Exploring the value of a proactive telecare system in older adults: A qualitative study

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Purpose Retaining independence in older people has many benefits, including improving physical and mental health, boosting confidence, and improving overall quality of life (Hillcoat-Nallétamby, 2014). Telecare interventions have been shown to have great potential in fostering independent living in older adults, as they can help individuals recover at home from episodes of ill health or injury, provide a safe environment and protect individuals from avoidable harm (Greenhalgh, Procter, Wherton, Sugarhood, & Shaw, 2012). Telecare typically includes wearable alarms, automated fall detectors, and ambient environmental sensors. However, overall health benefits achieved to date have been modest and uptake of interventions is low. OKEachDay, is a UK-based technological platform used at home, in which users press an 'OK' button to confirm daily well-being (Alertacall, 2020). Staff provide low-need social support and notify users' next of kin if no contact can be made. OKEachDay encourages daily active engagement from the user, and is therefore proactive, rather than reactive. This intervention may offer physical and psychological support for older adults to live independently, however it is yet to be evaluated. This research will explore the value and assess the usefulness of an innovative telecare system, providing proactive well-being monitoring and telecommunication service in supporting older adults to live independently at home. Method Thirtythree qualitative semi-structured interviews were conducted with current OKEachDay service users, family of OKEachDay users, staff at the service provider, and non-users to gain a holistic understanding of attitudes towards and use of OKEachDay. Interviews were audio-recorded, transcribed verbatim, and data were analysed using inductive thematic analysis (Braun & Clarke, 2006). Results and Discussion Participants reported effective aspects of the telecare service to include: having daily virtual check-ins to provide security; having control over confirming well-being; being proactive in confirming well-being; opportunity for social connectedness and potential to track health deterioration. Barriers to use included the requirement for users to have a next of kin, and a potential downfall highlighted was that the intervention would not be suitable for individuals who needed crisis tools such as wearable alarms which provide 24-hour emergency assistance. This proactive telecare intervention may offer a sense of security and social connectedness to support independent living in older adults; however, it must be considered in the context of each individual's existing social resources and health-care needs.

References

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