to non-clinical services or sources of support within their local community. Key to this model are individuals with local knowledge who link patients to these services and supports. They are often known as 'social prescribers' or 'community connectors/coordinators'.

Recognising that health outcomes are determined not only by medical factors but also by social, environmental and economic factors, the social prescriber's role is to listen and identify the needs of the individual, focusing on them holistically rather than on a single issue. The social prescriber can then efficiently support and enable the person to get the right supports, for example, financial counselling or support to become more physically active. When these issues are resolved or supported, health is then improved.

Social prescribing is focused on improving both physical and mental health. It frequently supports people living with mild or long-term mental health problems, who are socially isolated, have long-term health conditions or are frequent users of general practice.

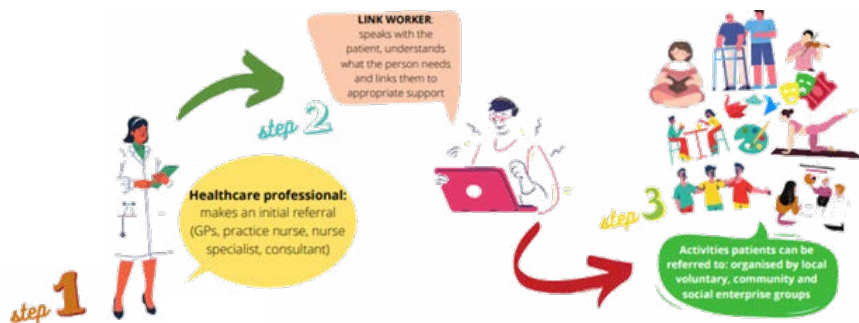




There is a growing body of evidence describing its positive health and well-being outcomes. Studies have shown participants of social prescribing identify an increase in their emotional well-being and quality of life, as well as decreases in levels of depression and anxiety.

The delivery and application of social prescribing are consistently changing. During the height of the COVID-19 lockdowns, social prescribing was delivered remotely through devices such as VR headsets, applying emerging tech and building on previous innovations.

PubMed See also this [rapid review](#) of the social prescribing literature.



A useful resource that showcases best practices for Social Prescribing and shared learnings has been developed by the [Global Social Prescribing Alliance](#) whose work supports that of the United Nations.





CASE STUDY

Footprints Community Social Prescribing

Footprints Community is a not-for-profit provider of community-based services, specialising in disability, aged care, mental health and providing for those who are at risk of homelessness. Developing their own social prescribing program, the “Care Coordination Service (CCS)”, Footprints, aims to provide evidence-based care coordination by providing a holistic approach to their community’s needs. The CCS works alongside the individual and their GP on goals that are important to them non-medically. Setting them apart from other care coordination services, the CCS at Footprints use a clear methodology to deliver holistic care with Care Coordinators undertaking the role of social prescriber.

The CCS supports its consumers to build independence and self-manage their health and well-being by connecting them to community networks, increasing their health literacy and providing person-centred solutions tailored to individual personal health needs. Consumers are linked to a range of services, including aged care, family violence, employment, legal services, financial services, as well as social and community groups. The service also assists consumers in these areas:

- developing and maintaining effective relationships with their general practitioners for better health outcomes
- providing comprehensive psychosocial needs assessments to set client-centred goals
- facilitating and coordinating case conferencing with service providers and health care practitioners
- linking participants to services and wrapping support around them and
- assisting consumers in navigating Australian care and support systems, particularly the National Disability Insurance Scheme, Centrelink and My Aged Care.



The CCS recently won the best international scheme at the 2022 Social Prescribing Network Awards hosted by the Social Prescribing Networks and College of Medicine. *Footprints* itself has been recognised with multiple awards that include *Best International Social Prescribing Project, Excellence in Age Services, Best Workplace, Provider of the Year.*





CASE STUDY

Rx Community - Social Prescribing

The Alliance for Healthier Communities is a network of community-governed primary healthcare organisations in Ontario, Canada, that are committed to advancing health equity through the delivery of comprehensive care. From 2018 to 2020, the Alliance implemented *Rx: Community – Social Prescribing*, the first Canadian social prescribing research project. This pilot initiative included 11 Alliance member organisations, encompassing Ontario’s urban, rural, and Francophone centres.

The project emphasised the importance of an asset-based approach whereby social prescribing navigators connected participants to their social prescribers (service providers) through a co-design process highlighting clients’ goals and talents. The program was highly successful and demonstrated the growth impact possible with social prescribing programs. This program also highlights the importance of evidence-based findings in innovation and sharing resources for the greater good rather than working in silos.

Rx Community’s standardised social prescribing pathway reflects the essential components of social prescribing.

- Social prescribing is centred on the individual with social and medical needs, as well as on their interests, goals, and talents.
- Social prescriptions can include a diverse range of non-clinical interventions.
- The prescriber is a healthcare provider with a trusted relationship with the participant.
- The social prescribing navigator catches the referral and connects the participant to appropriate resources.
- Finally, a data tracking pathway follows the consumer’s journey throughout the social prescribing process. This enables the integration of meaningful data and lessons learned in real-time to monitor outcomes and enhance the quality of care delivery.





CASE STUDY

Health Connections Mendip UK - Exemplary Framework



Health Connections Mendip is underpinned by a social prescribing model wherein general practice health services are broadened through community linkages, using local human and social capital while building individual and community strength, knowledge and capabilities.

Working with people in the local community and drawing on their knowledge, resources and abilities, Health Connections Mendip links patients in Mendip GP practices to nonmedical sources of support within the community, to a comprehensive [Resource Centre](#), to individual and group [training](#) opportunities, and to Health Connections groups such as Talking Cafes. Comprehensive one-hour training sessions are available and easily booked through Eventbrite.

Two groups are key to Health Connections Mendip:

- 1. Community Connectors** - these are members of the community who have well-developed local knowledge and networks and provide a bridge between local people and other services and supports.
- 2. Health Connectors** - these work one-to-one with patients in Mendip General Practices and in patients' homes, helping to build the knowledge, skills or confidence needed by patients to improve their health and well-being or manage long-term health conditions

Health Connections Mendip recognises that people access support and information in different ways. Community and Health Connectors are one source of information and communication, and other sources include a website, local radio slot, information points in the community and an information phone line.

The model also recognises that the local community and its people represent valuable assets (social capital). Connections are made by mapping available assets and then drawing on that map when linking people to the resources they need. The resulting service directory is embedded in the digital patient record, which supports health professionals and their patients. When mapping identifies gaps, Health Connections Mendip works with people in the local community to find solutions, including developing a new service where appropriate.

Details about the unique Health Connections Mendip model are provided [here](#).





CASE STUDY

Bromley by Bow - Exemplary Framework



The Bromley by Bow Centre, a social prescribing charity, supports their community members with a wide variety of integrated services based on individual needs. The Centre understands that health is primarily driven by social factors and has developed an integrated model of over 40 services and activities, health centres, and a community research project. They are closely affiliated with Bromley by Bow NHS Health Partnership and have strategic partnerships with a wide range of organisations, so together, they can deliver effective programs and services. In developing their own social prescribing model, they have shared their successful blueprint to help others translate its approach into practice.

Their blueprint or model consists of a multi-pronged approach:

- 1. A Community Hub** – where participants are supported to learn new skills, improve their well-being or find employment. There are many activities and supports, such as starting up a business or creative workshops.
- 2. Health Centres**– that offer services tailored to individual physical health, offering health advice and self-management programs.
- 3. Insights Centre** – based on a co-design methodology where an Insights team works across organisations and community centres to better understand and develop the Centre’s principles. The team often investigates questions related to health and happiness that are important for the local community and viewed through a place- and asset-based lens. A dedicated team then researches the impacts of the centres to support teams to learn, innovate and achieve meaningful outcomes. Those outcomes are conceptualised in a guiding framework.

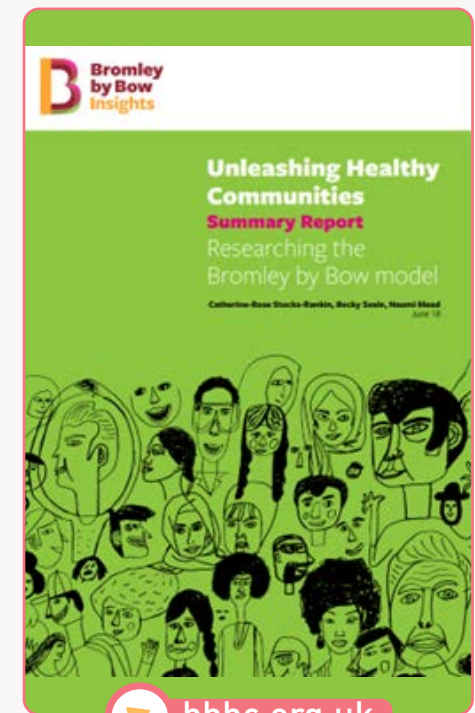
The Centre’s dedication to knowledge sharing of its blueprint and model sets them apart from other organisations and has positively affected its effective partnerships and ability to deliver better health outcomes. A wide range of outputs and outcomes are achieved by Bromley by Bow, as seen in their most recent annual report.

Stretch outcome	Description
Basic needs met	Moved from crisis to stability in areas of need essential to everyday life incl. physical health, mental health, financial health and safety.
Built knowledge and skills	Increased knowledge and skills that are meaningful to a person’s life and made changes.
Connected to others (individual)	Developed an increased connection to others to draw on for support, no longer feeling alone or isolated.
Connected to place and community	Developed an increased sense of connection and belonging to the wider community.
Contributed to the community	Developed an increased internal sense of self-worth and value that leads to contributing to and benefiting others.
Strengthened personal resources	Developed strengthened personal resources to improve day-to-day life, overcome challenges and try new things after the intervention.

Outcomes Framework

The six stretch outcomes, operationalised into 40 indicators, group together the ‘ingredients of a good life’ from the perspective of local community members. They are the output of the two year large scale qualitative study **Unleashing Healthy Communities** including focus groups and interviews with local residents and Bromley by Bow staff, funded by Public Health England and Wellcome Trust.

Unleashing Healthy Communities 2-016-2018



bbbc.org.uk

11. INNOVATION #9: CX FOR COMPETITIVE ADVANTAGE



Customer experience (CX) can be defined as the sum of impressions associated with a particular brand for a particular customer. It is built from both positive and negative feelings, including incidents and whether or not expectations have been met. Customer experience has multiple features, including convenience, responsiveness, speed and quality.

In a rapidly evolving world of consumerism, customer experience is now recognised as one of the key brand differentiators, and for home care, operators are key success factors for the future. Research has identified that 32% of customers or clients will walk away from a brand after a single negative customer experience. In relation to aged care, CX has always been critically important and will become more so as the sector moves to a star rating system and funding moves to the client, increasing consumer choice in residential and home care.

So how do we measure customer experience to ensure customer retention, positive reviews and associated star ratings, and a higher customer lifetime value?



Interviews, surveys, and focus groups for clients, staff & stakeholders to specifically measure the journey



Customer touchpoints, channels, who is involved, how they are feeling, identify pain points, moments that matter, and opportunities.



Idea and co-design innovations, solutions & ideas and develop the future client journey



Develop from the future state journey a roadmap of strategic and transformation projects and priorities





The innovations case studied exemplify strategies for measuring and improving customer experience.

CUSTOMER EXPERIENCE TOOLS

An important CX mechanism is consumer-based feedback enabled by a platform designed to capture consumer experiences in real-time and spotlight issues before they escalate into costly, time-consuming, resource-intensive problems. Features can include:

- Early warning system
- Real-time feedback
- Ongoing improvement of operational processes
- Cloud-based app
- Automation.



Standard 6 of the [Aged Care Quality Standards](#) requires providers and organisations to demonstrate that feedback and complaints are “encouraged and supported”, there is “open disclosure”, and responding actions are “appropriate”.

Tell Touch

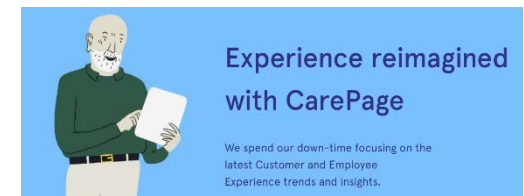


Tell touch is a platform that enables consumers and their representatives to submit feedback through a mobile app or QR code. The Tell Touch system then auto assigns the feedback based on customisable rules, maps it to the Australian Aged Care Quality Standards, send reminders and analyses the content to be escalated if serious (SIRS). A manager is then notified and attends to it where applicable.

Tell Touch has also been recently evaluated by Swinburne University – Watch this space!



carepage



Carepage use a quality compliance tool designed specifically for health and aged care, disability, home care and retirement living services. Key features include the following:

- one platform that captures both the customer experience and employee experience
- the ability to monitor employee engagement at any time
- capacity to gather customer feedback along the customer journey





Person Centred Software is a company providing a clinical platform and accompanying app designed to be an all-in-one operations management and community engagement tool.

The software provides real-time clinical evidence and is designed to give carers more time to spend with clients. It increases the capacity to manage large volumes of files, improves communication processes and includes a customer experience functionality whereby clients can rate their satisfaction levels with the care provided.

This software is an award-winning example of the integration of technology into care provision that harnesses the power of data-driven customer experience feedback.





CASE STUDY



UCHealth is a network of hospitals dedicated to pushing the boundaries of health through innovation. UCHealth is comprised of specialty hospitals and practices, combining academic and community-focused medicine.

It is also home to the *CARE Innovation Center*, which is dedicated to the revolution of health care with leading industry and start-up partners. This centre is responsible for marketing and the digital customer experience. UCHealth centres its marketing strategy around the patient, using automated marketing to ensure “the right message gets to the right patient at the right time”.

UCHealth incorporates three different digital solutions to maximise the patient’s experience while simultaneously evaluating that experience – *CURED*, *LIVI* and *Pointr*.

CURED

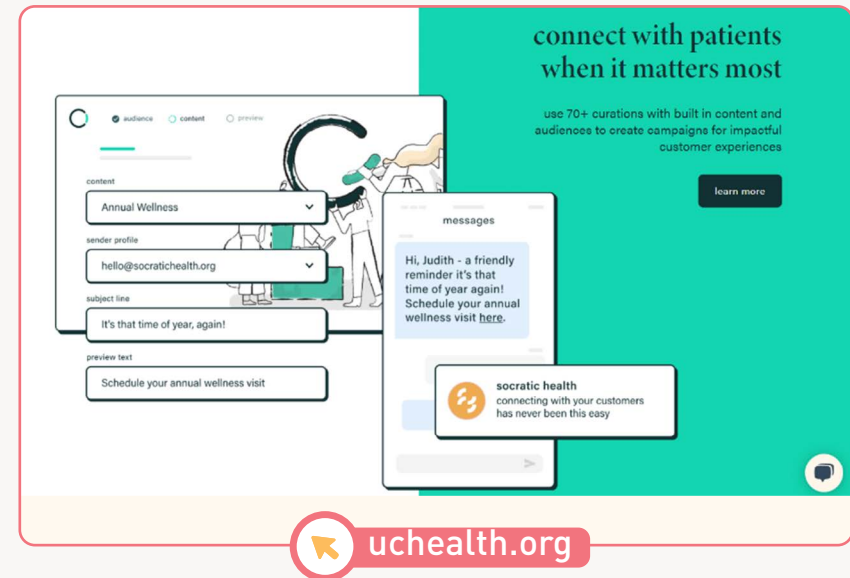
Cured is a digital marketing and customer relationship manager driving engagement and relationships with its clients. Currently also used by Mayo Clinic, VCU Health, CHG healthcare and Intuitive Health, *Cured* gathers personalised information to tailor the customer journey. Monitoring and evaluation using the CRM identify very high patient satisfaction scores.

LIVI

Livi, created and developed by deep learning software company *Avaamo*, is UCHealth’s virtual assistant. *Livi* emulates human interaction to help patients navigate its hospitals, introduce doctors to patients, update patients’ surrounding events and even generates blogs. *Livi* is available through a mobile app and through smart speakers in the hospital. It is also able to give patients personalised information about their health and lifestyles.

Pointr

UCHealth’s third customer experience tool is *Pointr* – a location platform designed for smart buildings that helps patients find locations in a 3D setting.



“By leveraging the benefits of AI and implementing this technology at UCHealth, ultimately, we are creating an efficient, seamless way for patients to get the information they need and gain greater access to preventive health care and the most advanced medicine and specialists in the Rocky Mountain region,”

Steve Hess, chief information officer for UCHealth



In August 2021, Forbes named UCHealth as the No. 1 employer in Colorado.



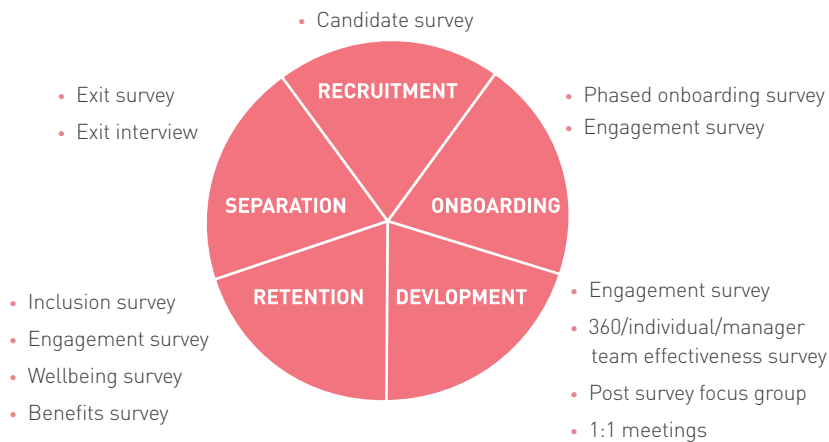
In 2021, UCHealth was named the first-place winner in Healthcare Innovation’s Innovator Awards program 2021 for expanding their Virtual Health Center concept to facilitate a sepsis early-warning system with the goal of improving patient outcomes.

12. INNOVATION #10: EX FOR COMPETITIVE ADVANTAGE



Employee experience (EX) can be defined as the sum of impressions associated with the workplace for each employee. As with CX, it is built from both positive and negative reported experiences, including incidents and whether or not expectations have been met. EX uses multiple indicators of customer experience, including convenience, responsiveness, speed and quality.

With current workforce shortages and many employees leaving their current positions in what is sometimes termed the “great resignation”, the aged care sector is not alone in needing to attract and retain employees. An important strategy for addressing this challenge is measuring employee experience and using the information generated to ensure employee retention and positive reviews for prospective employees. A range of EX strategies are depicted in the diagram below.



CONTINUOUS LISTENING STRATEGY



There are a number of employee experience tools available, and three examples follow.



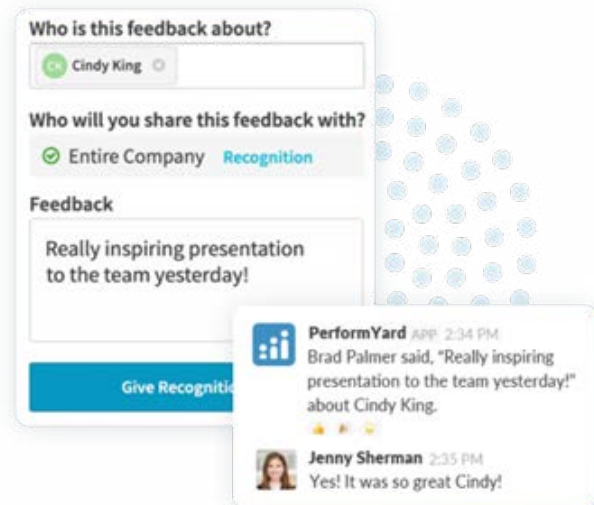
The first, *Circle Back*, is used by Integrated Living and guarantees the provision of feedback to all job applicants. The second, *PerformYard*, is used by Habitat for Humanity for a range of EX processes. The third, *WorkHuman*, is used by Merck to run its employee experience and awards program.



In 2022, *Integrated Living* committed to the *Circle Back* initiative – an initiative developed to ensure that every job applicant is responded to no matter what the outcome.



Habitat for Humanity Philadelphia is an American housing organisation that uses the *PerformYard* software platform, which provides a continuous listening strategy, customer review cycles, performance improvement plans and goal monitoring for employees.



Without the human, it's just work.

Did you know there's a strong correlation between employee wellbeing and overall company growth and success? The linchpin is employee recognition. Gallup and Workhuman research shows strategic recognition can help mitigate the **\$322 billion cost of global turnover and lost productivity.**

[Learn more](#)

[Request a demo](#)



The *WorkHuman* award-winning software harnesses the power of data-driven employee experience feedback to foster a culture of peer-to-peer recognition. Merck, a global life sciences organisation, utilises *WorkHuman* to run their employee experience and awards program INSPIRE, which recently identified a 12-point increase in employee engagement.



The three case studies that follow represent solutions developed and applied to improve employee and prospective employee experience.





CASE STUDY

Mercy Health – EX for Competitive Advantage



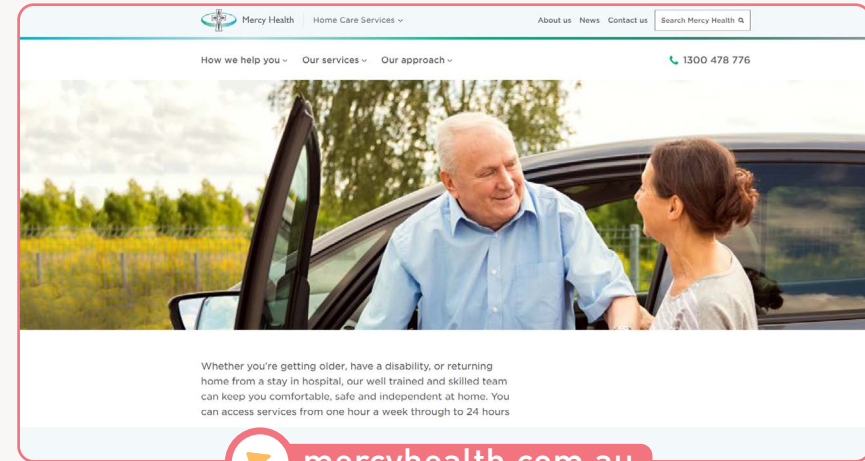
Mercy Health provides care across the life stages and includes acute care, aged care and maternity services. It is also committed to caring for it's employees.

Mercy Health's HR department was named one of Australia's most innovative in 2018 for Thrive@Mercy – an employee well-being program that offers a wide range of resources and information to enhance awareness and knowledge of health and well-being. A resource hub provides resources and information from tip sheets and video clips to self-assessment tools and referral services. In addition to Thrive@Mercy, Mercy is an early adopter of recruitment technology and continuous listening strategies.

Strategies of continuous listening, utilising employee engagement surveys, well-being surveys, and inclusion and benefits surveys, were adopted so that feedback could be collected on a large, continuous scale across the employee lifecycle in order to improve retention and satisfaction levels in the workplace.



Developed listening strategies to produce actionable improvements.



mercyhealth.com.au



In 2017, Mercy Health was recognised for outstanding strategies and initiatives promoting the health and well-being of employees in the workplace (Thrive @ Mercy).

Mercy was also awarded Employer of Choice for Gender Equality and was a finalist in the AHRI Martin Seligman Health and Well-being Award.





CASE STUDY

Amedisys, USA – Employee Listening Program

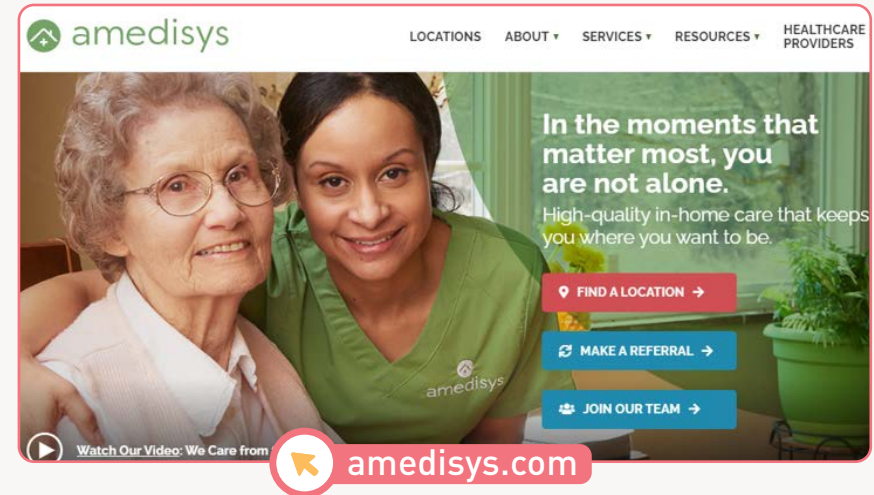
Amedisys is an organisation with 514 care centres across 39 States. With a rising number of registered nurses leaving the workforce each year, Amedisys knew it had to re-evaluate its recruitment and retention strategies.

For this reason, Amedisys’ executives invested in ways to better understand their employees, including their reasons for leaving. To reduce turnover and increase employee satisfaction, they implemented a robust employee listening platform and used AI technology to identify if an employee was at risk of leaving.

These efforts saw a model that identified over 36 different key risk drivers for all Amedisys employees based on role, tenure and similar factors. Utilising this model, Amedisys was able to lower the voluntary turnover rate by 20% simply by “listening” to its employees.

In other efforts to maintain its workforce, a cash bonus program was launched for high-performing care centres in addition to the program “Perks At Work”. Perks At Work offers individual high-performing staff exclusive savings at 20 different categories of shops using *WOWPoints* and free online micro-credentialing classes.

“The people, they’re our service. As a provider, our ability to attract and retain the talent we need to take care of our patients is job No 1.”



Watch this space! Utilising both technology and a rewards system to increase staff retention, Amedisys is now working on its predictive analytics and listening program to secure a better hiring and onboarding process, recruiting the right people for the right job.



Utilising both technology and a rewards system to increase staff retention, Amedisys has been awarded numerous awards, including the “2022 Best Place to Work” award.





CASE STUDY

Home Instead and Honor – Employee Experience and Strategic Partnership



Talk to a real person | 1300 008 018 Contact Careers Search Home Instead...

Home Our Story What We Do Why Us Resources Where to start Become a CAREGiver LocalBots



To us, it's personal
Passionate Dedication.
Extraordinary Service.
Authentic Care.

Find out where to start

Home Instead is a national provider in Australia delivering high-quality home care for older people. Honor is a technology-enabled home care start-up.

Together, Honor and Home Instead are focusing on further professionalising the role of the caregiver and using technology as a foundation to strengthen the relationship between caregiver and consumer.

As a partnership, they are well-positioned to empower the caregiving workforce and increase innovation in care delivery.



homeinstead.com.au



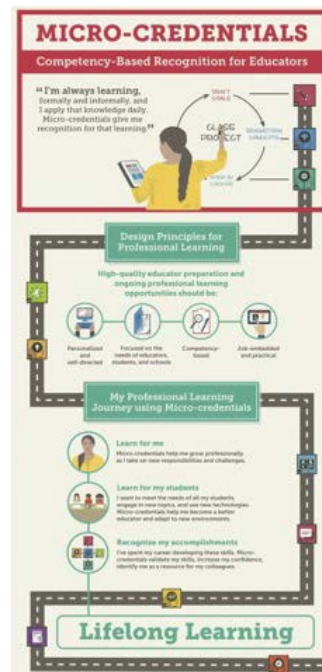
13. INNOVATION #11: TRANSFORMATIONAL EDUCATION



Pressures arising from global workforce shortages, the fast pace of work and living, and the addition of challenges brought by the COVID-19 pandemic have coalesced to stimulate new and innovative approaches to education and training, disrupting this sector in the process. Conventional teaching methods - such as in-person lectures, memorisation-based tasks and one-size-fits-all lessons are being overtaken by approaches that include micro-credentialling, online micro-learning, and extended reality.

MICRO-CREDENTIALING

Micro-credentialing involves a short certification course that focuses on a particular area, skill or niche. It is the term used to define the process for securing a skill-based qualification in short, self-paced online programs. Micro-credentialing reflects current industry needs for rapid, focused learning opportunities that can be built around individual and organisational needs.



ONLINE MICRO-LEARNING

This mode of learning became more widespread during the pandemic due to lockdowns and the need for social isolation. Online learning brings a number of potential benefits associated with its flexibility and accessibility – benefits that outweigh the challenges associated with traditional in-person models of institutional learning. This approach caters to wider community demand for services, including learning services, to be consumer-centred.

EXTENDED REALITY

Extended reality describes learning delivered by technologies that include augmented reality, virtual reality, and mixed reality. A number of tertiary education providers are adopting extended reality for projects across multiple disciplines to immerse their students in real-life scenarios.

All of these three new trends are rewarded by digital badges or credentials that sit on social profiles, such as LinkedIn. They can be used to motivate the workforce to invest in developing and promoting their skills, capability, and experience, which in turn, aids in building confidence for consumers regarding an organisation's human capital and brand.



THREE CURRENT AUSTRALIAN EXAMPLES OF MICRO-CREDENTIALING



Deakin university offers a range of online micro-credentials across three levels:

- 1. PRACTITIONER** – suitable for a professional with five years of experience.
- 2. ADVANCED** – suitable for a senior professional with at least seven years of experience
- 3. EXPERT** – this level is for an advanced professional with over ten years of experience.

The screenshot shows a Deakin University micro-credential page. The title is "Caring for Older People: a Partnership Model". Below the title is a 4.6 star rating based on 64 reviews. The text reads: "As our lifespans increase, more and more of us are faced with the question: how can we care for older people more effectively?". A red arrow points to the URL deakin.edu.au.



TAFENSW offers a wide array of micro-credentials across multiple career and skill paths. TAFE describes its micro-credentials as 'priming the workforce of the future' and also incorporating Continuing Professional Development (CPD) points in its modules.

The screenshot shows a TAFE NSW micro-credential page. The title is "MICROCREDENTIALS". Below the title is the text: "COMPLIMENT YOUR EXISTING SKILLS WITH DEGREE-LEVEL LEARNING. EXPLORE. ENQUIRE. ENROL." A red arrow points to the URL tafecourses.com.au.



Telstra use micro-credentials to build workforce skills and to upskill and promote a positive employee experience. More than 800 Telstra employees have completed a micro-credential in areas such as cyber security and coding.

Telstra Exchange | How we're upskilling people for the future with micro-credentials

How we're upskilling people for the future with micro-credentials

exchange.telstra.com.au



TWO EXAMPLES OF MICRO-LEARNING



EDUVIDD is a micro-learning platform that offers on-demand, bite-sized chunks of learning. Termed “Netflix for professionals”, EDUVIDD uses subject matter experts to develop engaging content.

Participation and completion earn users CPD points. EDUVIDD also offers access to a library of online CPD courses for \$4.49 a month.

INTERACTIVE 1 HOUR CPD: Risk Management in Aged Care Professional Fundamentals

INTERACTIVE 1 HOUR CPD: Managing diabetes in an aged care facility

INTERACTIVE 45 MINUTE CPD: Dementia Fundamentals Aged Care

eduvidd.com



Osmosis is an online platform developed by over 100 medical and nursing experts. Osmosis works with 200+ institutional partners and more than 5 million learners globally.

Learning medicine made simple

The all-in-one health education platform where educators teach effectively and students learn efficiently

For Students | For Educators

osmosis.org/elsevier



CASE STUDY

Micro-Learning at Anglicare SA

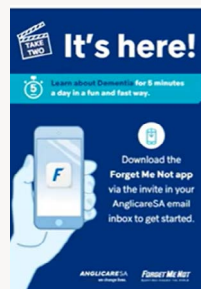


In order to enable employees to continuously build their care skills, AnglicareSA developed its own micro development course using the 'Little and Often' learning delivery model.

Over an 8-week period, employees were prompted with 5-minute dementia care scenarios illustrating extra and safe practice in responding to (virtual) consumers who were displaying dementia-related behaviours, such as delusion, agitation, aggression or wandering. Backed by evidence in neuroscience, the 'little and often' approach was reported to have increased care staff's confidence and job satisfaction levels. Employees were found to have benefitted significantly from a few minutes of learning during each shift, providing time-efficient learning, while repeated practice opportunities were found to have built their confidence.

A key business benefit obtained from using the Forget Me Not microlearning app is its generation of analytics quantifying what staff do and don't know about dementia care. These analytics enable senior clinicians and residential managers to identify the need for extra coaching and for mentoring to staff who need more support, while employees who demonstrate competence the first time they encounter a scenario can be challenged with a more difficult scenario a few days later.

This Micro-Learning program personalises each employee's development of dementia care knowledge. Consequently, those who need more learning opportunities are able to move at a pace that matches their current competence. This adaptive learning is not possible with traditional online learning modules.



CASE STUDY

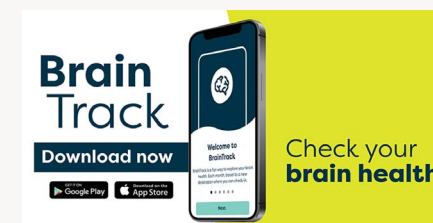
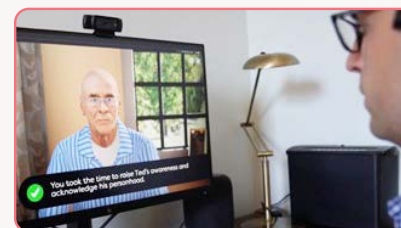
Micro-Learning at Dementia Australia



Dementia Australia has developed a subscription-based online learning platform called the Dementia Learning Hub. The hub has a wide range of online learning modules that offer Continuing Professional Development points (CPD) for every session attended.

Ted is an artificially intelligent (AI) avatar with symptoms of dementia. By interacting with Ted through a realistic online simulation, aged care workers can practice their communication skills in a safe environment. Participants who have experienced Talk with Ted were able to recall their learnings up to eight weeks following the training and say it has improved the overall quality of care they give. The delivery of the online simulation involves only one hour and is highly accessible due to its online format. For workers outside of Dementia Australia, the cost is \$99 per person.

Dementia Australia has also developed an app for monitoring changes in clients' brains and cognition. Educational games on the app include solving typical travel challenges like reading maps, collecting bags and calculating expenses. By utilising the app monthly, data can be sent to the healthcare practitioner for monitoring.



Dementia Australia won the 2020 Victorian iAward in the Not-For-Profit and Community Solution of the Year category for "Talk with Ted".

14. CONCLUSION AND CALL TO ACTION



This publication is inspired by and dedicated to innovators delivering transformational change throughout the aged care sector.

Numerous national and international organisations are responding to market challenges and opportunities, as shown in this publication. This is our call to action to our readers. We want to challenge you and ask the questions. How will you...

- ☑ drive actions and strategies from insights and the ability to harness data?
- ☑ utilise real-time, multi-dimensional views of your consumers and workforce to shape strategy and decision-making and service?
- ☑ ensure your consumer is experiencing centricity by design? Embedding design thinking and innovation in your strategy and service model improvements?
- ☑ ensure seamless interactions with consumers in a personalised and integrated way that fosters trust and brand loyalty?
- ☑ establish and sustain an agile workforce strategy in the way you recruit, develop and retain your workforce?
- ☑ leverage digital services, platforms or technologies to improve service efficiency, effective and increase your customer and staff experience?
- ☑ establish partnerships and an integrated partnership and alliance ecosystem to achieve your strategy and support each other to flourish?

If you feel inspired by these exemplars and are ready to lead change in your organisation consider;

- evaluating the interest and perceived needs for change amongst your teams,
- aligning interest around 1 or 2 key strategies identified in this report,
- clarifying your starting point for change,
- defining a baseline of current practice, from which you can measure improvement,
- connecting with these organisations to understand their pathways to change,
- surveying local tensions, facilitators, and barriers to change,
- engaging with key stakeholders to build an implementation plan,
- allowing time to experiment with initial implementation strategies,
- making improvements as you learn and improve,
- measuring the change from multiple perspectives and sharing your outcomes.

If you want to hear more or join our connected community of progressive thinkers, innovators, and aged care leaders, we would love to hear from you at hello@enkindle.com.au, where we will continue to celebrate and elevate innovations in the sector.

We are excited to see what the future of ageing holds!



We exist to help create a world-class aged care system through renewal, repositioning and reinventing service models and strategies.



Strategic Advisory



Operational Review & Service Design



User Experience, Journeys & Design



Workforce Strategy & Plan



Strategic Facilitation & Planning



Tender & Business Case Development



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