NHS VIRTUAL WARDS CONFERENCE

NHS Implementation and best practice

9th July 2024 | Radisson Blu Hotel, Manchester Airport

Agenda for today:

Welcome to the 6th NHS Virtual Wards Conference!

NHS VIRTUAL WARDS CONFERENCE

NHS Implementation and best practice

9th July 2024
9am – 5:30pm
Radisson Blu Hotel, Manchester Airport

How do we develop the "Virtual ward" workforce?
Lessons so far and where are we heading?

Jen Tomkinson

Associate Director NHS@Home

Bristol, North Somerset & South Gloucestershire
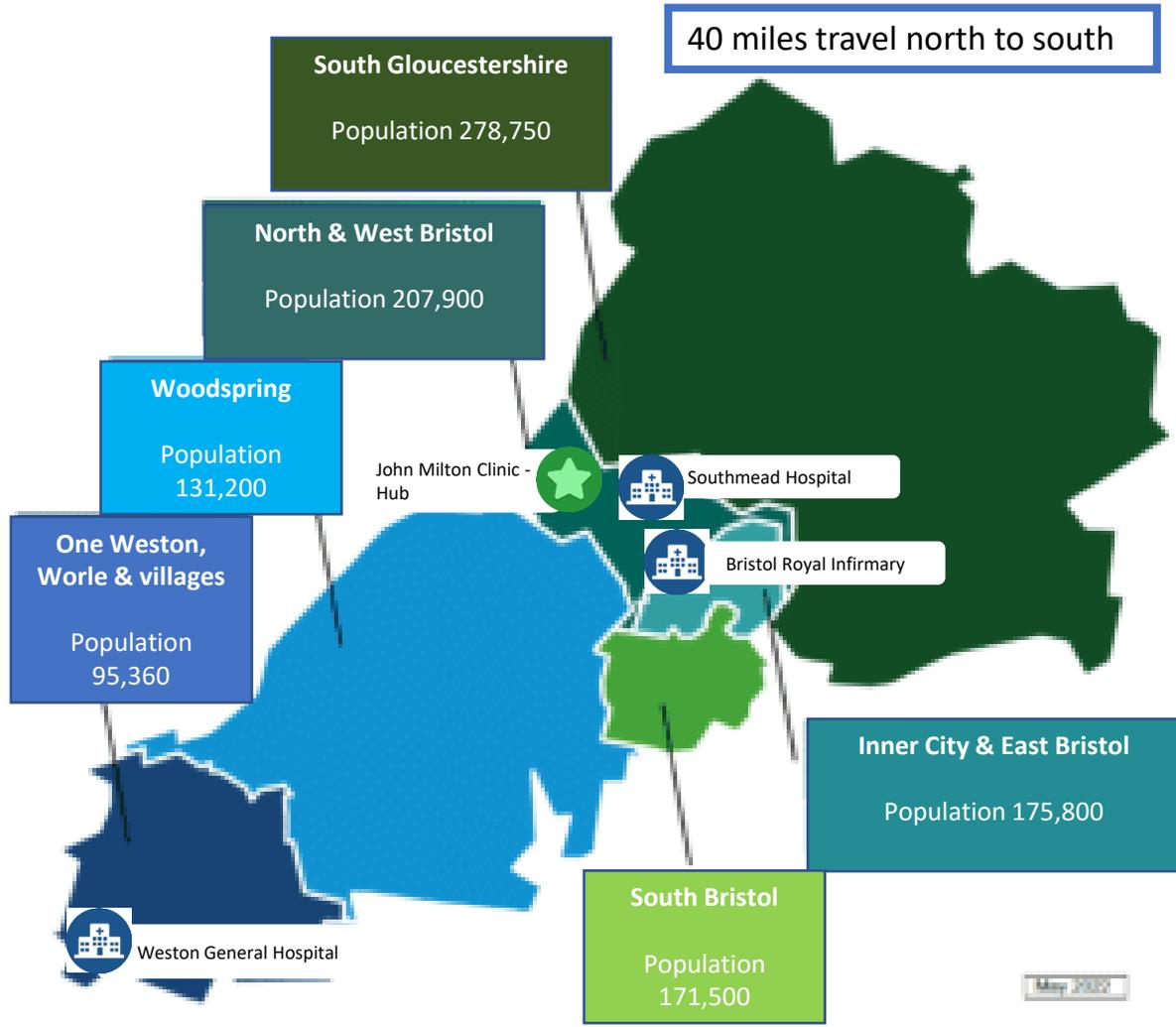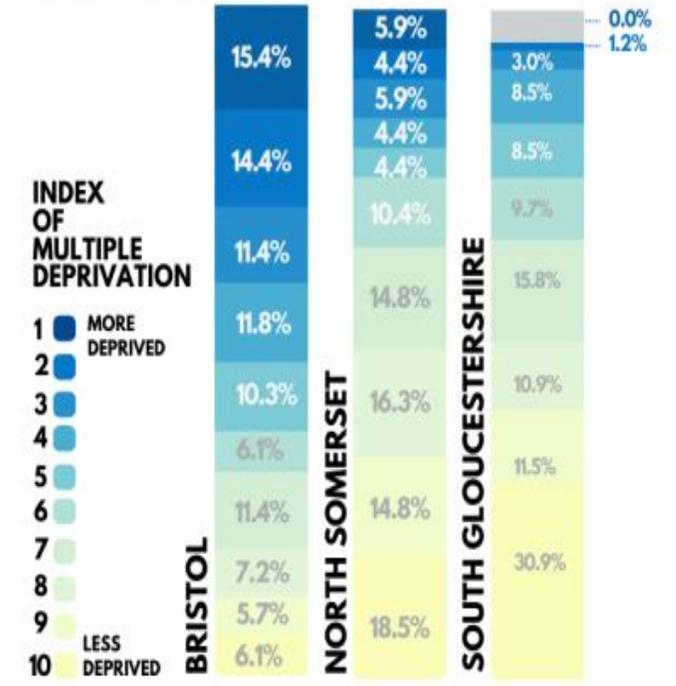
"Our vision is to develop **integrated**, **technology-enabled**, virtual wards, through **collaboration**, **trust**, and **shared values**. 'Admission' will be based on **clinical need**, with **equity of access**, benefiting **patients**, **staff,** and the wider **community**.

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS@Home

NHS

In-patient model	Out-patient model	Out-patient model	Out-patient model	Out-patient model	Out-patient model
Hospital at Home - step down	**OPAT / IV antimicrobials** - step down - step up	**Respiratory** - step down - step up	**Heart Failure** - step down - step up (Sirona HF only)	**Frailty** - step down - step up	**General** - in development

bit.ly/NHS_at_Home

NHS North Bristol NHS Trust

Sirona care & health

NHS University Hospitals Bristol and Weston NHS Foundation Trust

doccla

Team of teams

Remote monitoring only ⟷ Remote monitoring and virtual consults ⟷ Remote monitoring and F2F reviews ⟷ F2F obs and Interventions inc. OPAT ⟷ Hospital at home

Access to point of care testing and diagnostics

"A spectrum to ensure people have the support they need…"

Process

Development of Digital skills

Alignment of Clinical SOPs

EPR

HR

Memorandum of Understanding

Terms & conditions

Data visibility

Up to date workforce data

Drive Quality Improvement

Girona care & health

Thank you for listening

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@jen_tomkinson

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NHS VIRTUAL WARDS CONFERENCE

NHS Implementation and best practice

Main Sponsor

CONTENT GURU
Engagement Made Easy®

NHS VIRTUAL WARDS CONFERENCE

NHS Implementation and best practice

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Speaking Now…

Martin Taylor
Deputy CEO and Co-Founder
Content Guru

Scaling Virtual Wards
A Two-Pronged Approach

Martin Taylor, Deputy CEO and Co-Founder
Content Guru

What We Do and Where We Are

CONTENT GURU
Engagement Made Easy®

storm®

brain®

Content Guru provides Contact Centre solutions through the cloud

CCaaS services run on the **storm**® cloud platform
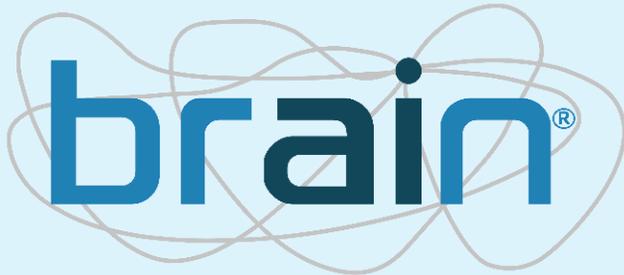
AI applications run using the **brain**® service layer

Physical Locations:

- **Europe** – Bulgaria, England, Germany, Ireland, Italy, Netherlands, Portugal, Scotland
- **USA** – San Jose, Washington DC
- **Asia Pac** – Japan, New Zealand

Virtual Locations:
- Europe – Ireland, Italy
  Asia Pac – Australia, Singapore

CCaaS services available in over 100 countries

CONTENT GURU

Public Sector Clients & Partners

Your Success is Our Success

The Current Landscape

Successes So Far

With the NHS long-term plan this is expected to grow to 50 Virtual Wards beds per 100,000 people.

Successes So Far
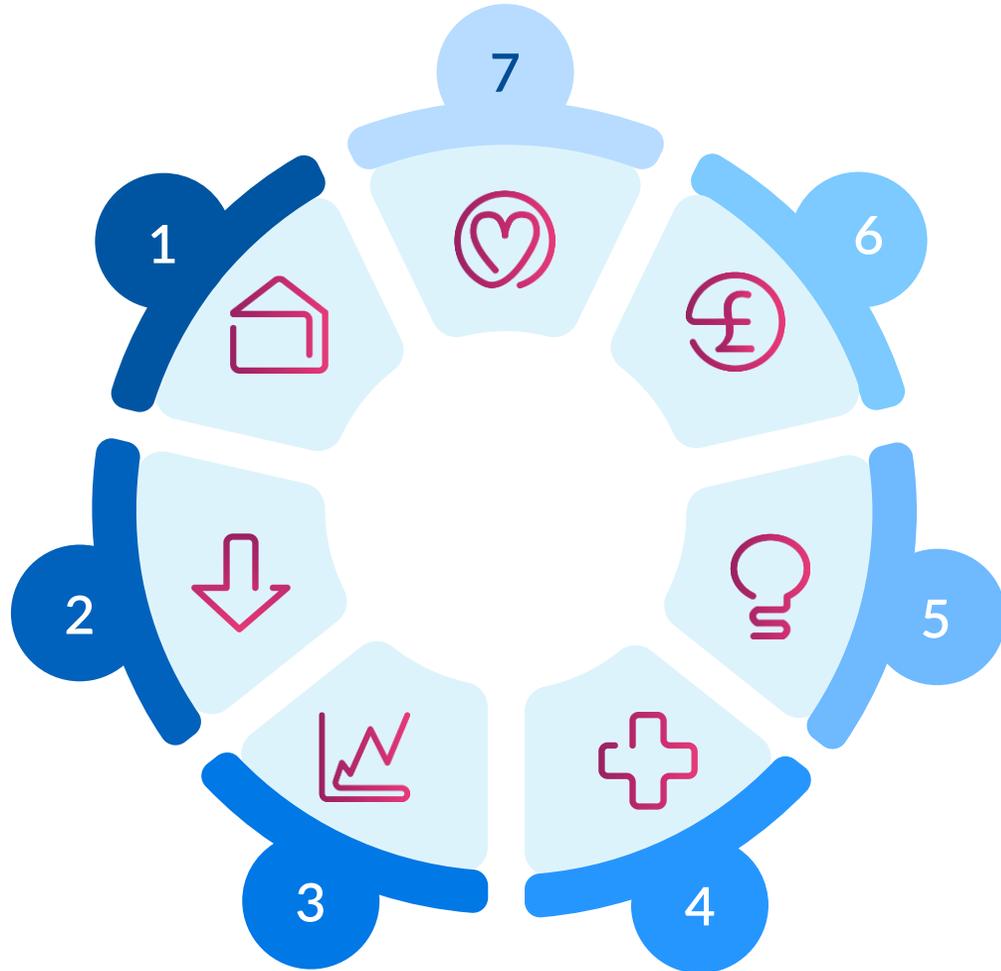
1. Fewer Admissions

   Over 9000 admissions avoided in a year [BMJ]

2. Reduced Readmission

   Reduced readmission and mortality rates in VW patients with heart failure [NIHR]

3. Scalability

   With the necessary systems in place, VWs can be scaled more quickly and at a lower cost than traditional hospitals [BMJ]

4. Better Recovery

   25% of beds are currently taken by patients in frailty, EOL or dementia care; these patients do better at home [NHS]

5. Innovation

   Thanks to remote monitoring devices the list of conditions that VWs can support is growing [NHS]

6. Cost Savings

   A new bed can be added to a VW for £60-118, while it costs £281 per bed per day in acute wards [HSJ]

7. Patient Satisfaction

   80% of VW patients reported an increase in confidence managing their conditions at home [NHS Confederation]

Ongoing Challenges to Scaling Virtual Wards

Limited oversight due to lack of integration between Virtual Wards and ICS command centres that manage data and resources.

Workforce pressures: slow clinical adoption, post-COVID attrition, staff turnover, time constraints, and the end of ring-fenced VW funding.

Logistical challenges: procurement, patient environment assessment, equipment management, etc.

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A Solution to Scaling Virtual Wards

Improved Orchestration to Scale Virtual Wards

Continuous Health Data
Captured and uploaded by remote monitoring devices

Alarm Receiving Centre
Prioritised call-out list for HCPs based on vital signs

Cloud-based Acute Virtual Ward
Command Centre monitors demand to manage capacity

Data orchestration & interoperability layer

Automated EHR Updates
Data is saved to clinical records automatically

Seamless Communication
Alerts and updates sent to patients automatically

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Examples of the Logistics Required for Scaling

Patient transportation

Assessment of patient environment

Preparation & installation

Procurement

e.g. clinical engineers

Storage

Equipment management

e.g. dislodged sensors

Workforce management

Retrieval & recycling process

Tracking

Operational response to faults

Maintenance

CONTENT GURU
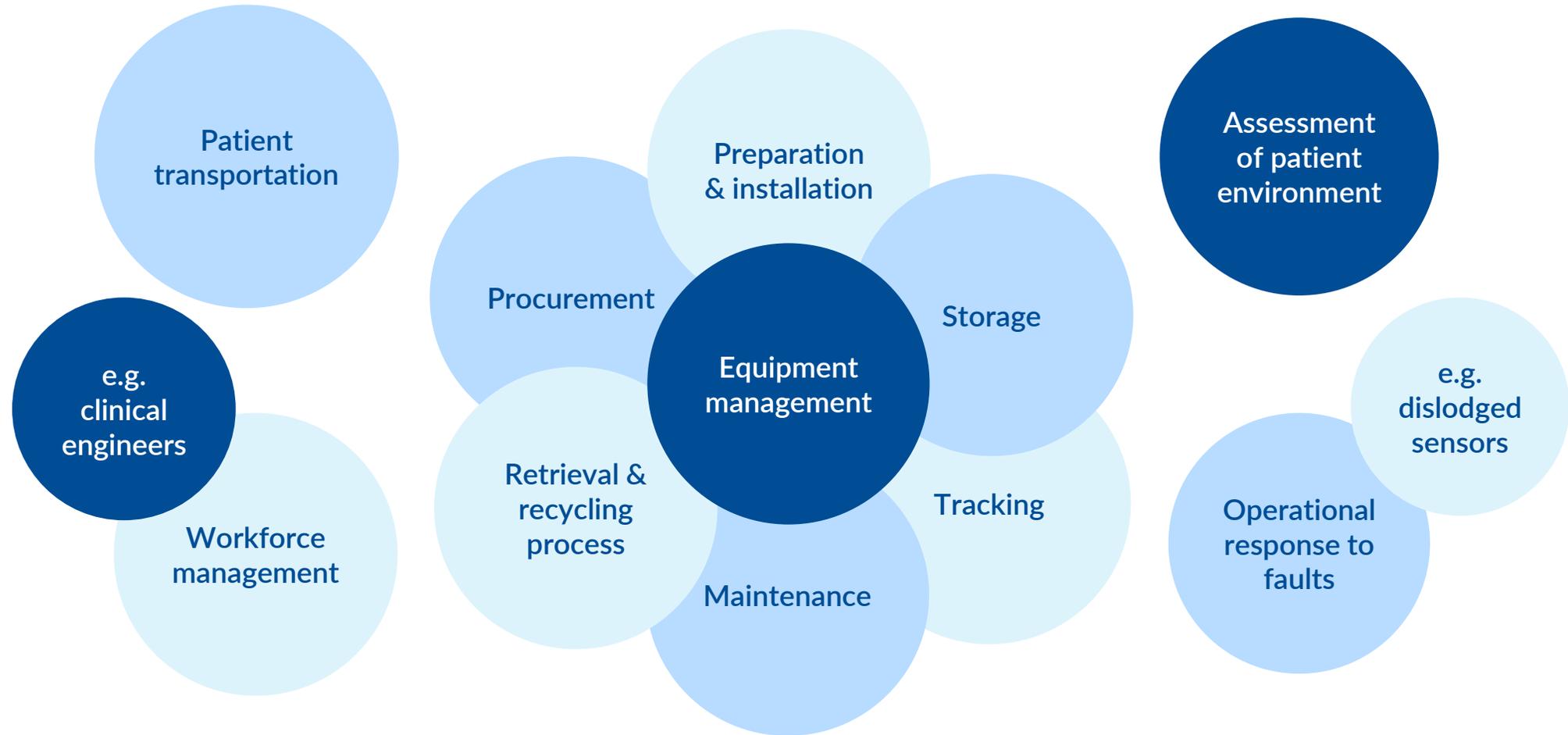
Examples of Successful Scaling

The Patient Relationship Management System

The Need

To manage innovation in patient pathways for 111 calls across London, efficiently handling demand spikes for faster access to care

The Solution

The Patient Relationship Management System

Neuro Response

CIDR

Kilburn PrimaryCare Co-Op Limited

NHS Islington Clinical Commissioning Group

HealthAnalytics

North Central London Network

North West London Network

PATIENTS KNOW BEST MANAGE YOUR HEALTH
Care Information Exchange

North East London Network

Harrow

Enfield

Barnet

Hillingdon

Haringey

Waltham Forest

Brent

Camden

Islington

Hackney

Redbridge

Ealing

Westminster

Tower Hamlets

Newham

Barking and Dagenham

Havering

Hounslow

H&F

K&C

City

Southwark

ConnectCare

Richmond

Wandsworth

Lambeth

Greenwich

Bexley

South West London Network

Kingston

Merton

Lewisham

South East London Network

NHS Wandsworth Clinical Commissioning Group

Sutton

Croydon

Bromley

Care shaped around you
SOUTHWARK & LAMBETH INTEGRATED CARE

coordinate my care   Across London

Healthy London Partnership

CALL 111 when it's less urgent than 999

The Impact

| Intelligent call routing directs patients to the most appropriate service first time, improving specialist services access | Electronic records integration enhances care plan visibility for complex medical cases | Automated reporting analyses symptom frequencies and peak call volumes using real-time and historical dashboards |

NHS 111 London

5 ICSs, **32 local authorities**, up to **100,000 calls** handled per week

8 years using **storm®** to deliver NHS 111 London Calls

Developed the Patient Relationship Management solution to route interactions in two months to MVP

Patient Relationship Management (PRM)

Automated routing of patients to HCPs

Clinical advisors receive patient information

Real-time view of London healthcare

Repeat callers routed to the same call handler

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The National Single Virtual Contact Centre

The Need

To manage both expected and unexpected demand peaks through automated load balancing of all 111 calls across all providers in England

The Solution

The National Single Virtual Contact Centre

Patient

111

Shortest Queue / Next available Agent Routing

Integration

Artificial Intelligence

storm® SVCC

Reporting

Call & Screen Recording

Audit

Provider 1

Provider 2

Provider 3

NHS England

CALL 111
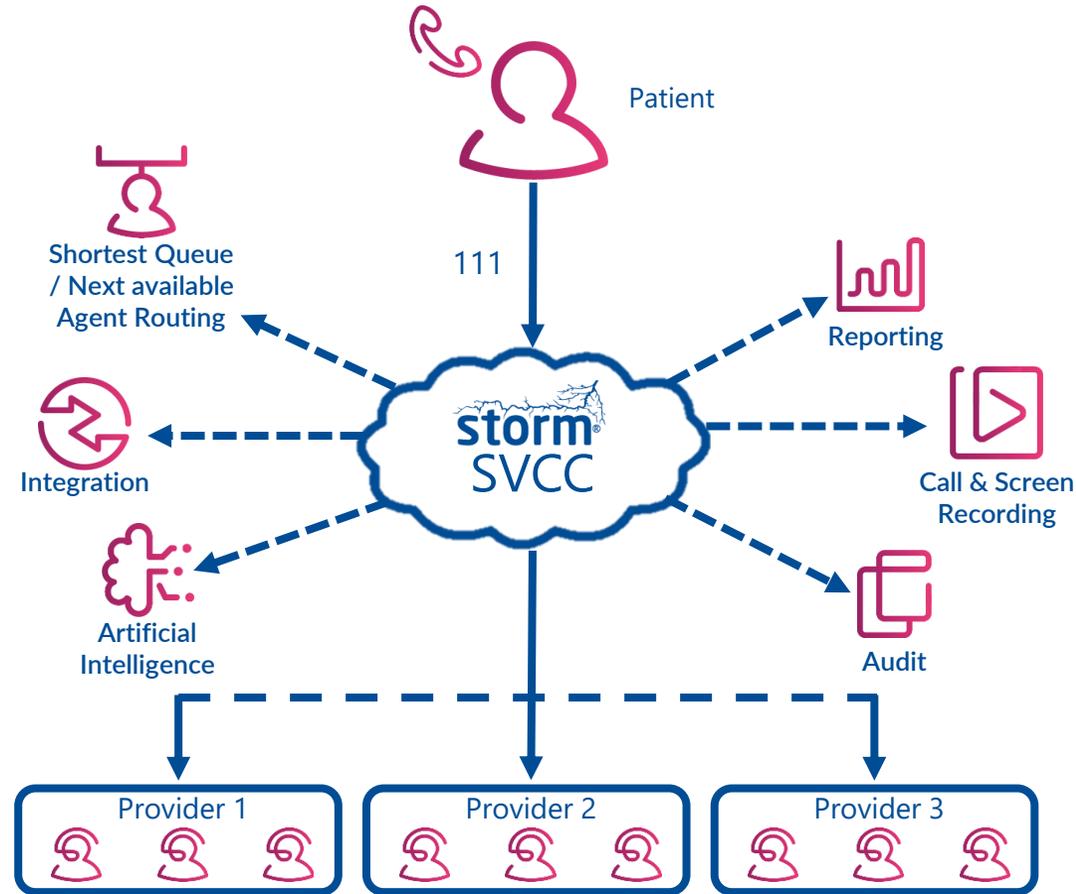
when it's less urgent than 999

The Impact

National load balancing for equitable wait times, enhancing efficiency in NHS 111 service

Improved winter pressure and pandemic management through proactive outbreak identification and provider support

Intelligent reporting analyses symptom frequencies and peak call volumes using real-time and historical dashboards

999 Emergency Calls: Intelligent Routing Platform
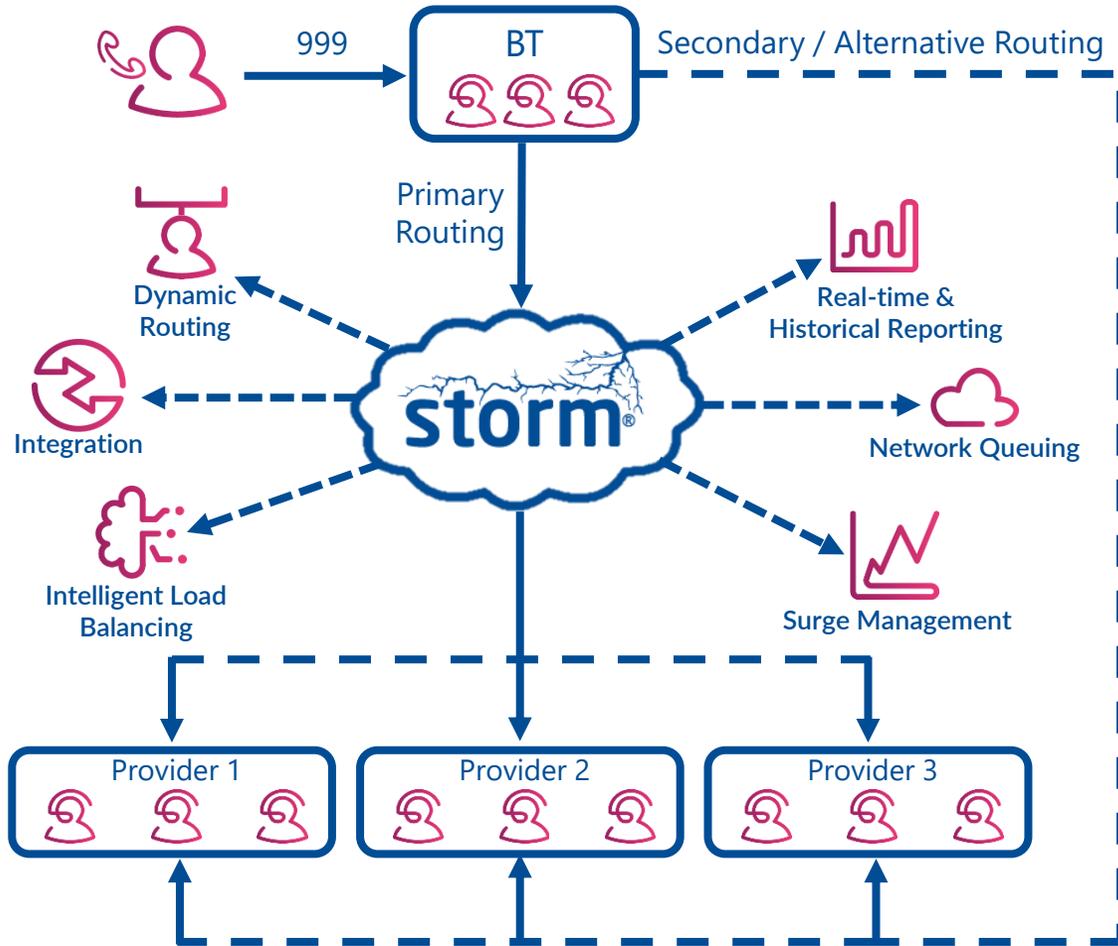
Key Takeaways

Virtual Wards Success To Date

↑
Improving recovery & patient satisfaction

↓
Reducing admission & readmission rates

Considerations for Scaling Virtual Wards

1
Management of logistical challenge

2
Data orchestration to allocate resources & update patients automatically

Proven Methods

Cloud technology & process refinement has amply demonstrated

- NHS 111
- SVCC
- 999 IRP

CONTENT GURU

Thank you for listening
Come talk to us!

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Chair Opening Address

Douglas Hamandishe
Chief Digital Officer/Broadcaster and Presenter - Context Heath and Centric Health Media

Overview of Oldham's Hospital & Care @ Home and 2hr UCR

Stephanie Walker (Clinical Lead H&C@H) & Stacey Debio (Lead Nurse UCR)

The Start of the NCA Journey

- Opportunity presented to community services to monitor virtual vital signs readings.
- Urgent care community services wanted to be a part of the pilot. Funding request submitted.
- 2 services reviewed and Doccla offer was preferred.
- April 2022 Doccla commenced working with the 2hr UCR team Oldham.
- Integration work commenced with clinical teams – Doccla integration visits
- Once UCR were successfully onboarding patients comfortably Doccla OPAT pathway developed.

Challenges at the time

- Clinicians worried about not seeing patients

- Elderly patients struggling to use kit

- Co-ordinators concerned the demand on them watching the screen and triaging referrals.

- Medical oversight limited.

Hospital and care at home service (Virtual ward)

- Integrated respiratory service set up covid-19 virtual ward during the pandemic.

- Hospital and care at home service commenced May-23

- GM funding

- Early supported discharges and Admission avoidance

- Virtual monitoring, Telephone calls and home visits.

- Established Respiratory pathway

- Frailty Pathway commenced October 2024

Frailty Pathway

- Initially started with early supported discharges.

- Patients identified by frailty team- Mainly on AMU.

- Service provides- Virtual monitoring via DOCCLA, telephone calls, home visits, bloods, on-going referrals.

- Daily board round with consultant geriatrician, discuss any on going concerns, review bloods results.

Expanding offer

- Frailty and Respiratory pathway offered to UCR.

- UCR to join daily board to discuss any potential patients.

- If accepted patient would be stepped up to H&C@H (Virtual ward service)

- When discharged can be followed up in hot clinic.

- FSDEC recently established

Daily Frailty virtual board round

- UCR, Virtual ward, Frailty team and consultant

Geriatrician.

- UCR can present patients for discussion.

- If not accepted on virtual ward can be given a plan of care.

- Virtual ward can discuss patients with UCR.

Virtual ward and UCR – Geriatrician perspective

- Facilitates seamless transition between services – vital for complex frail patients, a 'team of teams'
- Platform for learning and shared experience
- Enhanced links between community and hospital services
- Future aspirations – improve step up from community and links with primary care and ambulance services, advice and guidance for GP providing access to geriatric medicine expertise

Next Steps:

- Service development between services.

- Joint visits with Virtual ward and UCR to identify patients sooner.

- To be located together.

- Care home pilot looking at how better to support this cohort of patients.

- Referral received from patient's daughter to UCR – previously known to UCR requiring 3 days blood pressure monitoring

- Concerns regarding fatigue and low blood pressure (L 92/67, R 76/54). 2 hour response

- Male 93 years. PMH- T2DM, CCF, OA, CKD, PVD

- Social - Main carer for Wife, recent diagnosis of dementia, increased dependency.

- Known to DNs & HRFT due to foot ulcers. Currently on antibiotics at request of podiatry.

- Concerns regarding low blood pressure, Impression dehydration following episodes of loose stools the previous day, and infection due to high temperature. Infection screen completed and discussed with vital ward.

- UCR supported patient with falls prevention and equipment provision.

- Stepped up to virtual ward for monitoring of postural hypotension. Furosemide and Bisoprolol stopped. Worsening Infection ruled out.

- Referred to Dementia front runner service to support with his wife

- Interventions by virtual ward- DOCCLA remote monitoring, home visit for L&S BP and face to face discharge.

- On virtual ward service for 7 days

- On discharge referred for out patient Echo, Hot Clinic appointment, GP to monitor BP
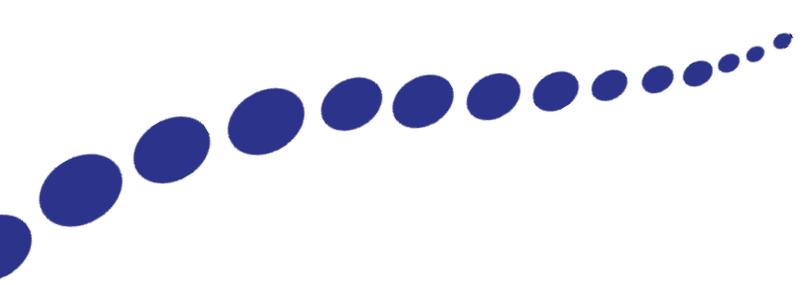
NHS and Independent Sector: a 4-year Partnership

Continuous review and development.

Who are HomeLink Healthcare?

> **"** *Excellent professional service with high-quality outcomes and patient experience."*
> **Commissioner feedback**

- HomeLink Healthcare provides **safe, compassionate high-quality** Hospital at Home services to NHS patients**.**

- We **improve patient flow** by getting people out of hospital when they are clinically fit and stopping people coming into hospital.

- We are **100% dedicated to Hospital at Home services** and have been since 2016.

- We are a **clinician-led** organisation and are seen by our clients as NHS like.

- Our highly skilled multi-disciplinary nursing and therapeutic teams can support patients in the place they call **home, seven days a week**.

- We work in **partnership** with NHS Organisations and Local Authorities and are all about flexibility.

- **100% commissioner satisfaction** to date.

- Pre-qualified for Discharge to Assess and Virtual Ward support on the NHS SBS Framework.

HomeLink
Healthcare

COMPASSION • COLLABORATION • COMMITMENT TO QUALITY CARE

From modest beginnings to solution partnerships

60
Patients ready for discharge

No
Home provision of IV antibiotics

- Pre-Pandemic Winter project to address bed shortage.

- Through partnership our clinical team gained the confidence and trust of Hospital Clinicians and Doctors.

- Jointly identified opportunity for a Virtual Ward, starting with IV antibiotics at home.

HomeLink
H e a l t h c a r e

COMPASSION • COLLABORATION • COMMITMENT TO QUALITY CARE

How the James Paget Virtual Ward developed

- HomeLink became delivery arm of James Paget in 2020

- Virtual Ward drive from NHS England

- Remote monitoring was introduced

- IV pathway with up to TDS visits

- Added Negative Pressure Dressing care

- Added Cardiac

- Next - Oncology

Access to trust systems for shared documentation

Patient Story

- Pt 69 years old presented abdominal pain to AE 10/6/2024.

- PMH - Heart failure, previous MI and Asbestosis.
- Presents with radiating pain to R side and loin area and edema in both legs up to his thighs.

- Many tests later fluid overload and CCF confirmed.

- Treatment plan commenced on ward.

- Patient referred to us 17.6.2024.

- Assessed on the ward same day.

- D/C following day.

- 3 days IV furosemide 80-mg slow bolus and blood monitoring.

- Feebris monitoring kit sent home with patient.

- Collaboration with VW to monitor at home.

What does the data show?

Improved patient flow & utilisation

- **21,000 bed days saved** at James Paget University Hospital since 2020.
- Typically, Paget at Home patients spend **11 fewer days** in hospital.
- **99% at home occupancy** in 2024 (based on contractual requirement).

Paget at Home patient outcomes (average in 2023)

- **25% improvement in patient-reported clinical outcomes** (VAS).
- **16% improvement in independence** (mBarthel).

Cost-saving

- A Hospital at Home 'bed' is **45% of the equivalent in-patient cost at James Paget.**

Patient and client satisfaction

- 99% Paget at Home patients would **highly recommend** us.
- **100% of NHS commissioners** would recommend us.

HomeLink
H e a l t h c a r e

Patients and NHS clients are advocates

> "All staff were kind, compassionate and professional. Excellent service, so happy I can be treated in my own home!"

Paget at Home patient feedback

> "As a partner organisation in the care of our patients, it has been both rewarding and exciting to work alongside a team as equally committed to improving patient journeys."

James Paget client survey feedback

> "The team are professional, flexible and dedicated to providing quality patient care. Excellent engagement with Trust colleagues and escalating concerns."

James Paget client survey feedback

> "Communication with the team in the hospital has been great!"

Paget at Home patient feedback

HomeLink Healthcare

COMPASSION • COLLABORATION • COMMITMENT TO QUALITY CARE

There is still more work to be done to improve patient flow

70% NHS England reported Virtual Ward Occupancy, last reported in May 2024.

97% HomeLink Healthcare Virtual Ward Occupancy (of commissioned capacity).

93% NHS England hospital bed occupancy, last reported in March 2024.

5,221 bed days saved by just one HomeLink Virtual Ward service in the last year.

4-12 weeks is the typical length of time it takes to mobilise a HomeLink service.

100% NHS clients would highly recommend us - HomeLink Healthcare satisfaction survey.

HomeLink Healthcare

COMPASSION • COLLABORATION • COMMITMENT TO QUALITY CARE

HomeLink's partnership working

TRUST

- **National experience** of Hospital at Home delivery
- Feasibility and business case development
- Clinician-led **on-site team** supported, not led by, remote monitoring

CONFIDENCE

- **Agility and passion** for treating patients in the place they call home
- **6 years experience** in NHS hospital at home services
- We bring our own trained clinical **workforce**

MANAGING RISK

- **Robust playbook** for mobilisation and service delivery
- **Real-time reporting** against clinical outcome measures
- Supported by a **24/7 clinical on-call service**

We are pre-qualified for Virtual Ward provision on the NHS SBS Framework.

HomeLink Healthcare

COMPASSION • COLLABORATION • COMMITMENT TO QUALITY CARE

HomeLink Healthcare: the NHS partner for Virtual Ward delivery

Clinician-led and focused

Best value provider

Engaged with hospital and community partners

Safe, effective high-quality patient-centric care

Access to clinical staff

Flexible + agile

Tech-enabled

COMPASSION • COLLABORATION • COMMITMENT TO QUALITY CARE
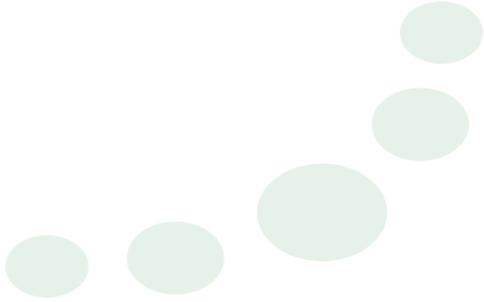
Jon Green

Former NHS Chief Executive &
Consultant Advisor, HomeLink Healthcare

Jo Probert

Clinical and Operational Lead,
HomeLink Healthcare

Thank you.

Come and see us at our stand today!

www.homelinkhealthcare.co.uk

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Virtual Ward Patient Feedback

Challenges and successes from an Acute General Hospital

Chris Johnson, Head of Patient Experience & Engagement

Chris Prada, Virtual Ward Service Lead

July 2024

The Value of Patient Feedback

- **The Service Users Voice – A Powerful Driver for Change**

- **Supports Service Development**

- **Demonstrates Service Value**

What is so difficult about capturing 'Patient Experience'?

Challenges

- **Limitations to traditional FFT systems**
- **Patient survey fatigue & low patient response rate**
- **Type & quality of data**
- **Service specific designs for bespoke solutions**

Monitoring Supplier: Questionnaire
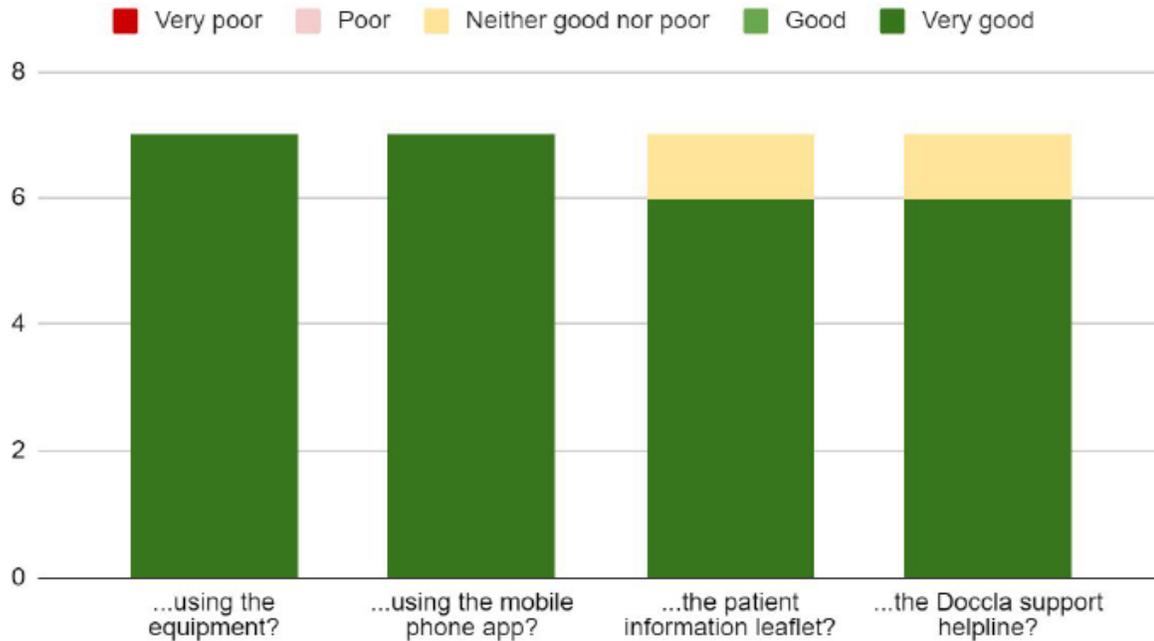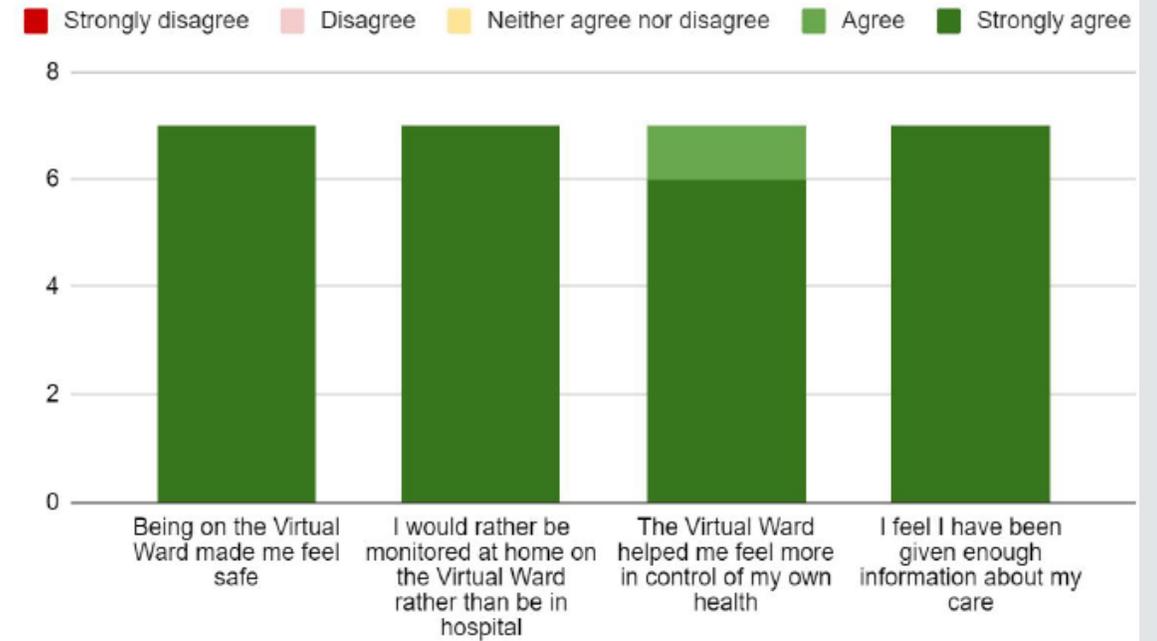
Monitoring Supplier Feedback Solution

![NHS Northampton General Hospital NHS Trust logo]
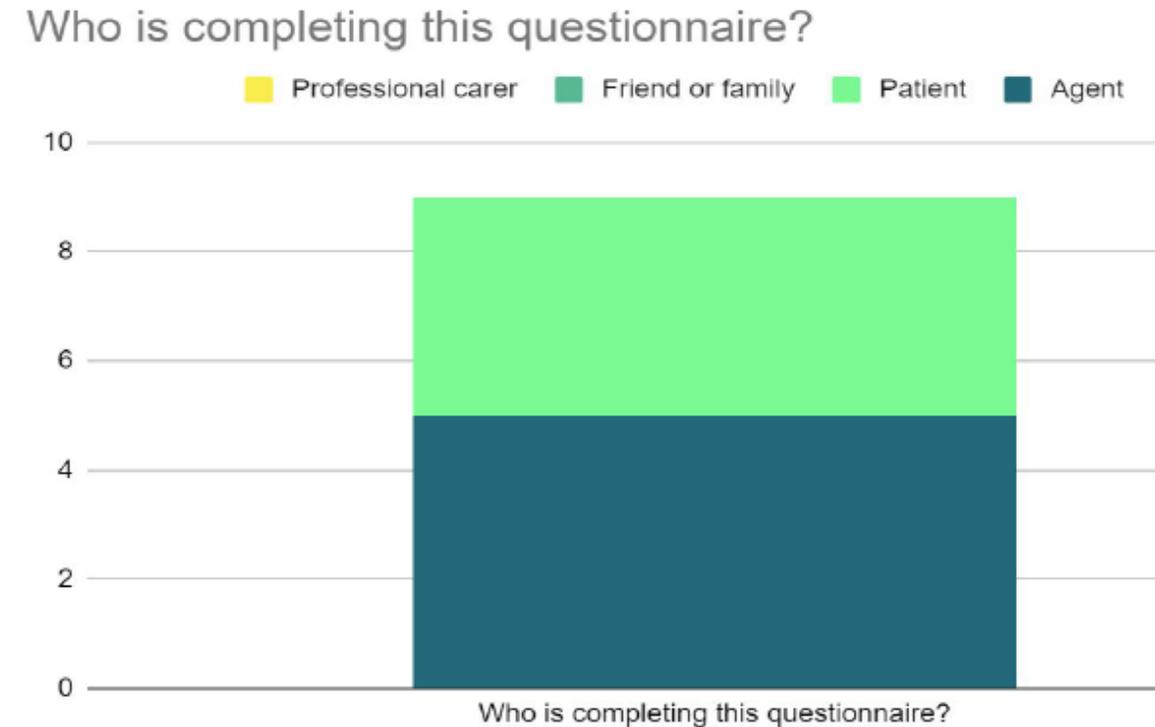
Trust Patient Feedback Design

How can we accommodate our different virtual ward models?

- **Home Care**
- **Remote Monitoring**
- **Diagnostic Waits**

Service Specific Design

NHS
Northampton General Hospital
NHS Trust

Patient Experience Team
Billing Road
Northampton
NN1 5BD

01 July 2024

PRIVATE & CONFIDENTIAL

Main Switchboard: 01604 634700
Direct Dial: 01604 544054

When telephoning, please ask for the Patient Experience Team

Dear Patient

I am writing to you as a patient who has recently been admitted on a Virtual Ward to request feedback about you experience. This feedback will assist us in improving our services and highlight areas of good practice for us to share with the team and others.

Please note: This is a different survey to one that you may receive through our regular patient feedback text or landline voice message system.

Please complete the survey by typing the link below into your web browser or scanning the QR Code opposite with your mobile phone or tablet. Your responses will remain anonymous.

http://ratenhs.uk/WPrgbn

Example   Example

If you would like to opt out of receiving surveys from the hospital, please email the Patient Experience Team on: ngh-tr.patientexperience@nhs.net or alternatively please telephone 01604 544054 or 544135.

I would like to thank you for taking the time to complete the survey and helping us improve our Virtual Ward services for the future.

Kind regards
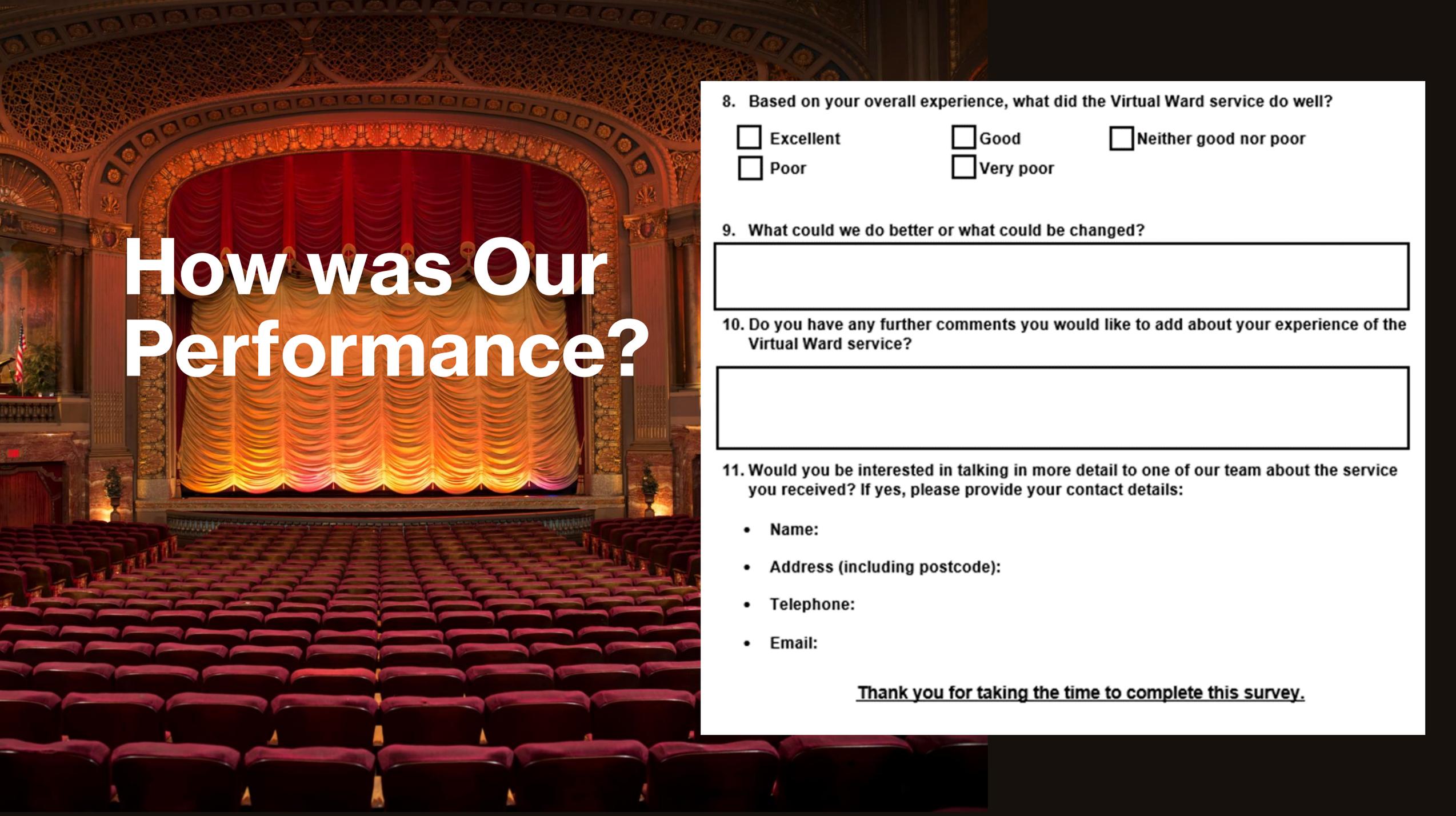
How was Our Performance?

8. Based on your overall experience, what did the Virtual Ward service do well?

☐ Excellent ☐ Good ☐ Neither good nor poor
☐ Poor ☐ Very poor

9. What could we do better or what could be changed?

10. Do you have any further comments you would like to add about your experience of the Virtual Ward service?

11. Would you be interested in talking in more detail to one of our team about the service you received? If yes, please provide your contact details:

• Name:

• Address (including postcode):

• Telephone:

• Email:

Thank you for taking the time to complete this survey.

The Patient's Voice

Public Engagement

Patient Feedback

"Gave me peace of mind."   "if I can be monitored at home...that's a bonus"

"It is a boost in every way to be able to recover at home. You feel worse when you are in a hospital bed."   "Very consistent and quick response."

"I didn't need to spend money on parking or petrol at the hospital, and it fit around my work much better (patient's wife)."

"Great follow up, everything was clear. Dad was very happy with it."

"Everything I was told happened, was really easy to use."

"Still was not well when discharged, so was nice to be reassured at home whilst being monitored."   "I felt supported by the virtual ward team."

What is the feedback telling us? (Part 1)

- Trust feedback system (FFT) was not appropriate for measuring the virtual ward patient experience.

- Bespoke feedback methods allowed us to separate positive and negative feedback to seek improvements.

- Small Virtual Ward uptake locally resulting in low amounts of feedback to demonstrate its benefits or challenges.

What is the feedback telling us? (Part 2)

- Patient feedback should be reviewed frequently for improvements **AND** celebrating success.

- Predominant feedback indicates a virtual ward user experience which supports:

+The patient's health needs and preferences

+The expansion of our virtual wards

+Changing mindsets

So...what are you going to do with the feedback?

- **Process Review and Redesign**
- **Communication**
- **Progress Reports**
- **Stakeholder Meetings**
- **Promotion Events**
- **Inspire and Drive Change**

Any Questions

Agenda

- **Aetonix Overview**
- Virtual care in the Canadian community
- An innovative UK digital ICU recovery pathway

Company Overview

- A Canadian Company

- Founded in 2014

- Our Solution: aTouchAway™

- Connecting clinicians and patients through complex virtual pathways of care safely and effectively.

- Virtual Care and Remote Patient Management

- Patient First focus

- A portfolio company of the Trudell Medical Limited Group

- Trudell Medical Group is a private Canadian Company

- 100 years - Founded 1922

- Products in 110 Countries

- Delivering innovative medical devices and services to patients and healthcare professionals
  - AeroChamber®
  - AeroVent®
  - AeroBAN®
  - Aerobika®

Our Vision

Envisioning a world where health systems and care teams are empowered to seamlessly manage the health needs in the comfort of their homes.
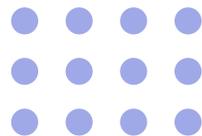
Value Proposition
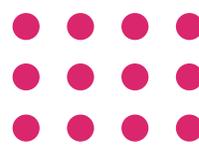
Healthcare Professionals

- Manage patient remotely.
- Provide a safe and secure environment.
- Reduce readmissions.
- Increase care plan engagement and adherence.
- Improve case load management.

Patients

- Enable access to care from the comfort of their home.
- Improve adherence to care plan driving better outcomes.
- Reduce the need for unnecessary visits to hospital.
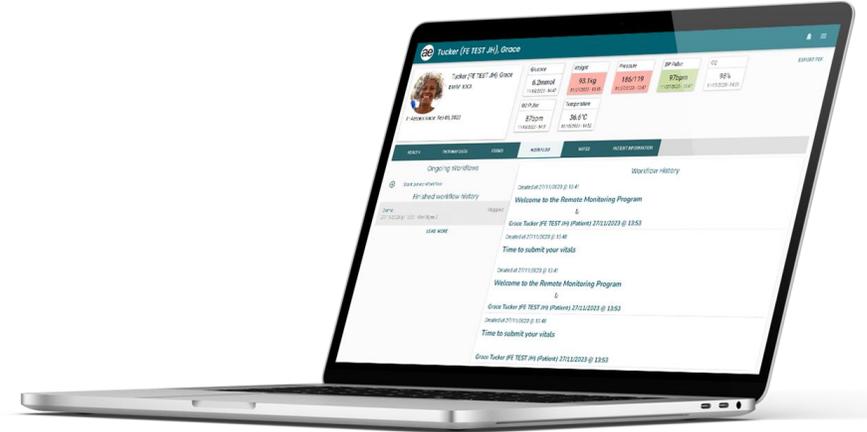
20%
lower 30-day COPD hospital readmission rates

90%
of patients report feeling a higher sense of security

aetonix

Connecting clinicians and patients through virtual pathways of care
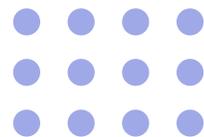
Remote Patient Management

- Digital platform built to manage the care of remote acute, chronic, and complex patients

- More than just monitoring

- Aetonix has developed a management platform to be customized around the patient

- Treat to guidelines and empower users to self-educate.

- Drive improved patient care plan adherence and proven superior outcomes

aTouchAway™
by Aetonix

Connecting clinicians and patients through virtual pathways of care
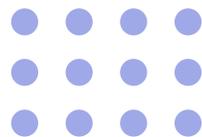
Product Overview: aTouchAway
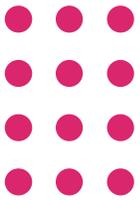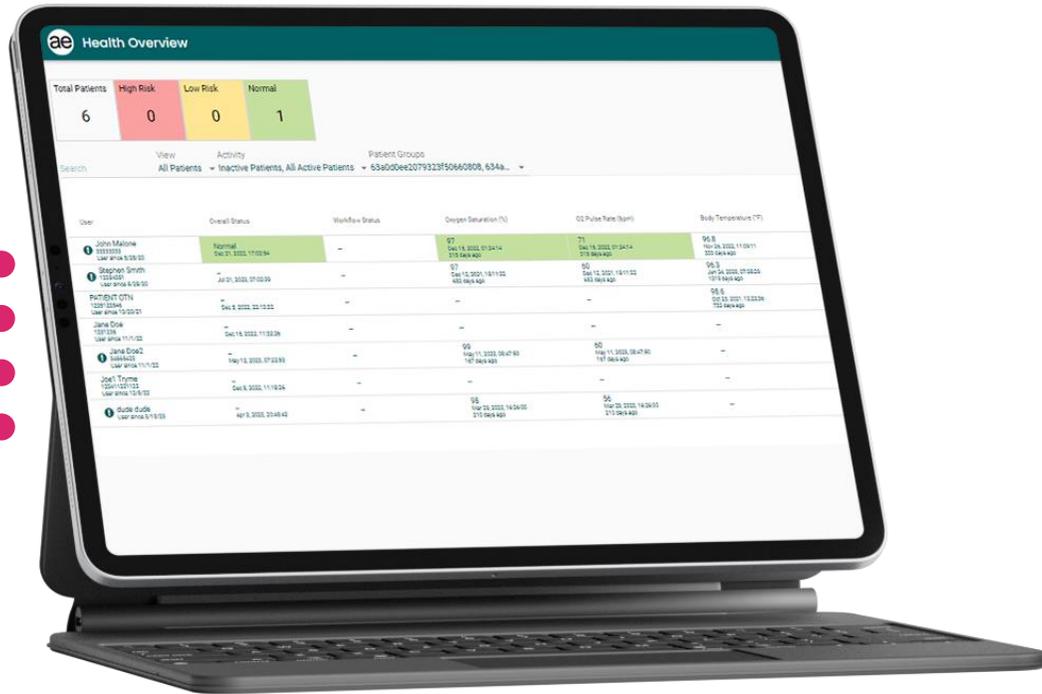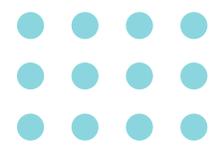
Key Features

Cloud Based Solution

Library of Clinical Pathways

Full Logistic Process, Lease or Buy Model, Onboarding, and 7 days Support

Secure Communications
(OTN Validated, SOC2 Type 2, PHIPA, HIPAA, and GDPR compliant)

Remote Patient Monitoring

Multi-Language Support

Robust Workflow Engine

Care Plan Management

HL7, JSON, XML Integration – EPIC, MEDITECH, CERNER
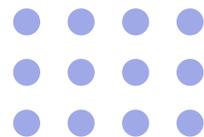
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Connecting clinicians and patients through virtual pathways of care

Agenda

- Aetonix Overview
- **Virtual care in the Canadian community**
- An innovative UK digital ICU recovery pathway

Virtual Care in Canada : Province of Ontario

MODEL A

Acute Care, Complex, & Chronic care

Hospital Medical Staff

Hospital Referral acceptance

Nurse Monitoring Team

Patients in community

MODEL B

Acute Care, Complex, & Chronic Care

Hospital Medical Staff

Referral Acceptance Care Coordinator

Family Doctor Family Healthcare Team

Nurse Monitoring Team

Paramedics Monitoring Team

Specialists

Patients in community

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Virtual Care Use Case in Canada :
Home Community Care Services in Ontario

Hospital Medical Staff

Hospital Referral Acceptance by Home Community Care

Home Community Nurse Monitoring Team

Logistic team

AE Onboarding / Offboarding team

Patients in community

Protocols supported:
- ➤ Respiratory Issues (COPD),
- ➤ Heart Failure,
- ➤ COVID
- ➤ Diabetes
- ➤ Care @ Home - Transition
- ➤ Frail Elderly
- ➤ Fall Prevention

- ➤ 14 Regions in Ontario for Care
- ➤ 14 Home Community Care Services
- ➤ 1,600 patients monitor daily
- ➤ 4 months program duration
- ➤ Ship and retrieve kits every day

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Virtual Care in a unique community population: UK ICU survivors

ICU survivors have substantial physical, emotional and cognitive burden requiring specialised care in the community

Yet they experience loss of care continuity, missing information and little to no dedicated community services

In partnership with Aetonix, KCL/GSTT developed an innovative dedicated ICU digital 3-month recovery pathway

Assessment of recovery barriers

+

Personalised recovery goals

+

Digital recovery resources

+

Monitoring of recovery goal achievement

+

Referrals to address symptoms & recovery needs

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The aTouchAway digital ICU Recovery Pathway

Panel 1 — Weekly goals

Weekly goals

What goal would you like to achieve?
- ✓ Choose an item below
- Self-care
- Productivity
- Leisure
- Person

What would achievement of this goal look like?

How do you feel today about your ability to achieve this goal?
- Choose an item below

How important is this goal for you?
- Choose an item below

How difficult do you think this goal will be to achieve?
- Choose an item below

Comment

🗑 Remove

Panel 2 — Weekly goals

Weekly goals

What goal would you like to achieve?
- Self-care

Select sub type
- ✓ Choose an item below
- Moving around inside
- Moving around outside
- Arm/hand function
- Community access
- Personal care
- Bladder and bowel care
- Women's Health
- Sexual Health
- Nutrition
- Swallow
- Sleep
- Medication/supplies management
- Medication appointments
- Communication

Choose an item below

How difficult do you think this goal will be to ac
- Choose an item below

Comment

Panel 3 — Goal Review - Past weekly Goals

Goal Review - Past weekly Goals

What goal would you like to achieve?
Self-care

Goal:
To use public transport on my own

Comment

Do you think you have met this goal?

[Yes] [No]

What was your ability to achieve this goal:
- ○ As expected
- ◉ Somewhat better than expected
- ○ Much better than expected

✔ Done   ✖ Cancel

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The aTouchAway digital ICU Recovery Pathway

"Also going back to our first goals were quite shocking – at the beginning I could barely walk up the stairs and seemed like I would never be 'normal' again. It was a nice reflection to see how far I've come as you often forget when you're in the moment"

Thank You

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NHS VIRTUAL WARDS CONFERENCE

NHS Implementation and best practice

Speaking Now…

Dr Robin Fackrell
Associate Medical Director and Clinical Lead for AcuteCare@Home (Virtual Wards), BSW Consultant Geriatrician - Bath and North East Somerset, Swindon and Wiltshire ICB. Royal United Hospitals NHS Foundation Trust, Bath

The future of '~~Virtual~~' Wards (Hospital at Home – the future vision)

Dr Robin Fackrell FRCP MA
Consultant Geriatrician & Associate Medical Director, BSW ICB
Clinical Lead for *BSW Hospital at Home*
*(**A stubborn optimist**)*

There just isn't enough money….

We need a paradigm shift in thinking…

There isn't enough money due to the current inefficiencies of healthcare and the high cost of individuals staying in hospital and consequent deconditioning

Early recognition and intervention with requisite left shift of resource is economically more prudent and patient centred

Cautionary note...

If we think 'virtual' wards will be a fix all for the issues around hospital capacity we are unlikely to succeed...

If instead we focus on the absolute benefit for the **patient**,

- Opportunities to
  - Enable them in their own environment
  - Deprescribe
  - Carry out holistic assessment
  - Discuss RESPECT and advanced care planning

The Stark Context

Impact of Bed Rest on a (especially the frailer older adult)

- First 24 hours
  - Reduced muscle strength – 5%
  - Circulating volume reduced by 5%

- First 7 days
  - Circulating volume reduced by 20%
  - Muscle strength reduced by 20%
  - V02 max reduced – 8-15%
  - Forced residual capacity reduced 15-30%
  - Compromised skin integrity

Benefits of Hospital at Home

Reduced risk of:

• Falls

• Delirium

• Physical, Cognitive and Emotional Deconditioning

8 x less likely to experience functional decline

5 x less likely to acquire serious infection

2.5x less likely to require readmission

Hospital level diagnostics

Multidisciplinary team

Hospital level interventions

Equity of access to other specialty advice

Specialist clinical leadership

The RUH, where you matter

Cochrane Review 2016

Analysis 1.2. Comparison 1 Admission avoidance hospital at home versus inpatient care, Outcome 2 Mortality at 6 months' follow-up (using data from trialists, apart from Caplan).

The RUH, where you matter
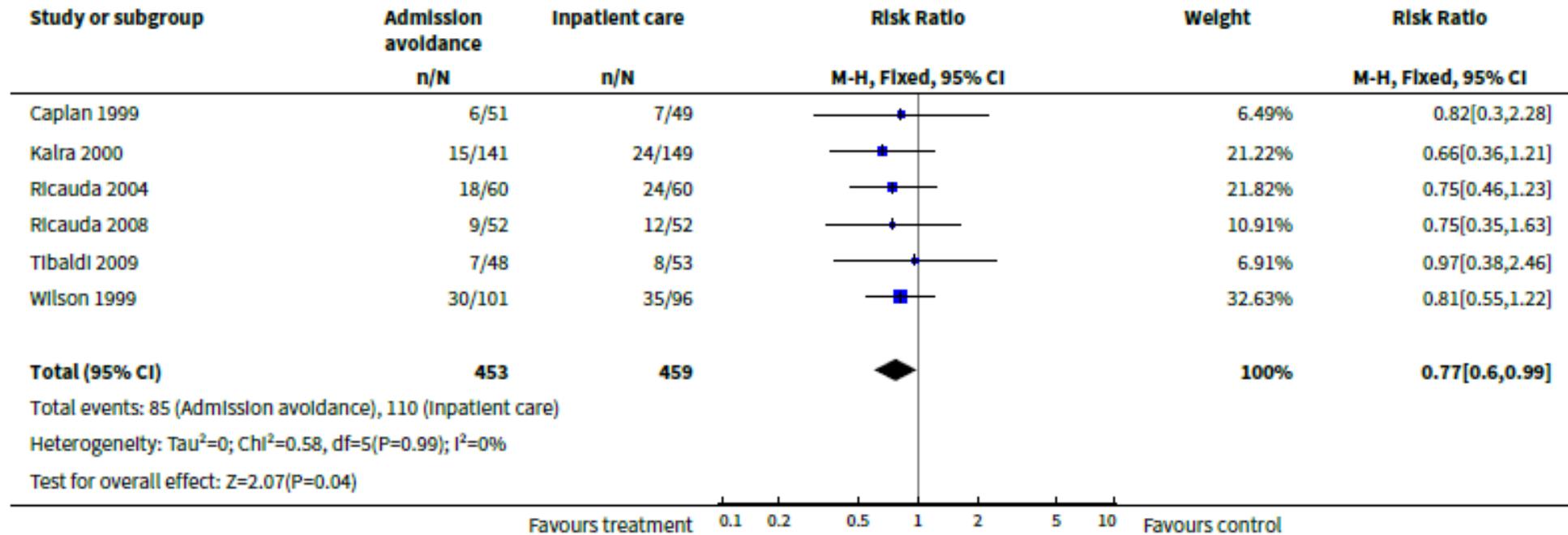
Clinician perceptions of ownership in secondary care

- ***My***

- What ... are so posse...

- I can ... its of hospi...

- Have ... sation and allow...

- What are your concerns…?

Focus on convincing the 'specialists'

- 'The heart as the only organ of concern....'

- More work is needed to allay the fears of organ specific specialists who fear their work can only be done in physical hospitals

- Their work is unlikely to dry up if more patients are seen by H@H

- Inundate them with patient stories of success!

- Quantify the inpatient risk of their ward patients

"Habits are the ruin of ambition, of initiative, of imagination."

Dorothy Dunnett

Future foci

- Health Inequalities and 'Hard to Reach' groups

- Data

- Workforce

- Scope expansion

- Monitoring

Engage with 'hard to reach' groups

Find a form of engagement that works for different groups and individuals – consider a wide range of potential channels including visual, audio, online and, where possible, face-to-face engagement. Make it easy to engage with your organisation.

Go beyond digital engagement – consider the digital divide and what this means for your communities. #END DIGITAL POVERTY

Make it beneficial to the communities you engage with – always engage on the benefits of engaging. And first engage on matters that are of most concern to the people you are trying to reach

Augmented reality…

Augmented Reality (AR) overlays digital information onto the real world, delivering real-time, context-aware data during remote consultations. AR empowers clinicians to visualise medical records, diagnostic images and lab results to provide an accurate diagnosis and personalise treatment plans all while

In the patients' home

Expand the workforce

- Work towards 24/7 staffing
- Rapid specialist opinion in situ
- 24/7 monitoring and live response to change
- Acute fast turnover wards operating at the acuity required for true Hospital@Home needs access to senior clinical experience and those with suitable risk appetite mirroring more accurately an acute hospital
- Fellowships, Apprenticeships, Secondment, Development Roles
- Define a new specialty branch of Medicine

Expand the Scope

- Oncology/Haem
  - Chemo
  - Neutropaenia
- CYP and Mental Health
- Obs and gynae:
  - Hyperemesis
  - Mastitis
- Cardiac
  - Infective endocarditis
  - pre CABG/valve surgery and angioplasty waiters
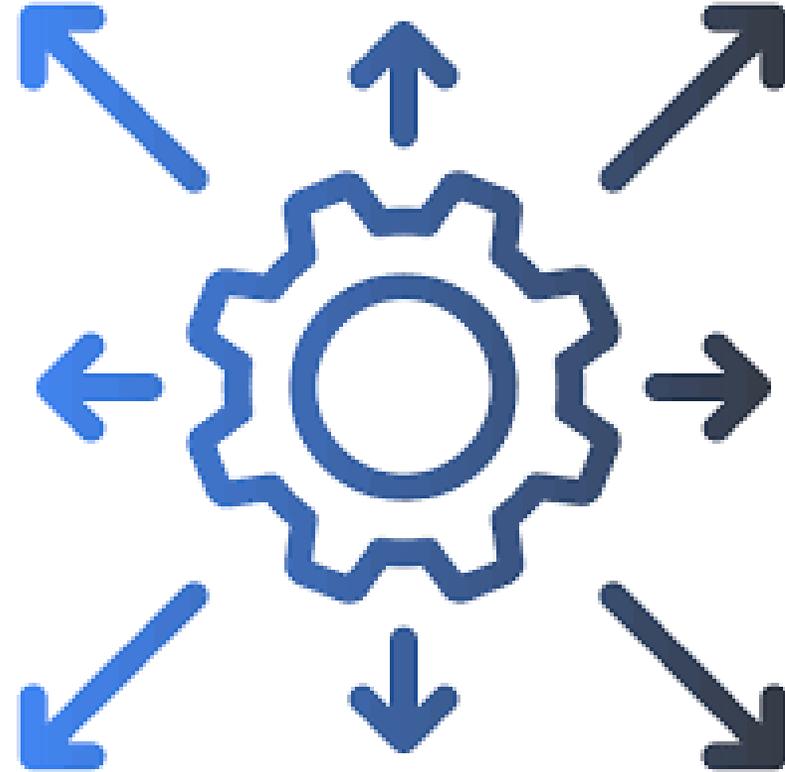
Internet of Medical Things for continuous monitoring

- A network of devices and sensors that collect and transmit real-time patient data – DOES NOT REQUIRE DIGITAL LITERACY

- IoMT can monitor patient vital signs like heart rate, blood pressure and oxygen levels, movement sensors, urine volume analysis with this data securely transmitted to healthcare providers for remote tracking and analysis of health status WITHOUT any PATIENT EFFORT

- Continuous monitoring assists in the early detection of complications and enables timely intervention to reduce the likelihood of hospitalisation

- Alert healthcare professionals in the event of emergencies, activating an immediate response.

Wearable technology

- Smartwatches and fitness trackers, have gained real popularity among the public.

- Integrating these into virtual wards enables continuous health monitoring, personalised care and self-awareness for the patient.

- These devices often track sleep, activity and stress levels, generating insightful health data.

- Wearables can offer patient medication reminders and monitor chronic conditions, as well as providing lifestyle insights that encourage patient engagement and participation in their own care for better health outcomes. Minimal need for digital literacy

Artificial Intelligence

- Deployed to analyse patient data, symptoms, medical history and imagery to assist healthcare professionals in triaging patients accurately.

- Effective prioritisation of patients to ensure an appropriate response. Intelligent planning of visits…

- Predictive analytics helps to identify and initiate interventions where patients are at risk of deterioration or developing complications.

- Facilitates natural language processing for seamless communication in virtual consultations. – Bot enabled advice and triage…

Shared data & Collaborative Governance

- One pathway
- One Training passport (IRMER)
- One central repository
- One version of the truth re data collection and use
- One approach to governance
- One point of access

"We need people who dream impossible things, who maybe fail, sometimes succeed, but in any case, who have that ambition."

— Emmanuel Macron

RMVW
Remote Monitoring Virtual Ward Hub

What are we aiming to achieve?

Aim:

- Providing an alternative to admission or facilitate earlier discharge for patients who are still in need of daily monitoring but are stable enough to be in their usual place of residence.

Reducing length of stay by Facilitating earlier discharge

Collaborating with CSU to develop robust SOP

Providing an interface for patients

Nursing team who provide a high level of patient care

Working trust wide to embed the service
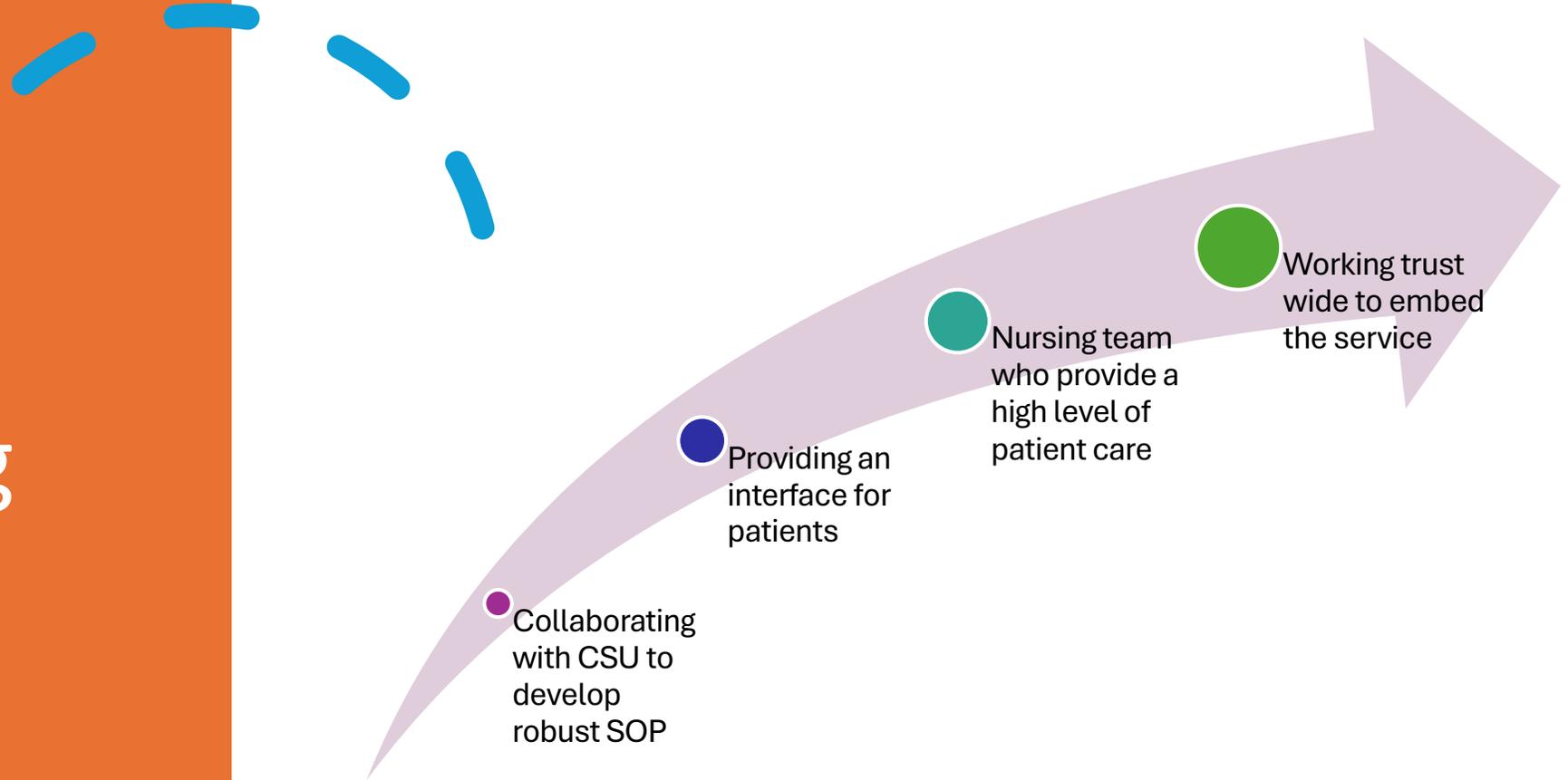
Pathways

Various pathways have now been developed, caring for patients pre and post procedures as well as general observations so that patients can be discharged quicker from a hospital bed.

- General surgical -ERCP, HGB, GSM, PANC

- Cardiology - TAVI, STEMI

- Urology

- Oncology

- Neurosciences - Lumbar

- Vascular - CLTI

Success to date (8/7)

Patients	• 278
Bed Days saved	• 1589
Average LOS	• 5.8 days
Pathways Live	• 10
Total efficiency savings	• £616,532
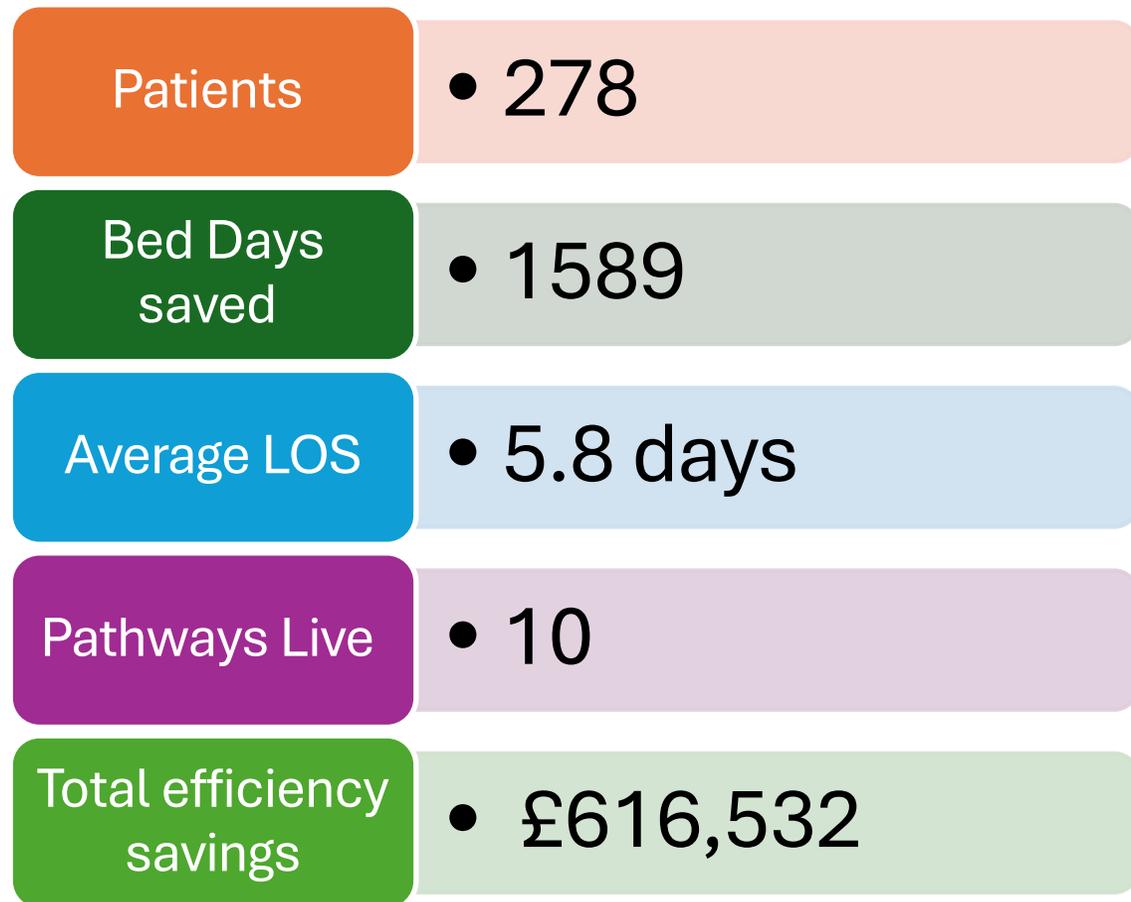
Devices

Patients go home with devices completing their observations twice per day, observations are sent via an app to a platform called In healthcare.

- Blood Pressure

- Thermometer

- Oximeter

Software

Patient Feedback

- "I saved time from travelling back and forth, I had regular check-up calls and staff were very helpful, I could voice any concerns".-EGS

- "The staff and the virtual experience really helped me improve my health mentally due it being the simple case of being looked after whilst in the comfort of your own home. Thank you for all your help". - EGS

- "This is a brilliant service. Support from staff was first class, I would highly recommend it to anyone with the option of using the system and would have no hesitation in taking it again if offered. I can't think of anything that would have improved my experience". - Oncology

Thank you

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Drinks and Networking