



# Case study #1: multiple pathway virtual wards in East Suffolk and North Essex

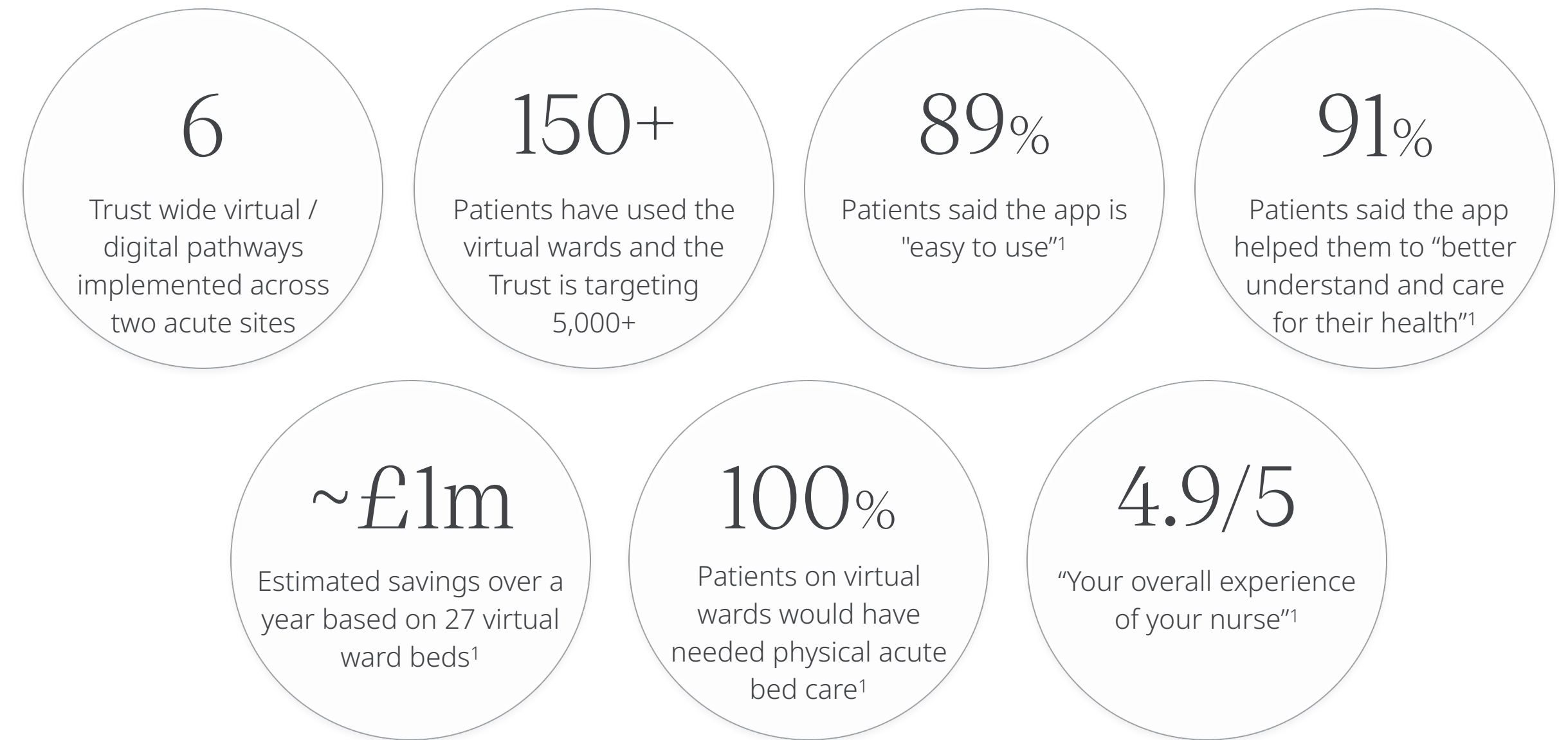
Huma have partnered with East Suffolk and North Essex NHS Foundation Trust to deploy remote patient monitoring across multiple pathways. 6 digital pathways have been implemented. 5 virtual wards: acute respiratory infection, COPD, general medicine, general surgery and heart failure, and 1 virtual outpatient clinic for systemic anti-cancer treatment.

The scope of the Huma partnership includes provision of the remote monitoring technology, nurse monitoring services and also patient medical devices.

The service is being provided across multiple acute / community sites and has saved bed days by preventing avoidable admissions and supporting earlier discharge. It has also enabled remote medication titration and early case escalation (where needed).

## Virtual Ward nurse feedback

"The Huma platform has been easy to use, I've found the flag system a useful tool to monitor how a patient is clinically presenting. The video function helps provide a visible interaction to help carry out assessments!"



"Nurse observers trust the information received through the platform is accurate allowing for a more definitive care plan to be established with the patient."

1: Initial findings and feedback based on patient surveys and ESNEFT clinical audits



# Mum of three was able to recover from stroke at home on a virtual ward

When former stroke patient Kirsty attended A&E with right side weakness and loss of speech, doctors initially thought she was presenting with stroke once again. But when CT scans and an MRI showed that it was not stroke but epilepsy, the only concern remained over her low blood pressure. She was admitted to a virtual ward and allowed to go home to take her own blood pressure, temperature and pulse / blood oxygen.

Kirsty, 35, had been admitted to Ipswich Hospital on a number of occasions previously which had been really difficult for her and her children aged four, five and 10 and she wanted to be able to recover at home. She said: "When I had my first stroke it was during COVID-19. I was in hospital for quite a long time and no-one could come and see me. When I had to go in a second time with pneumonia, near to Christmas it was really difficult for them to understand. They needed me at home."

Being admitted to a virtual ward was a much better experience for both Kirsty and her family. "It was lovely being able to come home and I also knew that I was freeing up a bed for someone else."

**Without the virtual ward it was likely that Kirsty would have stayed a further two days in hospital.**

## Patient feedback

"Being on a virtual ward worked really well for me. When I was discharged I felt really supported. My blood pressure remained low, but every time I inputted it, a doctor would call me and discuss it with me and check that I was ok. It was a really good experience for me."





# Virtual ward experience helped Andrew to feel less like a patient

ESNEFT is one of the first trusts in the country to start using the virtual surgical ward for patients who have had emergency surgery. Hairdresser Andrew had emergency surgery for a twisted bowel over the Easter weekend. Being able to recover at home on a virtual ward, helped him to feel better more quickly and be supported by his family. And just a few weeks later he was back on his feet in his hairdressing salon.

Andrew, 60, said: **“I felt much better once I was at home. When you’re in hospital you still feel like a patient. When you get home, you know you’ve come through it and can start to do your own thing.”**

Andrew spent around five days in hospital following the surgery so that clinicians could be sure his bowel was working properly again. He felt well in himself so once the clinical team was satisfied with his progress it was suggested that he could be looked after at home on a virtual ward.

He said: “By this time I was really just lying in bed having my blood pressure taken, everything else was fine.”

**Andrew was looked after on the virtual ward for around ten days, monitoring his own oxygen levels, temperature and blood pressure.**

## Patient feedback

“I felt very comfortable being at home and being able to record any symptoms. It was very easy to do and you can’t forget because the app reminds you. They (the virtual ward team) downloaded the app for me while I was in hospital, which was helpful, but it was all very self-explanatory.”







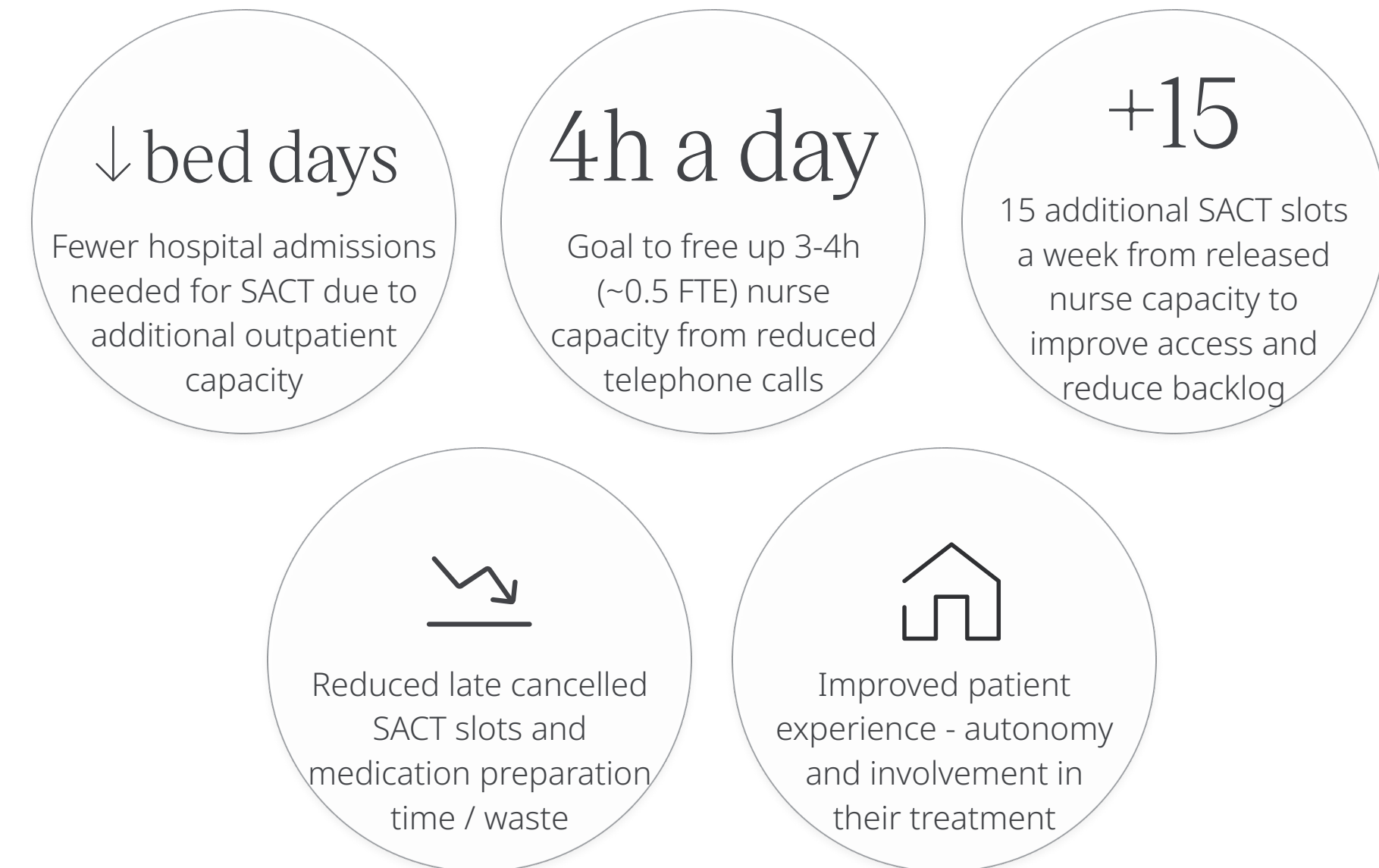
# Case study #1: Virtual wards for systemic anti-cancer treatment (SACT)

In partnership with East Suffolk and North Essex FT and the Woolverstone Macmillan Day Centre in Ipswich, Huma has implemented a digital checklist / virtual outpatient pathway to pre-screen patients to confirm they are healthy prior to attending clinic for SACT.

On the day of blood tests, 24-48 hours prior to treatment, patients complete the survey questionnaire, enter blood pressure readings and urinalysis test results remotely. This replaces the existing, unsustainable telephone-based triage (80-100 calls a day, 8am-6pm, 1.2 FTE nurse time) and will be used for SACT patients at Ipswich Hospital (~1,000 a month).

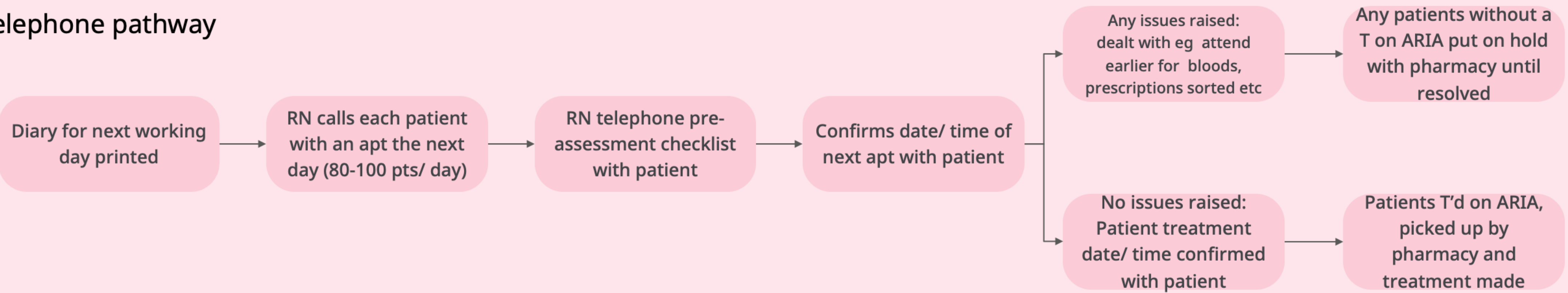
The key benefit is enhanced SACT outpatient clinic capacity from released nurse time (from fewer calls). In centres without telephone pre-screening, further benefits include a reduction in on-the-day cancelled systemic therapy appointments and medication preparation time / waste.

Patient comfort with the outpatient digital pathway will also support earlier discharge of admitted patients on to a future oncology virtual ward.

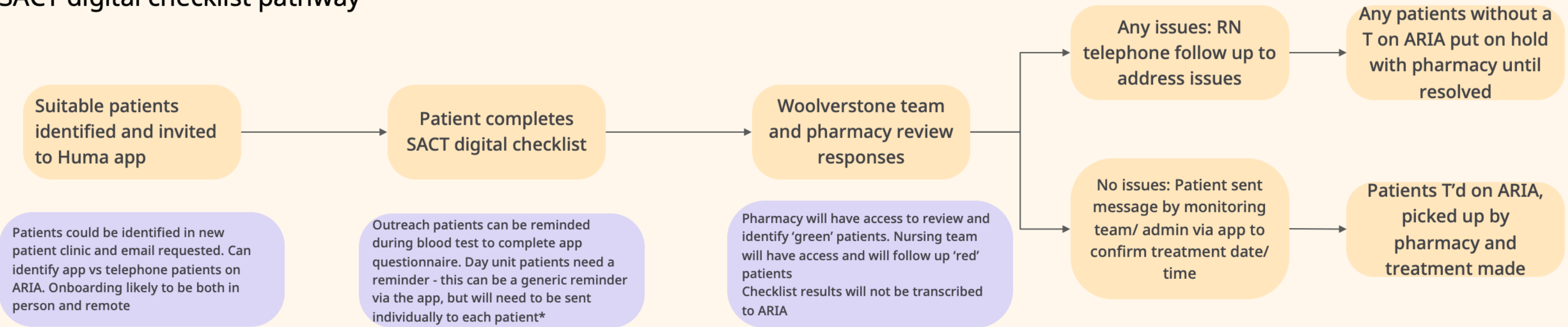


# ⊕ Case study #1: Virtual wards for systemic anti-cancer treatment (SACT)

## Telephone pathway



## SACT digital checklist pathway



Telephone pathway

Virtual pathway

Notes



# Case study #1: Virtual wards for systemic anti-cancer treatment (SACT)

Question	Red response	Green response
1.Do you feel well enough for your treatment?	No	Yes
2.Do you have signs of infection such as a temperature, or feeling shivery, shaky, or flu like?	Yes	No
3.Have you had to see/contact your GP due to illness since your last cycle of treatment?	Yes	No
4.Have you needed to contact our Acute Oncology Service (red card) since your last cycle of treatment?	Yes	No
5.Have you had an unplanned admission to Hospital since your last cycle of treatment?	Yes	No
6.Are there any changes to your eating and drinking since your last cycle?	Yes	No
7.Are there any changes to your bowel/urine output since your last cycle?	Yes	No
8.Have you had a blood test in the last 48 hours?		Yes / No
9.Have you performed a lateral flow test in the last 48 hours?		Yes / No
10.(if yes to Q9) What was the result?	Positive / undetermined	Negative
11.Did your urinalysis test show any protein?		Yes / No / not completed
12.(if yes to Q11) - How much protein did it show?	++, +++	+

In addition to the questions above, patients will have the option to enter weight and blood pressure.

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