



## Slough COVID -19 Virtual Ward Patients Stories

Please note these stories were composed by Slough COVID-19 Pilot team on behalf of the patients with their full consent. As requested by patients we have used X/ ZZ to refer to patients rather than personal information (names).

### Case 1.

#### Mrs X (Mother) and child BAME family

- Mrs X is 45 years old female - Son 8 years old
- ASIAN/ INDIAN / BRITISH origin
- Husband died of Covid-19 in July 2020, Cardiac arrest witnessed at home by wife and son.

Mrs X and her 8 years old son were both tested Covid-19 positive following the recent death of her husband. The death certificate of the husband stated pulmonary embolism and Covid. CCAS advised the mother to self-isolate, mother self-presented for swabbing on - 13/07/2020 which was positive, then further 2 tests were also positive as outlined below

- Positive 2 - 25/07/2020
- Positive 3 - 02/08/2020

Mrs X and son were enrolled on Slough Virtual Ward on 17<sup>th</sup> July 2020 via CCAS referral. During Day 2 of the routine virtual ward follow up telephone consultation Mrs X complained of mild shortness of breath on exertion, the child had a dry cough, the clinician identified that the parameters were abnormal for the child, the telephone consultation was immediately switched to video consultation which confirmed the need for a face to face assessment of the child which was immediately arranged via hot car visit which confirmed the dry cough, irregular bradycardic heart rate and tachypnoea. The ambulance was called by hot van clinician and the child was admitted to the hospital. Both mother and child have now recovered.

Please find below feedback from the patient (verbatim /unchanged).

*“We both were enrolled in the Slough COVID-19 virtual ward by a Paramedic working on Slough virtual ward and were given the oximeters for home monitoring. We were given all the relevant information and were provided with great compassion and care. Clinicians (I can't remember the name sorry as there is lot going on in my life I forgot the names) but all of them were very very nice. They explained that we will be called via phone regularly and if there would be any issue further help will be provided. On day 2 via telephone consultation, I complained about mild shortness of breath and told the clinician that my son has dry cough. I was worried and concerned that my son's heart rate was low. The clinician switched the*



telephone consultation to video. They arranged the ambulance for my son who was sent to hospital.

*The clinicians were very nice, and very accommodative and supported my son and my self during this difficult time. Quite few of them came to visit as part of the care, they visited my 3 times and were very very considerate I am so so thankful for the helpful service, they answered all me worries. Thank you to all of you those are part of this service.*

*If this service was not available I would have not got any help, I lost my husband I was worried and GP f2f consultations were not available. I was lost did not know what to do where to go and I would have not known what to do and where to go so I am extremely grateful for this help and service. I felt very supportive and comfortable thank you so much”*

## Case 2.

### Multi-generational BAME household

- Family ZZ / 6 members
- ASIAN/ PAKISTANI BRITISH origin.
- Living together 2 grandparents, 2 parents (pregnant mum), 1 granddaughter, 1 external family member (aunt) living in the annexe.
- Age cohort 10 months to 67 years old.

On 5<sup>th</sup> August 2020, the referral was received from GP for a 66 years old female (index case), Covid-19 positive with HTN, IHD, T2DM and wheelchair-bound to be enrolled into the virtual ward. As part of the virtual ward enrolment process, initial Paramedic visit arranged immediately. On arrival, the patient's son confirmed that himself, his wife, his 10-month-old daughter and his 67 years old father had all tested COVID-19 positive and all are living in the same house. An aunt was self-isolating in the garden annexe after testing COVID-19 negative. The initial patient was assessed as the patient did not speak any English although the son was translating for mother but to provide further support URDU language pulse oximeter videos were also shared for the family. All 4 adults (mother, son, daughter in law and father) were enrolled on the oximeter although referral was for 1 female. Index Patient was left at home to be monitored as had just had a course of antibiotics prescribed for LRTI.

A further pulse oximeter was left with the self-isolating (Aunt) female in case she became symptomatic.

As part of regular virtual ward monitoring follow up the following day the index patient /62 years old SpO2 reading at rest had dropped from 95% to 93% so hot van visit was arranged immediately. Upon arrival, the patient was given oxygen and ambulance called for difficulty breathing, the patient was admitted to the hospital.



The next day, the patient's son Mr Z informed us that his brother, who resides at a different address, is asthmatic and had just tested Covid-10 positive. We were requested to enrol his brother and Mr Z had already shared referral details. We proactively made contact with this patient after the consent was received. When paramedic visited the new patient, the response was extremely positive as family ZZ has had given detailed feedback to this new family and told them how helpful virtual ward team was.

Two days later it transpired that the patient's daughter in law was 18/52 pregnant. She was advised to contact GP and was subsequently placed on anticoagulation therapy. Dr Lalitha Iyer contacted the family's GP who made the initial referral but it was identified that only the daughter-in-law was registered to at a different surgery. Then family GP discussed the case with GP for daughter in law and with prompt discussion patient was put through to the relevant support.

This case highlighted the need for an agreed SOPs, between Primary Care and Secondary Care for the management of covid10 positive pregnant patients. Dr Iyer worked with Secondary Care colleague and put together bespoke ICS wide SOPs for pregnant ladies with COVID-19 infection. The SOPs are now active and all GPs have been provided with a detailed briefing to manage such cases.

Unfortunately, the index patient (mum) died at the hospital 4 days after the admission. The ZZ family has lost the mother and are going through the bereavement hence we did not ask for the detailed feedback similar to case study1.

Pregnant Patient feedback

“ I would have sat at home and would have not known what to do thank you so much for your help”

MR Z; son feedback

“We have received excellent service, the care was great, my family is very appreciative of all the support you guys offered”

Throughout the care, this family has been providing positive feedback to the COVID-19 pilot virtual ward team for the provision of service.