

case study



Sector: Joint Working

Client: Medway Primary Care Trust and Medway Council, Telehealthcare Services

Application: Telehealthcare

the challenge

Medway PCT and Medway Council recognised the growing population of its residents living with long term health conditions and the need to deliver more proactive care to these patients. The cost of emergency admissions for 2005 - 2006 was approximately £1.7m and will continue to rise in the future.

To address this issue, the health and social care partnership developed an infrastructure to support the introduction of telecare, telehealth and environmental control solutions. These services were designed to support patients in developing their self care and to allow them to live in their own homes for longer.



Care packages consisting of both telecare and telehealth were tailored for each patient, offering clinicians an innovative approach to care by remotely monitoring their vital signs and changing health needs.

In 2005 Medway PCT in partnership with Medway Council, funded a telehealth pilot. In the residential care home setting **127 hospital days were saved** and **133 hospital days** were saved in the community setting.

The partnership between Medway PCT and Medway Council provides patients with the ability to take their own vital sign measurements from the comfort of their own home. Medway Control Centre monitor patients and alert healthcare professionals when necessary. Healthcare professionals can also remotely observe when they need to. This co-ordinated approach means any deterioration in a patient's health will be quickly identified and suitable changes made to their care plan.



All the reassurance you need

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“This is a beautiful machine. It’s a preventative machine and a real lifesaver. Without it I could end up in hospital but now I can spot possible problems, such as high blood pressure or lack of oxygen, and nip them in the bud before they get any worse and become a real problem.” Mr C

the process

background

After several planning meetings between Medway PCT, Medway Council and Tunstall, the decision was made to purchase several telehealth monitors. Medway PCT invested £50,000 to establish the service with Medway Council Control Centre hosting the central station and supporting the installation and monitoring of the equipment.

Medway Council’s Portfolio for Adult Services Councillor Tom Mason said: *“This initiative is another example of how effective joint working between the Council and the PCT can improve health and social care services in Medway.”*



identifying patients

Patients who received telehealth monitors were identified by community matrons and heart failure specialist nurses. A combination of clinical and cognitive factors were used to choose suitable patients, such as the frequency of repeat admissions to hospital.

Once a patient was selected, a health case manager and member of the Council’s Telehealthcare Services team visited their home to install the equipment and show them how to use it. All patients also receive a telecare unit and are assessed for additional telecare sensors.

Case study 1

Mr C has a history of left ventricular systolic dysfunction (LVSD), type II diabetes and a history of repeated hospital admissions. He was chosen for the telehealth service so that clinical staff could detect small changes in his conditions and proactively treat them to prevent further hospital admissions.

On a number of occasions the telehealth monitor identified changes in Mr C's vital signs. This prompted home visits by a Community Matron who was able to examine him and adjust his medication accordingly. Mr C's health improved, his vital signs became stable and further intervention or a visit to hospital was avoided.

As a result of telehealth monitoring, Mr C feels more secure and confident that changes in his health will be identified and that prompt action will be taken. He has also learnt to recognise symptoms that may need intervention and he now understands that prompt notification can help prevent the worsening of his condition and prevent hospital admission. Telehealth has provided Mr C with a better understanding of his symptoms so that he can self manage his condition and receive proactive care.

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Diabetes Test



Blood Pressure



Pulse Oximetry



Peak Flow Meter

Case study 2

Mrs B has a history of heart failure, myocardial infarction, asthma, decreased renal function, severe sciatica and spinal problems, morbid obesity and mobility difficulties. She was provided with a telehealth monitor to assist during uptitration of a prognostic heart failure medication.

Numerous alerts for Mrs B's heart rate were remotely received by the clinician and the baseline trend was shown to be 100bpm. These alerts were followed up with a phone call from the clinician who advised Mrs B about how to alter the dosage of her heart failure medication without requiring face-to-face contact. The nursing team discussed management of the heart rate with the Consultant Cardiologist and this has prevented the need for an outpatient appointment.

Mrs B lives on the edge of the PCT boundary and her mobility issues make travelling very difficult. The ability to remotely monitor her vital signs at home prevented the need for excessive travelling, which also reduced her stress and anxiety as a trip to hospital wasn't required. Telehealth monitoring also meant that Mrs B still received proactive care from nurse led clinicians.

Case study 3

Mr D has a history of heart failure, ischaemic heart disease, hypertension, arthritis and asthma. He was unco-operative about his treatment which resulted in 2 hospital admissions in the previous 3 months and one occasion he discharged himself. Mr D was selected so that changes in his symptoms could be detected early and treated to avoid preventable hospital admissions.

On one occasion Mr D's weight and blood pressure decreased beyond the set limits. He was assessed as being dehydrated so his diuretics were reduced and his vital signs stabilised. Despite his previous reluctance Mr D responded positively to telehealth monitoring and even instigated phone calls to the clinicians to discuss his care.

Since introducing telehealth monitoring Mr D has taken a more active interest in his care and symptoms. He has a better understanding of his condition and changes are identified more quickly which have allowed him to be treated at home.

For further information
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the results

The telehealth service is now mainstreamed in Medway and findings so far, in terms of clinical, psychological and financial benefits, have been very encouraging. Projected cost savings are over £300,000 and this will increase considerably as more patients and healthcare services are included.

Barbara Mead, Medway PCT's Assistant Director for Adult and Integrated Community Services, said: *"This is definitely the way forward to help people with long-term conditions access expert assessment and diagnosis quickly, and links in very well to the excellent specialist community services that we already provide."*

Patients and carers have commented that the system is easy to use and it helps them take control and participate in their care. Patients have benefited from improved self care which resulted in shorter stays in hospital and an overall decrease in anxiety. Clinicians have reported improved communication and compliance from patients, operational efficiencies and a reduced need for direct contact and timely interventions. The health service has experienced a reduction in accident and emergency admissions and telehealth has supported early discharge from hospital.

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