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NHS Foundation Trust

Managing Covid from a Community Geriatric Perspective on the Wirral

Mersey BGS Autumn Webinar

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Wirral University Teaching Hospital NHS Foundation Trust

24th September 2020

together we will

NHS North West Ambulance Service NHS Trust

NHS Wirral Community NHS Foundation Trust

Wirral University Teaching Hospital NHS
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Wirral

Courtesy of Google Map

- Population of 322,800 (2017) – ONS
- Wirral Clinical Commissioning Group
- Wirral University Teaching Hospital NHS Foundation Trust
- Wirral Community NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust

NHS Wirral Clinical Commissioning Group

WIRRAL

Wirral Health and Care Commissioning is a strategic partnership between NHS Wirral Clinical Commissioning Group and Wirral Council

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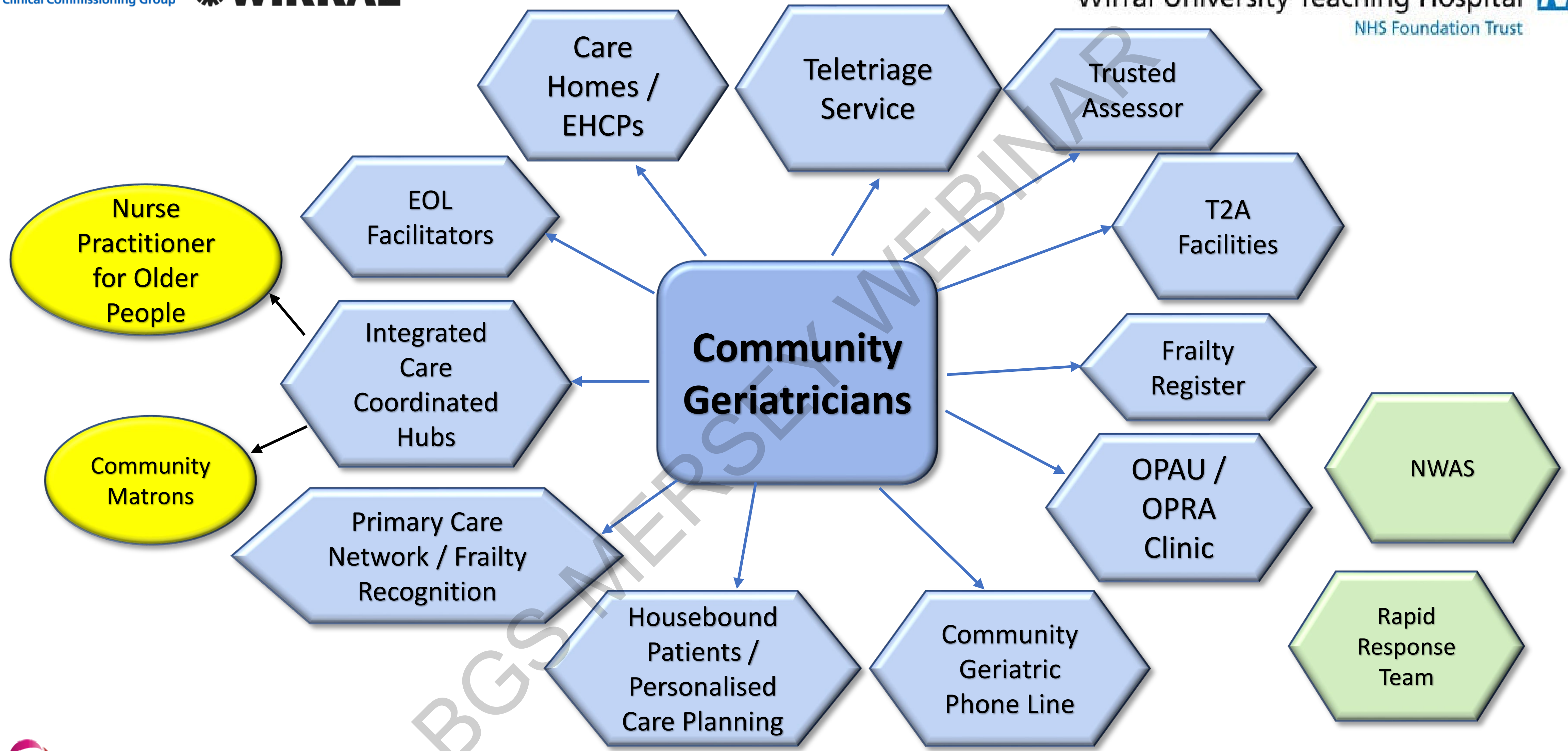

age UK Love later life

Focus of admission prevention

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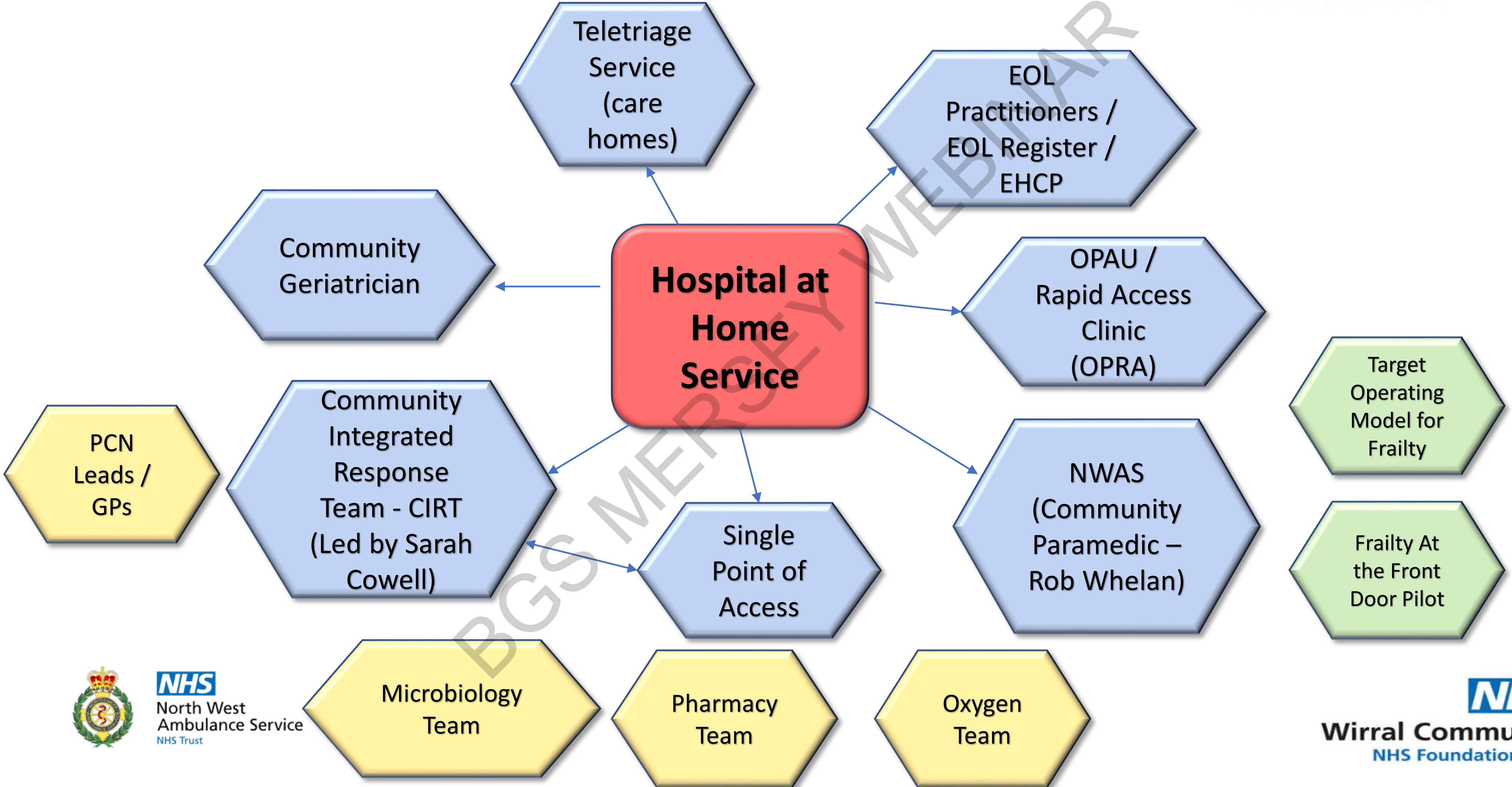

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Hospital at Home Service

- IV antibiotics
  - Ceftriaxone / Teicoplanin / Ertapenem
  - Penicillin and non penicillin allergic
  - Microbiology and pharmacy team (both WUTH and WCHC)
- Subcutaneous fluids
- Palliative oxygen (in liaison with our oxygen team)
  - Patient with escalation plans in place
  - Symptomatic relief
- Anticipatory palliative medications
- Medicine cupboard
  - Commonly used drugs

Hospital at Home Service

- Types of patients
  - >65
  - Frailty issues
  - Possible patients with Covid 19
  - Did not want to go into hospital
    - Discussion of treatment escalation plans inc DNACPR and EHCP

- Idea was first discussed on 18th March 2020
- Launched 23rd March 2020

Hospital at Home Service

- Working Remotely
  - Community Geriatrician shielding
  - Teams in different geography
    - Teletriage Team at Urgent Treatment Centre
    - EOL practitioner (Laura Stewart) at St Johns Hospice
    - Rob Whelan at NWAS site
    - Sarah and the Community Integrated Response Team based at St Caths Hospital

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Hospital at Home Service

- Use of technology
  - Virtual ward rounds in the morning using MS Teams
  - Telephone and video consultations with me (Attend Anywhere) and the patient while nurse visited the patient
  - Messaging and sharing of pictures using Pando
  - WCHC had given me access of Systm1
  - Health Information Exchange to obtain background information including diagnosis, drug history.
  - Digital information about previous admissions and clinic letters also available on Cerner.

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Information available

Acute (WUTH)

51 GP Practices

Wirral Community Health and Care NHS Foundation Trust Community (WCHCT)

Available now

Wirral Hospice St John's

Coming Soon

Health Information Exchange

Healthy Wirral

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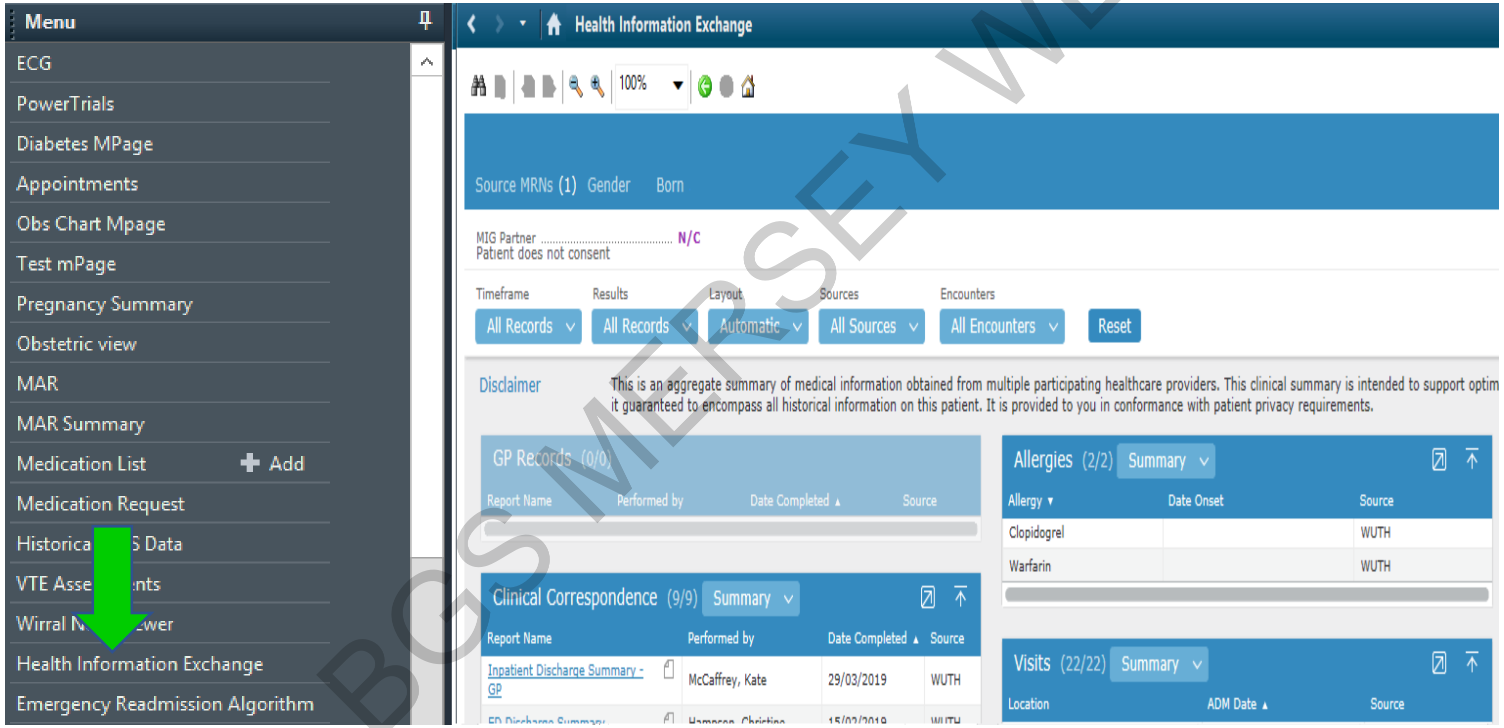
Health Information Exchange (HIE)

Accessing Cerner Portal within Millennium



Healthy Wirral

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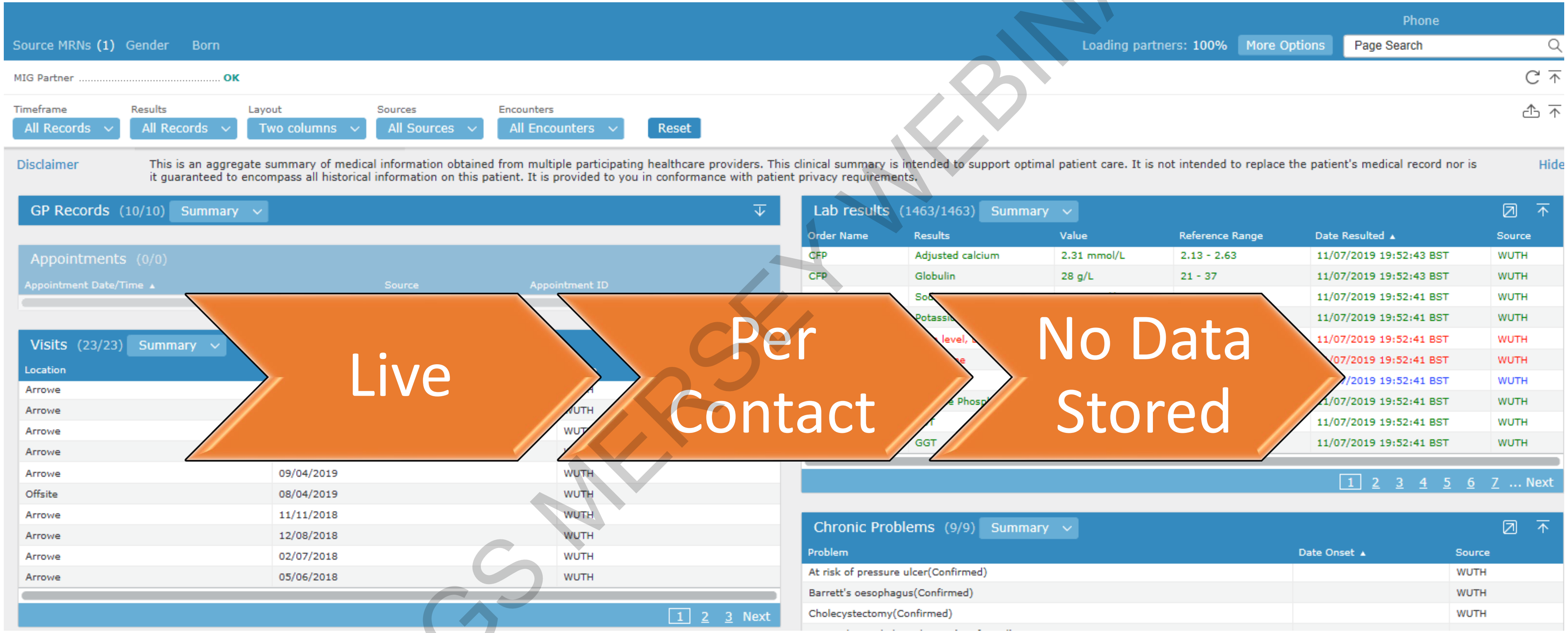
Health Information Exchange (HIE)



Hospital at Home Service

- Process :-
  - Assessment by nurses when patient is referred – obtain bloods, clinical observations / discussion with me – consultation / CGA
  - Daily morning virtual ward round
  - Discussion of patient/ review of blood results/ clinical observations / review of medications/ management plan
  - Treatment escalation plan discussions

  - Response time 2-4 hours

Hospital at Home Service

- Staffing :-
  - 1 Consultant Community Geriatrician – shielding / working remotely
  - 1 Clinical lead (only ANP / Prescriber)
  - 7 Band 6 RNs
  - 3 HCAs
  - Redeployed staff – variety of specialties (podiatry, wheelchair services, 0-19 children's services, Nurse Practitioner for Older People NPOPs)
  - Community Paramedic
  - Teletriage Team
  - EOL team
  - Therapists & social care

Results

- 149 patients in 2 months
- Average LOS 3.8 days
- 23 patients were admitted ~ 16% (below national average of 20%)
- 10 patients were admitted into T2A beds for EOL care / bed based rehabilitation

- Was not set up as a QI project
- Followed PDSA principles and lots of changes made along the way

Hospital at Home Service

- Challenges :-
  - IV access – patients were often shut down
  - Clinical examination
    - Community paramedic
    - Face to face review in our ambulatory clinic with diagnostics in SDEC fashion
  - Getting medications out in timely manner esp anticipatory palliative medications
  - Need to wait for blood results – need point of care testing
  - Only 1 prescriber
  - Patients were sick – needed ongoing management at the weekend
    - 12 hour days
  - Having difficult / realistic / EOL conversation with me being remote

Hospital at Home Service

- 90 year old male
- 8/52 deterioration with weight loss and worsening mobility. No jaundice / pain
- Haemodynamically stable and awaited blood results. Lethargic
- Deranged LFTs with Bil 25, ALP 543, GGT 167, AST 59 , CRP 212
- IV Ceftriaxone, pushed oral fluids
- USS abdo the following day on OPAU in ambulatory fashion
    - Multiple lesions in liver, irregular shaped mass at pancreas tail
- Realistic discussion by OPAU team inc DNACPR
- Done without NEL admission with answers in <24 hours, using an ambulatory approach and close integration btw acute and community services

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Hospital at Home Service

- Lots of sick patients
- Many excellent feedback
- Followed the principle of :-
  - **What Matters To You, not What is the Matter With You**
  - Pragmatism

- Tested a theory and shown the art of the possible
- National interest – RCP Blog, BGS Innovation during Covid, BGS webinars, RCP update.
- Finalist for the Nursing Times Award – Integrated Approaches to Care

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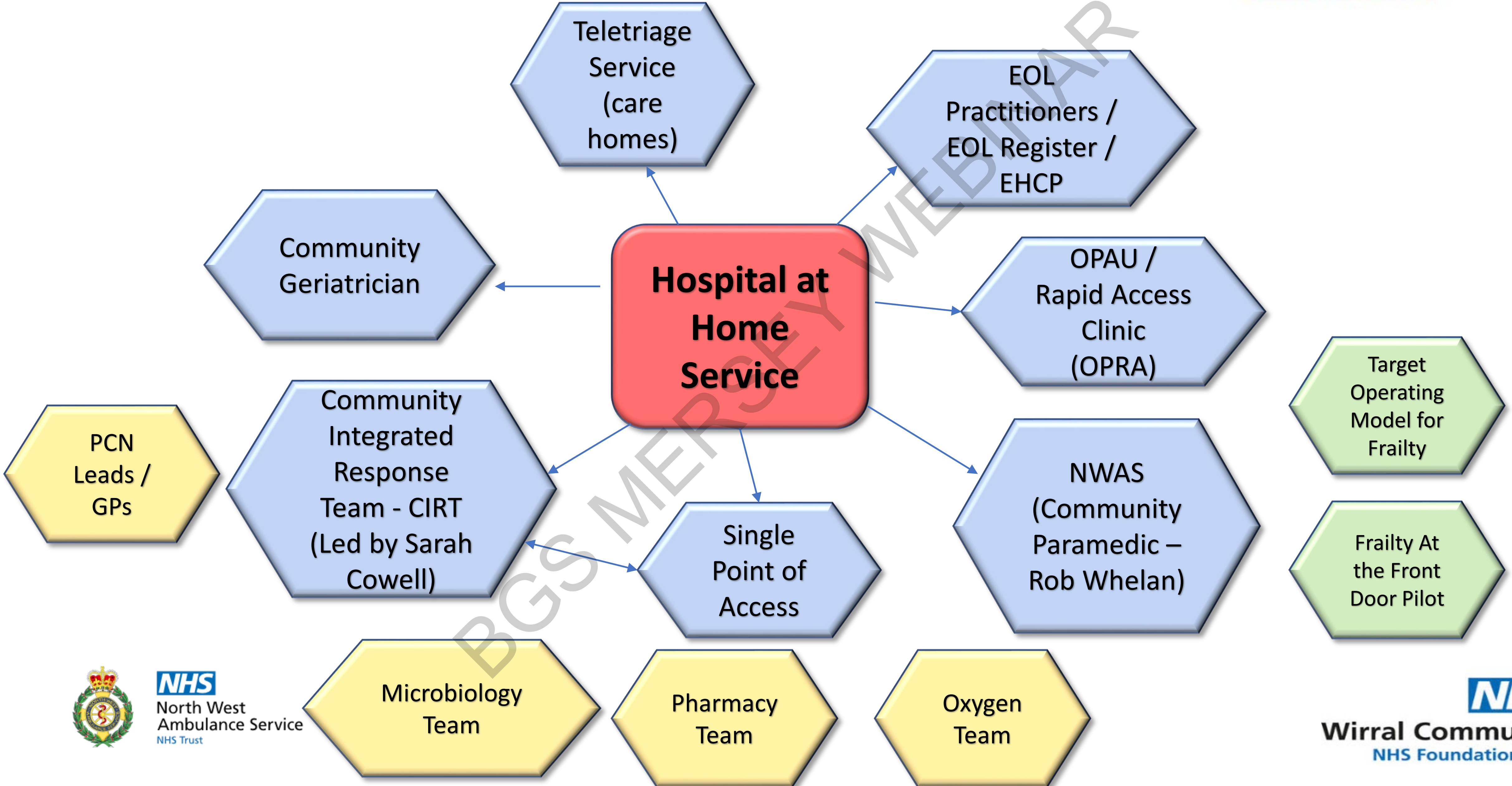

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Hospital at Home Service

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Healthy Wirral

Thank You

Questions?

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