
BACKGROUND

- Patient experience spans the emotional, social and physical experience of the patient, while in hospital (Wolf, Niederhauser, Marshburn, & LaVela, 2014).
- Re-enablement encourages older adults to regain their independence and develop the confidence and skills to carry out daily activities themselves, following a setback/health crisis.
- Theories of relationship-centred care emphasize the importance of nurturing personhood and positive social relationships.

RESEARCH SETTING

- Fairview Community Unit (FCU) spans three post acute care service units.
- Provides supportive care for older adults transitioning from an acute care environment (Mater Hospital).
- Many patients need assistance with daily activities.
- Patients have different levels of cognitive ability (including Dementia).
- On discharge patients (1) return to their own home (with/without care package) or (2) move to a residential care setting.

NEW TECHNOLOGIES SUPPORTING PATIENT EXPERIENCE

- Future technology concepts should map to the four clinical areas of focus (i.e. patient safety, quality, competent and compassionate staff, and patient experience).
- The technology should enable nursing/care staff to:
  - Understand patient ability (cognitive, sensory, communication etc.)
  - Obtain a real-time picture of the patient’s care status and health/wellness (spanning three pillars: biological, psychological and social), and associated risks.
  - Support and monitor patient wellness, re-enablement and safety.
  - Report on patient care (medications, daily care tasks, observations and assessments).
- In relation to patients, the technology should support communication with family members/friends, interaction with nursing/care staff, self-care, ability to control room/environmental settings, access to health information, access to entertainment content, and the provision of information updates concerning patient meals and social activities.

RESULTS & EMERGING CONCEPTS

- Stakeholder evaluation approach to requirements elicitation and design (Cousins, Whitmore & Shulha, 2013).
- Phase 1 (complete): Involved documentation analysis, staff observations (ten half days, elapsing over 5 weeks) and interviews with nursing/care staff (N=20) and patients (N=11).
- Phase 2 (ongoing): Early stage prototypes of several new technologies have been advanced Co-design/evaluation activities (Bedker & Burr, 2002) will be undertaken with nursing and care staff.

REFERENCES