New advances in community nursing - Managing the health and well being of patients at home

doc@HOME®
The bridge to care

Future of Nursing Workforce Conference

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What we will discuss

- Caring for patients in the community
  - QIPP - Quality of care, innovation, prevention, productivity
- What telehealth does – the patient clipboard
- Telehealth in practice – a flavour
- Implications for the nursing workforce

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Caring for patients in the community

- The challenge – the push to manage patients at home
  - The Ageing population
  - QIPP Agenda
    - Productivity and Innovation
    - Prevention and Quality of care
  - Vertical Integration – Acutes in the community
- Telehealth – *a tool in a toolkit*
  - *Provides automated monitoring, at home, of essential parameters for the optimum management of chronic conditions with minimum routine professional intervention*
  - The electronic clipboard at the end of the patient's bed
  - The true virtual ward
    - LTC's - COPD, CHF, Diabetes, CF, Mental health
    - Episodic – GERD, continence, UTI, Titration, pregnancy
    - Early/supported discharge
    - Palliation and End of Life care

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Telehealth in action – BBC video

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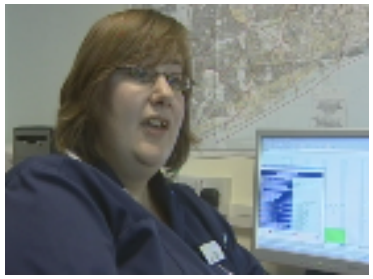
Stan and Pearl - What have we learnt?

- What did Stan tell us?
  - He is 'Cool', nice, at ease
  - He is no longer frightened
  - He is becoming an expert
  - He is able to live in his own home with his wife
  - His wife says he is no longer grumpy
  - Pearl's quality of life is improved
  - Stan and Pearl are self managing their care
  - He rarely goes into hospital now



- What did Wendy tell us?
  - Stan was in and out of hospital on a regular basis
  - She needed to make 4 to 5 visits every week
  - Now remotely monitors Stan each day
  - clinical assessment required only once a week
  - receives alerts of changes in conditions
  - 4 additional patient visits
  - time management/productivity gains

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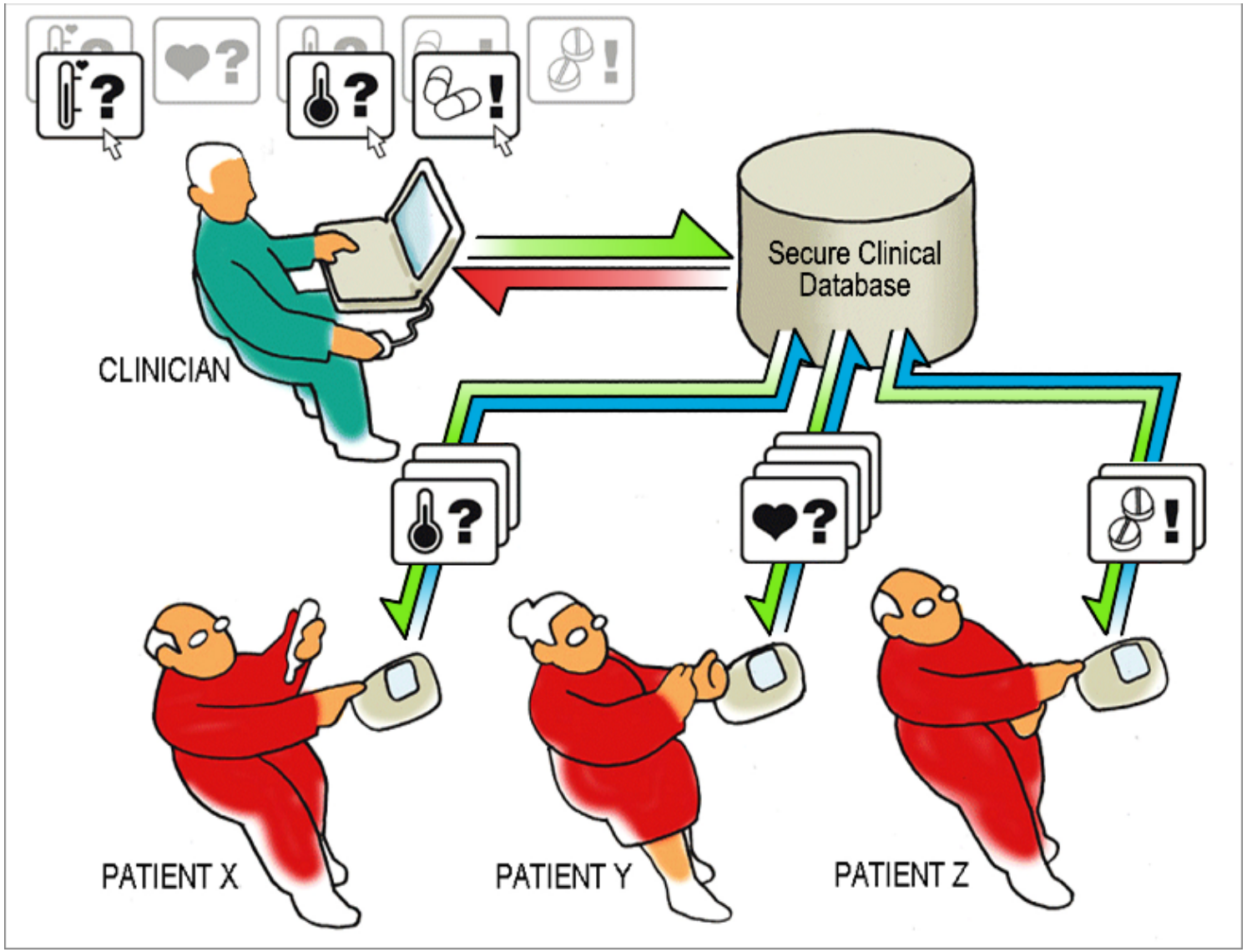
doc@HOME Telehealth Infrastructure



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Case Study - 74 year old with advanced COPD

	Prior to doc@HOME Jan 2006 – Oct 2006	With doc@HOME Nov 2006 – Mar 2007
Emergency Admissions	23	2
A&E Attendances	12	0
Hospital Admissions	16	2
Out of Hours calls	55	3
Estimated costs	>£54,000	<£6,000

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Snapshot at Glenfield Hospital

	April - Oct	Nov	Dec
Interventions	55	26	31
Admissions	16	4	9
Calls to patients	321	63	103
Average calls /patient/month	1.3	1.5	2.5
Compliance	Not calculated yet	78%	77%
Admissions saved	39	22	22
Cost saving *	£97,000	£54,000	£54,000
Cost of telehealth service	£11,000	£2,000	£2,000
Cost of triage	£12,000	£2,000	£2,000
Potential savings	£74,000	£50,000	£50,000

* Based on cost of uncomplicated admission £2,300

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Implications for nursing workforce

- It is nurses who use it and make it a success
  - Both hospital and community, specialist and generalist
- An important skill to have on the CV
  - Just like the ability to drive
  - On Professional Development agenda for registered nurses
  - On Pre-Registration education courses
- Keeping your registration
  - Precious Resource
  - Home based triage teams
  - Reduce RTP costs
  - Workforce choices

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Letter from Patient – January 2010

"My name is …. Unfortunately I have COPD. I am currently being looked after by the Community Respiratory Team and am writing to express my gratitude for the system, particularly the doc@HOME Health Hub.

From October 2008 until May 2009 I was in and out of hospital 8 times and believe that I spent 8 weeks in total as an 'In patient'. This situation was really getting me down. The whole experience of ambulances taking you from home to hospital, although essential, can be very traumatic not only for me as a patient but for all my family too.

I can only thank ….. because in the short time the monitor has been installed in my home it has already, based on past experiences, prevented me from having yet another flare-up/exacerbation, which would probably have resulted in me being back in hospital. By picking up my symptoms on the HealthHub and being able to administer the correct drugs at an early stage certainly works!

I consider myself very lucky and privileged to be selected to take part in this system. To feel that someone is monitoring and looking out for you, so to speak, and you are not battling on your own is very reassuring.

In conclusion I would like to say that whoever was responsible for instigating the system should be congratulated on an excellent service, that is expertly run, and from which, given the opportunity I believe that many other patients …… would benefit greatly.

Yours sincerely"

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Thank you

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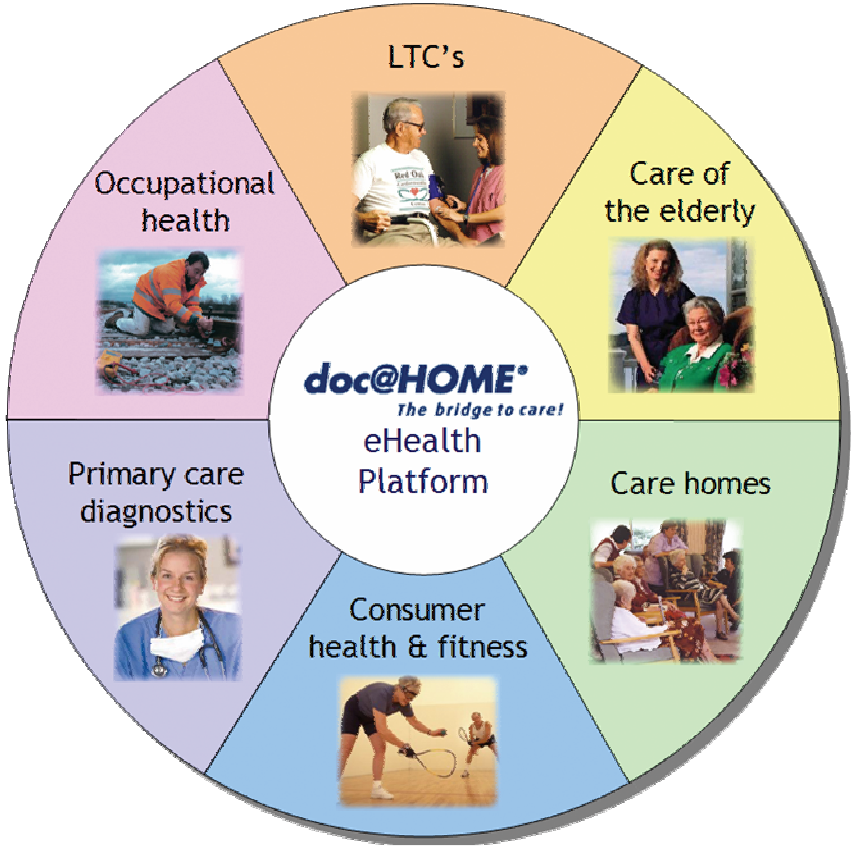

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Viewing patient specific data

Enroll new patient
List active patients
Agreement archive

➤View patient data
Messages to patient

Logout
Configuration

Patient: Annette Andrews (Aq-22169) age: 69

M- W- 11.10.2008 W+ M+ New message to patient Register an intervention

Configure alerts Configure questions

Heart rate (from ECG): 142 / 67

Body weight: 6st 9lb / 6st 7lb

Blood pressure: 162mmHg / 37mmHg

BP pulse rate:

SpO2 - oximeter: 98% / 94%

Pulse Rate from SpO2: 97 bpm / 39bpm

Anxiety:
General Health:
ECG summary: PR, QRS, QT

September 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 October

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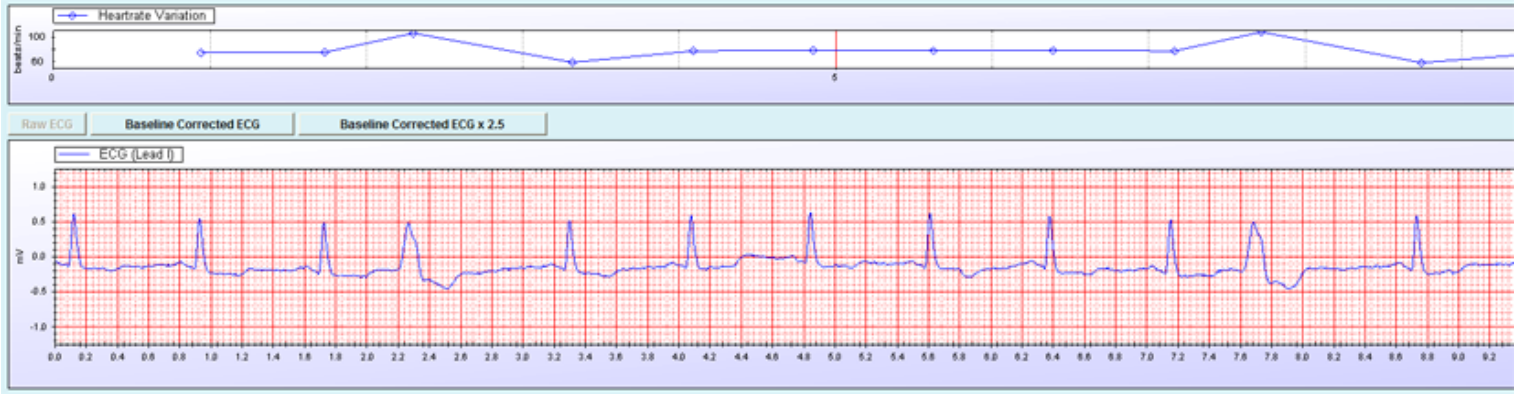
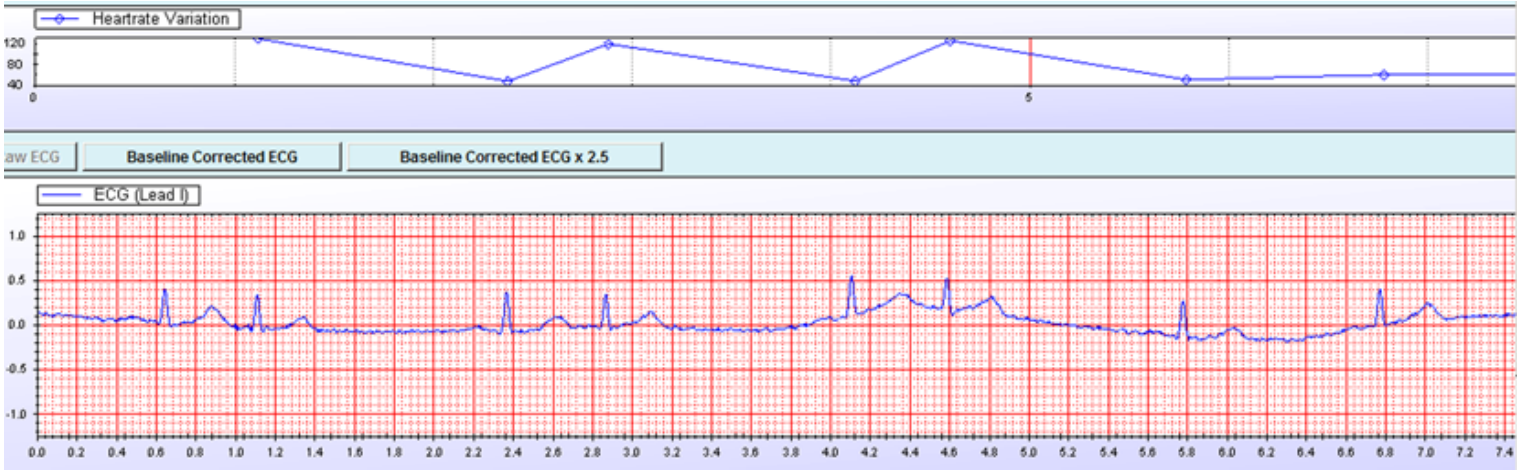
Example ECGs





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