

The Wandsworth Experience

Presenters:

- ❖ Jo Jackson, Head of Urgent Care
- ❖ Nordia Campbell, Telehealth Administrator
- ❖ Mark O'Donnell, Heart Failure Nurse Specialist
- ❖ Wendy Kong, Community Respiratory Nurse Specialist

History

LBW Telecare project

Pilot project- 5 units

Commissioner interest

Scheme expansion

Telehealth Hospital Discharge **Flowchart for Heart Failure (HF)** **Patients**

Eligibility Criteria

Screening Process

Installation Process

Telehealth Hospital Discharge Flowchart for Heart Failure (HF) Patients

ELIGIBILITY CRITERIA

- Confirmed diagnosis of HF on echocardiogram
- Seen by the HF team during current admission
- Recurrent hospital admission within the last 28 days
- HF patients requiring fluid balance and weight management
- HF patient registered with General Practitioners in Wandsworth Borough (WB) and live within WB or half a mile from WB

Yes

Refer to the Telehealth Assessment Team before 1200 midday Monday to Friday on 0208 812 5459

- Note: Referrals made on Fridays may not allow time for installation before the week-end
- Telehealth Team will contact ICT staff and alert Community HF Nurses.

Preliminary Screening by ICT Staff:

- Patient's consent
- Attitude to technology
- ?need for home or risk assessment

Satisfactory screening

- The discharge coordinator to liaise with the telehealth administrator
- Telehealth installation if appropriate

Unsure or unsatisfactory screening

Contact Telehealth Administrator on tel. 0208 812 5459) or the HF Nurse Specialists for further advice.

No or unsure

- Refer the patient to the Community Heart Failure Nurse Specialists
- Ensure the availability of any required drugs post hospital discharge
- Discharge the patient to their usual place of residence

Telehealth Hospital Discharge **Flowchart for Chronic Obstructive** **Pulmonary Disease (COPD) Patients**

Eligibility Criteria

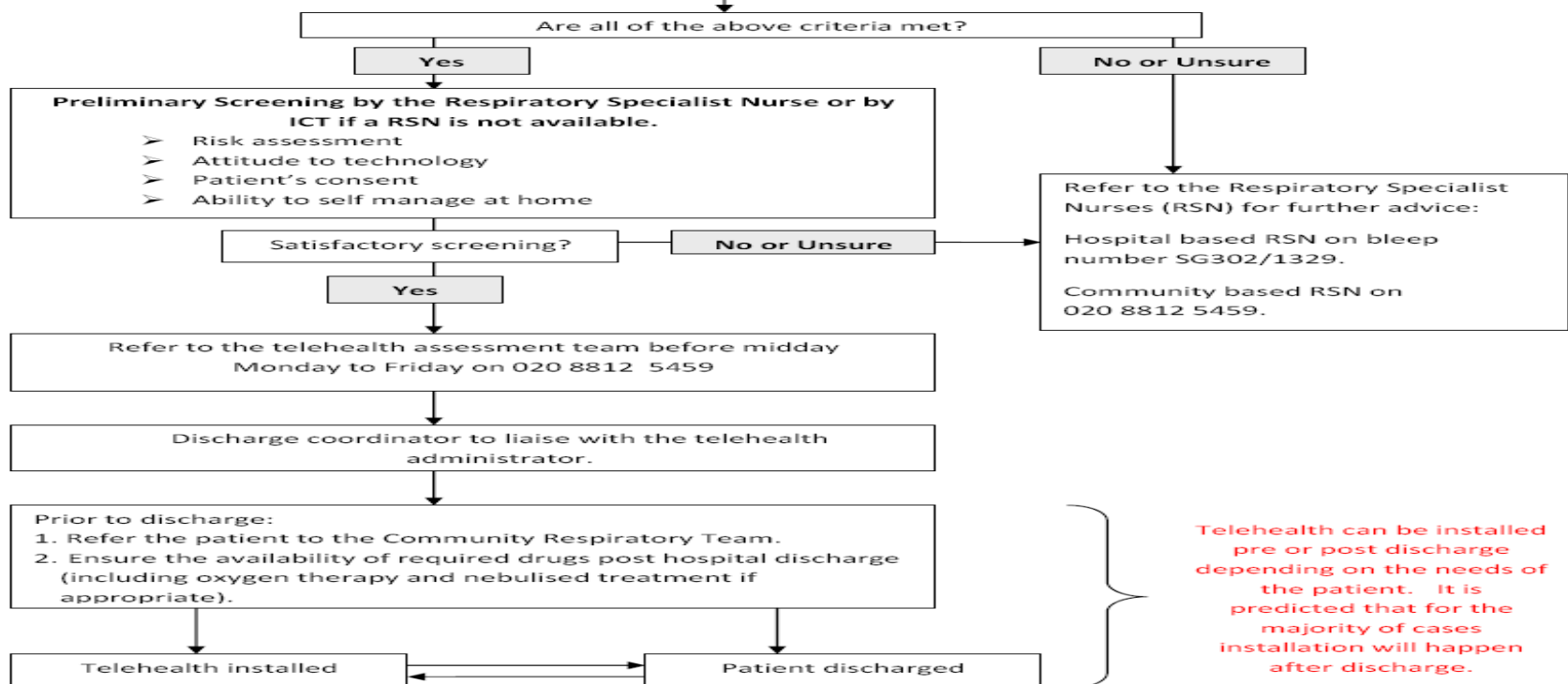
Screening Process

Installation Process

Telehealth Hospital Discharge Flowchart for Chronic Obstructive Pulmonary Disease (COPD) Patients

ELIGIBILITY CRITERIA

1. Confirmed diagnosis or symptoms of COPD:
 - Previously recorded airflow obstruction on spirometry (FEV1 <80% predicted, FEV1:FVC <70% predicted), without evidence of complete reversibility.
 - Previous diagnosis of COPD by a respiratory specialist.
 - Exertional breathlessness, chronic cough, or regular sputum production, in a patient who has ≥10 pack-years smoking history.
2. Known and reviewed by the extended respiratory team and on optimal respiratory pharmacological treatment.
3. 2 or more unplanned COPD exacerbation related hospital admissions in the past 12 months (particularly if there have been any in the last 30 days).
4. Registered with NHS Wandsworth GP and lives within half a mile of Wandsworth Borough.



Telehealth can be installed pre or post discharge depending on the needs of the patient. It is predicted that for the majority of cases installation will happen after discharge.

SUMMARY OF TELEHEALTH AUDIT

- + A paper questionnaire was sent to 20 Telehealth Patients and a total of 11 responses were received.**
- + The Patients were required to give a rating to 8 statements ranging from strongly agree to strongly disagree.**
- + They were also asked 3 key questions in order for them to provide feedback on what they thought about the telehealth service.**
- + The findings were as follows:**

FINDINGS FROM TELEHEALTH AUDIT

+ 1st Statement:

I received an explanation of how to use the monitor in terms I could understand.

Responses:

- 8 out of 11 strongly agreed**
- 3 agreed**

FINDINGS FROM TELEHEALTH AUDIT

+ 2nd Statement:

The monitoring system is easy to use.

Responses:

- 7 out of 11 strongly agreed**
- 4 agreed**

FINDINGS FROM TELEHEALTH AUDIT

+ 3rd Statement

The monitoring system is useful in assisting me to manage my health.

Response:

- 6 out of 11 strongly agreed**
- 4 agreed**
- 1 gave no opinion**

FINDINGS FROM TELEHEALTH AUDIT

+ 4th Statement

I felt more involved in my care by participating in the Telemonitoring Programme.

Response:

- 7 out of 11 strongly agreed**
- 4 agreed**

FINDINGS FROM TELEHEALTH AUDIT

+ 5th Statement:

I believe daily monitoring assisted the Clinician in understanding changes in my condition.

Responses:

- 6 out of 11 strongly agreed**
- 5 agreed**

FINDINGS FROM TELEHEALTH AUDIT

+ 6th Statement

Home monitoring provided me with a sense of security and peace of mind.

Responses:

- 8 out of 11 strongly agreed**
- 3 agreed**

FINDINGS FROM TELEHEALTH AUDIT

+ 7th Statement:

**I am happy to continue using
Telehealth or would use the Telehealth
monitoring system in the future.**

Responses:

- 7 out of 11 strongly agreed**
- 4 agreed**

FINDINGS FROM TELEHEALTH AUDIT

+ 8th Statement:

I would recommend the use of daily home monitoring to my family and friends.

Responses:

- 8 out of 11 strongly agreed**
- 2 agreed**
- 1 gave no opinion**

FINDINGS FROM TELEHEALTH AUDIT

+ 1st “Tell us” Question:

What most impressed you about the home monitoring service?

FINDINGS FROM TELEHEALTH AUDIT

- + Responses to Question #1:**
- Understanding the changes in my results.**
- Very impressed by the attention and care from the Telehealth nurses and colleagues.**
- The constant monitoring of my weight and blood pressure means that if anything is out of the normal then the nurse calls me to repeat test or change medication and this has prevented water retention and fluids in my lungs.**

FINDINGS FROM TELEHEALTH AUDIT

+ Responses to Question 1 (cont.)

- **How fast someone would ring to check on me when my readings were out of sync.**
- **Being in touch and constant results and direct information shared with medical experts. Satisfaction when need be, can count on help.**
- **By relaying my reading saves time and a visit from my Medical Adviser, where time is a valuable thing.**

FINDINGS FROM TELEHEALTH AUDIT

- + Responses to Question 1 (cont.)**
- It puts my mind at rest**
- I find being able to check each day helps if my medication is changed and being able to retest any time including weekend is good.**
- Oxygen and blood pressure levels very useful to know.**
- Efficiency & Kindness**

FINDINGS FROM TELEHEALTH AUDIT

+ 2nd “Tell us” Question:

- If you had questions were they answered in a timely manner.

FINDINGS FROM TELEHEALTH AUDIT

- + Responses to Question 2:**
- 5 responses came back with “yes”**
- Promptly.**
- Yes they did .**
- Yes to my satisfaction.**
- Yes they were very helpful**
- I have always found any questions answered to complete satisfaction**

FINDINGS FROM TELEHEALTH AUDIT

- + 3rd “Tell us” Question:**
 - How could we improve the service

FINDINGS FROM TELEHEALTH AUDIT

+ Response to Questions 3:

- **I do not think you can.**
- **No improvement needed.**
- **N/A**
- **The system is good; I can't offer any alternative suggestions of improvement at present.**
- **There is not much room for improvement.**

FINDINGS FROM TELEHEALTH AUDIT

+ Responses to Question 3 (cont.)

- **Good question? Nothing in mind at present.**
- **Not sure.**
- **I think it is well balanced as it is and I find it easy to use so if it's altered I might find using it harder.**

+ A RESPIRATORY NURSE'S PERSPECTIVE ON THE USE OF THE TELEMONITORING SYSTEM

Thank you

 Discussion