

## Use of Telehealth in a GP Practice to Improve Patient Care and Reduce Admissions

A new Clinical Nurse Manager role was created with an aim to use telehealth to manage the practice's population of patients with chronic long term respiratory conditions, and thereby reduce the number of admissions.

8 patients were identified who had been assigned to the long term condition programme and had experienced multiple admissions to hospital in the previous year. These patients were monitored at home using doc@HOME HEALTH-HUB® Telehealth units over an 8 month period.

Prior to Telehealth management, these patients had accounted for a total of 21 admissions. In the period, March 2010 - January 2011 during the Telehealth management support, only 8 admissions were observed. This interim data suggests a reduction in hospital admission with telehealth monitoring.

### Care delivery

The work schedule for the new role is 14 hours per week over 2 days. Any care needed out of surgery hours is covered by Out of Hours services.

Visiting patients in their own home has highlighted how this group of vulnerable people do not get the same level of care as those patients who are able to attend the surgery. It has been possible to provide support and education about their conditions alongside advise on self-help mechanisms and when to contact the surgery when symptoms deteriorate.

### Support and collaborative working

Over the period there has been contact with the Programme Director – Urgent Care & Long Term Conditions at Chiltern Vale Health Consortium. Telehealth services have been initiated and collaborative working is seeking to achieve the best service from the models deployed.

### Care outcome

By giving these patients more control and consequently more confidence, they are more likely to manage their chronic disease and be less likely to be admitted to hospital. Anxiety levels are greatly reduced and earlier intervention ensures that any exacerbations are treated and managed more quickly and effectively, reducing the risk of admission to hospital. The length of stay has also reduced as admission early in the acute phase results in earlier intervention and quicker curtailment of infection.

The education of patients regarding the management

of their condition has reduced the anxiety of deteriorating in the middle of the night and patients now wait to the morning rather than calling 999 during the night. Patients have the confidence in recognising any deterioration and to self manage as taught.

### Results

Patient	Pre-Telehealth	Post Tele-health	Reason for Admission
1	7	1	On holiday in Spain
2	4	3	1. COPD 2. CHF
3	3	0	
4	3	0	
5	1	3	Complications - end-stage COPD
6	0	0	
8	3	2	Acute heart failure

### Conclusion

Savings in hospital admissions amounted to approx. £45900 (based on average cost for an emergency hospital stay for a COPD patient of £2700) over the period of 8 months.



evidence based telehealth