

Product Summary: Inhealthcare

What is the Inhealthcare software and what does it do

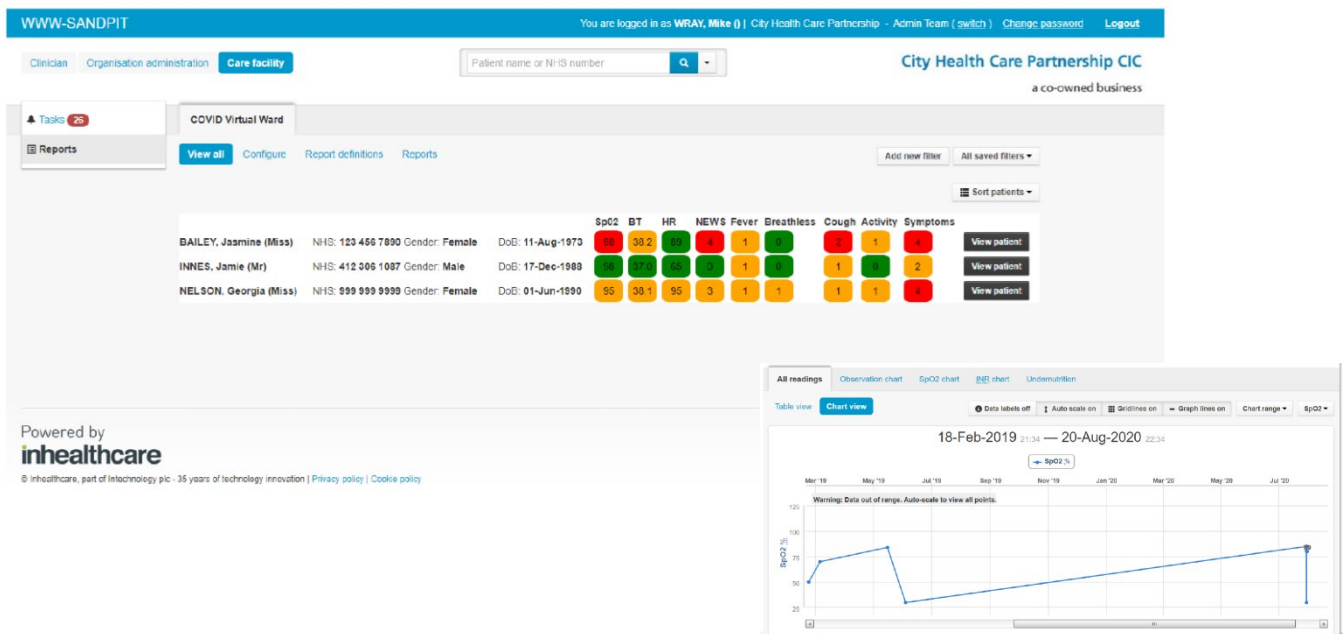
Inhealthcare is a digital software that has been purchased as part of the second wave response to Covid-19. The technology is currently used for remote monitoring by more than 600,000 UK citizens across almost every clinical setting.

In the Covid oximetry monitoring at home (CO@H) programme it is being used to collect vital sign readings for patients with Covid-19 (or suspected Covid) who are at an increased risk of poor outcomes e.g. over aged 65.

The technology collects the patient data (via a method of the patient's choice), displays the data to the clinicians managing patients within the virtual ward and allows that data to be shared directly into the GP clinical record.

An example of the clinician dashboard

Displaying the patients on the caseload



Example of patient monitoring for SpO2%

Key Features of Software in CO@H

- Toolkit allows pathway to be designed to fit local STP/ICS model
- Offers the patient multiple ways to submit their data electronically to the CO@H team including by purpose-built app, on a browser or automated landline phone message
- Beyond Covid the tool could be used for remote monitoring for a range of reasons including supporting patients with COPD, hypertension, linking directly to care homes or admission avoidance schemes
- Links directly to the NHS Spine simplifying the registration of patients into the system
- Sends SNOMED codes directly into EMIS Web and Systmone GP Clinical systems – so the patient's record is always up to date
- Can also connect to secondary care electronic patient record systems

Product Frequently Asked Questions:

1. In what format do patient CO@H values appear in primary care Systmone and EMIS web clinical records?

Patient self-reported values will go directly into the registered GP clinical system record as coded (SNOMED) values and be viewable in 'consultations' (EMIS Web) or 'journal' (Systmone). They may look similar to when templates have previously been completed in community care e.g. community nursing or extended hours services.

Tabbed Journal	
Searching in the journal shows results after any applied filtering. This does not include results from consultations in collapsed admissions. The search box only searches on patient data currently visible in the journal. To Journal and disabling the 'Show search warning' check box.	
<div style="border: 1px solid #ccc; padding: 2px;"> Local Data GP Data Community Urgent Care Everything + <input type="text" value="Search"/> </div>	
16 Dec 2020	Lives in own home (13KD) (SNOMED: 160943002) - Own home Added by the Inhealthcare platform
	Admission to virtual ward (XaXpP) (SNOMED: 784431000000109) - Admission to virtual ward Added by the Inhealthcare platform
16 Dec 2020	09:50 - Surgery: Mr Jamie Innes (Other Community Health Service)
16 Dec 2020	09:52 - Surgery: Mr Jamie Innes (Other Community Health Service)
16 Dec 2020	10:04 - Surgery: Mr Jamie Innes (Other Community Health Service)
16 Dec 2020	10:05 - Surgery: Mr Jamie Innes (Other Community Health Service)
	O/E - temperature (XaBzA) (SNOMED: 703421000) 39 degC - Temperature Added by the Inhealthcare platform
	Baseline SpO2 (oxygen saturation at periphery) (Xabhv) (SNOMED: 927981000000106) 90 % - SpO2 Added by the Inhealthcare platform
	O/E - pulse rate (242.) (SNOMED: 78564009) 60 bpm - Heart rate Added by the Inhealthcare platform
16 Dec 2020	10:06 - Surgery: Mr Jamie Innes (Other Community Health Service)
16 Dec 2020	10:33 - Surgery: Mr Jamie Innes (Other Community Health Service)
	Discharge from virtual ward (XaXnM) (SNOMED: 708252004) - Discharge from virtual ward Added by the Inhealthcare platform
	Discharge to hospital (XaAq3) (SNOMED: 306699001) - Discharged - to hospital Added by the Inhealthcare platform
	Acrobat Document: 9449304173_16-Dec-2020_1033.pdf
16 Dec 2020	10:38 - Surgery: Mr Jamie Innes (Other Community Health Service)
	O/E - pulse rate (242.) (SNOMED: 78564009) 60 bpm - Heart rate Added by the Inhealthcare platform
	Lives in own home (13KD) (SNOMED: 160943002) - Own home Added by the Inhealthcare platform
	Admission to virtual ward (XaXpP) (SNOMED: 784431000000109) - Admission to virtual ward Added by the Inhealthcare platform
	O/E - temperature (XaBzA) (SNOMED: 703421000) 38 degC - Temperature Added by the Inhealthcare platform
	Baseline SpO2 (oxygen saturation at periphery) (Xabhv) (SNOMED: 927981000000106) 90 % - SpO2 Added by the Inhealthcare platform
16 Dec 2020	10:42 - Surgery: Mr Jamie Innes (Other Community Health Service)
	O/E - temperature (XaBzA) (SNOMED: 703421000) 38 degC - Temperature Added by the Inhealthcare platform
	Baseline SpO2 (oxygen saturation at periphery) (Xabhv) (SNOMED: 927981000000106) 90 % - SpO2 Added by the Inhealthcare platform
	O/E - pulse rate (242.) (SNOMED: 78564009) 60 bpm - Heart rate Added by the Inhealthcare platform
16 Dec 2020	10:42 - Surgery: Mr Jamie Innes (Other Community Health Service)
16 Dec 2020	10:42 - Surgery: Mr Jamie Innes (Other Community Health Service)

2. What about if my patient does not have the digital literacy or equipment to fill in their vital signs online?

When registering a patient on the Inhealthcare system (when a patient is assigned to the CO@H virtual ward), you can select whether the patient chooses to enter their data online via a link emailed directly to them or would prefer to receive regular automated phone calls where they will enter their data using the telephone key-pad. For those patients where neither of these options are practical, it will be necessary for the CO@H team to contact the patient directly and enter the readings on the patients behalf (and this option can be indicated in the Inhealthcare system).

3. How can our out of hours provider or NHS111 service see the patient data for those patients supported by a virtual ward?

Other service providers can be given access to the Inhealthcare dashboard (through a username and password). They will also retain the normal access they have to individual GP practice clinical systems.

4. Can Acute Trusts access the virtual ward data if a patient is admitted?

Yes – Some staff in Acute Trusts can access Inhealthcare to review the latest stats of a patient previously on the CO@H virtual ward.

5. Can Acute Trusts refer a patient into the Inhealthcare CO@H virtual ward upon discharge?

Yes – Acute Trusts can use Inhealthcare to add a patient to the CO@H service following their discharge from the trust. It is advised to follow your local pathway and incorporate the Inhealthcare platform into your process.

6. When I am working on the virtual ward, is there a way for me to know which patients on the caseload I need to prioritise?

The data dashboard (as shown on page 1) is built to display those patients whose readings are out of range using a colour coding system (red for sats below 93% for example). This system is aimed at highlighting the priority patients or those who may be deteriorating. Equally the system maintains a task list to ensure any out-of-range readings are reviewed and any patients who may have missed a data submission can be followed up.

7. What about if the patient deteriorates and triggers a red or amber reading?

The patient is informed immediately if their results are out of range. The clinician is informed through a task. The exact communication a patient receives is currently being finalised but will outline what the patient should do in this scenario aligned to local procedures. The escalation pathway for deterioration can then be followed.

8. What about when the patient has finished their care with the CO@H service, will there be a discharge letter or document sent to their registered GP?

When the patient finishes their care with the CO@H virtual ward, the care team will complete an electronic discharge form on the Inhealthcare platform. This will automatically send a pdf discharge document to the patient's registered GP practice via email (or into DOCMAN depending on local setup).

9. Who should have access to Inhealthcare?

Colleagues assigned to your CO@H team should all be given access to the Inhealthcare platform. Implementation leads will be contacted for names and email addresses so user accounts can be generated. Designated users will have the ability to create more user accounts should the need arise.

10. Who organises Inhealthcare training?

STP/ICS implementation leads need to arrange training with Inhealthcare directly. Please note: some resources are being coordinated by the HIOW Team for the region to use such as video tutorials. The platform is fairly intuitive and the workflow simplified to align to local processes, so training is not expected to be a burden on clinical staff.

11. How do I access Inhealthcare?

Inhealthcare is a web-based system. Once your STP/ICS is ready to go live, links shall be provided.

12. What do I do if I forget my password?

Users can request password resets themselves. Equally a local administrator can re-set passwords if required.

13. Can I use Inhealthcare for other purposes?

Until, at least, the end of March 2021, Inhealthcare can only be used for CO@H purposes. . Once the CO@H project closes, the Inhealthcare licences may be repurposed.

14. How is Inhealthcare funded?

The Inhealthcare licences and integration costs for its first year are funded by NHSX, NHSE/I and NHS Digital. The STP/ICS was successful in securing funding against the proposal to adopt the software to support CO@H.

15. What data can I see?

User accounts can be set up to have access to the virtual wards it is necessary for them to see e.g. Out of Hours can see all the wards in an STP/ICS, those assigned to one ward can be assigned just to that caseload

16. Are there process maps for how to use Inhealthcare in our existing CO@H model?

Yes. Process maps are included below. A full set of process maps will additionally be provided.

17. Can I see a demo of Inhealthcare?

Demos are in the process of being set up; slides with screenshots will also be circulated.

18. Can I schedule a video conference with a patient on the virtual ward if I need to see them urgently?

Yes. There is a video conference module integrated within Inhealthcare. A video call can be scheduled in advance or then and there. A patient will be sent a link which takes them straight to the video call. Inhealthcare uses Whereby for its video calls (more information and data protection and security information is available here: <https://whereby.com/>)

19. Is Inhealthcare secure?

Yes, it is a web-based system that has a secure data centre. A DPIA has been completed and signed off within the STP to ensure the system and supplier comply with all necessary data standards.

20. Are the algorithms safe?

Yes, the algorithms/pathways have been tailored to reflect local processes and escalation procedures. These have been reviewed and tested through sandpit and test environments before going live.

21. I already have a process and systems established to manage remote monitoring in my area – do I need to change?

Your STP has agreed to adopt a consistent system to support CO@H. The rationale for this is to ensure visibility of the information across the geography and different service providers. Ultimately IHC will ensure the data can be accessed wherever the patient presents and reduce risks associated with information silos. Furthermore, it's the only platform that offers different modes of data entry for patients.

22. What about if my patient has low oxygen saturation levels at rest (e.g. patients with COPD)?

The amber and red thresholds for patients can be set manually when the patient is registered onto the Inhealthcare platform. Patients who have normal saturations at baseline will follow the national criteria for amber and red.

23. I have put in incorrect data into the Inhealthcare system, can I delete it?

There is no way to delete data on the Inhealthcare system. Please add a note to the system that the reading was entered in error (either by the clinician or the patient). You may want to contact the GP to have the clinical reading marked in error on the clinical system.

24. When I put my patient's baseline figures into the inhealthcare platform, they do not immediately appear on the dashboard, why is this?

If you only have partial data for the patient at their baseline, and do not know whether they feel more or less breathless, the dashboard will not display other readings at baseline. As soon as new readings are entered by clinician or patient the dashboard will be populated. All readings are in the readings tab of the patient record. This is a known bug and will be fixed as soon as possible but, in the meantime, should have little impact on care as all readings are stored in the readings section.

25. Can I add retrospective data onto the Inhealthcare patient record?

Unfortunately not, the platform is built for adding current data only. Please add data from the point that the patient is registered onto the Inhealthcare platform, not necessarily from when they joined covid oximetry@ home.

Inhealthcare CO@H Pathway – Primary Care DRAFT

