

General Acute and Frailty Virtual Ward Referral Guide



Welcome



Hello my name is **Dr Zia Din**. I am the **Acute Medicine Consultant** at University Hospital of North Midlands and the Consultant Lead for the General Acute Medicine and Frailty Virtual Ward.



Hello my name is **Lesley Roberts**. I am the **Head of Service for Acute Care at Home** that provides the Unscheduled Care Co-ordination Centre (UCCC) and the Community Rapid Intervention Service (CRIS) – Urgent Response Service and the Community Virtual Ward Service that includes the General Acute Medicine and Frailty Virtual Ward.

Many of you will be familiar with the concept of a virtual ward, but for those who aren't we hope this guide helps.

Our general acute and frailty virtual ward works in partnership with supporting services to deliver acute care in the patient's own home.

Virtual ward beds are available in the North of the County (covering Staffordshire Moorlands, Stoke-on-Trent, Newcastle-under-Lyme, Stafford and surrounds), the South West (covering Seisdon, Cannock and Rugeley) and the South East (covering Burton, Lichfield, Tamworth and East Staffordshire).

What is a virtual ward?

A virtual ward provides clinical assessment, treatment, monitoring and review to people in their own home who become unwell and would normally be admitted to hospital, or to those who are already under the care of one of the following: **Royal Stoke University Hospital, County Hospital at Stafford, New Cross Hospital at Wolverhampton, or Burton Hospital.** For a person with sub-acute infections, moderate or severe frailty symptoms, a virtual ward can reduce the disruption to the lives of patient's and their carers, as well as supporting discharge, aiding patient flow out of the hospital, and in some cases avoiding admission in the first place. The risk of hospital acquired adverse events, including deconditioning, may also be reduced. The virtual ward will work alongside, and communicate with, existing providers if the person already receives homecare or other support in the home, and ensure a good plan post input.

Where appropriate, we will be utilising digital solutions to help with remote monitoring of patients. Patients will be able to contact the virtual ward staff via a dedicated patient line or via digital solutions.



If needed, there is rapid access to diagnostics (via the Same Day Emergency Centre (SDEC)) and access to treatment that can be safely delivered at home (e.g. intravenous medicines).

People can be supported at home with multiple visits through the day and up to 8pm at night.

The patient's care plan will be reviewed daily by the virtual ward MDT meeting.

How does the General Acute and Frailty Virtual Ward work?

- The referral must be made by the clinician who has seen the patient. This clinician must be clear about the assessment criteria and suitability of the patient to be cared for on the virtual ward. **All referrals are made by contacting the UCCC on 0300 123 0983. This is available for clinical support, advice and signposting from 8am-10pm, 7 days a week, but referrals must be made before 6pm.**
- Patients will be seen and **assessed by a Virtual Ward Clinician within an agreed timescale for patient needs/acuity or presenting condition of receiving a referral.**
- Following an initial assessment (Clinical and Digital) the patient will be accepted onto the virtual ward and overall responsibility for their care will be **allocated to a virtual ward staff member. This allocation is determined by the acuity and need of the patient.**

- The virtual ward is **led by a Virtual Ward Matron (bed and case management), an Advanced Clinical Practitioner (Clinical Lead) and a Clinical Lead (Quality).**

Consultant of the Week will support the virtual ward to give guidance, advice, and support around decision-making, treatment, diagnostics and prescribing.

- Where appropriate, we will be **using digital solutions to remotely monitor the patient's vital signs.**

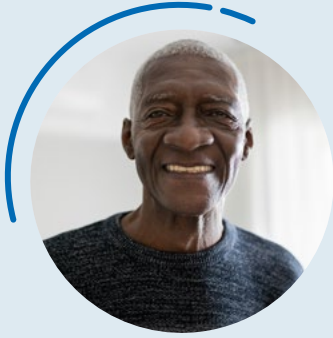
- **'Length of Stay'** – they can be on the virtual ward for an agreed timescale dependent on clinical need. Once discharged from the virtual ward the overall responsibility for their care transfers back to the GP.

What is the referral criteria?

If you have a patient that has the following they will be considered to be stepped up or stepped down to the virtual ward:

<p>↑ STEP UP - Are you referring:</p> <ul style="list-style-type: none"> • As Community Rapid Intervention Service? • As a GP? • As a community-based service? 	<p>↓ STEP DOWN - Are you referring from:</p> <ul style="list-style-type: none"> • An Acute Trust Ward or Portal
<ul style="list-style-type: none"> • Patient is 18 years old and over • In need of short term treatment for up to 14 days. These patients would have been in an acute hospital bed • Patient is presenting with sub-acute infections and is clinically unstable; or at risk of deterioration • Patient is demonstrating an exacerbation/ flare up of their co-morbidity(ities)/ longterm condition(s) • Patient is starting to decompensate and showing early signs and the onset of delirium • Patient declining inpatient care – as a safe alternative. 	<ul style="list-style-type: none"> • Patient is 18 years old and over • Is stable but needs continued treatment (IV and oral) that can be delivered at home and not in an acute hospital bed • Needs continued vital signs monitoring and bloods which can be managed on a virtual ward remotely or face to face • Patients improving clinically but requiring further monitoring • Improving infection/inflammatory markers that need monitoring • Acute on chronic conditions on improving trend • Patients requiring optimisation of their treatment, e.g. medications titration or other decisions linked to defined change in clinical condition.





Case Example 1

John is a 70 year old gentleman who was admitted to hospital with acute shortness of breath.

He was diagnosed with heart failure and required oxygen therapy and IV diuretics. Naturally this was a concerning time for John and his family and he was keen to go home due to the unfamiliar sounds and lights of a busy hospital ward. After five days in hospital, he was admitted onto the virtual ward which provided him with an entirely different care experience. He was able to go home and continue his treatment and maintain the security of round-the-clock care and supervision due to the clinical technology. He was closely monitored by experienced nursing staff for worsening symptoms whilst his diuretics were titrated and clinical condition improved.



Case Example 2

Elsie is a 89 year old lady who had previously suffered a stroke, resulting in poor mobility.

She had a decreased diet and fluids over the past 2 days and her family were concerned so called 999. Elsie was referred into the UCCC which prompted a two hour UCR where she was assessed by an Advanced Clinical Practitioner (ACP.) Elsie was diagnosed as having a UTI and bloods revealed she was dehydrated. She was commenced on oral antibiotics and admitted to the virtual ward for further monitoring whilst she completed her treatment. She was visited by Assistant Practitioners who regularly took bloods to make sure her kidney function and condition was improving. The virtual ward enabled Elsie to receive and complete treatment in her own home whilst also reducing the risk of deconditioning and acquiring a hospital infection resulting in a positive experience for Elsie and her family.

Further information



If you'd like to find out more about virtual wards please email: virtualwardenquiries@mpft.nhs.uk or scan the QR code.

