

Managing Covid from a Community Geriatric Perspective on the Wirral

Mersey BGS Autumn Webinar

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Wirral

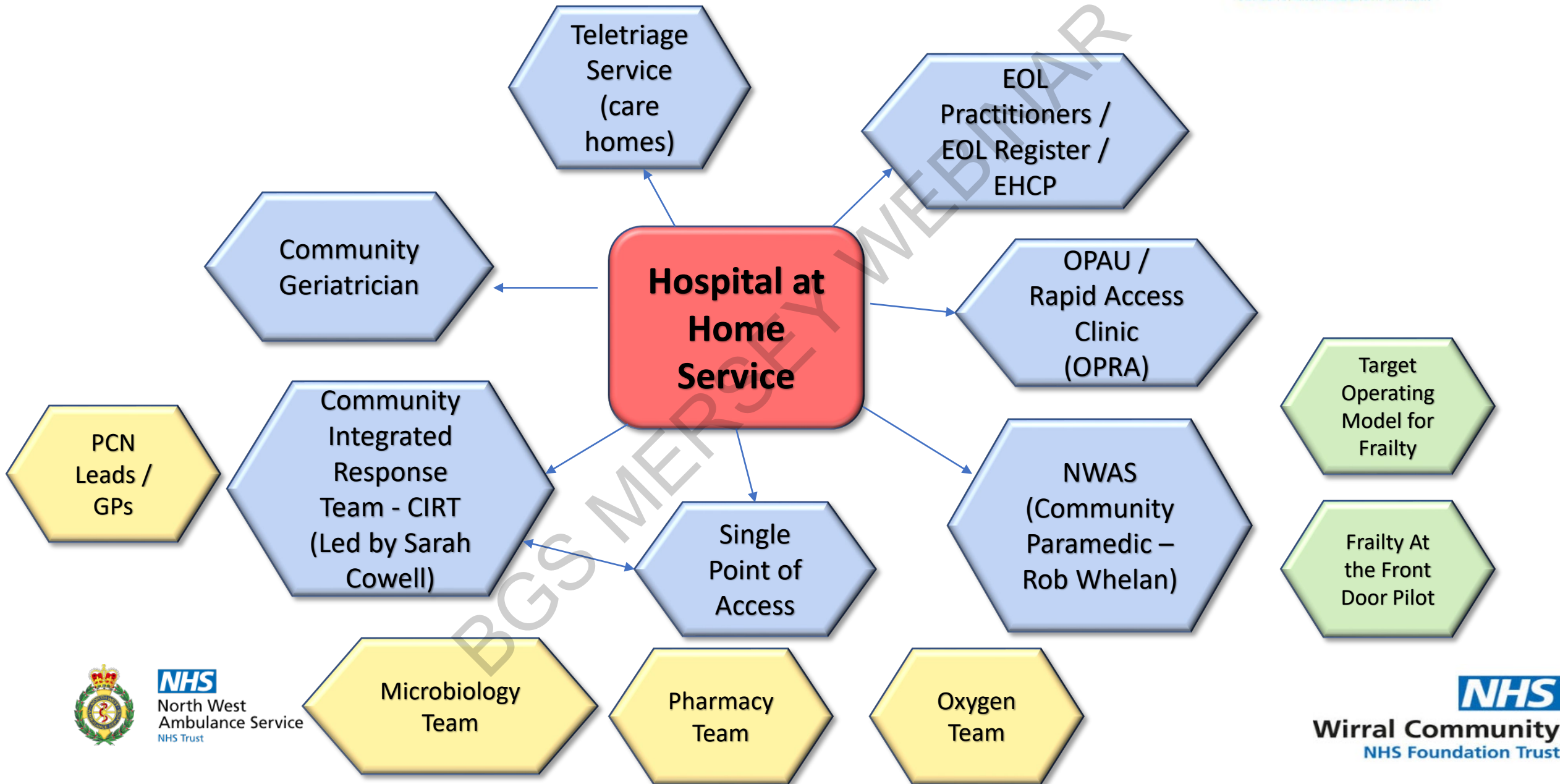


Courtesy of Google Map

- 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



Focus of admission prevention



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
 - Triage Team at Urgent Treatment Centre
 - EOL practitioner (Laura Stewart) at St Johns Hospice
 - Rob Whelan at NWSAS site
 - Sarah and the Community Integrated Response Team based at St Caths Hospital



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.

Information available



Acute (WUTH)



51 GP Practices



Wirral Community
Health and Care
NHS Foundation Trust

Community (WCHCT)



Wirral Hospice St John's

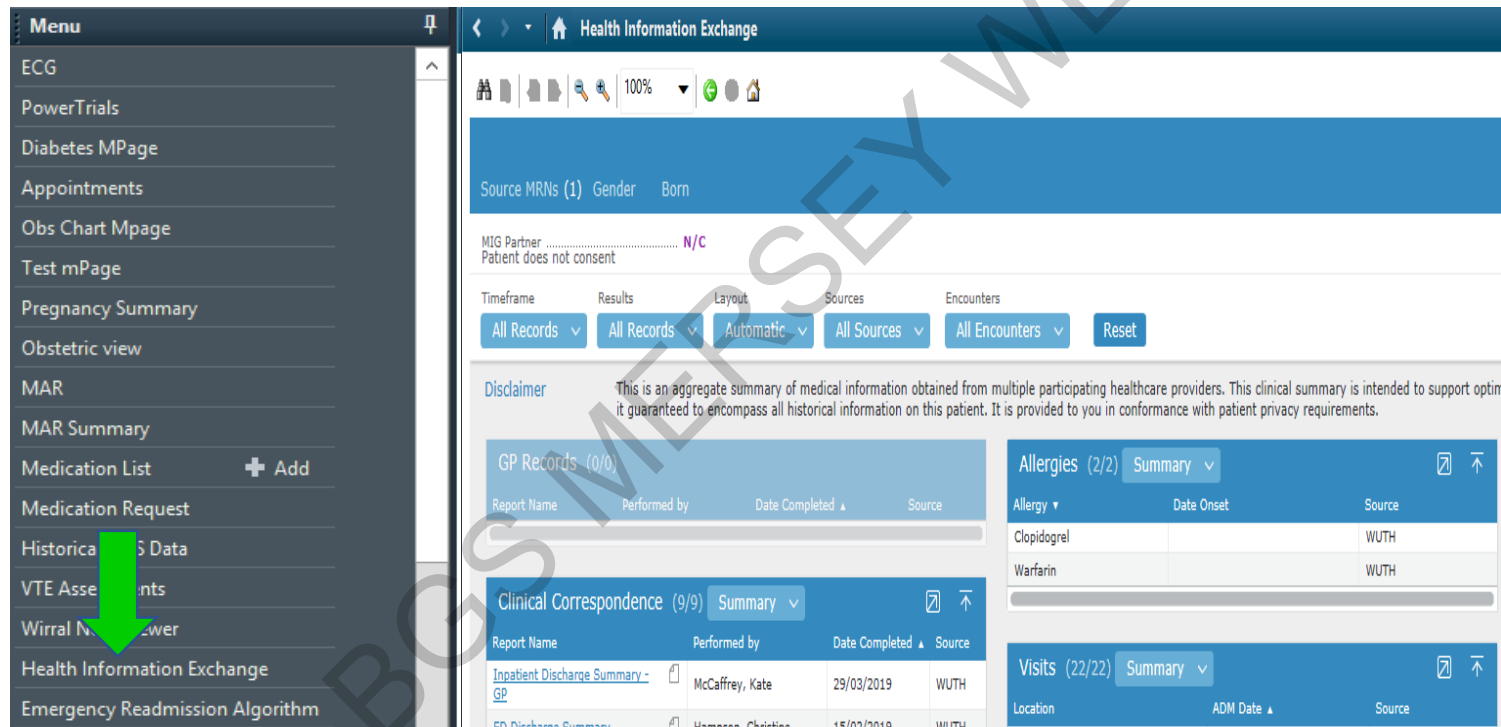
Available now

Coming Soon

Health Information Exchange

Health Information Exchange (HIE)

Accessing Cerner Portal within Millennium



The screenshot displays the Cerner Health Information Exchange (HIE) portal within the Millennium system. The interface includes a left-hand menu, a top navigation bar, and a main content area with various data sections.

Menu (Left):

- ECG
- PowerTrials
- Diabetes MPage
- Appointments
- Obs Chart Mpage
- Test mPage
- Pregnancy Summary
- Obstetric view
- MAR
- MAR Summary
- Medication List + Add
- Medication Request
- Historical Data
- VTE Assessments
- Wirral New Lower
- Health Information Exchange
- Emergency Readmission Algorithm

Header Bar: Health Information Exchange

Main Content Area:

- Source MRNs (1) Gender Born**
- MIG Partner:** N/C
Patient does not consent
- Timeframe:** All Records
- Results:** All Records
- Layout:** Automatic
- Sources:** All Sources
- Encounters:** All Encounters
- Reset**
- Disclaimer:** This is an aggregate summary of medical information obtained from multiple participating healthcare providers. This clinical summary is intended to support optimal patient care. It is guaranteed to encompass all historical information on this patient. It is provided to you in conformance with patient privacy requirements.
- GP Records (0/0)**
- Clinical Correspondence (9/9) Summary**
- Allergies (2/2) Summary**
- Visits (22/22) Summary**

Clinical Correspondence Table:

| Report Name | Performed by | Date Completed | Source |
|----------------------------------|-----------------|----------------|--------|
| Inpatient Discharge Summary - GP | McCaffrey, Kate | 29/03/2019 | WUTH |
| GP Discharge Summary | McCaffrey, Kate | 15/03/2019 | WUTH |

Allergies Table:

| Allergy | Date Onset | Source |
|-------------|------------|--------|
| Clopidogrel | | WUTH |
| Warfarin | | WUTH |

Visits Table:

| Location | ADM Date | Source |
|----------|----------|--------|
|----------|----------|--------|

Health Information Exchange (HIE)

The screenshot displays the MyChart patient portal interface. At the top, there's a navigation bar with 'Source MRNs (1)', 'Gender', 'Born', 'Loading partners: 100%', 'More Options', and 'Page Search'. Below this, a 'MIG Partner' section shows 'OK'. The main content area includes tabs for 'Timeframe', 'Results', 'Layout', 'Sources', and 'Encounters', each with a dropdown menu. A 'Disclaimer' is present, stating that the information is an aggregate summary. The interface shows several data sections: 'GP Records (10/10)', 'Appointments (0/0)', 'Visits (23/23)', 'Lab results (1463/1463)', and 'Chronic Problems (9/9)'. Each section has a 'Summary' dropdown. The 'Visits' section lists dates and locations. The 'Lab results' section shows various tests like 'Adjusted calcium', 'Globulin', and 'GGT'. The 'Chronic Problems' section lists conditions like 'At risk of pressure ulcer(Confirmed)', 'Barrett's oesophagus(Confirmed)', and 'Cholecystectomy(Confirmed)'. A large orange arrow with the text 'Live', 'Per Contact', and 'No Data Stored' is overlaid across the center of the image.

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
 - Triage 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

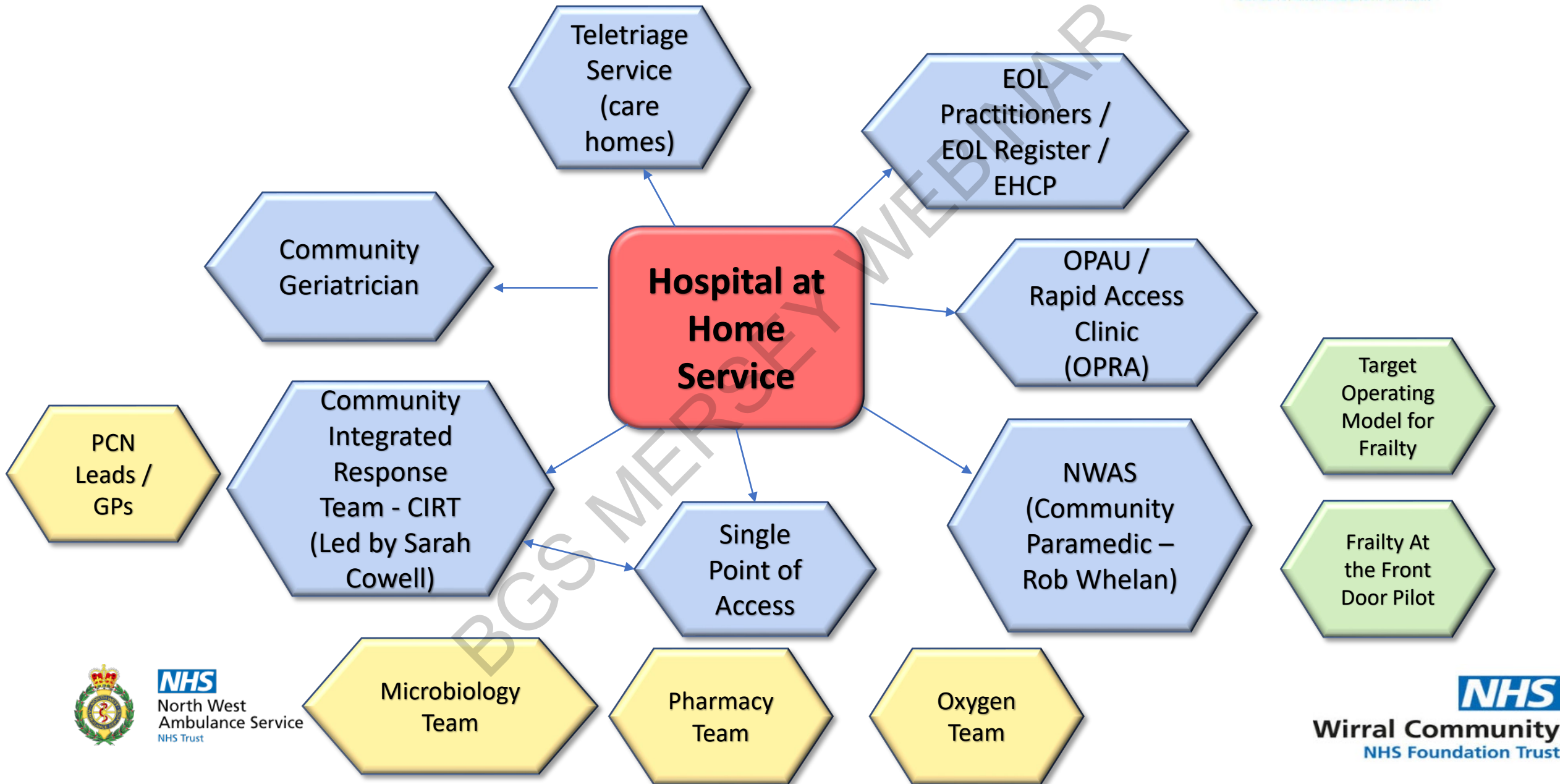


Hospital at Home Service

- 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

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



Hospital at Home Service



Thank You

Questions?



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