West Herts
Virtual Hospital Model

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South and West Herts
Health and Care Partnership

Summary of the virtual hospital model

The Virtual Hospital Model allows patients to have their care **managed at home with oversight from their clinical team.** This in turn frees up bed capacity whilst ensuring patients are getting the right care, in the right place at the right time. The model will allow patients to be transferred from an admission in an acute or community bed or directly from primary care / community.

Before patients are admitted to the Virtual Hospital, they will have a **multi-disciplinary team meeting** and a **personalised care plan** will be put in place. They will be given an information pack and **equipment to monitor their status**. This equipment will transfer information back **continually** to the central monitoring hub and the clinical team in WHHT.

Patients will then receive **virtual consultations** with their clinical team as per their management plan. If the patient is identified as needing input or advice from other teams, a referral will be sought.

Key features of the model are that:

- Patients have a personalised care plan agreed before being admitted to VH.
- Patients have access to a hub support team (clinical and administrative): 9am-6pm
- Care is integrated with support from acute, community, primary care, the voluntary sector and other services
- Clinical responsibility for the patient in the virtual hospital will be determined in the care plan.

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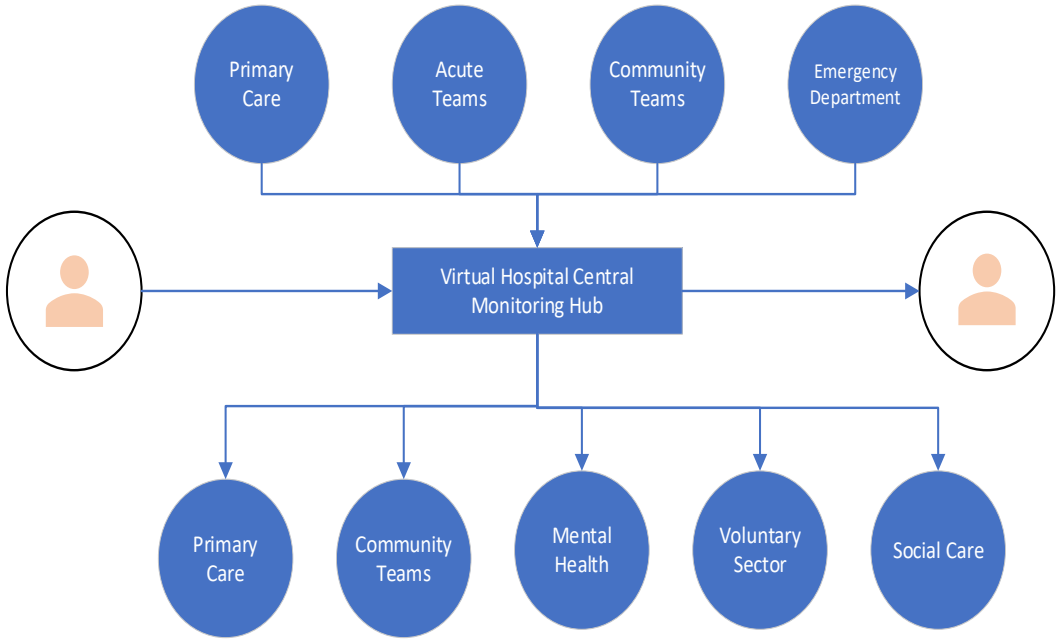
Operating Model

The ambition for the virtual hospital model is that a patient's care will be integrated with wraparound support from partner organisations based on their needs.

Patient care is supported in their homes using remote monitoring equipment and supported by a central clinical and administrative team. Their clinical care is provided by appropriate teams depending on need and clinical responsibility is determined by care plan. The virtual hospital will support earlier discharge as well as avoiding admissions.

Refers into the Virtual Hospital

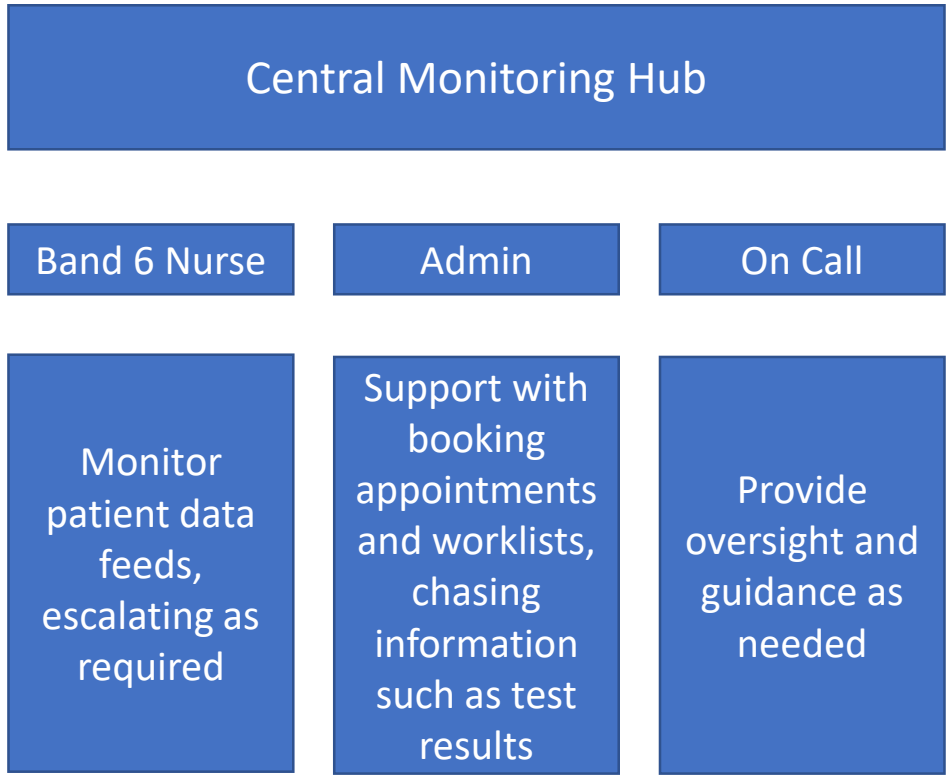


Patient enters virtual hospital and data from their wearables feeds into the CMH

Patient is discharged from the virtual hospital when there is no longer need for consultant oversight of their care

Onward referrals/signposting as needed around patient needs

Staffing in the central monitoring hub



The central monitoring hub will operate from **9am to 6pm, 7 days a week** and staff based within the hub will **work across all pathways** in the virtual hospital. The main functions of the hub are to:

- Monitor patient data, escalating as needed
- Liaise between acute and community teams as needed
- Make onward referrals
- Schedule appointments for patients
- Manage worklists
- Chase test results
- Liaison point for patients

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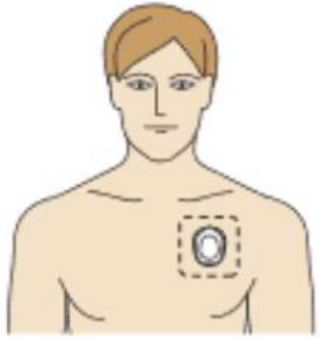
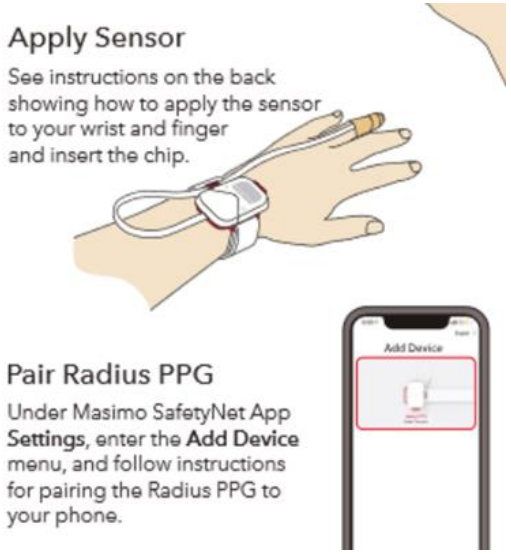
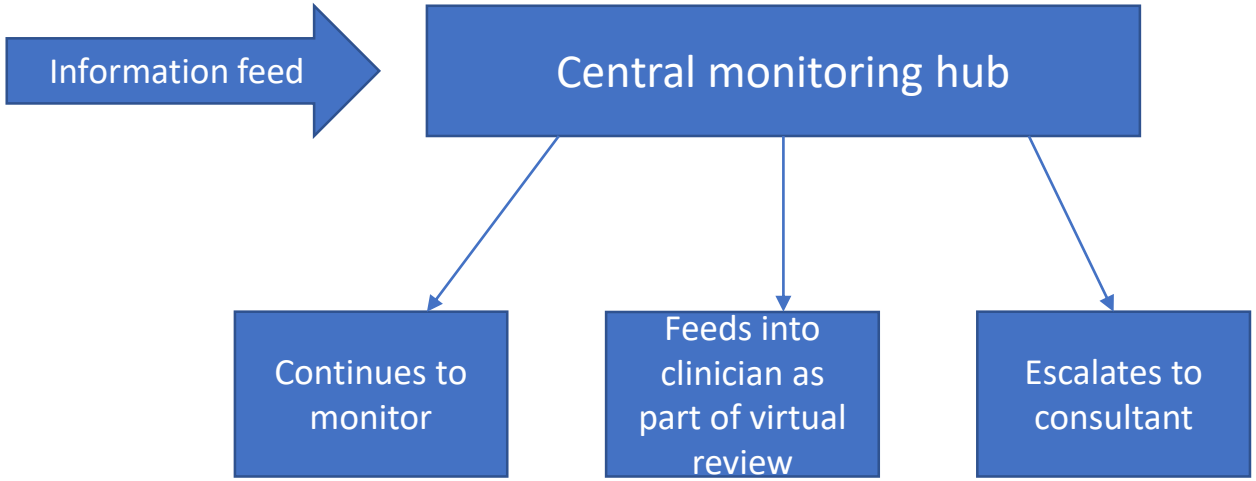
Monitoring Devices



Apply adhesive sensor on the upper chest below the left collar bone as shown in diagram.





Patients will be transferred to the virtual hospital having had a demonstration and advice on how to use the equipment they need. This will consist of a wearable device that feeds information into the central monitoring hub.

By providing a kit that contains all the equipment and devices needed, it ensures **all patients can be included** in the virtual hospital and everyone can be digitally included.

Outcomes and benefits

Earlier and safer discharges

Care proactively managed

Improved patient experience

Improved outcomes

Reduction in length of stay

closer working relationships between organisations

Increased bed capacity

Acute Patient System

Multi-Disciplinary model

Prevention of admissions

Collaborative model

Joined up care

Person centred

Better quality of care

Prevention of further re-admissions

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The virtual hospital wards so far:

COVID
(established)

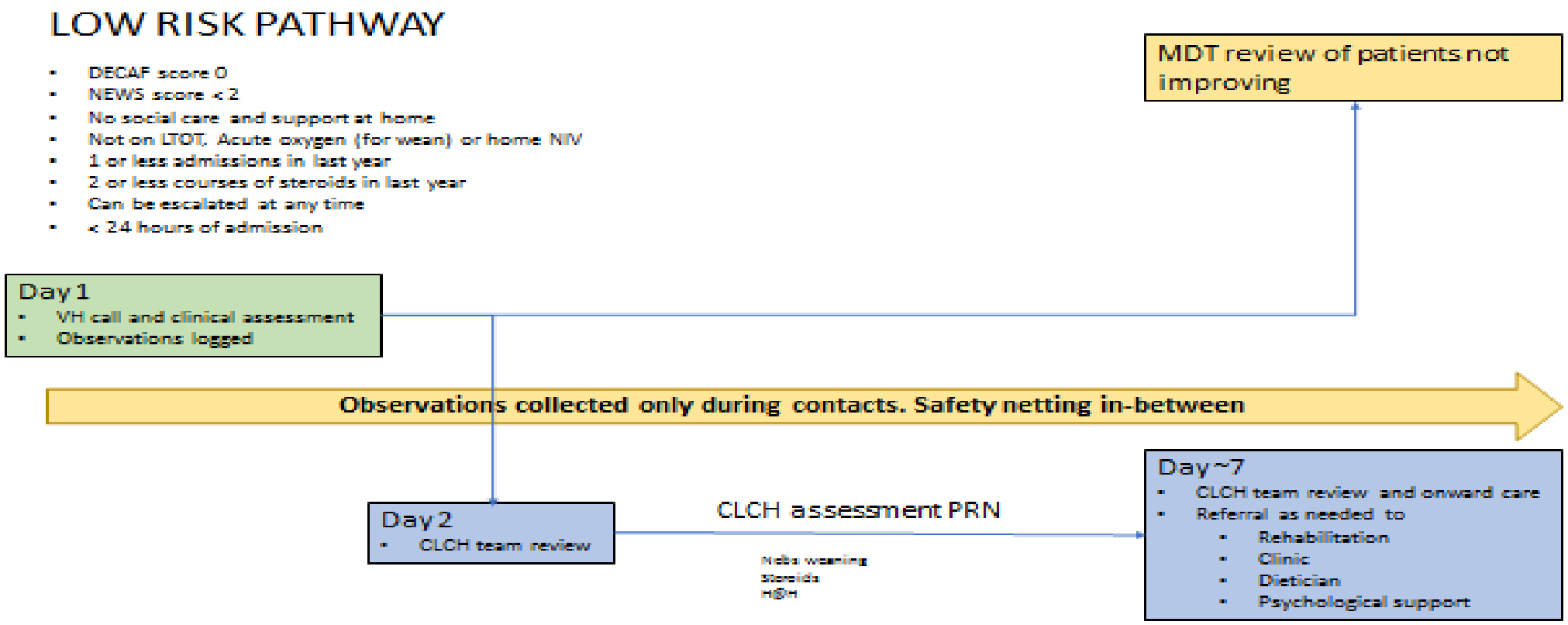
Heart Function
(under development)

COPD
(under development)

There is scope to broaden the virtual hospital model and add further pathways such as:

- Pneumonia
- Bronchiectasis
- Asthma

Draft COPD Lower risk pathway



Draft COPD higher risk pathway

HIGHER RISK PATHWAY

- DECAF score 1 – 2 (3 only resp con)
- NEWS Score 3 or less
- Lives alone
- Mobility concerns or care package
- LTOT, Acute Oxygen wean or home NIV
- Multiple admissions in last year
- 3 or more course of steroids in last year