

Covid Virtual ward Top Tips/Lessons Identified

This list is collated from pilot sites and evolving as others share their learning.

- This is a system-wide multidisciplinary team effort
- Make use of existing networks and relationships, especially when building stakeholder group
- Set up regular communication routes – daily initially such as short huddle-style meetings and/or bulletins to keep all informed
- Create a governance structure from the outset – creates a safe space to report, share and early identification of challenges – “air grievances and resolve” and to celebrate milestones however small
- Order pulse oximeters early – suggested numbers are as follows (NB patients can use their own):
 - 30 per GP practice (8,000 population)
 - 300 per acute trust (600,000 population)
 - 1 per 25 care home residents
- Have several workstreams with a lead for each running in parallel to cover off logistics, clinical pathways, data and information governance, communications, patient information, etc. Again, regular communication to bring all workstreams together in short focussed meetings. Include frontline staff to empower.
- This is about a different way of working and so consider change management at every level of the system – consider this as a sustainable care model rather than a short-term project for the pandemic, e.g. the model can be used to support people with long term conditions
- Develop a process to gather patient and staff feedback – this has been overwhelmingly positive from the pilot sites and helps with messaging to other colleagues
- Keep measurement simple and useful for your local model
- Start small and build – this is complex!
- Match service to your own local geography – consider number of services required
- Strong system-level leadership is a key enabler
- Other enablers include single platform for video consultations and documentation e.g. EMIS, Teams, AccuRX, share care records – but remember basic model is pulse oximeters and regular telephone follow up
- Consider patient cohort – those with long term conditions, mental health conditions or pregnant women for example may be better served by a pre-existing specialist service and input from the Covid Virtual Ward team.
- Junior clinicians and appropriately skilled nurses and AHPs can take on the assessment and follow up roles with GPs / Consultants able to oversee (initial pilots were top heavy and delegated as confidence grew)
- During wave 1 weather allowed drive through and outdoor venues – wave 2 may need to consider safe indoor venues and move to keeping people at usual place of residence even for initial assessments.
- Proactive monitoring of temperature and oxygen saturations helpful for people with learning disabilities – establishes individual baseline, desensitises person to the equipment and allows for early detection & escalation of symptoms
- Do make use of the resources available on the FutureNHS workspace, including the biweekly learning network meetings and share your own resources so that others can build on your great efforts!