Virtual Ward Programme

Information Session:

HSE Virtual Ward Programme

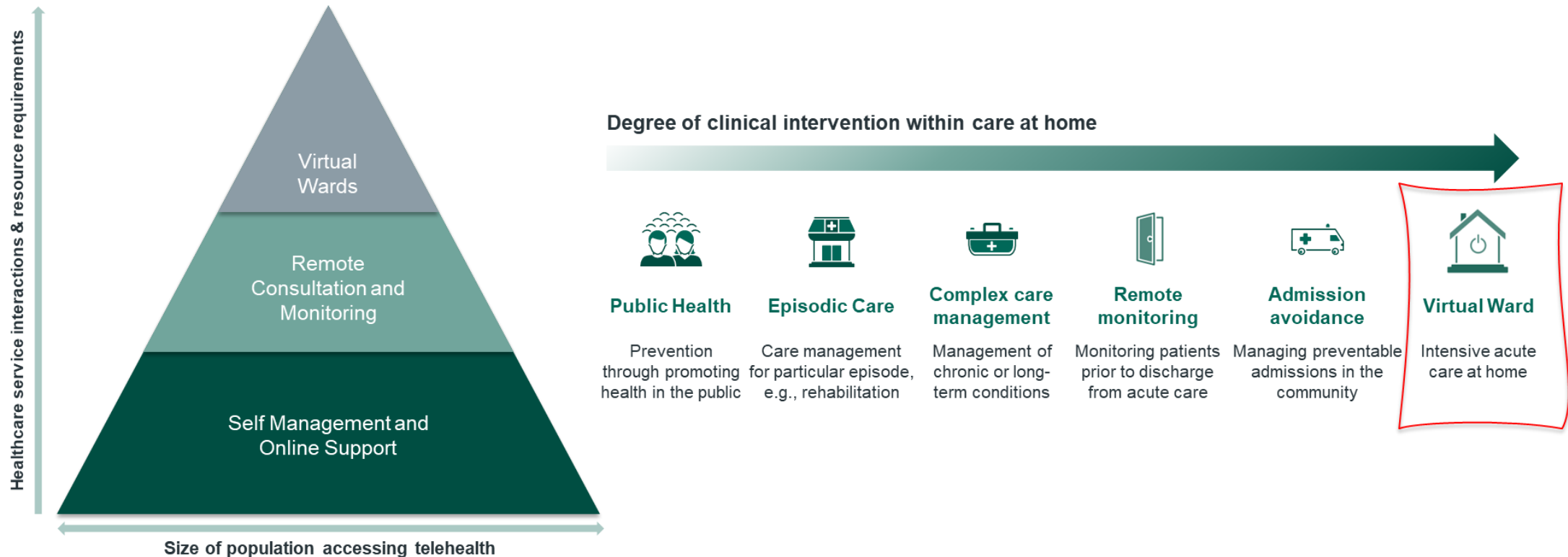17th May 2024

Agenda

#	Agenda item	Speaker
1.	Introductions	
2.	What is a Virtual Ward?	
3.	The HSE's Virtual Ward Programme – what is it, why are we doing this?	Prof Richard Greene
4.	Patient Engagement in the Design of the Virtual Ward	
5.	Key features of the Virtual Ward	
6.	How does it work?	
7.	Who is it for?	Assoc. Prof Stanley Miller
8.	Respiratory	
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10.	Benefits for patients	Prof Kenneth McDonald
11.	Q&A	Prof Richard Greene

What are Virtual Wards?

A Virtual Ward is a safe and efficient alternative to HSE bedded care that is enabled by technology. Virtual Wards support patients who would otherwise be in hospital to receive the acute care, monitoring, and treatment they need in their own home.

A Virtual Ward is not a mechanism intended for enhanced primary care programmes; chronic disease management; proactive deterioration prevention; or social care for medically fit patients for discharge. All of these may make use of telehealth and remote monitoring, but they are not Virtual Wards.

Healthcare service interactions & resource requirements

Virtual Wards

Remote Consultation and Monitoring

Self Management and Online Support

Size of population accessing telehealth

Degree of clinical intervention within care at home

Public Health — Prevention through promoting health in the public

Episodic Care — Care management for particular episode, e.g., rehabilitation

Complex care management — Management of chronic or long-term conditions

Remote monitoring — Monitoring patients prior to discharge from acute care

Admission avoidance — Managing preventable admissions in the community

Virtual Ward — Intensive acute care at home

The HSE's Virtual Ward Programme

What is it?

The Virtual Ward Programme is a collaborative initiative, led by Prof. Richard Greene, Chief Clinical Information Officer, and Deirdre McNamara, Director of Strategic Programmes, which sets out to develop and implement a national model for VWs across acute hospitals

Key programme objectives include:

- ❖ Establish VWs in two acute hospital sites at the end of Q2 2024 and evaluate for impact

- ❖ Develop an agreed operating model (including clinical pathways) for Virtual Wards that will be applied nationally

- ❖ Oversee technology procurement and deployment for Virtual Wards

- ❖ Develop and implement an integrated national plan for Virtual Ward roll-out to further sites in late 2024 and 2025 (following completion of a robust evaluation)

Why are we doing this?

Support and empower patients who would prefer to receive their care at home: Empowering patients to be active partners in managing their health and wellbeing is a central tenet of the VW model

Benefits for patients: International research shows that being at home - where patients may be surrounded by friends, family, and pets – can improve their physical health, mental wellbeing, and overall recovery.

Benefits for staff: High levels of staff satisfaction have been reported in pilot sites. The VW model facilitates more one-to-one patient communication and care, presenting an opportunity for staff to expand their skillsets, particularly around virtual patient care.

Expand our use of virtual services and leverage leading edge digital technologies.

Patient Engagement in the Design of the Virtual Ward

Virtual Ward Programme and Patient Engagement

The introduction of Virtual Wards is a complex and multi-faceted project, requiring input from a wide range of stakeholders, particularly patient representatives, to ensure that Virtual Wards are designed with the patient at the centre and the patient's voice heard throughout.

The Virtual Ward Programme has embedded patient engagement representation across the programme to reflect this.

Summary of patient engagement to date across the programme:

❖ Two patient representatives are part of the National Virtual Ward Implementation Steering Group's membership

❖ One patient representative is a member of the Clinical Pathways Working Group (meet on a weekly basis)

❖ Patient representative review and input into key programme deliverables e.g., clinical pathways, patient information leaflet, patient consent, technology demos

❖ Two patient representatives participated in the foundational VW Clinical Pathway Mapping workshop in January 2024

❖ Patient representatives participating in technology demonstrations to test vendor kit / technology

❖ Regular briefings with the Unscheduled and Emergency Care Patient Group

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Key features of the Virtual Ward model

❑ **Acute care led** and a managed alternative to in-patient hospital care that is enabled by technology

❑ **A time-limited service**, supporting patients who would **otherwise be in hospital** to receive the acute care, monitoring and treatment they need in their own home or place of residence

❑ **Consultant-governed and Nurse-led** with named Consultant / Senior Physician leadership

❑ **Have a dedicated staff component**, similar to an acute ward in a hospital, with 15 WTE to be recruited per local acute hospital site

❑ Will scale to be **25 bedded wards** initially at each acute hospital site

❑ **Cardiology and Respiratory specialties** included in the initial implementation

❑ Uses a variable combination of **technology, remote monitoring, and face-to-face care**
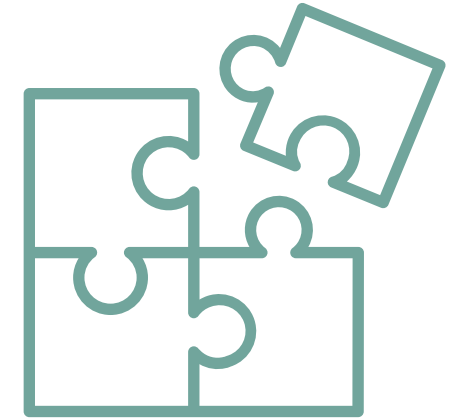
End to end patient journey on the Virtual Ward

End to end patient journey on the Virtual Ward (developed during Pathway Mapping workshop):

Referral	Admission	Management and Monitoring		Escalation	Discharge
Patient is informed about VW and consents to take part. They may be nervous at this stage so clear communication regarding safety nets will be important.	Patient goes home with equipment, patient information, medicines and their care plan.	Patient is regularly checked by VW staff, clinical metrics and subjective symptoms are provided to staff. Patients can ask questions and share their concerns with staff.	Patients are care for in the comfort of their own home carrying on with their activities of daily living.	If a patients care needs to be escalated, they will be informed by the VW team and supported to transfer to the hospital for further investigations. They may be admitted back to hospital	Once their acute care episode is complete, they can be discharged and have follow up care in either community or acute hospital as appropriate

Patient identified

Patient screened

Patient transported to VW

Patient admitted to Equipment set-up/test

Ongoing monitoring and management In-person and virtual care provided

Escalation pathway

Patient ready for discharge

Patient discharged from VW

Patient follows discharge plan

How does the Virtual Ward work?

Patients, who are **deemed fit by their consultant** to complete their care in a Virtual Ward, will be contacted by the Virtual Ward Team

The Virtual Ward team meets with patients and their family or carer and takes time to explain how their care will be managed and are **provided with information on how the ward works and have the opportunity to ask any questions** that they may have. If the patient is happy to proceed, consent will be sought to transfer to the Virtual Ward.

Patients will be **provided with remote monitors and a small computer** that can send information about the patient's health back to a **dedicated team of nurses and doctors** in the hospital.

The Virtual Ward team will:

- **Explain how remote monitoring using technology will be used** and tailored to the needs of the patient's individual health condition.
- **Teach patients and their family or carer how to use the devices** that will be used to safely monitor the patient's health at home.

Patients who are transferred to the Virtual Ward will **remain under the care of the consultant team** that provided care in the hospital. **A personalised care plan is agreed** with each patient, family or carers where appropriate, and healthcare teams including the consultant.

Patient care is reviewed 24 hours per day, by the medical and nursing teams for as long as the patient remains on the virtual ward. The Virtual Ward team will agree the best ways to make contact with patients – this could be by telephone or video call. They will also explain to patients and their family and/or carers what to do if the patient feels unwell.

How does the Virtual Ward work? Other key questions

What if a patient's condition worsens whilst on the Virtual Ward?

- The Virtual Ward team will be automatically alerted by the monitoring technology if a patient's readings worsens, or if they are not responding to treatment as expected.

- If the patient or their family / carer have any concerns about their condition, they are asked to contact the Virtual Ward team on the 24-hour telephone service.

- In the event of an emergency, they will also be shown how to use an alert bell to contact the hospital urgently.

What if a patient needs further tests in hospital?

- Sometimes a patient may need to attend the hospital for more specific tests or more intensive treatment.

- If this happens, the Virtual Ward team will organise this and support the patient's return home.

How does discharge and referral for onward care happen on a Virtual Ward?

- Following the completion of a patient's care, they will be discharged from the Virtual Ward as if they were discharged following a physical hospital stay.

- Their GP will be informed of the care they received and any medication changes that may have taken place.

- The Virtual Ward team will arrange for collection of any monitoring equipment provided.

Who is the Virtual Ward model for?

Virtual Ward care may be offered to patients who are:

- Admitted to hospital with certain Respiratory and Cardiology conditions

- Deemed medically stable by the patient's care team

- Requiring ongoing monitoring and care prior to discharge

The patient's healthcare clinician will assess whether they are suitable to receive care at home from the Virtual Ward team. If they are a suitable candidate, the option of transferring your care to the Virtual Ward will be discussed with you.

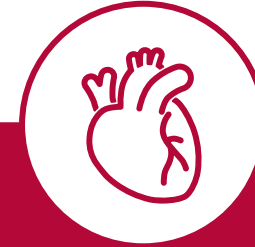# Patient Conditions eligible for the Virtual Ward (in initial implementation)
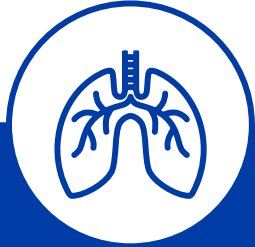
Respiratory

- Acute Exacerbation COPD
- COPD with Pneumonia
- COPD with Bronchiectasis
- Bronchiectasis

Cardiology

- Awaiting tests / procedures
- Heart Failure
- Atrial Fibrillation
- Post PCI

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Respiratory inclusion criteria for the Virtual Ward

Respiratory Inclusion Criteria

- Patient has one of the following Respiratory Conditions:
  - Acute Exacerbation COPD
  - COPD with Pneumonia (stable and on oral antibiotics)
  - COPD with Bronchiectasis (+/- OPAT/CIT)
  - Bronchiectasis (+/- OPAT/CIT)
- Over 16 years of age
- Defined care episode expected and would otherwise be in a hospital bed
- Patient needs can be managed safely at home with any pre-existing care package
- Care needs are temporary as there is an expectation the individual will recover from the episode of ill health
- Co-decision maker / usual carers are informed and engaged
- Technologically capable
- Patient's capacity is not likely to be called into question
- Resident of local CHO – patient's ease of access to hospital should be assessed on a case-by-case basis
- Patient does not have any ongoing HSCP therapy needs while on the VW
- Check lists completed inc. precheck of IT(Patient Digital Comfort), medication delivery plans
- Patient has consented to transfer to Virtual Ward
- Patients' needs can be managed safely at home with VW interaction 2 times a day

Cardiology inclusion criteria for the Virtual Ward

Cardiology Inclusion Criteria

- Patient has one of the following Cardiology Conditions:
    - Awaiting tests/procedures
    - Heart Failure
    - Atrial Fibrillation
    - Post PCI
- Over 16 years of age
- Defined care episode expected and would otherwise be in a hospital bed
- Consultant in charge agrees with use of VW
- Willing, able and suitably supported to receive treatment and monitoring at home
- Multidisciplinary team (MDT) agrees clinical needs can be met in Virtual Ward
- Technologically capable
- Patient's capacity is not likely to be called into question
- Resident of local CHO – patient's ease of access to hospital should be assessed on a case-by-case basis
- Patient does not have any ongoing HSCP therapy needs while on the VW
- Lists completed inc. precheck of IT(Patient Digital Comfort), medication delivery plans
- Patient consented and agreeable to take responsibility for self-care, including engaging with process to readmit to hospital and are clear on how to do so
- Patient deemed low risk requiring only twice daily observations on the wards, which the treating team are happy to continue on transfer to the VW

Benefits of the Virtual Ward for patients

The Virtual Ward concept is **supported by a strong evidence base** (most notably in Norfolk and Norwich University Hospitals), with sites reporting **multiple benefits for patients** and an **overall improved patient experience**. Internationally integrated healthcare systems are extending or introducing the Virtual Ward model.

Empowering patients to be active partners in managing their health and wellbeing is a central tenet of the Virtual Ward model. Research shows that availing of care at home in a Virtual Ward offers many benefits to patients, including:

✓ Increased patient satisfaction with care (evidence that patients are 3x more likely to be satisfied with care in Virtual Ward*)

✓ Reduces the stress and anxiety that may be associated with a hospital stay

✓ Enables better recovery due to healing in a comfortable and familiar environment

✓ Lowers the risk of hospital-acquired infections

✓ Lowers the costs of travel to and from the hospital for patients, family, and carers

✓ Lowers the chances of re-admission to hospital (evidence of a 15-45% reduction in readmissions*)

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Q&A