

# Virtual Ward MaDE

**Abstract: As part of the 8 MADEs for 2023 the first focus will be in time for the February half term starting 20th February 2023. The focus for this event will be on patients who are suitable for the virtual wards.**

## SMART Aim

To statistically improve the number of patients on the virtual ward by the 20th of February 2023

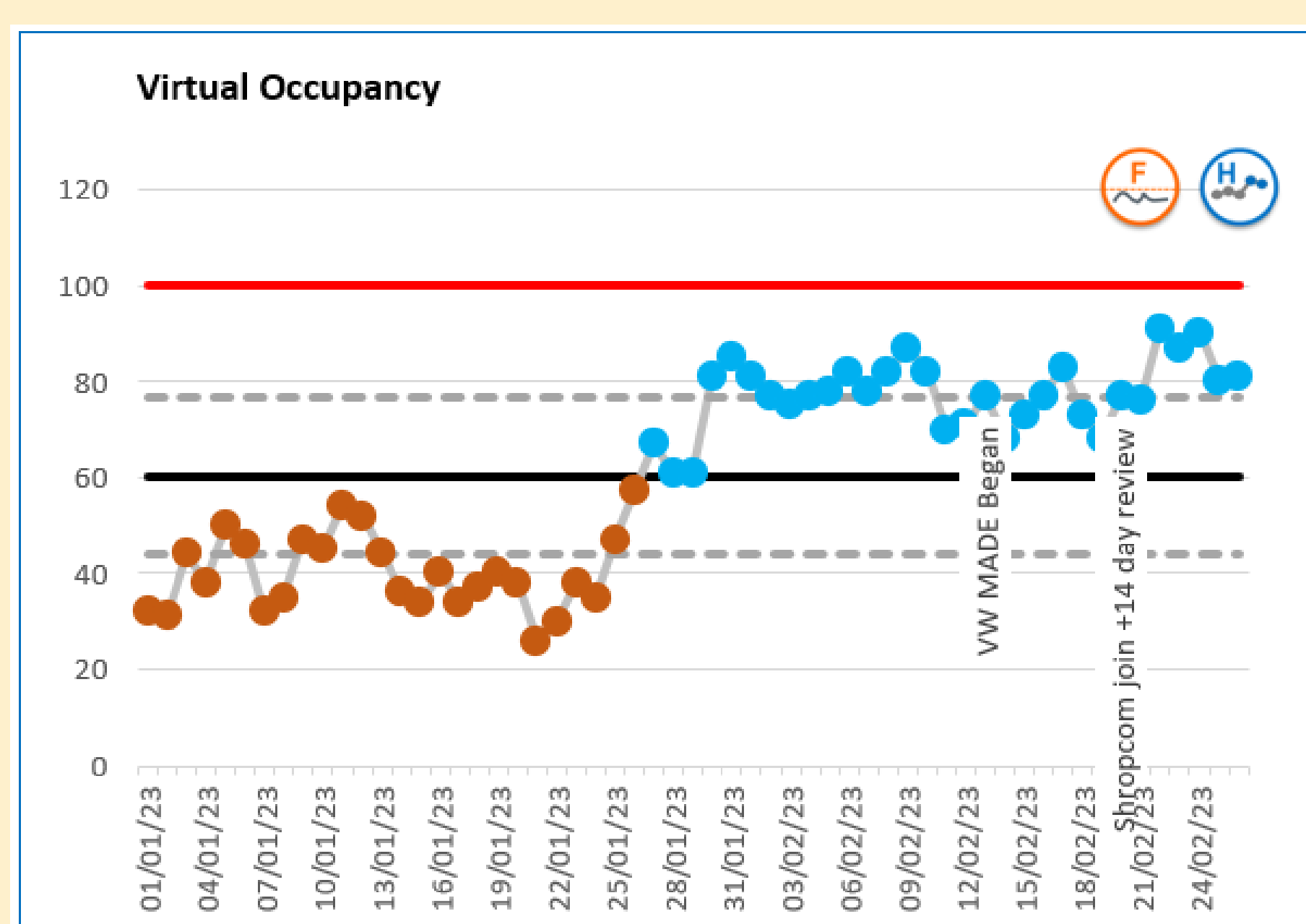
## Plan

Working with our partners at Shropshire Community Trust (Shropcom) the MaDE workstream team wanted to support the utilisation of the virtual wards in a step-down capacity. The plan was to review RSH patients on the 13<sup>th</sup> February 2023 and PRH patients on the 14<sup>th</sup> February 2023, with follow up days for the remainder of the week. To review the patients, it was decided that the ward managers would each be given a 30-minute time slot to attend the incident command centre and the team would use the +14-day live lists on teams and nursing handover sheets to discuss if the patient could be cared for in the community via the virtual ward. We also asked for a one-page crib sheet to explain who could be a possible candidate to step down to the virtual ward in the absence of the clinical pathways being agreed by the Integrated Care System (ICS) for Shropshire, Telford & Wrekin.

## Do

- Day 1- RSH
- + 14-day reviews began from 1000. Ward managers were prepared and brought nursing hand over sheets for the virtual ward team to review. Information was captured throughout the day
  - In the afternoon virtual ward nurses visited wards identified with suitable patients to discuss with the consulting doctors.
  - Debrief took place at the end of the day.
- Day 2- PRH
- Following the debrief from the day before the team changed their approach slightly and reviewed the nursing hand over sheets from 0830- 1000 to identify patients they wanted to discuss with the wards. This helped to save time and ensured the schedule did not run over.
  - +14-day reviews in the incident command centre from 1000. Information was collated and the virtual ward nurses visited the teams with patients identified for the virtual ward and revisited wards from the morning.
- Day 3-5- RSH & PRH
- Virtual ward team used collated lists and visited wards to follow up patients to try and support patients discharge.
  - Full debrief on the final day.

## Study

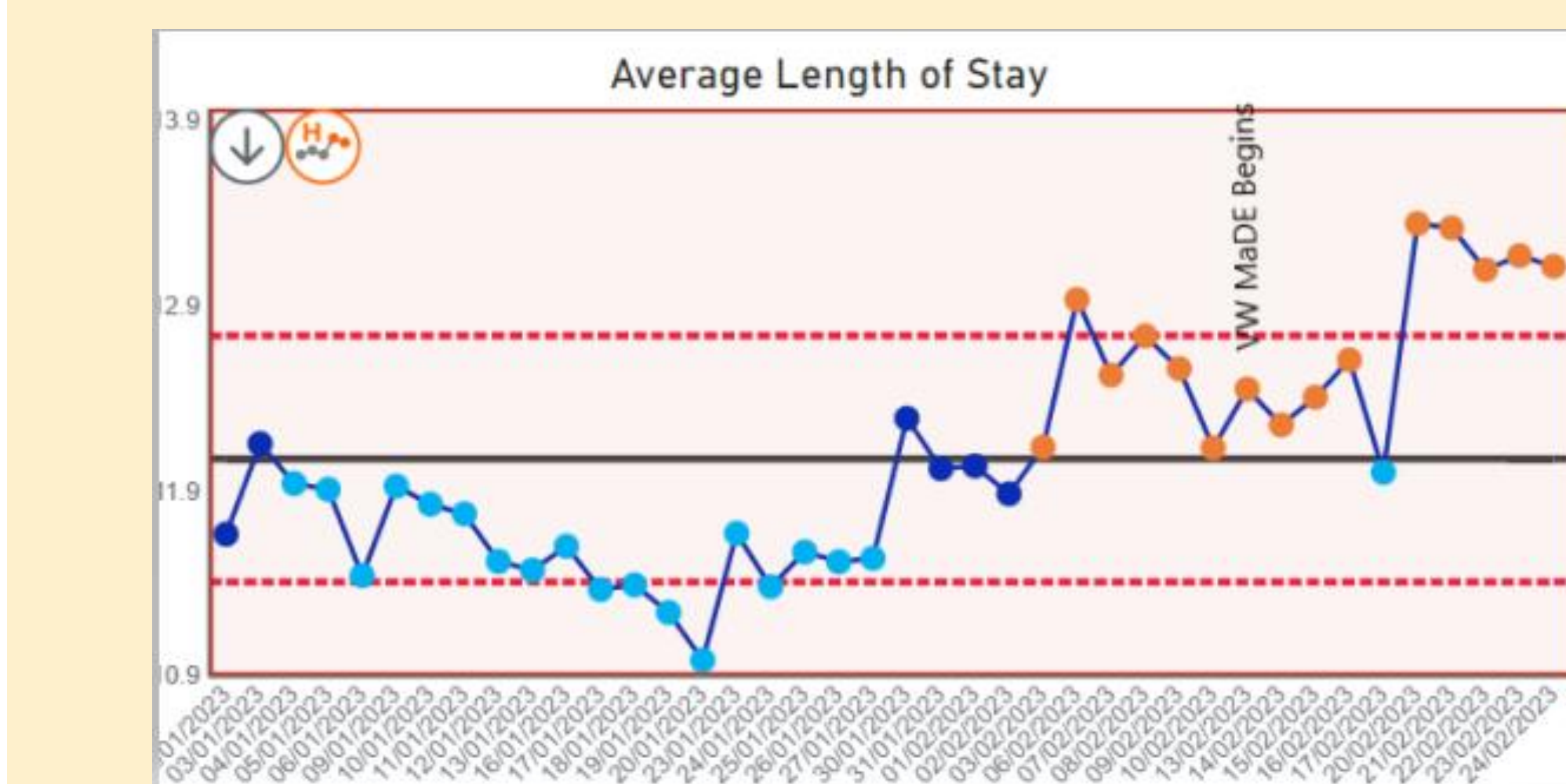


### What does the data say?

- As demonstrated in the virtual occupancy SPC, we can see that the number of patients being managed via the virtual ward team was already experiencing high levels of improvement prior to the MaDE event held at The Shrewsbury and Telford Hospitals (SaTH). The event did not meet its target of increasing the ward to 100 patients by the 24<sup>th</sup> February 2023, the data does show that when the teams then followed up from the initial check, chase and challenge and joined the +14 day reviews that take place weekly there was a further improvement step resulting in the ward having its highest level of occupancy since its inception.
- Average length of stay within SaTH also saw a temporary improvement in the week the virtual MaDE was held, suggesting that further plan do study act cycles should take place to see if a more sustainable trend can be achieved.
- The data will be reviewed again 30, 60 and 90 days following the event to understand if having the virtual ward team join the +14 day review is beneficial. It's also important to note that there will also be further MaDEs in this time frame.

### How did it feel?

- The virtual ward team who joined SaTH for the week felt that the event had been useful to understand the patients who currently resided in SaTH and assess if the virtual ward could support a step down process from the acute setting.
- The inpatient ward nurses and doctors felt that they were not clear on the criteria and how to refer into the virtual ward. Despite this the teams were all very encouraging of the virtual ward and could understand how this would support their patients to receive the right care in the right setting.
- Without set clinical pathways it was harder to understand how and when the doctor to doctor handover could take place and the governance in place to support patient safety.
- It was noted that there was a number of patients across both sites receiving intravenous antibiotics that could potentially be delivered in the community and therefore reduce the number of days a patient resides in an acute bed.
- There was also a number of patients who could have been supported by the virtual ward prior to admittance and therefore avoiding the need to be admitted in the first place which could potentially have an impact of overall flow through the hospital.
- Reviewing the approach after day 1 by ensuring that the nurses handover sheets were available for the start of the day allowed the ward discussions to be more focused and therefore saved time. This meant that very few of the day 2 meetings ran over ensuring that time away from the patients was kept to a minimum.



## Act

- The initial change to come out of the event was the virtual ward wishing to join the +14 day review. How often will be reviewed at the 30, 60 & 90 day remeasure points to see if this is having any impact.
- One of the next crucial step in the virtual wards is for Shropcom to share a one-page criteria sheet and how to refer patients into the virtual ward, with SaTH, for this to be distributed amongst colleagues and included in all internal communications. This will help with staff knowledge and understanding within SaTH and can be built into the escalation and critical incident policy.
- System agreement and pathways designed for specific specialities such as frailty and cardio-respiratory, to enable patients to step down earlier in their recovery from an acute episode and avoid future admissions.
- System agreement to be explored for the delivery of intravenous antibiotics in the community via the virtual ward team, enabling patients to return to their place of residences earlier and aiding their recovery in familiar surroundings
- Shropcom to work their primary care partners on admission avoidance use of the virtual wards including out of hours and WMAS