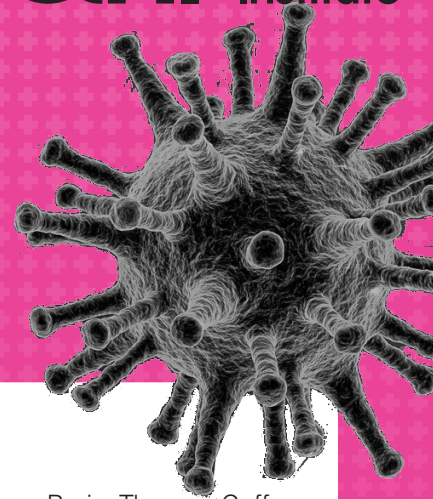


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

The use of smart monitoring devices to facilitate discharge for patients still requiring O2 post Covid-19



1/

Personal details

Name: Marcello Rossi, Megan Ryrie, Theresa Gaffon

Job title: Clinical Lead, Operational Leads

Employer: Hospital @ Home, Sussex Community NHS FT

2/

Please describe your practice innovation

Patients who are recovering from Covid-19 but need ongoing oxygen therapy can now be cared for at home rather than in hospital, thanks to remote health monitoring via special devices.

A partnership between Brighton and Sussex University Hospitals NHS Trust (BSUH) and Sussex Community NHS Foundation Trust (SCFT) will see patients who are recovering from coronavirus discharged to the care of specialist community services with an electronic device that will remotely track their vital signs and this will ensure they are in touch with a clinician at all times.

It means that patients will be able to return home faster and recover with their families, rather than remaining in hospital.

This new approach will be piloted with a handful of patients from BSUH, as part of the Hospital at Home partnership programme run by both NHS trusts.

3/

How has this enabled you to treat/support patients/residents/families/carers more effectively and safely?

This innovation has allowed us to speed up discharge of patients post Covid-19 and will allow the Hospital at Home (H@H) to monitor them safely while they are recovering in their home environment.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

This has meant that BSUH has been able to discharge patients in a timely fashion to ensure they have acute beds for those who need them.

We have been able to utilise the digital technology to provide a remote service to monitor the patients and communicate effectively with those responsible for their ongoing daily care.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

This new way of working will be a permanent now, as it has worked so well for both Trusts and the patients. It will allow teams to assess patients remotely and have a consultation remotely. This will increase the capacity of the team to accept more patients and also will be a first step to support the 'Care without Carbon' Trust project, as the journey to visit the patient will be replaced by a remote consultation.

6/

Please describe any particular challenges you had to overcome.

The H@H team works from 7am-8pm so we had to discuss cover overnight; it was agreed in the end that the patients would be well enough to call for support overnight if they needed it.

7/

Please describe any continuing challenges you would like to address.

We are currently rolling out the training to all staff members and trailing on the first patient. Some of the main concerns people have had are about whether some patients will be able to access the devices and wear them properly. This can be managed by family members and staff are able to visit if more support is needed.

8/

Please list any websites, online platforms or apps that have helped you.

Current Health <https://currenthealth.com/>

<https://carewithoutcarbon.org/>

9/

What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).

Current Health have provided a whole kit for the patients, with Tablet, and wearable devices. The staff use their work mobile phones and laptops to access the data.

10/

Please give any individual examples, quotes or other information.

Marcello Rossi, SCFT's Clinical Lead Nurse for Hospital at Home, said, 'We know that a certain number of patients admitted to hospital with COVID-19 need ongoing oxygen therapy as part of their recovery, even after they are over the worst of the illness. As a team we have worked with BSUH to develop this exciting pilot that will speed up the discharge of some patients who still require ongoing oxygen treatment. We will be constantly in touch with patients and will receive live information about their health, including oxygen levels, via these bracelets. By utilising this remote patient's monitoring platform we will be able to monitor vital signs as well as doing a virtual consultation.'

Megan Ryrie, Operational Lead for Hospital at Home said, 'This pathway is very exciting for both trusts; it is such a modern way of working and creates much more capacity for both trusts.'

Theresa Gaffon, Operational Lead for Hospital at Home said, 'This is such an exciting opportunity for the community to start to manage much more acutely unwell patients at home.'

Mose Rossato, Staff nurse said, 'This is a great opportunity for the staff to be involved in a new innovative scheme in the community.'

11/

Patient feedback regarding Hospital @ Home

My mum and I cannot praise the providers of the new Hospital@Home service enough. It has been invaluable for mum's transition from her traumatic ICU period, to step down ward to final discharge. Whilst the original discharge day had a medical hiccup, the plan remained in place regarding delivery of the bed, commode and table being delivered and set up. The oxygen generator was also brought and set up without issue. All the teams have been extraordinarily wonderful, efficient and upbeat. They have been punctual and incredibly organised.

Communications have been excellent throughout from the team, consultants, lymphoma team, GP, pharmacy when necessary. All departments have dovetailed seamlessly. There has been no point when we were left wondering what to do next, what happens next and information was reiterated continuously. The future plan is outlined with great clarity. Furthermore, the arrangement of a planned Microsoft Teams meeting with the lymphoma consultant and nurses was of great comfort instead of the stress of having to physically attend the Cancer centre. All team members have been superb and professional. Incredibly respectful and compassionate at all times.

Mose has been a wonderful calm and efficient presence whom we have probably seen most often. In particular we feel we need to praise Kate, Megan, Jo, the lady with the pink hair and Kristina. My apologies if we have failed to mention any other team member who has visited. Special mention must go to Marcello who is a complete force of nature! His dynamism and professionalism has been beyond excellent. It is clear to see his passion for the initiation of this service. I have observed his performance from when mum was first discharged to this present time and he has been incredible at all times displaying knowledge, patience, commitment and compassion to both mum and to the staff he has been training. He has also picked up tiny details that weren't necessarily clinical and dealt with them with sensitivity and professionalism. He has let us know that we can get in touch at any time, we feel very reassured and supported. We can't praise him enough.

It would be a real shame if the service couldn't continue. The benefits to mum are clear as I'm sure it would be to other patients in a similar position. She has been able to be in her home environment, eaten well, looked after her personal needs and slept very well since her return home. This is no reflection on the care she received at any time in hospital. I personally have felt the benefit of feeling greatly supported after a traumatic period and would have felt at a loss as to how to cope post discharge. Please do not hesitate to contact me should you need any further feedback, we would be more than happy to help.

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Patient feedback

