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### A Virtual Ward Story



# NELFT Acute Respiratory Virtual Wards

### **North East London Foundation Trust**



North East London Foundation Trust (NELFT) is a growing organisation serving a population of 4.5 million across North East London, Essex and Kent. We have an annual turnover in excess of £480 million and our Healthcare Informatics team supports over 11,000 users.



Our digital strategy puts people first and has been developed hand-in-hand with our staff and community.



We engaged staff members from a range of roles and services at NELFT, as well as seeking the views of patients and citizens in our communities.



We also considered the achievements of our previous strategy, plus national system and local strategic requirements and the needs of our frontline staff.











## The NELFT Virtual Ward Scoping



### Background





An Integrated Patient Flow solution is being designed within the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). The desire is the ability for patients to be discharged from an acute episode into secondary care and for this to be seamless from a data perspective.



### Aim

The primary goal is to provide a series of solutions that facilitate the patients journey to allow BHRUT to discharge patients that meet the Virtual Ward admissions and inclusion criteria and be accepted into the Acute Respiratory Infection (ARI) Virtual Ward for treatment.

Thus, ending an acute inpatient episode earlier than planned, and freeing up bed capacity.

- Improved access to healthcare- Hospital level Care provided in patient's own homes
- Improved management of respiratory conditions with specialist MDT approach
- Early supported discharged, Early detection of complications and Efficiency in response time by clinicians
- · Reduction in hospital admissions/Admission avoidance
- Enhanced patient experience
- Costs savings
- Optimised resource allocation
- Proactive care delivery
- Improved Collaboration
- between Acute and Community services



### **Deliverables**

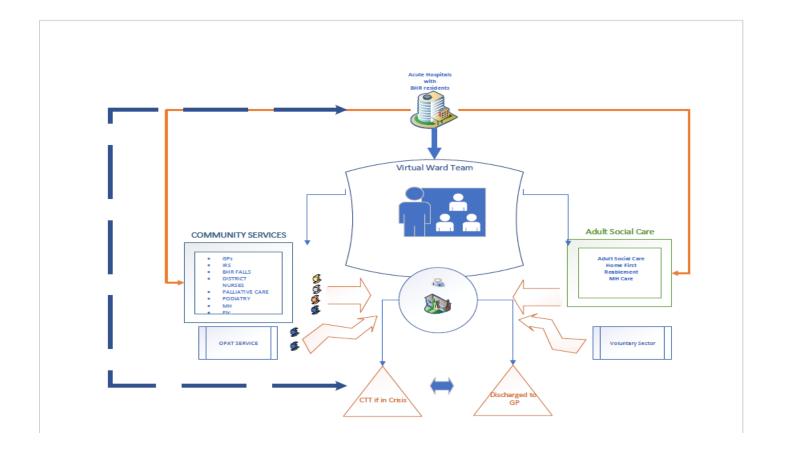
- Undertake process mapping to establish end to end requirements
- Working with all stakeholders to design a comprehensive solution that meets the end-to-end requirements
- Configure and Test solutions, in conjunction with stakeholders
- Obtain sign off from all stakeholders including patient representatives and medical device department
- Ensure DTAC process is complete
- Ensure clinical safety sign off of end-to-end solution is obtained
- Provision of a Bed Request for ARI VW admissions
- Provision of a Patient Flow Solution (Bed Management)
- Provision of Remote monitoring for capturing a NEWS 2 score
- Provision of alerting within Access Rio EPR and/or Flow



### Best care by the best people

## **NELFT Innovative Approach**

### The Traditional Approach





### The Challenges

Interoperability

Multiple Electronic Systems

Multiple Services

A Shared Care Record

**Data Flows** 

Medication Management

Remote
Monitoring
Integration

Technology



Best care by the best people

# Collaboration, Integration and Experience



### **NHS Foundation Trust**



### 1. Hospital –

**Electronic Referral and form (Bed** Request) created. Portal to provide information on Status.

#### 2. Virtual Hub-

Virtual Ward Assess Bed Request from within Rio, all detail and associated forms available Accept/Reject Request message back to Acute.

#### 3. NELFT Rio / Flow

Information updated on Rio and Flow. Patient allocated a bed when available.

#### 4. Remote Monitoring.

**Patient Accepted on Virtual** Ward. Acute provider informed **Patient Discharged and Provided Remote Monitoring** tools.

#### 5. Remote Monitoring Integration.

Patient shown how to take takes own Obs. When doing this ,Obs scores and NEWS 2 data feeds direct in Rio and Flow.

All Rio data can be presented on London Shared Care Record.

#### 6. Command and Control.

**Single Data Dashboard for** monitoring. **Alerts for NELFT services** from 6pm.

#### 7. Logistics

Remote Monitoring assigned for pick up.

**Discharge Process** 











# **Summary & Conclusion**



1 Technology	Frank with EPR vendors
2 Process Map	5 Integration
Engagement and Listen	Support in embedding change into practice – benefit realisation

