

### **Welcome to Virtual Ward**

From June 2017, Central locality GP practices in Sheffield began to roll out **Virtual Wards**. Virtual wards may not be a new concept to some but pilots nationwide show patient and staff experience improve with their use.

If you're new to virtual wards, ward coordinator, Jo Watson introduces how they work in this handy one-pager.

#### What are the aims of a virtual ward?

A virtual ward provides wrap-around care to people in their own homes to reduce the need for hospital admission.

For a person with complex health conditions, a virtual ward is about better self-care, self-awareness and confidence to handle common flare ups at home.

For GP practices, a virtual ward provides a consistent, proactive approach to caring for people with the most complex medical and social needs in the community, rather than a reactive one that could end up in multiple hospital admissions.

#### What does a virtual ward actually look like?

The term 'virtual ward' suggests there's a physical building with a full team inside doing ward rounds but it merely mimics a hospital ward hence the term 'virtual.' Some GP practices call it 'enhanced case management model in the community' or 'coordinated care'.

At the end of the day, it's a team of health, care and community professionals who work together *virtually* to coordinate the best wrap-around care for their most vulnerable patients.

## How does a virtual ward differ from community nursing?

Community nurses care for housebound patients, patients that need wound dressings and long term conditions management. Patients on the virtual ward may be housebound and need community nursing along with other services too. The virtual ward ensures these services are coordinated to reduce duplication and improve the patient's care.

#### How does the virtual ward work?

The diagram overleaf shows the way that a virtual ward works. Depending on local health needs, some virtual wards will have more older people, for others, younger people with more complex conditions. Just like a hospital ward, patients come and go.

The virtual ward coordinator does a daily 'ward round' to monitor and action tasks if required. There's a weekly 'ward round' too where the team meets to discuss the current health and care needs of the patients on the 'ward' and how best to support those together.

#### Who works on the virtual ward?

The core team includes: a ward coordinator, a GP, district nurse (DN), community matron, practice nurse (PN) and practice administrator. Local community support workers (CSW) and/or advocacy workers are also invited to attend. Depending on local health needs, therapists, a community geriatrician or other healthcare professionals could prove invaluable members of the team.

#### Joining and leaving the virtual ward

The virtual ward team, together with the patient in question, decides on admission and discharge from the virtual ward.

At the weekly meeting, patients are reviewed using a RAG-rating system (see diagram overleaf). A patient 'in the red' is considered 'complex' because they've either just been discharged from hospital or they're at risk of being admitted there. The aim is to help the patient through 'amber' to 'green' so 'ward rounds' are essential.



#### **TOP TIP FROM JO**

GP practice staff can also help to identify patients who do not appear on the lists but who are in need of coordinated care.

#### What are the benefits of virtual ward to GPs?

The virtual ward provides 'extra back up' and hands-on support for GPs caring for complex patients at risk from hospital admissions. The virtual ward coordinator monitors these patients daily so can see at a glance where action is required often saving valuable time and duplication for the GP.

Discharge letters and medication changes following a hospital stay can all be logged and tasked out and the coordinator can give fast advice to the GP on referrals and form-filling for local services.



## What are the benefits of virtual ward to a person?

Not having to repeat your story. Having the same team of professionals involved in your care who know what 'well' looks like to you personally. Choosing to be part of the virtual ward means that 'true' person-centred care can be delivered.

So for example when Derek has a flare-up of his respiratory problems and has trouble talking, another healthcare professional can see from his 'OK to stay' care plan that this is 'common' for Derek and given a 'bit of time' and one of his inhalers, he can safely stay and be treated at home where he prefers, rather than go into hospital unnecessarily.

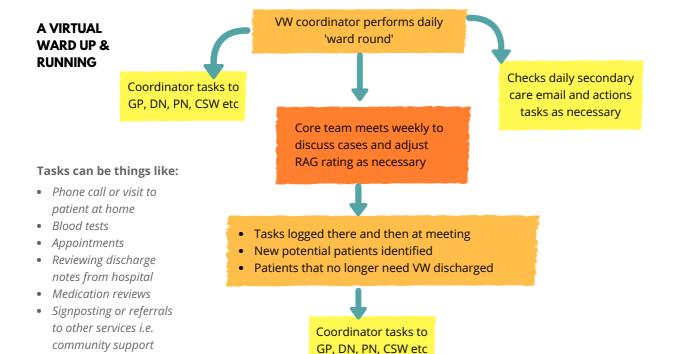
#### Who coordinates the virtual ward?

A virtual ward coordinator role is usually carried out by a senior nursing/professional who plays a vital producer/director-like role coordinating every part of what happens on the ward.

The coordinator needs to have a good all-round clinical background or knowledge of what is available in the community to support patients at home.

#### SETTING UP A VIRTUAL WARD

Look at data from Frailty index / Risk Daily secondary care email re patient admissions / discharge Stratification / Practice Staff intelligence The RAG-rating system Begin to develop spreadsheet of RED - Patients at end-of-life, potential patients for virtual ward recently discharged, likely to become unwell soon AMBER - Frail patients that need carefully coordinated care Core team meet to discuss shortlisted patients and invite them to join. Patients are RAG-rated and care plans begin to be put in place GREEN - Patients with emerging risk but doing well with self-care



http://www.sheffieldccg.nhs.uk/our-projects/neighbourhoods.htm

# Need more information?

workers, therapists etc.

You'll be hearing more and more about Virtual Ward through Neighbourhood News in due course, as well as your Locality Managers and Neighbourhood Leads if you work in primary care. If you have any questions in the meantime, email