

D. WÅGE, G.E. CRAWFORD, T. THORBJØRNSEN. Testing 15 Aging-in-Place services in 19 trial homes. Gerontechnology 2012;11(2):313; doi:10.4017/gt.2012.11.02.421.00

Purpose The purpose of this presentation is to share our experiences from a field-trial to test the introduction of a substantial number of new services to elderly people living at home. **Method** The method used was based on five basic steps; (i) creation of a multi-disciplinary project group, (ii) selection of the most relevant services, (iii) service development and recruitment of pilot-participants, (iv) practical installation and training; and finally (v) trial period and evaluation. Project participants wanted to follow the practical approach seen in Scotland and the learning-by-doing model found in West Lothian¹. The main reason for the practical approach is lack of practical and industrial trials. The following section explains these steps in more detail. **Results & Discussion** Creating a multi-disciplinary project team consisting of representatives from industry, higher education, local councils, and hospital-partners was crucial for a successful selection of relevant services. The 15 selected services were divided into 3 subclasses; smart-home services, safety and security services, and new communication services. Some of the services were extensions of existing services, whereas other services were developed from scratch. Recruitment of trial-users was based on the three most typical use-cases created by the health personnel in the two participating councils; healthy elderly, elderly with mild cognitive failure and elderly with mobility impairment. Recruitment was carried out in both elderly care homes and in close collaboration with health personnel in the municipalities. The first installation was done in a demo-flat to ensure that all services worked correctly before the rollout in the 19 trial homes. The installation was done by professional installation personnel from the industrial partners, who also performed the training of the elderly person and their next of kin on site. Health personnel participated in the training where the inhabitant already received services from the municipalities. Training was repeated after a few weeks. The actual trial period started in October 2011, and will run until April 2012. Customer service and support is performed by an existing alarm company for the 19 trial-users, and project teams follow up residents continuously. The evaluation is also continuous and divided into two main parts; evaluation of the users and next of kin's experience and usage, and evaluation of the different partners experience from the multi-disciplinary project. A short summary of our experiences so far, is that elderly people easily adopt the use of iPad/tablets. This is especially true for the trial-users that are old, but healthy. Smart-home technology is not smart, unless it is also simple to use. Health professionals are especially excited about the usage of a new Full HD video conference solution (low cost, high quality and very simple to use), and so is the Norwegian Red Cross that use this service to perform video-visits by volunteers. The elderly are very satisfied with the new advanced fire-alarm service that in addition to sending a direct alarm to the fire brigade, also turns on all the lights in the house, takes a photo of the room, unlocks the front door and turns off the oven and ventilation. Next of kin value the next-of-kin-alerts that send SMS messages to them when there is no movement in the house during a 12-hour period, the temperature falls below 15 degrees, or rises above 28 degrees.

References

1. Bowes A, McColgan G. Smart technology and community care for older people: innovation in West Lothian, Scotland. Edinburgh: Age Concern Scotland; 2006

Keywords: care technologies, AiP/AAL, practical trials, safety/smart home services, iPad, video

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Full paper: No