# University Hospitals of Leicester (UHL) Virtual Wards Systm1 Standard Operating Procedure

Version:	Ve	ersion 1
Updated By/Date	Charlotte Massey Virtual Ward Admir Onboarding Team Leader	
Adopted by:	Policy and Guideline Committee	
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Name of responsible person:	Kate Hepton	
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#### Signatories:

**UHL Executive Lead: Andrew Furlong** 

Systm1 Executive Lead: Tracey Knight

#### Table of Contents

.2
-4
-5
5

#### 1. Introduction

The purpose of this SOP is to streamline the current process for entering Virtual Ward (VW) registrations, admissions, patient contacts and discharges into Systm1 (S1). This will reduce data queries and incorrect information being held on the patients record. To ensure accuracy and prioritise patient safety there is a need to standardise the process for updating Virtual Ward activity on S1. Adherence to this SOP will reduce the volume of data queries and prevent delayed admissions and/or discharges skewing the data used for reporting into the National SitRep. Late admissions/discharges of patients on the Virtual Ward to the S1 record presents a patient safety risk as other providers are not able to access accurate information about their care via the EPR. As the management of the S1 data is transferred to the UHL VW Central Team individual wards will receive weekly notifications of any Data Quality issues; these must be corrected, and any outstanding issues will be reported monthly to the Virtual Ward Delivery Steering Group (VWDSG) meeting.

#### 2. Guideline Standards and Procedures

#### **Admissions**

2.1. Patients eligible for VW as decided by responsible clinician must have a completed referral form (see example Appendix I). Individual wards are responsible for their referral process and must notify the UHL VW Central Team by e-mailing

<u>VWReferralsMailbox@uhl-tr.nhs.uk</u> if they require support in registering the patient on S1.

- **2.2.** Patients must be added to the correct S1 caseload **on the same day** of being accepted onto the VW by completing the steps below via the S1 toolbar (see Appendix II):
  - Registering the patient to the relevant VW caseload by selecting 'Register' from the toolbar and selecting the patient (see Appendix III).
  - Completing the referral by selecting 'Ref In' from the toolbar and selecting the correct option to identify if the referral is Step-Up (Preventing Admission) or Step-Down (Facilitating Early Discharge). Complete the relevant template (see Appendix IV & V).
  - Completing the admission by selecting 'VW Templates' from the toolbar and completing the 'Admission' template (see Appendix VI).
  - Completing the information in case of escalation by selecting 'Escalation' from inside the admission template (see Appendix VII).
  - Completing the onboarding details by selecting 'VW Templates' from the toolbar and completing the 'Initial Contact' template (see Appendix VIII). The next of kin details must be added on this template by using the 'Record Relationship' option and adding a 'Textual relationship' to the record.
- **2.3.** If the VW referral is received by the UHL VW Central Team (<u>VWReferralsMailbox@uhl-tr.nhs.uk</u>) they will complete the Systm1 registration and referral templates. If individual teams manage their own referrals, then they must complete these templates.
- **2.4.** The initial contact template must be completed by the staff member onboarding the patient after the patient has been introduced to the VW process. This template includes updating the Next of Kin details.
- **2.5.** The admission template must be completed by a clinician involved in the patients care and include the reason for admission to the VW & the ongoing care plan. The escalation template must also be completed at this time.
- 2.6. When utilising the central admin and onboarding resource to register, refer and onboard the patient a clinician must still access S1 to complete the Admission/Escalation templates. All other templates will be completed by the UHL VW Central team on the same day of receiving the referral and onboarding the patient.

### Patient Contact/MDT Discussion/Test Results

- 2.7. Contacts with a patient being cared for on a VW must be entered on to S1 if clinically relevant. The 'Patient Contact' template (see Appendix IX) requires the reason for contact and details of the conversation. Any results of investigations must also be noted.
- **2.8.** Any MDT discussions relating to the care of a patient on the VW must be entered on to S1 if clinically relevant. The 'Assessment/Discussions' template (see Appendix X) contains options for MDT Discussion, Professional discussion and Medication changes. A task can be sent to the registered GP from this template.

2.9. Both the above templates must be completed by a clinician unless agreed otherwise by the Clinical Lead for the pathway. These templates must be completed on the same day of the interaction to ensure the accuracy of the information.

#### <u>Discharges</u>

- **2.10.** When a patient is discharged from the VW, they must be discharged from the S1 caseload **on the same day** to ensure accurate information on the patient record.
- **2.11.** The discharge template (Appendix XII) must be completed by a clinician detailing the reason for discharge from VW monitoring and actions for the GP. The information provided in this template forms the body of the discharge letter so must be accurate and written so the patient can understand the content.
- **2.12.** When the discharge template is complete the clinician must select either the 'Task to Admin' or 'Complete Now' option on the pop-up (Appendix XIII).
- 2.13. When selecting 'Task to Admin' the correct staff member must be selected to receive the task. Each pathway will have the option to select the UHL VW Central Team or a member of their own team with access to the S1 build. It is recommended all discharges are tasked to the UHL VW Central Team to prevent delays in the referral being ended and reduce the burden on clinical staff.
- 2.14. When completing the discharge process a letter must be created (see Appendix XIII step 2). This contains the details previously added to the discharge template by a clinician. The letter must be sent electronically to the registered GP and a copy printed to be posted to the patient (see Appendix XIII step 3). A scanned copy of the letter must also be uploaded to CITO to enable colleagues without S1 access to view the content.
- **2.15.** The referral must be ended by right-clicking on the open referral and selecting 'End Referral' then completing the template (see Appendix XIV).

#### Saving Activity

**2.16** All activity on a patient's record must be saved using the 'Save' template (see Appendix XV). Select a template from the drop-down options based on the type of activity. The duration and contact method must be specified by amending the activities in the 'Activities' section on the right.

**2.17** If entering activity retrospectively ensure the correct date is entered at the top of the Save template and in all other templates used.

#### **Clearing Tasks**

**2.18** All tasks on the 'Task' screen (see Appendix XVI) must be reviewed and updated daily. See common tasks below:

- When the pop-up to confirm patient details is closed using 'Do later' this will appear as a PDS task and must be deleted or completed by checking the patient's details.
- When a referral/discharge is received a task will be created and this must be marked as completed once actioned to clear the task.
- When another organisation opens a VW patient record, e.g. The patient is readmitted to hospital, this will create a task which must be deleted.

**2.19** The Central Team will review tasks for UHL VW's and clear any that do not require further action. When a team task the Central Team to complete a discharge, the central team will clear the task.

**2.20** Wards must review tasks to complete any which the central team are unable to clear. This will include electronic referrals & prescribing tasks.

#### 3. Education and Training

In order to access S1 all colleagues involved in the care of patients on VW's or involved in the administration for VW's must have a Smartcard. Requests for Smartcards can be made via the RA Office or the UHL VW Central Team by e-mailing <u>VWReferralsMailbox@uhl-tr.nhs.uk</u>. All colleagues involved in VW's must have a general understanding of S1 usage in order to access and appropriately update the templates. Training is provided by the LHIS Team, access will not be given to the VW S1 builds until training has been completed. This can be requested via a member of the LHIS Team directly or the UHL VW Central Team.

Ongoing support is provided via the training resources accessed through the Systm1 platform. Test patients can be accessed via the red-letter T, User Guides for LPT/UHL can be accessed via the green stars and access to the floorwalking sessions via Teams can be accessed through the circled letter T (see Appendix XVII).

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
S1 Registrations without S1 Admissions	Data Quality Reports via S1 Reporting	Admin & Onboarding Team Leader	Daily	Pathway Clinical Lead with escalation to Virtual Ward Delivery/Steering Group (VWDSG)
Discharges from VW platform without S1 Discharge	Comparison of CT/S1 data	Admin & Onboarding Team Leader	Daily	Pathway Clinical Lead with escalation to VWDSG
S1 Discharges without Ending Care	Data Quality Reports via S1 Reporting	Admin & Onboarding Team Leader	Daily	Central Admin Team with escalation to VWDSG
Missing Information on 'Save' Template	Data Quality Reports via S1 Reporting	Admin & Onboarding Team Leader	Weekly	Pathway Clinical Lead with escalation to VWDSG
Uncleared S1 Tasks	Monitoring of S1 Task lists	Admin & Onboarding Team Leader	Weekly	Pathway Clinical Lead with escalation to VWDSG

#### 4. Monitoring Compliance

### 5. Links

None

# 6. <u>Supporting References (maximum of 3)</u>

None

# 7. Key Words

Virtual Wards (VW) Systm1 (S1) Clinitouch (CT)

CONTACT AND REV	/IEW DETAILS
Guideline Lead (Name and Title): Charlotte Massey Virtual Wards Admin & Onboarding Team Leader	Executive Lead: Kate Hepton Head of Nursing for System Emergency Care
Details of Changes made during review:	

### 8. Appendices

Appendix I – Example Referral Form

University Hospitals of Leicester NHS	
Caring at its best	
	EXAMPLE
Vir	tual Ward Referral Form
Please send via e-mail to VWReferralsMailbo	x@uhl-tr.nhs.uk and file a copy in patient notes
Patient Details (use notes sticker if available	1
S number/NHS number:	
Name:	
DOB:	
Contact number:	
Does patient live alone?	Y / N
Any Mobility issues?	
CRITERIA 1	
Clinical Information	
Date of Referral to Virtual Ward:	
Inpatient/Community Onboarding Required:	***GIVE LOCATION OF PATIENT***
Estimated Length of Stay on Virtual Ward:	
Pre-Discharge Checklist	d as decided by appropriate clinician ope at home with daily submissions

### <u> Appendix II – Systm1 Toolbar</u>



### Appendix III – Registration

NHS number	House name	
First name	Road	
Surname	Locality	
Gender O Male O Female O Indeterminate O Unspecified/Unknown	Town	
Date of birth On 🔻 🔻	County	
	Postcode	Find Ma

# Appendix IV – Referral in Step 1

her Details Exact date & time 👻 Mon 25 Mar 2024 💌 16:09 📕 🗙	
Changing the consultation date will a	affect all other data entered. To avoid this, cancel and press the 'Next' button Hide Warning
eferral in Templates   Guidance	
	milies
Referral in Template	Leicester, Leicestershire & Rutland ICB
femplates to record a referral in:	Complete admission to the virtual ward using Virtual Ward template
Click the button below that corresponds to the appropriate referral reason	
In the next screen, complete the following fields: Referral source - Choose the appropriate source from the list Referral date - Enter date and time referral received (backdate as appropriate) Outcome - Choose 'Accepted' Caseload - Choose '(service name) Virtual Ward'	VVV Template
****DO NOT CHANGE ANY OF THE OTHER OPTIONS****	
Facilitating Early Hospital Disch	
Preventing Hospital Admission	USER GUIDES:
	+ HELP LPT VW User Guides
	★ HELP UHL VW User Guides

# Appendix V – Referral in Step 2

Other Details Exact d	ate & time 🔻	Mon 25 Mar 2024	* 16:09	<b>F</b> ×		
Changing the consulta	tion date will a	ffect all other data en	tered. To av	oid this, cancel and	d press the "Next" butto	n Hide Warnin
Service offered	Q Virtua	al Ward				*
code number						
Irgency	Q Routi	ine				¥
leferral source	9					*
teferrer	Q X					GP
Patient aware of refer	ral					
Referral date	25 Mar 20	024 - 16:09	Туре	Community		*
Referral In Reason	-	ek Wait Referral			Primary	Secondary
Referral In Reason Facilitating early hospi Preventing Hospital Ad	tal discharge -	Ambulatory Jaudice			Primary	Secondary
Re-Referral Referral In Reason Facilitating early hospit Preventing Hospital Ad	tal discharge - Imission - Amb	Ambulatory Jaudice pulatory Jaudice			Primary	Secondary
Referral In Reason Facilitating early hospit Preventing Hospital Ad Differ reason Nate of action	tal discharge - mission - Amb 25 Mar 20	Ambulatory Jaudice			Primary	Secondary
Referral In Reason Facilitating early hospit Preventing Hospital Ad Other reason Date of action Reason for service delay	tal discharge - Imission - Amb	Ambulatory Jaudice pulatory Jaudice			Primary	Secondary
Referral In Reason Facilitating early hospit Preventing Hospital Ad ther reason hate of action leason for service delay nd date	tal discharge - imission - Amb 25 Mar 20	Ambulatory Jaudice pulatory Jaudice			Primary	Secondary
Referral In Reason Facilitating early hospit Preventing Hospital Ad ther reason ate of action leason for service delay nd date jutcome	tal discharge - mission - Amb 25 Mar 20	Ambulatory Jaudice pulatory Jaudice			Primary	Secondary
Referral In Reason Facilitating early hospit Preventing Hospital Ad other reason late of action leason for service delay ind date hutcome lefusal reason	25 Mar 20	Ambulatory Jaudice pulatory Jaudice			Primary	Secondary
Referral In Reason Facilitating early hospit Preventing Hospital Ad other reason late of action leason for service delay ind date hutcome lefusal reason leferral status	25 Mar 20	Ambulatory Jaudice pulatory Jaudice			Primary	Secondary
Referral In Reason Facilitating early hospit Preventing Hospital Ad ther reason hate of action leason for service delay	25 Mar 20	Ambulatory Jaudice pulatory Jaudice			Primary	Secondary

#### Appendix VI – Admission Template

al Wards Admission Template Guidance				
		ormatics day		
VW Admission Template	•	HIS		
ecord which virtual ward the patient is on u	sing the properts holour	-olaur.		
cord which virtual ward the patient is on u	sing the presets below.		Escalation / Safety Ne	etting Plan AJ
dmission to virtual ward			E .	*
			<b>*</b>	
eason for admission			Choose from preset	button above
mote care monitoring commenced	1			
lease select the locaton of the patient belo	w			

# Appendix VII – Escalation

r Details Exact date & time * Mon	25 Mar 2024 * 16:09	► ×			
	Changing the cons	ultation date will affect all othe	er data entered. To a	void this, cancel and pres	s the 'Next' button Hide Warnin
i i					
1		-			
		supportantics age	N		
Virtual Ward Template		HIS		Leicester, Leice	estershire & Rutland ICE
			/		
		a, #ollennioi			
cord escalation plan and safety netting rgency health care plan Add date		ything else above the line			
tered at the LLR Ambulatory Jaundice V		Juinig else above ule inte			
te updated:					2
					2
					1

# Appendix VIII - Initial Contact & Adding Next of Kin

Contents Admission	nitial Telephone Contact	ssessment / Discussions   Patient Contact   Discharge   Gu	uldance
Initial Telephone	Contact		Escalation / Safety Netting P
Current Relation	ships view has no data for	patient	
🕺 Open View	View EMIS Record	Lives alone	
		etails (in demographics box)	
Jan initiality	C Record Contact Details	E Record New Address	
Record Relationship		Jse the presets to record a summary of the initial telephone	contact:
Telephone call to a patient			

# Appendix IX – Patient Contact

VW lemplate Ambulatory Jaundice	
ther Details Exact date & time 👻 Mon 25 Mar 2024 👻 16:09 🗮 🗙	
Changing the consultation date w	ill affect all other data entered. To avoid this, cancel and press the 'Next' button Hide Warning
ontents   Admission   Initial Telephone Contact   Assessment / Discussions	Patient Contact Discharge Guidance
Patient Contact	Escalation / Safety Netting Plan
Record the reason for the virtual ward contact i.e. a red RAG rating from result Reason for encounter	s: View medication recorded on SystmOne below:
	Current Acute Medication
	Current Repeat Medication
	Spen View ENIS Record
	Record results of investigations including chest x-rays or CT scans below:
	Investigation result
Record discussions and any information not recorded elsewhere below:	
Summary report	
	All pathology reports and their investigations last 12m
	Open View     Wisw EMS Record
	C open and
Previous C	ontents Page Next >>
Information	Print Suspend Ok Cancel Show Incomplete Fields

# Appendix X – Assessment/Discussion

Other Details Exact date & time ¥ Mon 25 Mar 2024 ¥ 16:0 Changing the con	pg
Contents   Admission   Initial Telephone Contact   Assessment /	Discussions   Patient Contact   Discharge   Guidance
Generic Templates	Professional Liaison Escalation / Safety Netting Plan
Community Integrated Holistic Assessment	Record discussions at MDT meetings below:
Integrated Care Planning Template V6	Mutidisciplinary Team Meeting
S Medication Changes	Record discussions with individual professionals below:
Service Templates	Professional discussion
	Electronic Communication:
	Task S1 GP
	Create EMIS GP update to send electronically
	View / Send Electronically / Print copies of letters created on SystmOne below:
	Last Letter     Last 5 Communications & Letters
	Dpen View 1. Right click on the letter in the view above. 2b. Select 'Send Electronically'. 3. Select 'To Registered GP'.
	The letter will be sent when the record is saved. Select 'Print' to send any letters to default printer for posting.
< Previous	Contents Page Next >

#### Appendix XI – Discharge

#### Note: Text entered in the discharge summary will form the content of the discharge letter

er Details Exact date & time 🔻 Mon 25 Mar 2024 🔻 16	8:09 📕 🗙	
Changing the co	onsultation date will aff	ect all other data entered. To avoid this, cancel and press the 'Next' button Hide Warning
intents   Admission   Initial Telephone Contact   Assessment	/Discussions   Patier	nt Contact Discharge Guidance
bischarge n discharge tick and enter date of discharge below. ischarge from	2	
Enter actions for GP anned discharge destination	8	Cpen View Mis Record
Previous	Contra	Its Page

V1 approved by Policy and Guideline Committee on 17 May 2024 Trust ref: B57/2024

### Appendix XII – Complete Discharge task

Complete discharge p	rocess now or send	Task reminder to do lat
Why am I seeing this?		
,		

# Appendix XIII - Create & send letter

7 VW Discharge process ECR

scharge Guidance	~
VW Discharge Process	Leicester, Leicestershire & Rutland ICE
Check discharge details	Segment of the sector of the s
Virtual ward name and date admitted         0 66 Mar 2024       Admission to virtual ward (XaXpP)         Notes       Surgery □ Elective Colorectal Resection Virtual Ward         Discharge date	Pierral     Pierra     Pierra     Pierral     Pierral     Pierral     Pie
) Create discharge letter	Dpen View
Create Discharge Letter	<ol> <li>Right-click on the referral in the view above.</li> <li>Select 'End Referral'.</li> <li>Complete details as appropriate.</li> <li>When prompted to end care, Select 'Yes'</li> </ol>

# Appendix XIV – End Referral

7	VW	Discharge	process	ECR	
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Other Details	Exact date & time 👻	Tue 26 Mar 2024	▼ 13:05	5 <b>F</b> X	
		Changin	g the cons	sultation date will affect all other data entered. To avoid this, cancel and press the 'Next' butto	N Hide Warning

Discharge Guidance

VW Discharge Process	Leicester, Leicestershire & Rutland ICB
1) Check discharge details	Symmetry and a scharge letter to GP
Virtual ward name and date admitted     ✓	Discharge letters created here
Discharge date     Discharge from virtual ward (XaXnM)     Planned discharge destination     26 Mar 2024 Planned discharge destination (XaahC)     Notes TEST     Action requested of CP.	<ul> <li>Open View</li> <li>1. Right click on the letter in the view above.</li> <li>2b. Select 'Send Electronically'.</li> <li>3. Select 'To Registered GP'.</li> <li>The letter will be sent when the record is saved.</li> <li>Select 'Print' to send any letters to default printer for posting.</li> </ul>
Open View Add / Amend Details Check the details above are correct before creating the discharge letter. f not, use the button to add or amend in the VW template.	4) End referral Open Referrals Here ✓
2) Create discharge letter	Open View     I. Right-click on the referral in the view above.     Select 'End Referral'.     Complete details as appropriate.     When prompted to end care, Select 'Yes'

Appendix XV – Save Template

7 Event Details					
Date & Time			Activities		
Exact date & time	e 👻 Tue 26 Mar 2024 👻 13:10		Add Delete Amend		
Template Patient	- F2F 🙋	Apply Template New Template	Exp Activity Type Administration	With Patient Record	Duration 0
Staff			**Please Specify**	Patient	0
Event done by	Known staff member 🔍 🗙 Charlotte Ma	ssey			
C	) Unknown				
Staff type	Y Clerical Access Role	*			
Authorised by Ch	harlotte Massey	*			
Location					
Organisation Q	X Ward Surgery Elective Colorectal Res	ection			
Other location	1	<ul> <li>Save as default</li> </ul>			
Comments					
Contact					
Contact method	Reference to face	<ul> <li>Clinically relevant</li> </ul>			
0	Event is incomplete (can be amended later)	O Admin event			
Link to referral N	Vo linked referral	*			
U	Ipdate Referral Status End Referral	Include ended referrals			
Link to team	X No team selected				
Visibility					
<ul> <li>Normal (Part of till</li> </ul>					
O Private (Not part	t of the shared record)				
O Safeguarding Re	elevant				

#### <u> Appendix XVI – Tasks Screen</u>



