

Community COPD Virtual Clinic with Assisted Technology (COVIRT AT)

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Background

- Hospital admission account for the most expenditure towards COPD care provision.
- A group of patients with frequent hospital admissions would be monitored by telehealth and followed up in community using Virtual Clinic to minimise hospital admissions.

Objectives

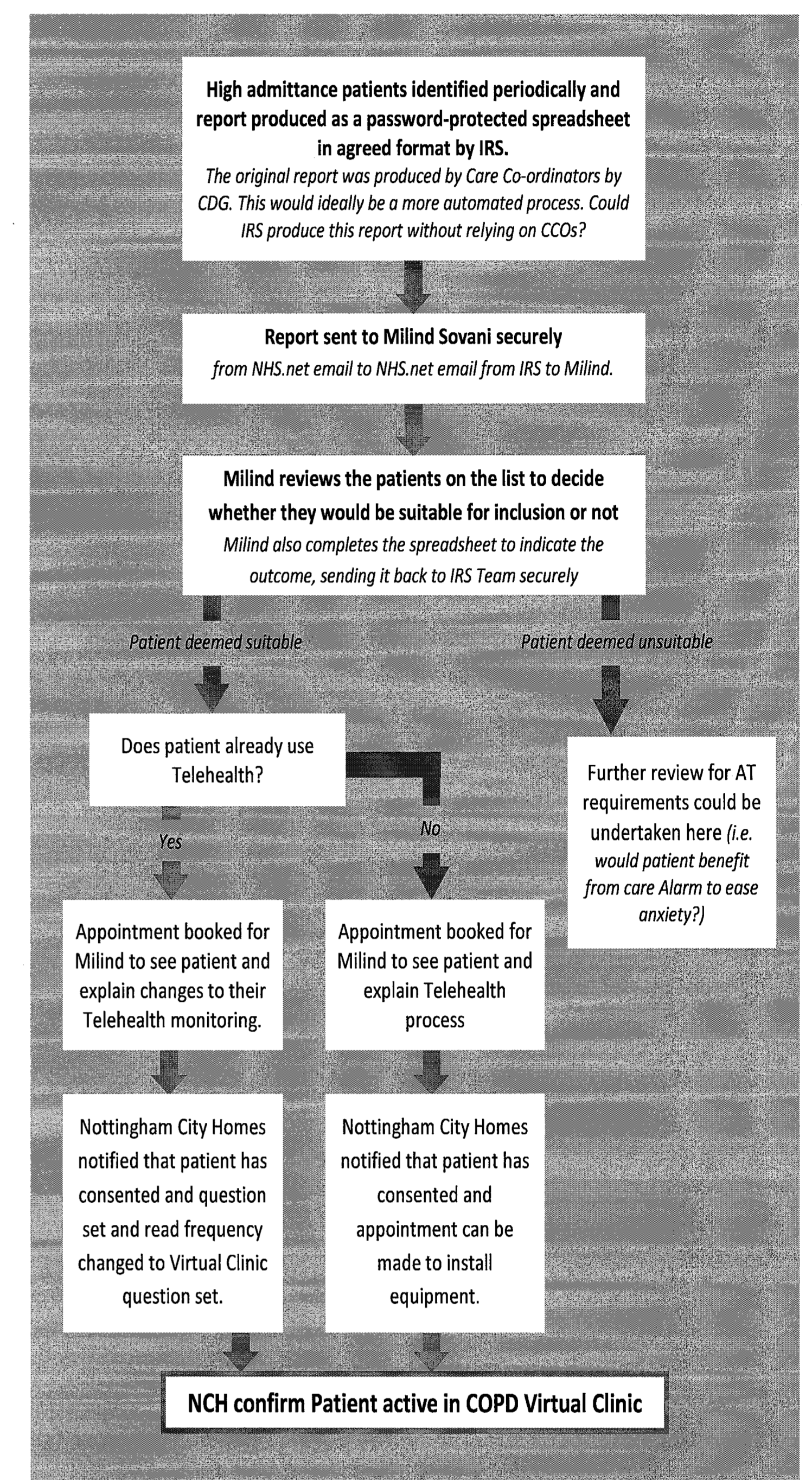
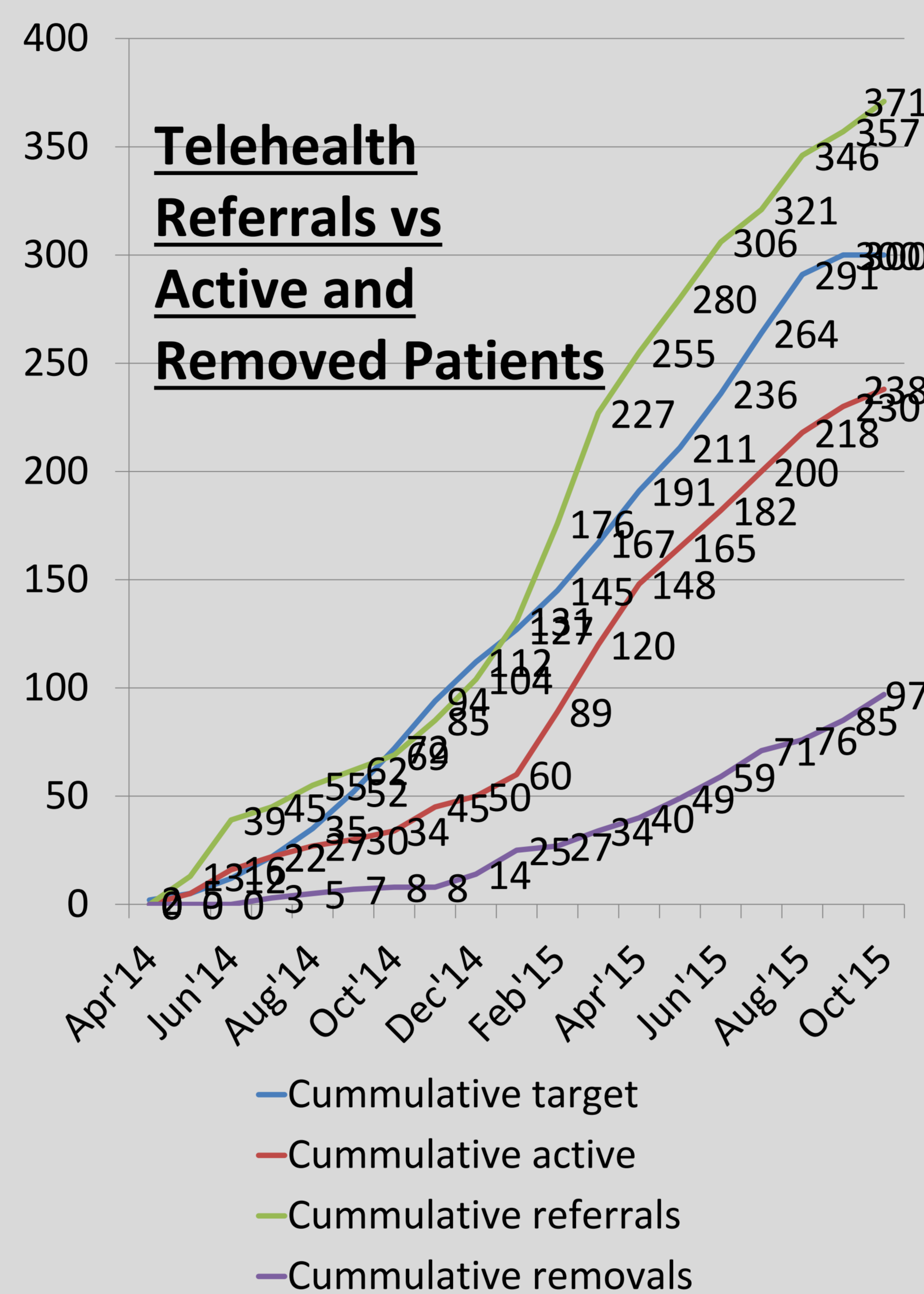
- To assess the reduction in hospital admission over a year using Virtual Clinic and Assisted Technology for patients with frequent admissions due to COPD

Methods

- Risk Assessment for the project
- Information Governance- for Vidyo software use- NUH IG working with City Care
- We identified patients with 5 or more admissions in the last year due to COPD
- They will be reviewed at home (either in person or virtually)
- Patients will complete a questionnaire and this will be electronically reported to Nottingham City Homes call centre. The data will be forwarded to community services as per protocol
- Interventions

Results

We identified 18 patients so far. Most patients had an admission every 4-6 weeks. Most patients had multiple comorbidities and were not seen in outpatient clinics. They were known to IRS and/or Matrons



Analysis

- Qualitative Analysis- patient interviews to identify barriers
- Data on admission prevention
- Assessing patient experience for Virtual Clinic

Discussion and Conclusion

- There is a group of patients with very high number of hospital admissions
- Novel approach to combine Telehealth and Virtual Clinic
- Setting it up has not been easy
- Has promise to free up hospital beds but Need more data to confirm
- Reference: Pedone and Lelli. Pneumonol Alergol Pol 2015;83:476-484

Nottingham COPD Virtual Clinic Telehealth Questions & Alerts

Question	Choice of answer / colour code clinical graph		Alert (Yellow or Red)
Is your cough worse than usual?	No	No	Yes
	Yes	Yes	
Are you feeling more short of breath than usual?	No	No	Yes
	Yes	Yes	
Is there any change in your sputum: is it darker than usual, green or blood-stained?	No	No	Yes
	Yes	Yes	
Please take your blood oxygen (SpO2) and enter the value %			Yes - below 90

Clinician can choose to add other areas of vital sign monitoring (i.e. BP) with parameters set to generate a yellow alert if broken.

1 or 2 yellow alerts are shown as yellow and are dealt with by NCH initially

3 or more yellow alerts generates a Red alert to be escalated to IRS