

Early Evaluation of a Novel Model of Care to Support Patients With Complex Symptom Management Known to a UK Tertiary Hospital Specialist Palliative Care Team

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Introduction

This study aims to evaluate the pilot phase of a palliative care virtual ward (VW), to assess for safety, suitability, effectiveness and ability to reduce length of hospitalisation for patients managed by a specialist palliative care (SPC) team in a tertiary hospital setting; believed to be the first of its kind in the UK.

Materials and Methods

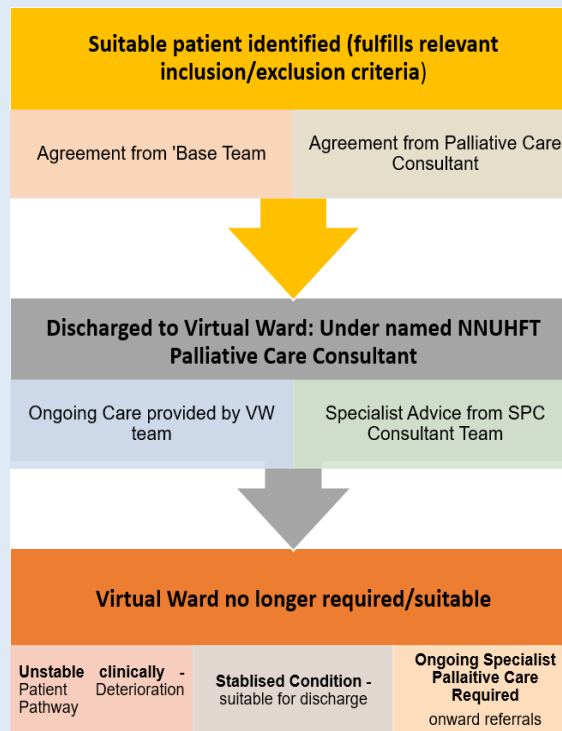
A retrospective single-centre evaluation of the first 10 patients transferred to a newly established "palliative care VW", supported and delivered within the context of a wider hospital VW programme, established February 2021. Patients received daily contract via video consultation with a palliative care consultant. Remote physiological monitoring and nursing support was in place 24 hours a day. Patient outcome scores, readmission data, length of stay and referral reason were collected, alongside descriptive data of patient experience.

The Technology

This includes continuous, passive monitoring of vital signs with measurement of respiration rate, oxygen saturations, movement, pulse rate and body temperature.

There is additional monitoring available as required of blood pressure and weight. Included is a clinical dashboard with intelligent alerts (app/desktop) and a tablet to enable video calls.

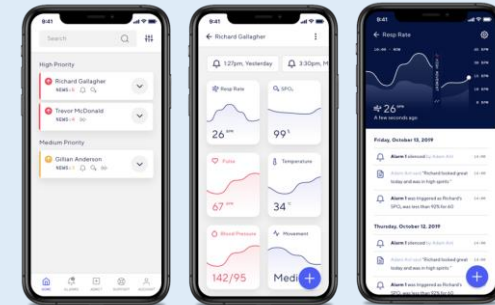
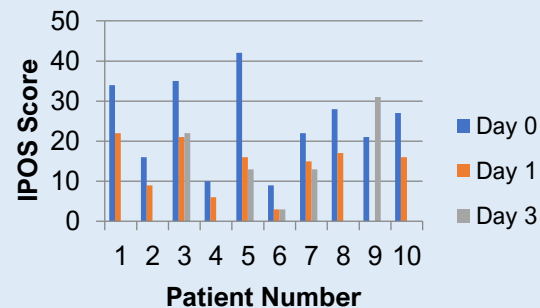
Virtual Ward Admission Process



Results and Discussion:

All patients had metastatic cancer, were known to the SPC team during their hospital admission and met the complexity criteria for admission to an inpatient specialist palliative care unit. The average age was 65 years old. The average inpatient length of stay prior to VW was 9.8 days. The average length of stay in VW was 3.2 days. The average symptom score on Integrated Patient Care Outcome Scale (IPOS) on admission to VW was 24.4.

On Day 1, the average score was 13.9, and on Day 3, 12.1. On average, symptom burden reduced by 51%. Reasons for admission to VW included rapid titration of pain management (7), management of breathlessness and hypoxia post pulmonary embolus (1), management of pain related to sepsis (1) and management of bowel obstruction (1). There were no adverse events, no patients were readmitted to hospital and patient feedback was universally positive.



Conclusion:

For patients in the last weeks and months of life, prolonged hospital admissions are rarely wanted. Restrictions in visiting arrangements and risk of COVID-19 infection are particularly pertinent to patients with terminal illness with complex symptom control issues however the premium on hospice beds often leads to lengthy hospital stays. The SPC VW Model provides a promising, safe and effective alternative for such patients to be cared for in their own home, during stabilisation of acute symptom control issues. Further work is needed to understand the cost-benefit of this approach which has the potential to increase specialist palliative care bed capacity in an innovative and effective way.

