

# REACH - Remote Assertive Community Homecare

## Applications: Telemedicine/Medical Education



*"Tools developed by REACH reduce the time ACT teams spend travelling from the home of one client to another. This enables them to treat more patients more frequently without sacrificing quality of care, thus decreasing the number of days that patients would otherwise need to spend in hospital."*

*Dr. Robbie Campbell, Psychiatrist, Regional Mental Health Care, London, Ontario, Canada*



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### PROJECT PARTNERS:

Lawson Health Research Institute (LHRI) (Canada)  
Communications Research Centre (Canada)  
The Peel Corporation (Canada)  
VaaSah Incorporated (Canada)

### PROFILE:

REACH is a homecare pilot project. Its primary purpose is to assess the extent to which videoconferencing technology and remote vital-sign monitoring technology can be used as an adjunct to clinical home-care providers.

REACH enables clinicians to work from their offices when talking with clients, rather than having to physically travel to their homes. REACH uses satellite- and terrestrial-based telecommunications technologies in a hybrid network to connect clinicians to their clients. Clinicians are able to verbally and visually interact with clients, observe them taking their medication, measure various types of vital signs remotely, and more. REACH is viewed as complementing conventional travel-based visits, rather than replacing them.

The project partners are working in co-operation with the Oxford County Assertive Community Treatment (ACT) team and its parent organisation the Regional Mental Health Care of London, Ontario, Canada.

The pilot project treats 22 clients at 18 sites, which includes a group home. Patient Stations are specifically designed to meet the needs of severely mentally-ill people. For example, clients use a touch screen rather than a mouse or keyboard when interacting with the Stations. Screen selections are limited to a few familiar choices. Vital signs are entered automatically via wireless technology in most cases. The privacy and confidentiality of clients is protected by giving each person the ability to accept or reject a video visit, just as he or she can decide whether to accept a telephone call or a knock at the door of his or her home. Clinicians are equipped with Nurse Stations, which enable them to initiate and manage video visits to clients, and review and update patient records. The Oxford County ACT team is equipped with two Clinician Stations. The psychiatrist supporting the team from RMHC in London is also equipped with a Clinician Station. The technology has been well-received by both the clients and clinicians.