Transformation Story

Sponsor: Director of Quality Transformation and Efficiency Improvement **Trust Board paper: C**

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	RRCV	And the CE's Leadership Huddle
Executive Board		
Trust Board Committee		
Trust Board		

Executive Summary

Context

The Chairman and Acting Chief Executive have requested that stories come to Trust Board which showcase transformation, quality innovation and improvement. This is the first of these stories which features the establishment and development of our Virtual Covid Wards.

Questions

1. Has the establishment and development of the Covid Virtual Ward led to improved outcomes for patients and improved efficiency?
2. How and why was this service established and how many patients have been cared for on the virtual ward?
3. Does this approach lend itself to further transformational improvement?

Conclusion

1. The new Covid virtual ward project has delivered extremely encouraging outcomes with earlier discharge, a significantly reduced readmission rate and excellent patient feedback.

2. The virtual ward model was developed due to the unprecedented strain in the system as a consequence of the Covid-19 pandemic. The model seeks to ensure better flow across the Trust and release beds for patients who require admission, protect our most vulnerable patients from infection and minimise staff exposure and sickness. 316 patients have been through the virtual ward. The presentations attached provide further details in terms of process, outcomes and experience.

3. The presentations at today's Board reveal that the virtual ward concept has proved successful and lends itself to further development, particularly for patient with conditions such as asthma, COPD, heart failure, diabetes, and haematology patients. The Transformation Team will work alongside clinical colleagues to consider how this model can be further rolled out and will monitor quality and efficiency improvements.

Input Sought

We are grateful for the opportunity to present our journey of establishing and developing the virtual ward model to the Trust Board and would welcome Trust Board member's comments and questions.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Yes
Improved Cancer pathways	Yes
Streamlined emergency care	Yes
Better care pathways	Yes
Ward accreditation	Yes

2. Supporting priorities:

People strategy implementation	Yes
Investment in sustainable Estate and reconfiguration	Yes
e-Hospital	Yes
Embedded research, training and education	Yes
Embed innovation in recovery and renewal	Yes
Sustainable finances	Yes

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
- How did the outcome of the EIA influence your Patient and Public Involvement ?
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?		
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

5. Scheduled date for the **next paper** on this topic: TBC
6. Executive Summaries should not exceed **5 sides** My paper does not comply

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

COVID-19 Virtual Wards

Dr. Daniela Cristea-Nicoara
Consultant, Respiratory Medicine

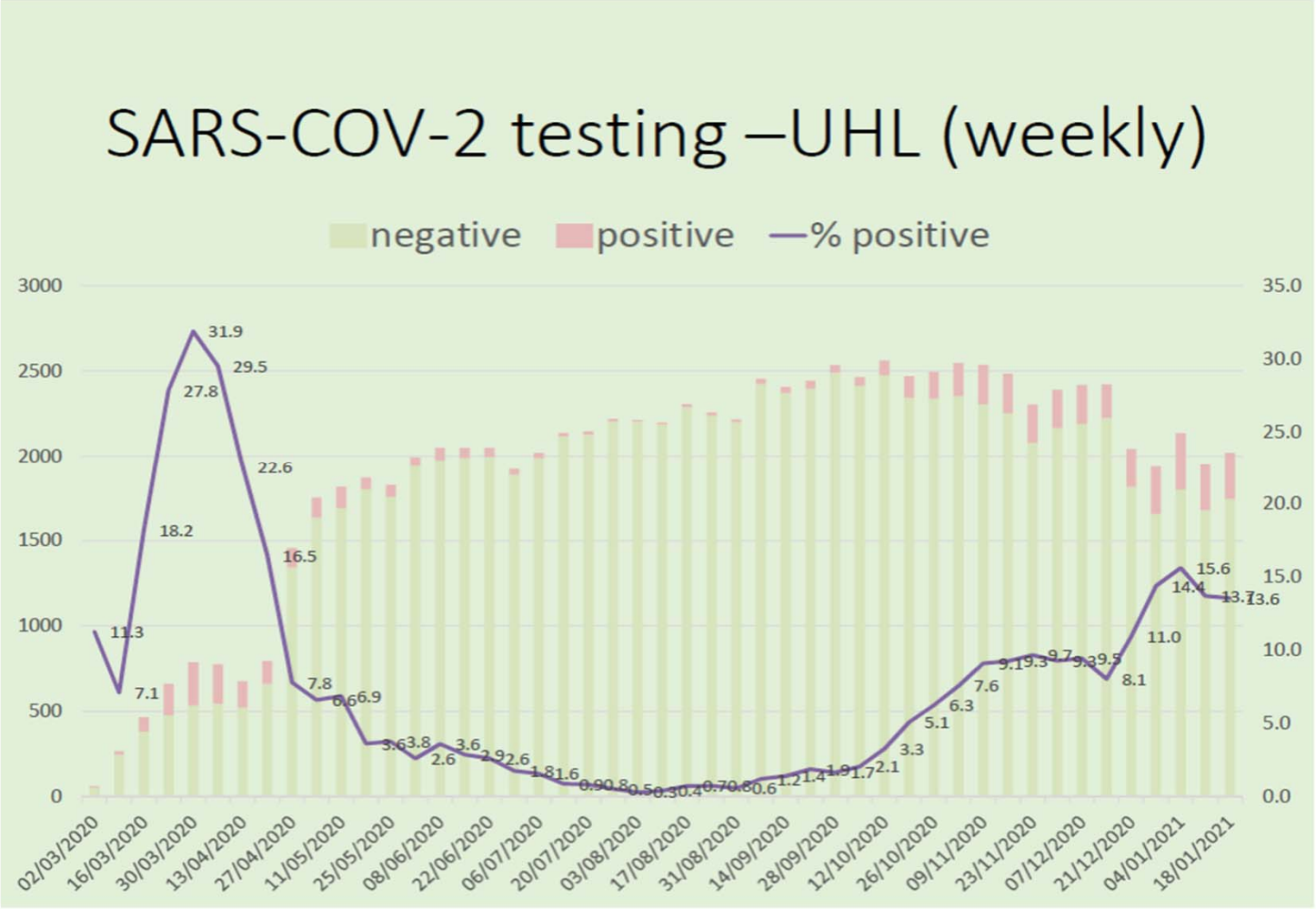
One team shared values

CDU COVID-19 VIRTUAL WARD

First Wave v Second Wave

University Hospitals of Leicester NHS Trust

Caring at its best



One team shared values

CDU COVID-19 VIRTUAL WARD

Comparison of patient care in CDU

University Hospitals of Leicester NHS Trust

First Wave	Second Wave
An unknown and unpredictable disease	A better understood but still unpredictable disease
Few treatments, lots of research	More treatment and continued research
Smaller patient numbers	More significant patient numbers
Result for the moderate-severe patient	
Patient admitted for 48hr+ to be kept under observation	**Patients can receive high quality care away from hospital**

One team shared values

CDU COVID-19 VIRTUAL WARD

Supporting better patient care for moderate-severe patients

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

Our virtual programme starts with the understanding that:

- No-one wants to be in hospital unless they absolutely have to be
- Clinical contact is needed to reassure patients with severe Covid symptoms
- In this pandemic, we must use beds wisely.

One team shared values

CDU COVID-19 VIRTUAL WARD

How it worked…

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

172 patients
3 x daily oximeter reading +
Regular calls & remote health check with respiratory nurses

39 People
Identified as unwell or 'desaturating' at home so re-attended CDU/ED after identification by specialist nurses or a call to 111 or 999

114
People Discharged Home after 14 days

28 People
Readmitted with a length of stay between 1-28 days

- **20** required O2 (incl. one who went to ITU)
- **4** GI symptoms (no o2 requirement), 1 had heart failure, 1 with DVT, 1 with vasovagal syncope, 1 with uncontrolled diabetes.
- **1** admitted to another Trust

10 discharged same day

1 Still in hospital

3 Died in hospital

One team shared values

CDU COVID-19 VIRTUAL WARD

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

"Would recommend to Friends and Family"

"Would come again if I needed to"

"I was reassured to know that someone would call me regularly."

And we got good feedback when people were readmitted to hospital:

"If you hadn't rang that day we wouldn't have called anyone - we would have waited for her to get better and I realise now that was not the right thing."

"Patient reviewed on day1 of virtual ward. Readmitted with O2sat 89% PE- treated with steroids antibiotics and oxygen and started on anticoagulation. The patient spent a week on ward 17.

One team shared values

CDU COVID-19 VIRTUAL WARD

The future of care?

University Hospitals of Leicester NHS Trust

Caring at its best

The virtual ward tackles COVID patients now but in the future the experience gained could:

- Allow us to monitor people with other diseases at home, freeing up valuable beds and resources without compromising on care

- Create safer ways of working for patients and staff

One team shared values

Covid-19 Supported Discharge virtual ward

Dr Irene Valero-Sanchez

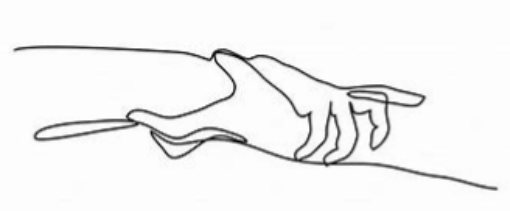
Consultant Chest Physician

Clinical lead for Integrated Respiratory Care

… on behalf of too many others…

A story of transformation, cooperation and system response in difficult times…

NHS
University Hospitals of Leicester
NHS Trust



NHS
Leicestershire Partnership
NHS Trust

Caring at its best

"We are one team and we are best when we work together"

The most challenging time…

- Predictions of **unprecedented strain** in the NHS with acute care demand surpassing resource
- Need to:
  - Ensure flow across healthcare settings
  - Protect our most vulnerable patients from infection
  - Minimise staff sickness
  - Continue looking after non-covid disease (COPD, heart failure)

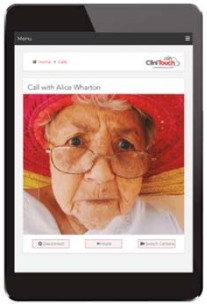
Supported discharge for C19

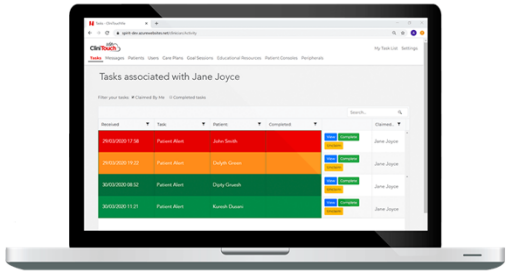
- Integrated UHL-LPT service
- Referrals from base wards (post admission)
- **Built over already existing integrated service** for COPD exacerbations (ERAS)
- Aim: Seamless, safe, supported transition from hospital ward into community care
- **Innovative**: Technology assisted (telehealth)
- 14 days post-discharge (longer if oxygen weaning)
- Live date: Mon 2nd November 2020 (GH), 22nd February 2021 from LRI

Why going digital?

- Locally developed C19 question set with triaging algorithm, allows:
  - Patient empowerment and ownership
  - Dashboard assists clinicians with caseload management
  - Directs clinician resource where most appropriate

- Possibility of video-assessment



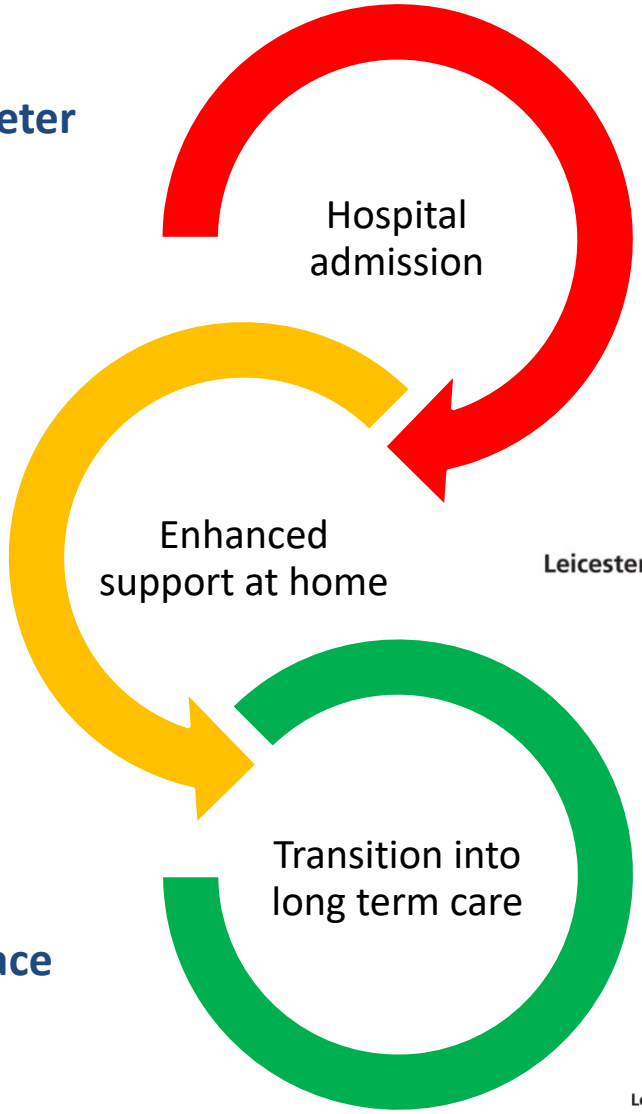


Identification of suitable cases
Telehealth set-up
Handing of SpO_2 monitor and thermometer
Safety netting and treatment plan
Medical advice

Escalation ↑ ↓ Referral

Integrated MDT

Enhanced monitoring
Enhanced care
Home oxygen weaning
Robust escalation policy
Safety netting



Ensure hospital appointments are in place
Advice on long term management
Access to MDT if concerns
Liaison with GP if needed

NHS University Hospitals of Leicester NHS Trust
Caring at its best
NHS Leicestershire Partnership NHS Trust
NHS Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

University Hospitals of Leicester NHS Trust

Caring at its best

Our outcomes (data)…

Leicestershire Partnership NHS Trust

- **144 patients referred** (as per 23/02/2021)
- (7 for oxygen weaning)

- 5 hospital readmissions
- **42 active in caseload**

- 85 discharged after 14 days
- 15 discharged before 14 days
- 1 death (in hospital)
- 5 weaned off oxygen at home

Readmission rate 3.4%!

Average GH: 10.7%

Safe!

Our outcomes (patient feedback)…

Thanks for getting me well. I came in needing a lot of oxygen. With the care, dedication and support of the team I was able to leave 8 days later, and have continued to improve. Thank you for setting up the "remote monitoring app". It gives confidence you are still being monitored

From LPT clinician team feedback:
"This gentleman wanted everyone to know that the he has really appreciated the support, that this service (supported discharge virtual covid ward) is wonderful"

From LPT clinician pre-discharge call:
"The patient feels well and thanked me for all the support received over the last 2 weeks which has reduced his anxiety around his illness. He feels the service he has received has been excellent"

Further developments…

- Expansion to medical ward LRI (live 22/02/21)
- Continue provision of this enhanced model of care for COPD exacerbations and other diseases (Heart failure, asthma, lung infection)
- Expand home oxygen weaning service for other diseases including long term conditions
- Assessment of resource going forward (virtual ward schemes as part of core services)

Thank you!

Community respiratory specialist team (LPT):

Katrina McSporran
Mani Moodley
Karen Moore
Alison Shaw
Victoria Smith
Lesley Taylor
Catherine Thornley
Pratiksha Patel
Tanzeem Adam
Hayley Beenick
Hayley Chiles
Sonja Harman
Sarah Lea
(Plus HF community specialist nurse team)

- Clinical/Medical lead:
  - Irene Valero-Sanchez (UHL)
- Community cardio-respiratory service leads:
  - Zoe Harris (LPT)
  - Alex Woodward (deputy, LPT)

Discharge and referral support:

- Chris Knight (UHL)
- Jo Cameron (UHL)
- Denise Burton (UHL)
- Nursing team in ward 17
- Gemma Kott (LPT)
- Daisy Savage (LPT)

Respiratory Registrars (UHL)
Home oxygen service (UHL)
Spirit Digital (telehealth provider)
BOC (home oxygen provider)