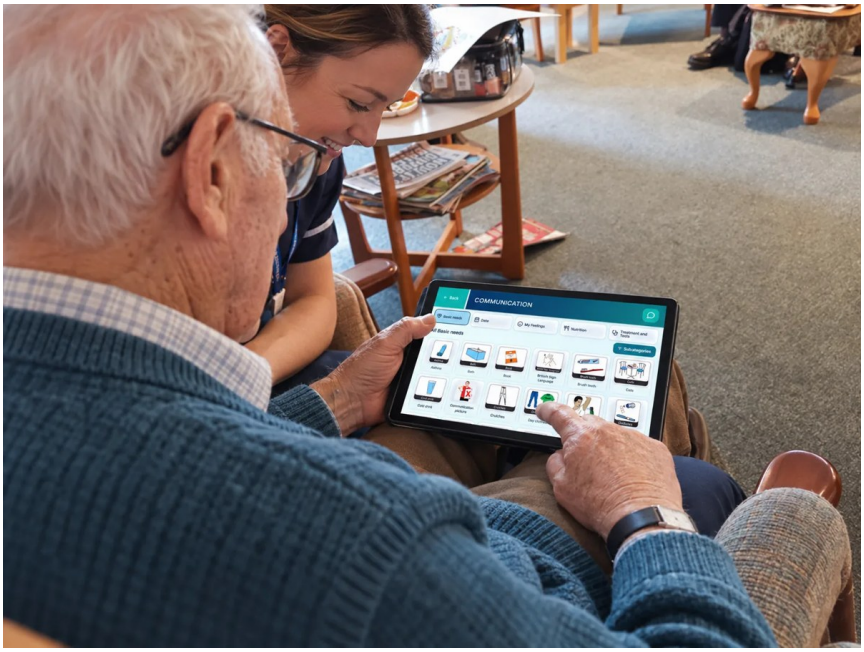
TruSelv

TRUSELV / SOLUTIONS & GUIDANCE

A considered pilot. A useful decision.

A practical planning guide for teams exploring Bedbord or TESS. Adapt this framework to your organisation; it is not a fixed rollout timetable.



The person beyond the diagnosis.

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1. Name the problem

Write down the current workflow and the people affected. For Bedbord, consider readability, update responsibilities and board-maintenance time. For TESS, consider how activities are offered and the interaction methods people prefer.

Record the pilot lead, executive sponsor, care setting, proposed product/release and the question the pilot should answer.

2. Bring the right people in

Include clinical or care leadership, digital/IT, information governance, procurement, accessibility and infection prevention as appropriate. Involve representative users and family members where appropriate and with permission.

Agree who owns setup, training, updates, escalation, measurement and the decision to continue.

3. Review before introducing the device

Confirm the current intended use, hardware specification, relevant conformity and safety evidence, data flows, lawful basis, controller/processor roles and required agreements.

Agree local access, visibility and privacy settings; network and electrical requirements; mounting; approved cleaning; and downtime arrangements. If issues remain unresolved, record them and decide whether the pilot can safely proceed.

4. Establish a baseline

Choose a small set of measures before the pilot. For Bedbord: time spent on avoidable writing/erasing, whether displayed information is current and readable, and staff/patient feedback. For TESS: participation, preferences, ease of use and staff support required.

Record observation method, sample size, period, occupancy and known limitations. Do not collect identifiable care data unless authorised and necessary.

5. Learn during the pilot

Train the people using the product. Keep approved records and fallback processes available. Record support requests, interruptions, usability difficulties and unexpected burden.

Invite people to decline or stop participation where appropriate. Do not infer clinical benefit from enjoyment, uptake or a small uncontrolled pilot.

6. Review and decide

Compare baseline and pilot observations. Include negative feedback, new work, support costs and technical limitations. Distinguish staff capacity from cash-releasing savings.

Record the decision: stop, refine, extend or expand. Agree any outstanding assurance, costs, responsibilities and next review before wider rollout.

Pilot worksheet

Product / release: _____

Setting / lead: _____

Problem / success measures: _____

Baseline dates / pilot dates: _____

Evidence still required: _____

Decision / responsible owner / date: _____

Let?s talk about your setting

Contact support@truselv.co.uk or call +44 7920 693839.
Book a demonstration at truselv.co.uk/book-demo