

THE SUITABILITY OF THE VIRTUAL COVID WARD IN A SOUTH EAST LONDON DISTRICT GENERAL HOSPITAL DURING THE PEAK OF OMICRON

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INTRODUCTION

The "Covid virtual ward" and "oximetry at home" services were introduced by NHS England in January 2021, to reduce covid-19 admissions and aid discharge of patients hospitalised with covid-19.¹

The "covid virtual ward round" is a hospital led service wherein patients have daily virtual review post discharge for community oxygen weaning and blood glucose monitoring which can otherwise delay discharge. Referral methods and services offered are shown in table 1.

COHORT	DESCRIPTION	REFERRALS FROM	MONITORING SERVICE
COHORT 1	Low acuity covid-19 positive patients suitable for GP-led remote monitoring	GP, 111 and ED	Covid oximetry @ home
COHORT 2	Patients assessed in the emergency department (ED) not meeting criteria for hospitalisation	ED	Covid virtual ward
COHORT 3a	Inpatients with improving clinical trajectory who are suitable for early discharge with supported community follow up	Inpatient team (medical or nursing)	Covid virtual ward
COHORT 3b	Inpatients with improving clinical trajectory who are expected to wean from low flow oxygen or anti-hyperglycaemic treatment	Inpatient team (respiratory or diabetes team)	Covid virtual ward
COHORT 3c	Inpatients being discharged on long term oxygen therapy (LTOT), not expected to be weaned in the next 3 months	Respiratory team	Covid virtual ward
COHORT 4	Inpatients who have drug-induced hyperglycaemia requiring insulin who are suitable for remote monitoring of glycaemia	Diabetes team	Covid virtual ward

Table 1: Referral criteria for covid oximetry @ home and covid virtual ward round services¹

With covid-19 cases rising in late 2021 due to the highly contagious Omicron variant there were fears hospitals could become overwhelmed with covid-19 admissions, hence a drive to utilise the covid virtual ward service.

At Princess Royal University Hospital (PRUH), a district general hospital in South-East London, we were not meeting the target covid virtual ward referral numbers of 15% of total covid-19 admissions, so completed an audit to review possible reasons why.

METHODS AND MATERIALS

At PRUH a daily spreadsheet details all inpatients with covid-19. On 13th January 2022 we analysed the day's spreadsheet and reviewed the notes of all covid-19 positive inpatients, extracting if they:

- Had covid-19 symptoms (of fever, breathless, cough or myalgia) or were asymptomatic
- Required supplemental oxygen
- Required ongoing inpatient (IP) care or were medically fit for discharge (MFFD) and if MFFD what the discharge delay reason was
- Met criteria for step-down to a covid virtual ward (see table 1)

We excluded patients aged <18 years and those without a positive PCR swab result.

RESULTS

On 13th January 2022 there were 85 inpatients at PRUH with covid-19.

Only 20 patients (24%) had signs/symptoms of covid-19, whereas 65 (76%) were asymptomatic as shown in figure 1.

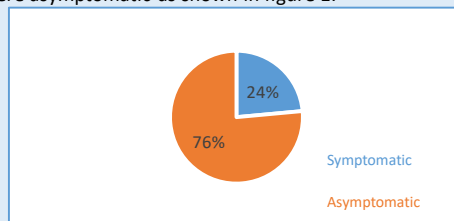


Fig 1: Chart showing the proportion of symptomatic patients with covid-19

9 patients (11%) required supplemental oxygen and 76 (89%) did not.

43 (51%) required ongoing IP care and 42 (49%) had been deemed MFFD. Of those needing IP care only 7 (16%) needed covid related treatment (including oxygen, dexamethasone and antivirals). The other indications for ongoing IP care are shown in figure 2.

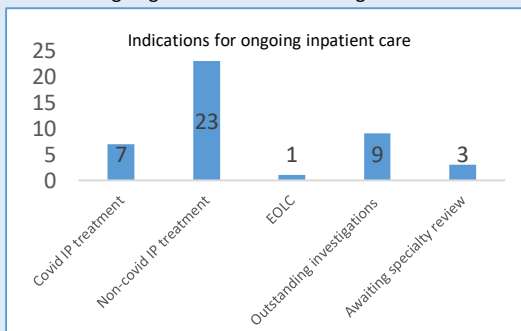


Fig 2: Chart showing indications for ongoing IP care in covid-19 positive patients

The most common discharge delay amongst MFFD patients was therapy (42%), see figure 3.

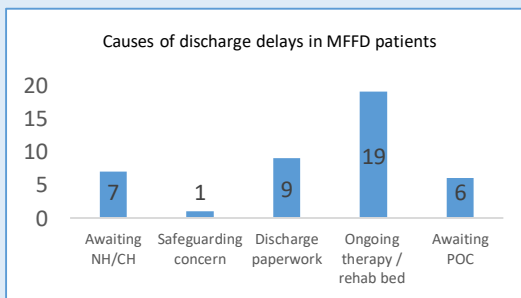


Fig 3: Causes of discharge delay in MFFD patients

RESULTS CONTINUED

Only 2 patients (2%) met criteria for referral to the covid virtual ward (both for weaning of low flow oxygen) and the remaining 83 patients (98%) did not.

DISCUSSION

The majority of patients in our cohort did not have symptoms of covid-19 with many identified as covid-19 positive when admitted for an alternative cause. This is likely because of the high uptake of the covid vaccination programme in the United Kingdom.²

Since we had such a low number of patients requiring oxygen therapy the covid virtual ward for oxygen weaning purposes was not clinically needed for our cohort and fewer patients had been treated with dexamethasone resulting in less steroid induced hyperglycaemia requiring covid virtual ward follow up.

We found the main delay in discharging patients with covid-19 was not due to medical issues but ongoing therapy and social care issues, with large proportions awaiting community rehab beds, care packages or residential care.

CONCLUSION

The covid virtual ward can facilitate early discharge of covid-19 positive patients who require close community follow up as part of their recovery, however the target of referring 15% of all covid-19 inpatients to the service was unrealistic in our district general hospital, with only 2% of our cohort eligible.

We propose increasing therapy facilities and community care would be a more efficient way to improve discharge and flow of covid-19 inpatients during the current Omicron outbreak.

REFERENCES

1. Covid virtual wards. NHS England. 2022. www.england.nhs.uk/nhs-at-home/covid-virtual-wards/ [accessed 11 February 2022]
2. Covid-19 vaccination in the United Kingdom. Gov.UK. 2022. www.coronavirus.data.gov.uk/details/vaccinations [accessed 11 February 2022]