

## **ELECTRONIC MONITORING SPECIFICATION**

It has, for some time, been a requirement under Hertfordshire County Council's (HCC) domiciliary care contracts for providers to use a system of electronic monitoring of contact time. Although providers are responsible for the systems they choose and introduce they must as a minimum requirement be able to meet all of the HCC contract requirements

Therefore, it is a requirement of this Contract that the Provider must introduce a system that electronically monitors the provision of domiciliary care to all Service Users in real time

The system adopted needs to be able to identify the Service User, Careworker, arrival, departure and duration of visits from the above gathered electronic data, generate electronic invoices, tailored reports to identify that the service requirements are being met as well as to be able to raise an alarm call if necessary for any Service User where a visit does not occur within the agreed timescale. It also needs to be flexible and easily upgraded or modified if required in the future

The system should be able to support the electronic transmission of data in both directions. In the short term, the Provider should have a secure e-mail address to provide enhanced communication facilities in both directions.

### **System Requirements**

The system should be able to:-

- Record the start/end and duration of each visit in real time
- Record the Care Worker allocated to a particular Service User
- Raise an "alarm" with the Provider immediately where a Service User's visit does not start within the parameters as detailed below.
- Automatically generate an invoice based on electronically gathered data.
- Identify when any amendments to the original data have been made and be fully auditable.
- Be easily updated to meet the changing needs of Health & Social Care (HCS) and its Service Users as well as the Provider.

### **Reports**

HCC require that the system should be able to generate a varied range of tailored reports which should include, but not be limited to an exception report identifying where visits have not complied with the Specification in Schedule 1 will include:-

- Late calls
- Missed visits
- Continuity of care (identifying the number of Care Workers allocated to a particular Service User over a specified period of time).

It is a requirement of the Contract that the Provider's chosen system should be able to provide "Critical Time Monitoring" this means that the system needs to be able to raise an "alarm" with the Provider where a Service User has not received a visit within the parameter requested by HCS.

The system must be able to raise an alarm within given parameters (see below) for all Service Users including those of high, medium and low risk as identified by HCS, the Service User and or the Provider.

### **Parameters**

The Provider must aim to ensure that all Service Users wherever possible should have the protection of critical time monitoring within the following parameters.

### **High Risk**

High risk Service Users should be identified as being so, at the point of assessment, purchase, by the Provider or as the Service Users needs change. High risk time critical calls could include the Service User requiring a call by a specific time in order:

- To attend hospital appointments
- Work
- Day Centres
- School/college
- Service Users requiring medication
- Toileting
- Emptying catheter bags
- Double up visits with District Nurses
- Other health & social care professionals
- Service Users requiring feeding
- Service Users unable to access food or drink
- Food preparation if Service User has a medical requirement

Parameter for High Risk Service Users Visits – **15 (Fifteen) Minutes.**

The Provider should endeavour to ensure that the Service User receives their visit at the identified time but no later than 15 (Fifteen) Minutes after the expected arrival time of the Care Worker

#### **A. Medium Risk**

Medium Risk Service Users should be identified, as being so, at the point of assessment, purchase, by the Provider or as the Service Users needs change. Medium risk calls could include

- Personal care
- Getting up
- Putting to bed
- Managing continence/incontinence
- Food preparation
- Visits to check general well being
- Accessing leisure, recreational or community facilities

- Sitting service, however if deemed necessary this service may fall into high risk category
- Night sitting/night sleeping

#### Parameter for Medium Risk Service Users Visits – **30 (Thirty) Minutes**

The Provider should endeavour to ensure that the Service User receive their visit at the identified and agreed time but no later than 30 (Thirty) Minutes after the expected arrival time of the Care Worker

#### B. Low Risk

Low Risk Service Users should be identified as being so, at the point of assessment, purchase, by the Provider or as the Service Users needs change. Low Risk calls could include

- Social and emotional support
- Practical tasks
- Housework
- Training in self help
- Support for carers
- Shopping
- Laundry

#### Parameter for Low Risk calls: - **1 (one) Hour**

The Provider should endeavour to ensure that the Service User receives their visit at the identified and agreed time, but no later than 1 (one) hour after the expected arrival time.

**The list of tasks that fall into high, medium and low risk categories are examples of what could be included, but not necessarily limited to same**

#### C. Alarm

The alarm raised by critical time monitoring should be decided upon by the Provider, in line with their chosen system. In the event of call failure the alarm should be raised to the Provider and or an identified on call service. The alarm may be raised by telephone call, fax, SMS Texting, bleep system or any other identified means agreed with HCC.

On receipt of the alarm, the Provider or their representative should endeavour to contact the Service User as soon as possible and explain the action they intend to take to provide the service.

The Provider should also ensure that an appropriate back up system is in place to compliment, or in the case of failure, replace the alarm system. The Provider should undertake an appropriate risk assessment to identify the impact of any system failure.

## **Critical Time Monitoring & Reporting**

HCC requires that Providers report on an invoice charging period, which will be 13 (thirteen) charging periods per year, a report indicating performance around their critical time monitoring.

The report should include but is not limited to:

- % of High Risk Alarms raised
- % of Medium Risk Alarms raised
- % of Low Risk Alarms raised
- number of missed calls
- number of complaints regarding missed calls or late calls

**The alarm system chosen by the Provider should be flexible and reliable enough to be modified in the future if required**

## **Technical Specification**

The electronic monitoring system employed should be flexible and reliable enough to be modified in the future if required