CARTREF (Welsh for 'Home')

CARe delivered with Telemedicine to support Rural Elderly and Frail patients

Dr Salah Elghenzai

Royal College of Physicians | Future Hospital

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Why?

- Quest for Quality 2011
- Failing the Frail 2012
- Hospitals at the edge Sept 2012
- Future Hospital Caring for Medical Patients Sept 2013

Current Service

- Specialist Model of care
- Access of frail older people to specialist care
- Equity of care
- Quality of Care

Principles of FHP

- Safe, effective and compassionate medical care
- Sustainability of high quality
- Continuity of care
- **Effective relationships between medical and other health** and social care teams

Aims of C@rtref

*CAR*e delivered with *T*elemedicine to support *R*ural *E*lderly and *F*rail patients

Phase 1 Scheduled Care

1.Proof of concept re: telemedicine acceptable in older people

2.Care closer to home –reducing travel time of both patients & staff

3.Reduce number of specialist OPD consultations

Phase 2 Unscheduled Care

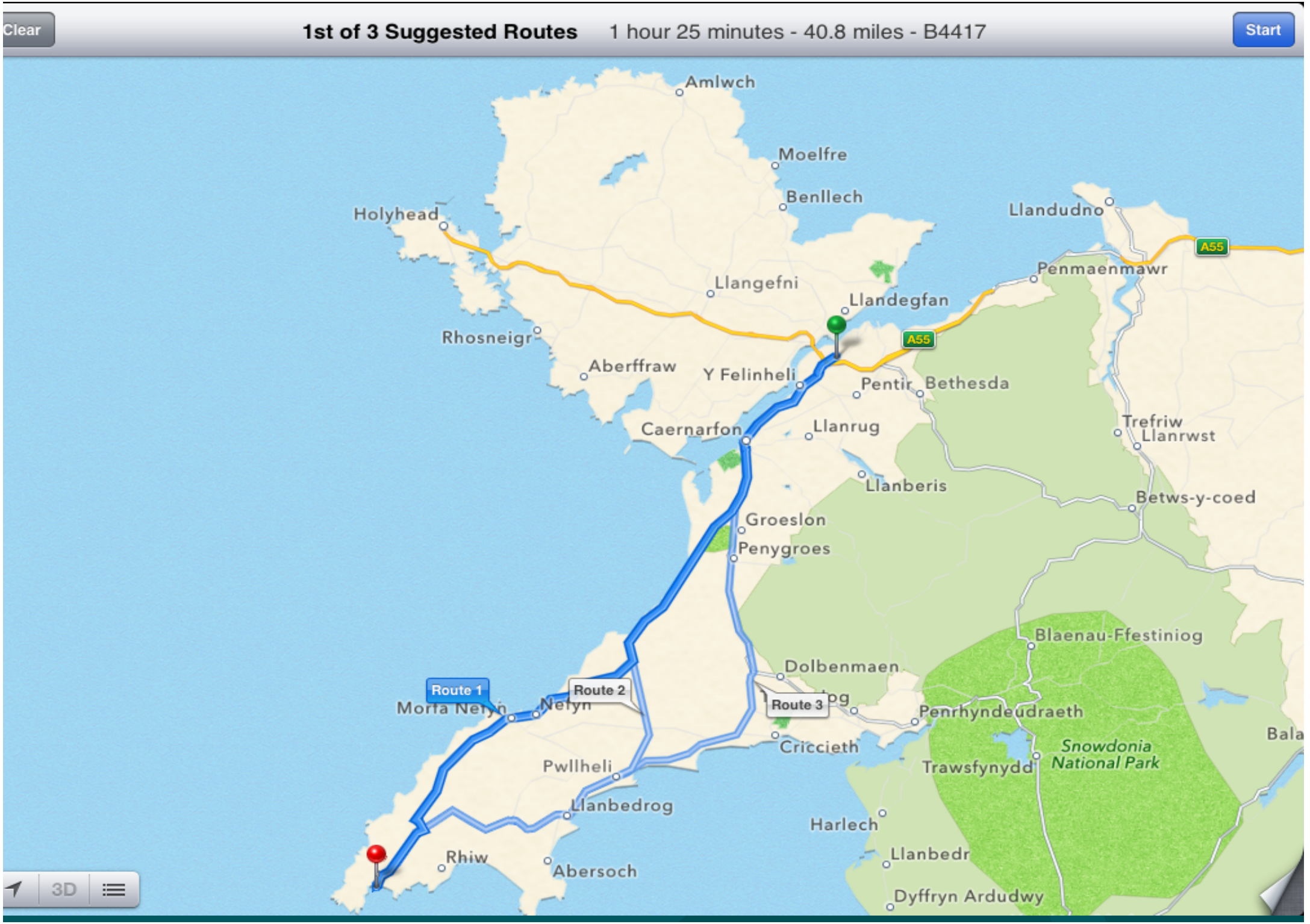
1.Reducing un-necessary conveyances to Hospital

2.Improved communication between Primary & Secondary Care

1. Fundamental standards of care must always be met
2. Patient experience is valued as much as clinical effectiveness
3. Responsibility for each patient's care is clear and communicated.
4. Patients have effective and timely access to care, including appointments, tests, treatment and moves out of hospital.
5. Patients do not move wards unless this is necessary for their clinical care
6. Robust arrangements for transferring of care are in place.
7. Good communication with and about patients is the norm.
8. Care is designed to facilitate self-care and health promotion.
9. Services are tailored to meet the needs of individual patients, including vulnerable patients.
10. All patients have a care plan that reflects their individual clinical and support needs.
11. Staff are supported to deliver safe, compassionate care, and committed to improving quality.

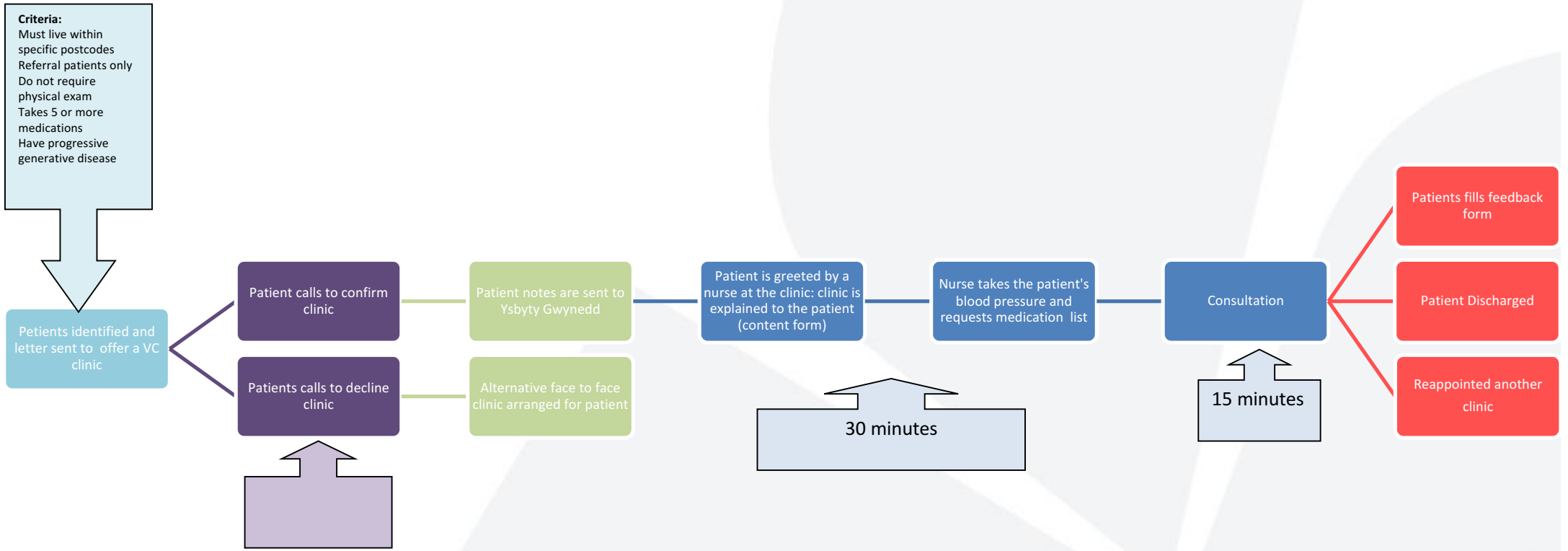
What we did

- Written the Project outline, SOP and Criteria for patients selection for VC consultation.
- Patients attending for multiple specialist OPD for follow-up were assessed for suitability for service and consent sought in person/leaflet
- Digital inclusion officer engaged local population, supported patients and staff in familiarizing themselves with use of technology and was a local ambassador for the project.
- Clinical staff were supported through change process with team coaching.
- Regular patient and staff satisfaction surveys were carried out.
- Quarterly data analysis and process review.


Clear
1st of 3 Suggested Routes
1 hour 25 minutes - 40.8 miles - B4417
Start
Amlwch
Moelfre
Benllech
Holyhead
Llandudno
A55
Penmaenmawr
Llangefni
Llandegfan
Rhosneigr
A55
Aberffraw
Y Felinheli
Pentir
Bethesda
Caernarfon
Llanrug
Trefriw
Llanrwst
Llanberis
Betws-y-coed
Groeslon
Penygroes
Blaenau-Ffestiniog
Dolbenmaen
Route 1
Route 2
Route 3
Morfa Nefyn
Nefyn
Penrhyndeudraeth
Criccieth
Snowdonia
National Park
Trawsfynydd
Pwllheli
Llanbedrog
Harlech
Rhiw
Abersoch
Llanbedr
Dyffryn Ardudwy
3D

Why LLyn Peninsula?

- Population of Dwyfor – 27,725 (2011).
- 27% of the population over 65, higher than Wales (21%) (2010).
- 21.3% of the population have limiting long term illness/disability.
- 20% from Fair – Very Bad health.
- With 29 people per square kilometre, area less densely populated than Wales as a whole.


Criteria:
Must live within specific postcodes
Referral patients only
Do not require physical exam
Takes 5 or more medications
Have progressive generative disease
Petients identified and letter sent to offer a VC clinic
Patient calls to confirm clinic
Patients calls to decline clinic
Patient notes are sent to Ysbyty Gwynedd
Alternative face to face clinic arranged for patient
Patient is greeted by a nurse at the clinic: clinic is explained to the patient (content form)
30 minutes
Nurse takes the patient's blood pressure and requests medication list
Consultation
15 minutes
Patients fills feedback form
Patient Discharged
Reappointed another clinic

Out come

Will it Work?

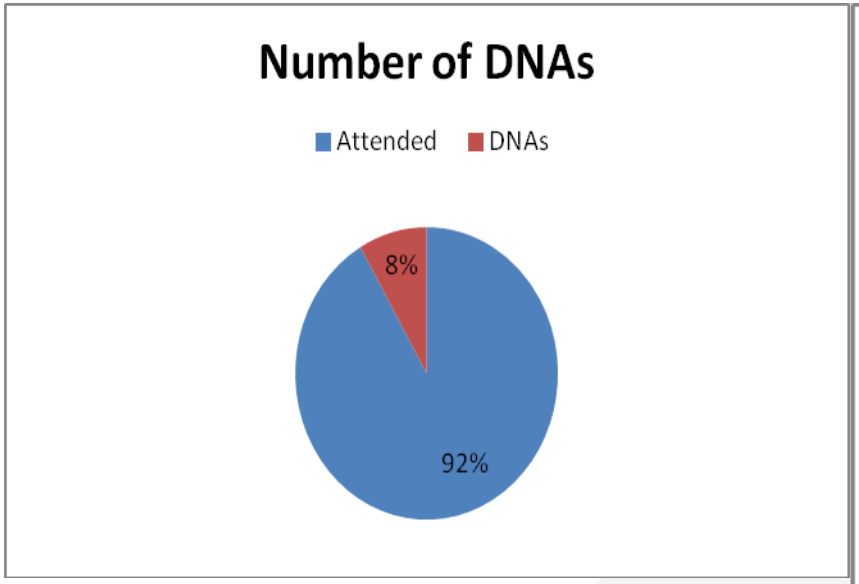
Travel saved!

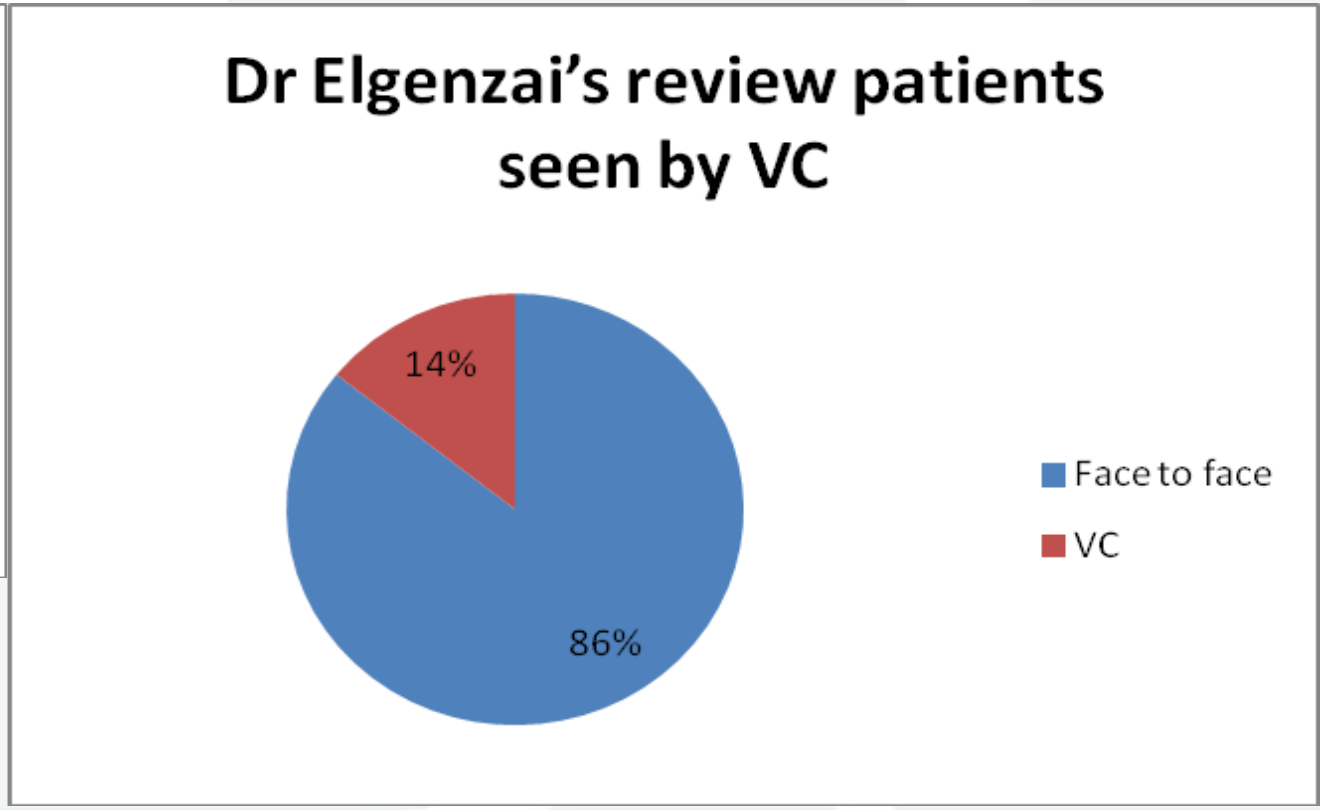
Impact on clinicians

Impact on users

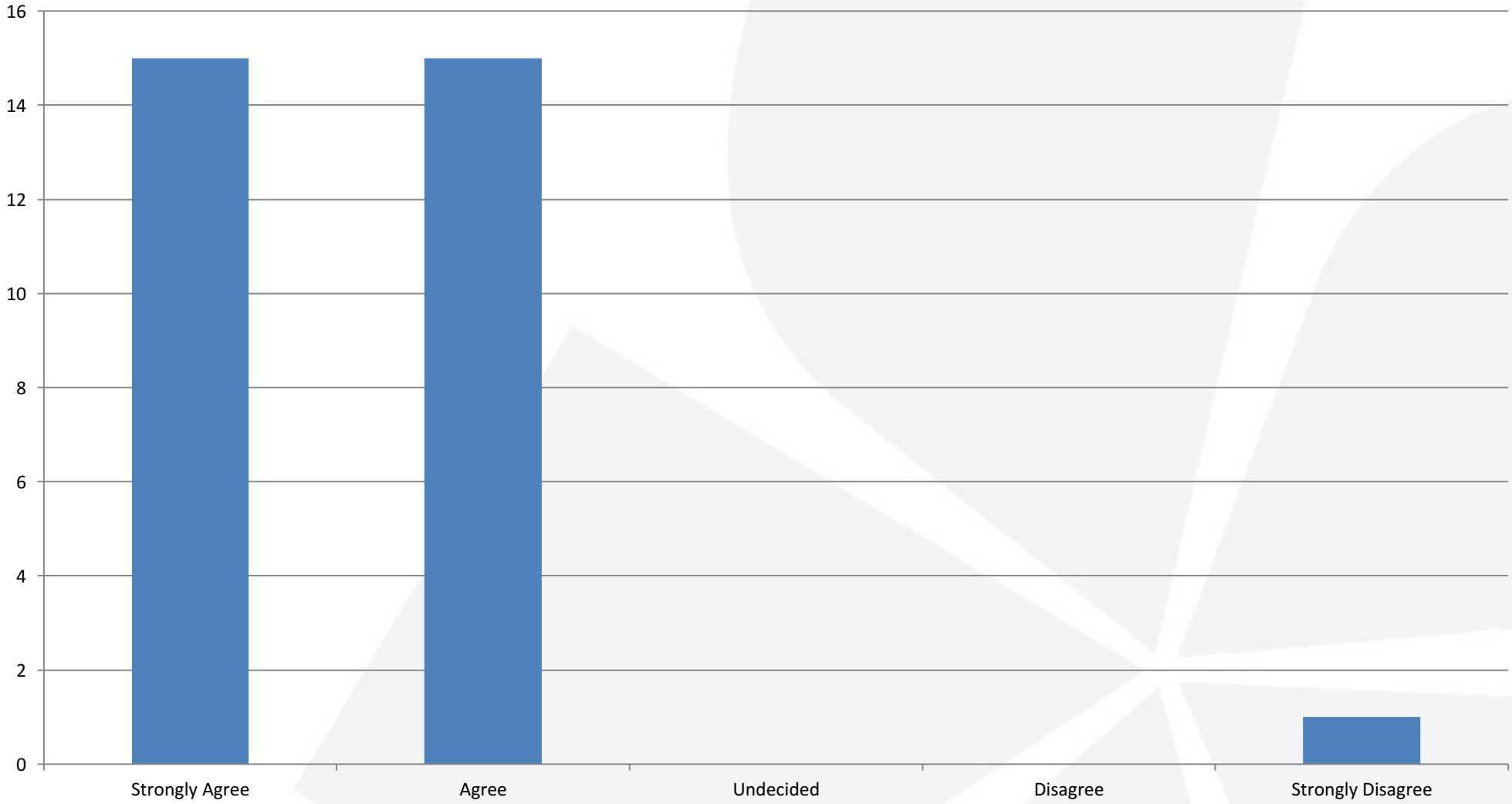
Results

- 24 Months (200 consultations)

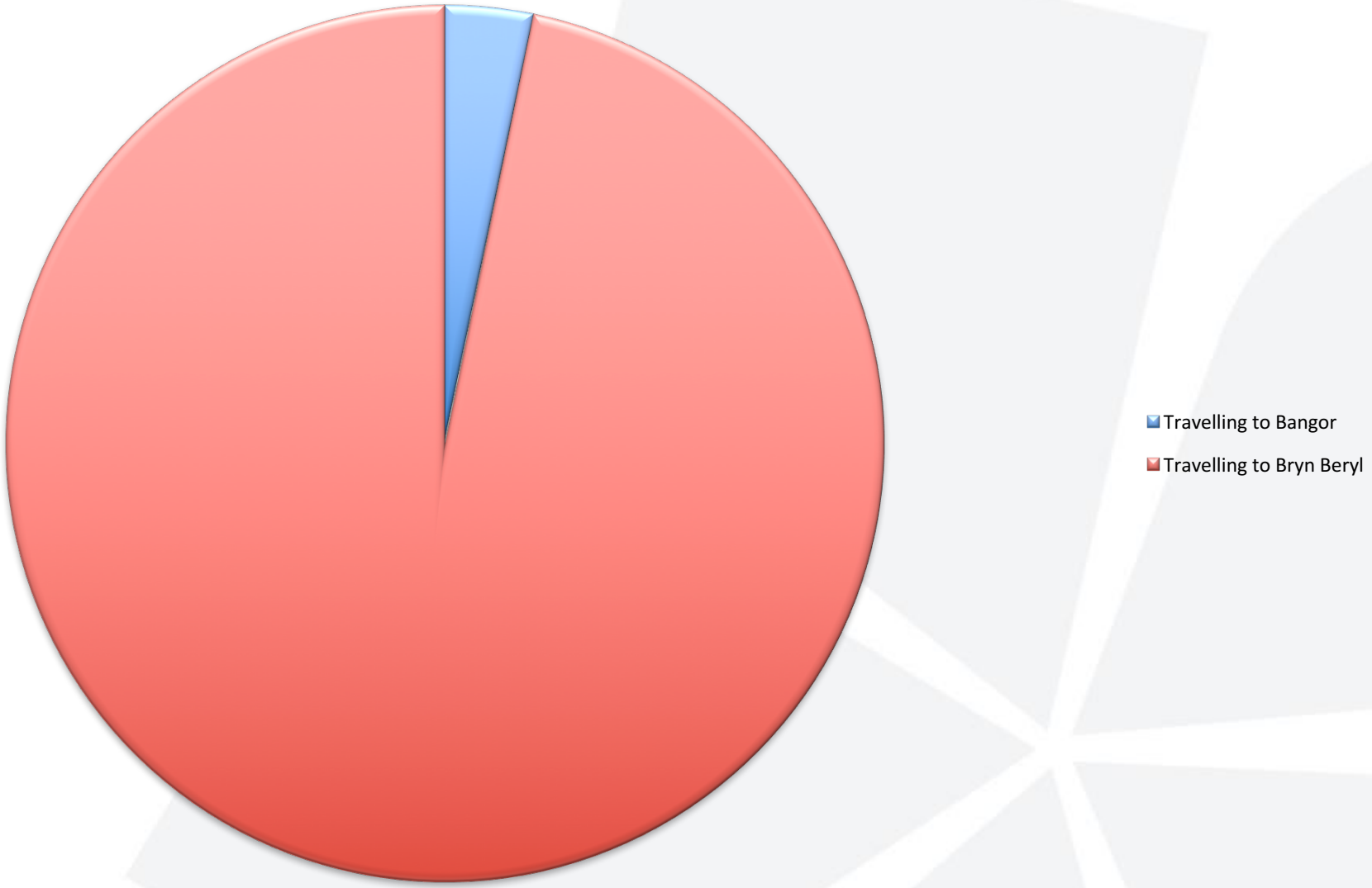




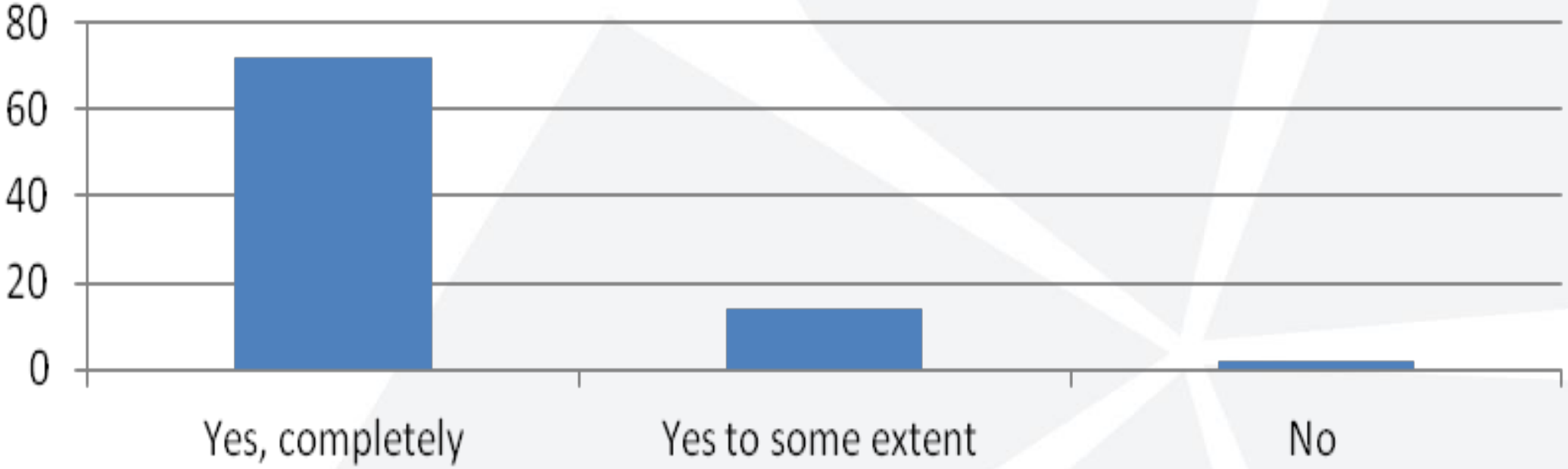
The Doctor was easy to talk to using the video link (n=31)



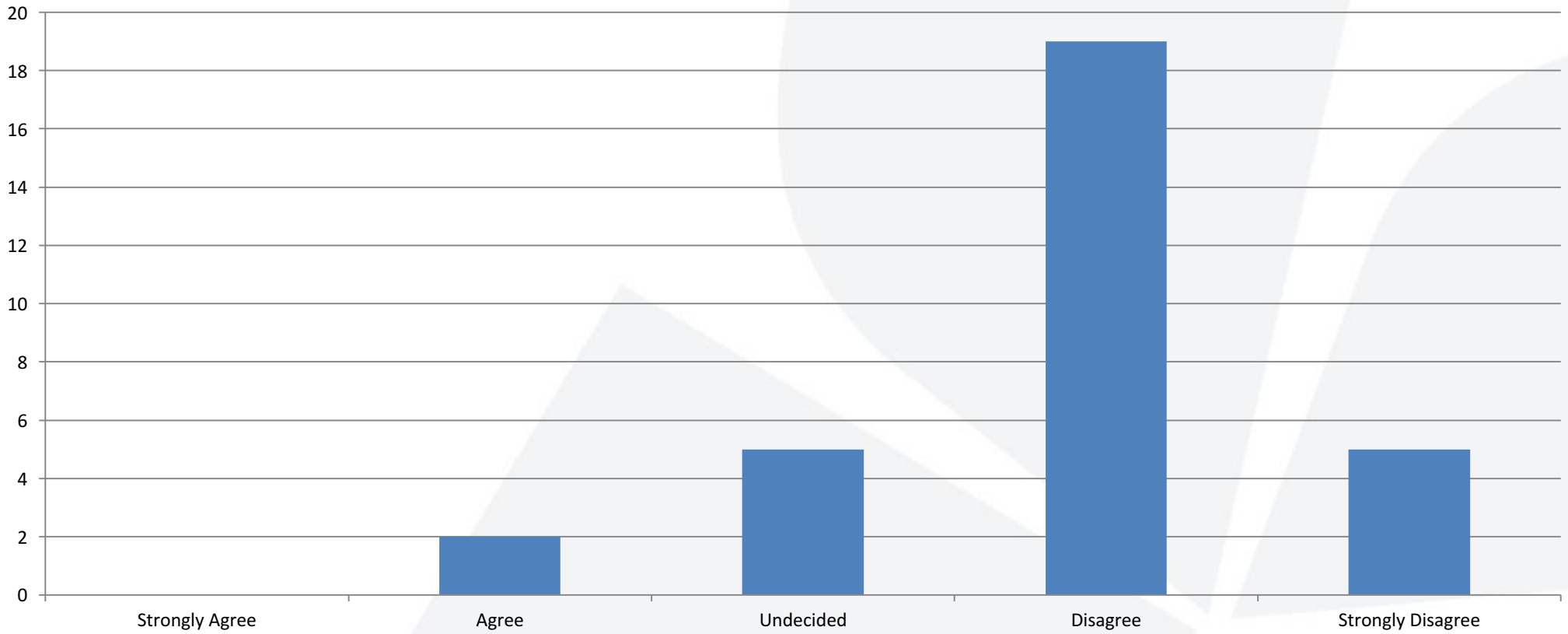
Which would you prefer: A) travelling to Bangor b) Travelling to Bryn Beryl (n=31)



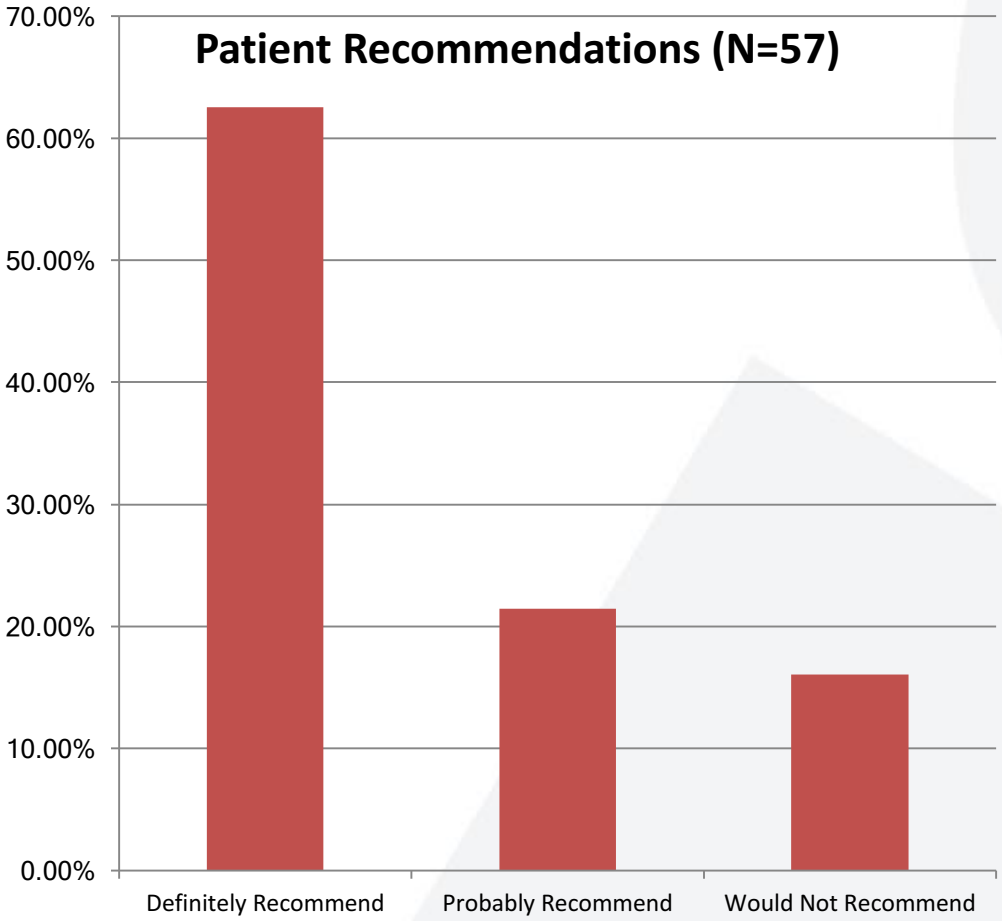
The main reason I went to the Telemedicine Clinic was dealt with to my Satisfaction (n=88)



I was put off by the Technology (n=31)



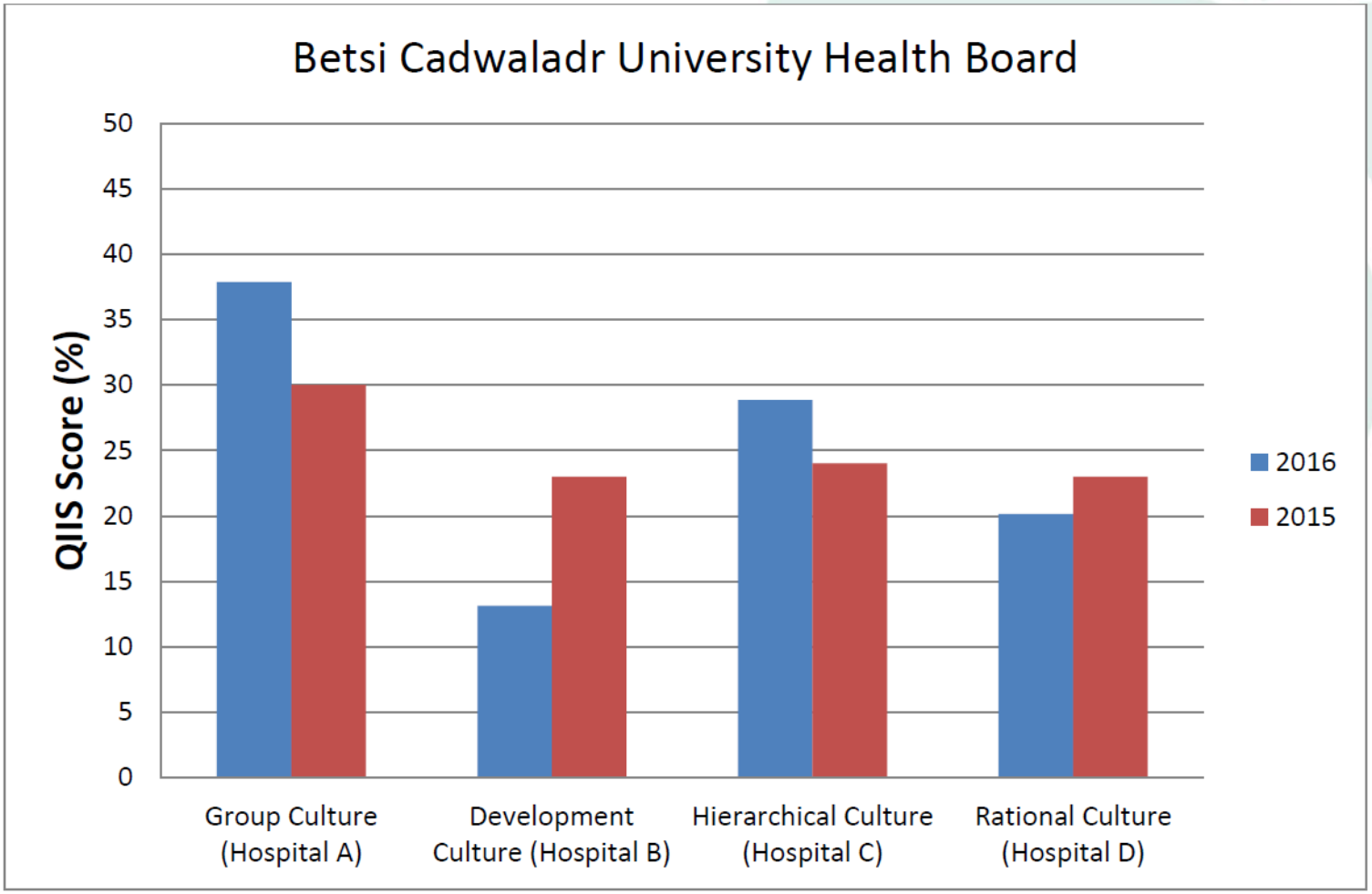
Users Impact



- Age range 75-104 years
- Number of Patients = 196
- 93% enough time + privacy
- 96.5% confidence in service
- 30% change in medication
- 1.7% help with language

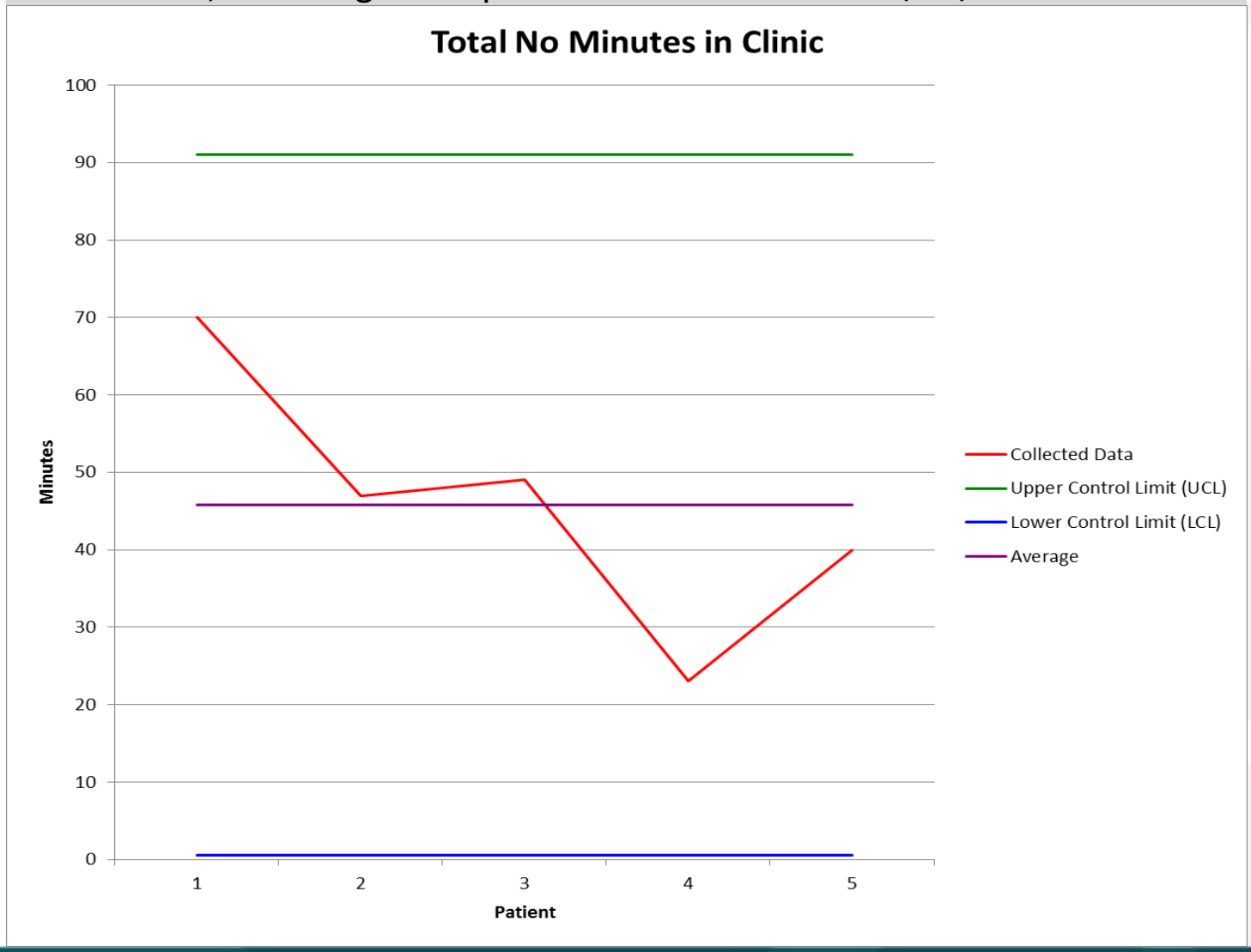
Average Travel Time Averted for Patients (round trip, per patient, minutes)	***65 min***
Average Travel Distance Averted for Patients (round trip, per patient, miles)	***42 miles***

Impact on Staff

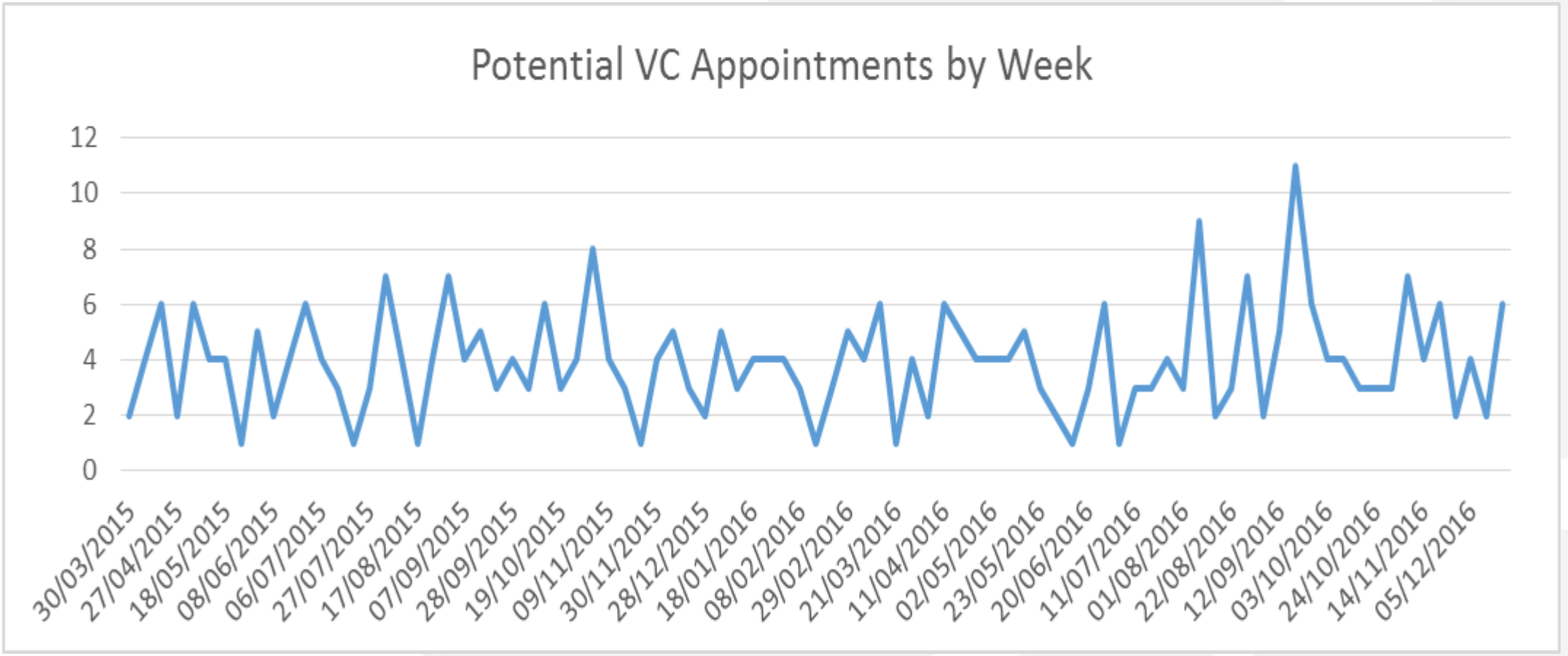


The graph above compares the QIIS score for culture type with 2016 data in blue and baseline 2015 data in red.

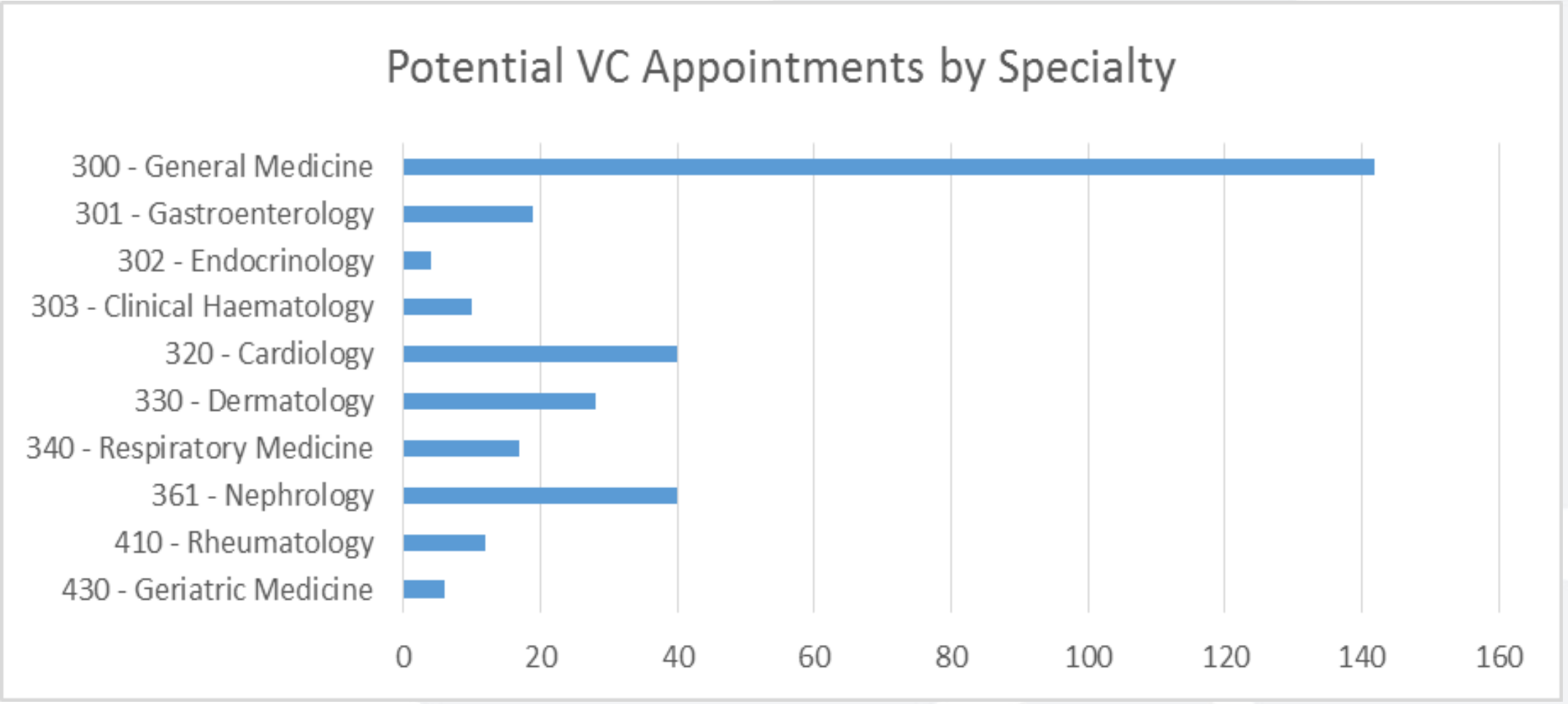
1. SPC Chart detailing the total time (in minutes) that the patients spent in the VC Clinic, including time spent with the Nurse on 23/01/2017.



Potential Demand



Applicability



Revealed efficiencies

- Reduced travel
- Reduced length consultation
- Fewer consultations
- Reduced movement of patient notes
- Cost reduction OPD
- *Travel Time Averted for Patients (round trip, per patient, Average minutes) -**65 min***
- *Average Travel Distance Averted for Patients (round trip, per patient, miles) -**42 miles***

Workforce

- No obvious impact on workforce to date
- Telemedicine viewed by consultants as a potential for reducing travel time but not acceptable to all
- Consultant gained DCC session
- Being part of FH has enabled organisation to gain a positive image

What we learnt

- Patient satisfaction has exceeded our expectations
- However, as patient were ‘selected’ and ‘self selected’ for C@rtref this may have led to some bias in outcomes.
- It is not a cure for the OPD problems but may offer an alternative for some!
- Clinicians Fears and paternalistic views about Older adults and technology are exaggerated

What we learnt cont'

- Telemedicine is a Technology with limitations (Infra structure)
- Support /Clinical leadership are crucial
- Organisational change impact under estimated
- Partnership with Digital Communities Wales
- Bias is all around, keep re evaluating

Summary

- VC clinics for Older frail Adults are possible
- Careful selection of patients
- Support from Other staff
- Better valued by patients and may deliver some savings