

## Book Review

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**Essential Lessons for the Success of Telehomecare, Why It's not Plug and Play**, A.P. Glascock and D.M. Kutzik, IOS Press, Amsterdam, The Netherlands, 2012, 304 pp, hardcover. Volume 30 of Assistive Technology Research Series, ISBN978-1-60750-993-6, €120.

How can I see on my computer screen whether my mother has taken her medication? That was the question Anthony Glascock asked his colleague. A question familiar to many persons who want to take care of their relatives but have to do that in combination with a lot of other activities. His colleague's answer, who has some knowledge of information technology and sensors, resulted in assembling a sensor array in a car park. That simple question led to a research journey of 20 years that is well documented in this book. In between, a home monitoring system has been built and commercialized, pilot experiments have been performed, clients have been supported and knowledge has been gathered on the use of information technology in supporting the care provision. In this book Tony Glascock describes the pathway he and his colleague have followed during the journey. As an anthropologist, the functional approach in monitoring human activity was the logical starting point. It appeared that quite some experimentation had to be done finally resulting in a technological array that gives a representation of human activity. The main idea is that it should be possible to detect changes in activity and in daily routines. Once this became possible by using a IT infrastructure (sensors, database, website), the follow up questions presented themselves. What is a relevant change in daily routine considered from the perspective of care provision? What is the appropriate response and how can the response be given if the care provider is at a distance from the person in need of support? Over the years that followed, a telehomecare application was built. The researcher became an entrepreneur trying to profit from the patents that had been developed. In the meantime, practical experimentation was pursued. In the book, the 14 pilot studies are well documented. The power of individual case reports is increased by de-

scribing them similarly. These 25 case reports provide strong evidence that activity monitoring may give appropriate information in various client situations. The potential goes far beyond the original idea of monitoring medication consumption. Also people with dementia, chronic fatigue, acute renal failure, chronic heart failure and many more clinically relevant situations may be supported effectively. Using the technology, not only informal care providers were supported as was intended. Additionally, experiments with care support in care facilities supporting care professionals were performed. In the end experiments were done in USA, UK, and the Netherlands. Each experiment gave rise to an expansion of knowledge and challenged the author to expand the scope of activities. Starting from the idea and leading towards implementation interventions.

Specific characteristics of the telehomecare practice were brought into perspective using a so called "5 zones model". Viewed from the perspective of information exchange, the characteristics of these zones are experimentally defined. This clarifies why telehomecare, although it has a very promising technological prospect of support care provision, is implemented in daily care practice in such a slow manner. The individual learning curve of the author was expanded and it stressed him to complete what he called "the broader study" by writing this book. The study described in this book has brought the concept of 14 different pilots into one perspective: What do they contribute to the knowledge of developing telehomecare and applying that in care practice? By doing so at the end of his journey, the value of the pilot research becomes visible. The use of telehomecare is not simply an innovation that can easily be implemented in the structure of every day care provision. The use of telehomecare clearly has potential. The case studies, presented in a similar way, give a clear documentation of that expectation. Yet, if we want to fully benefit from its potential we have to regard the introduction of activity monitoring as a disruptive implementation. This means that from the onset of the first pilot one has to reinvent the whole care process to create the conditions that will be supportive

to the success of the telehomecare application. The 5 zones model presented in this book gives a good support in addressing the relevant questions.

In our research we were able to work together with Tony and his colleague David Kutzik. It has allowed us to identify the steps that have to be taken to enable the success of telehomecare. We were lucky to become introduced to the activity monitoring principle at a time that the technology appeared to be well developed. So we were able to address the questions involved in the implementation of a new care strategy using technology. Working together with an anthropologist who already had experienced the evolution to become an entrepreneur and a businessman contributed quite a lot to our success in implementing this telehomecare application as part of Dutch homecare. The book concludes with several lessons learned. They are presented by someone who clearly states that he will no longer be

part of the telehomecare playing field, but that does not reduce the value of the lessons presented. On the contrary, setting up telehomecare applications may contribute a lot to modern care, but the implementation thereof has to follow certain rules. It is the real value of this book that we can learn our lesson by simply learning from the valuable analysis Tony Glascock has done by doing his research the way he did and completing it by writing this book.

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