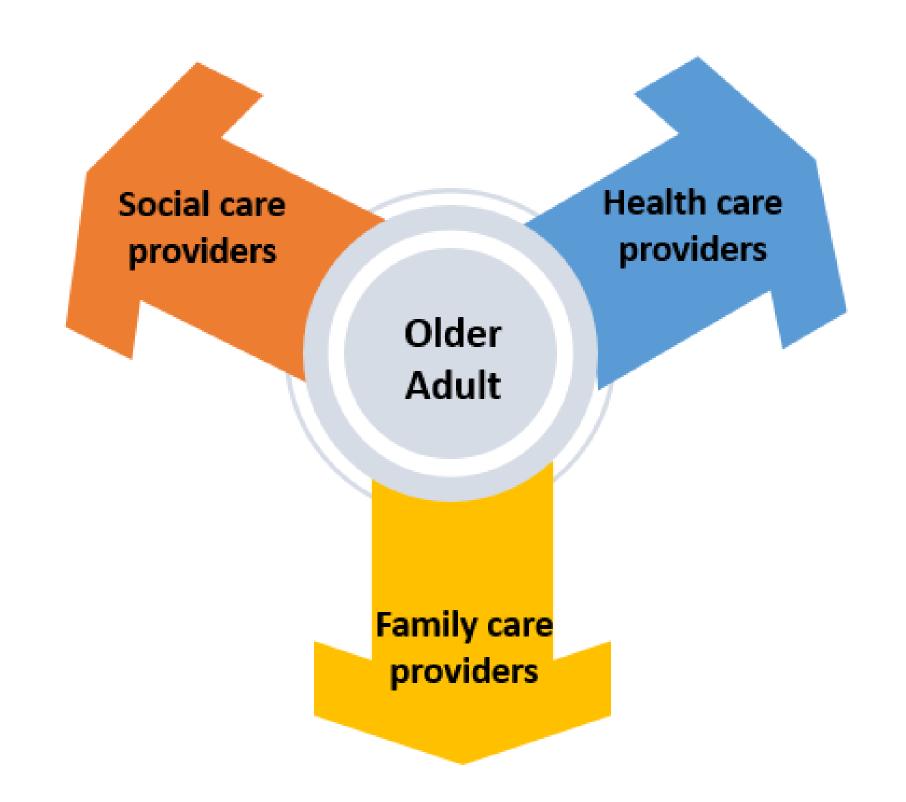
Disrupting home care for older adults at risk of falling

The NEX project

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Background

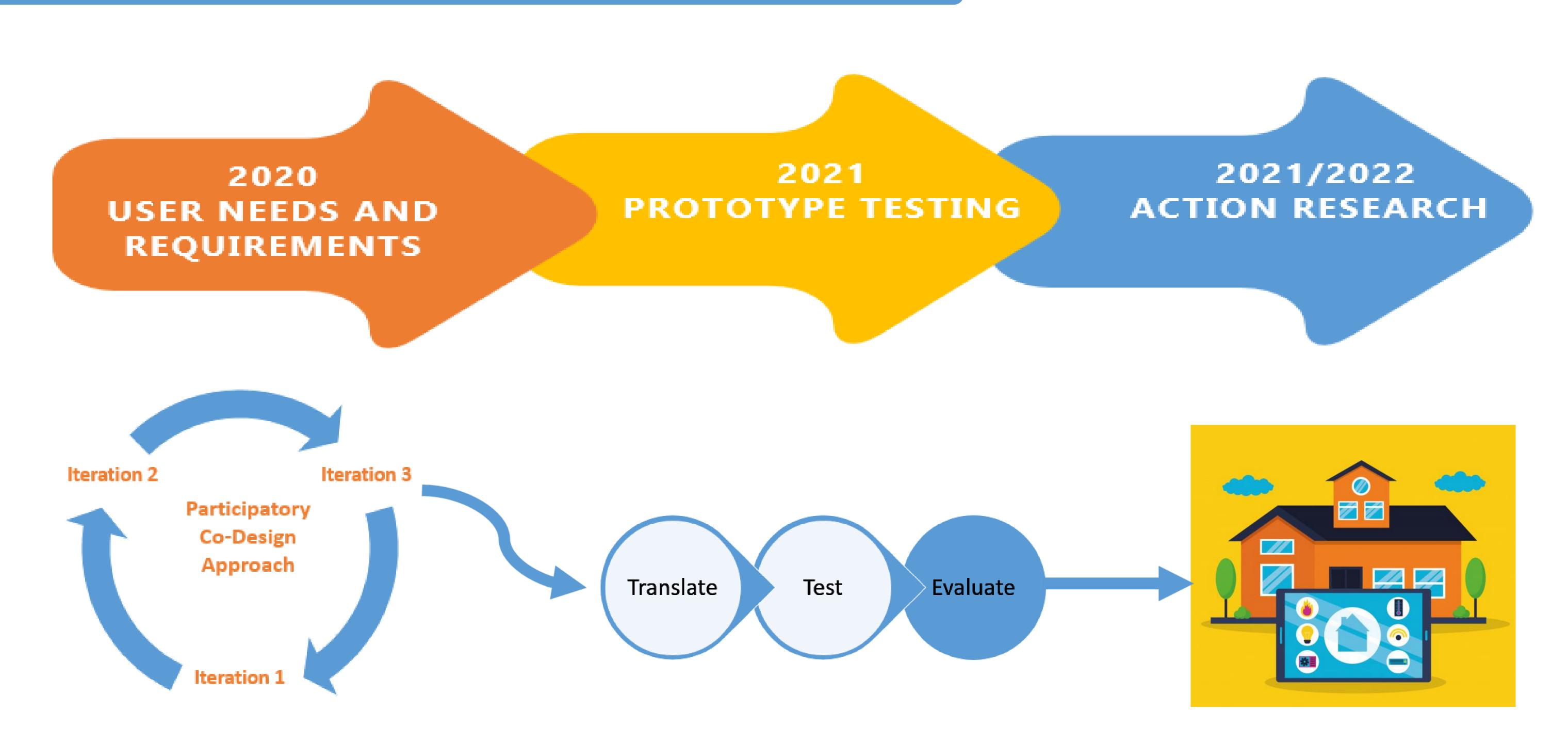
Ireland's population is ageing, creating an increase in demand for health and social care (Wren et al., 2017). Falls in older adults are a leading cause of reduced quality of life, morbidity and mortality. Approximately one third of adults aged 65 years and older experience a fall each year (Bergen et al., 2016) and 7-9% experience recurrent falls (McNicholas & Laird, 2018). The vast majority of older adults in Ireland live in private households and many are supported by family and health/social care professionals. Innovative technological solutions which complement existing integrated models of care are required to enable older adults to remain living in their homes for as long as possible with the support of care providers (Committee on the Future of Healthcare, 2017).



Aim

The NEX project aims to test the feasibility of providing Internet of Things (IoT) technologies to enable greater levels of independent living through digital home automation in older adults. The system aims to enhance communication between older adults who live at home and their families and health/social care providers. Objective data from home based monitoring will facilitate enhanced decision making for dyads of older adults and their care providers.

Project outline



Participatory co-design methodology

Involvement of users and identification of their needs is the first phase in the NEX project. This phase takes a participatory co-design approach in which older adults will have an opportunity to identify the outcomes most important to them and to explore technological solutions. This iterative process will involve a series of co-design workshops in which participants will have the opportunity to view, interact with and respond to real and virtual supportive technology. Following consideration of the usefulness and acceptability of these technologies the user needs and requirements will be translated into technical specifications for the second phase of the study.

References

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