



# Palliative Crisis: Hands on Care in a Virtual World; One Year On

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## INTRODUCTION

Compton Care's clinical strategy (2022-25) identifies the need for responsive services to prevent crisis escalation, avoid hospital admissions and to support hospital discharges. Our Community Rapid Response Service leads on individualised specialist end of life care for those patients in last days/weeks of life. We work collaboratively with hospital specialist palliative care and community-based teams supporting patients in their own homes ensuring holistic, person-centred care is delivered, symptoms are managed, and families supported 24 hours, 7 days a week.

The National Virtual Ward model allows for patients to remain in the place they call home supported virtually through technology to be appropriately stepped up or down to an appropriate healthcare setting. We have recognised that our red and amber Gold Standard Framework (GSF) patients need a more hands on approach in a crisis. Our high intensity virtual ward was launched in April 2023.

We have retrospectively collated and analysed the first 12 months of data following launch of the virtual ward in April 2023.

## KEY FACTS

**4.5** days

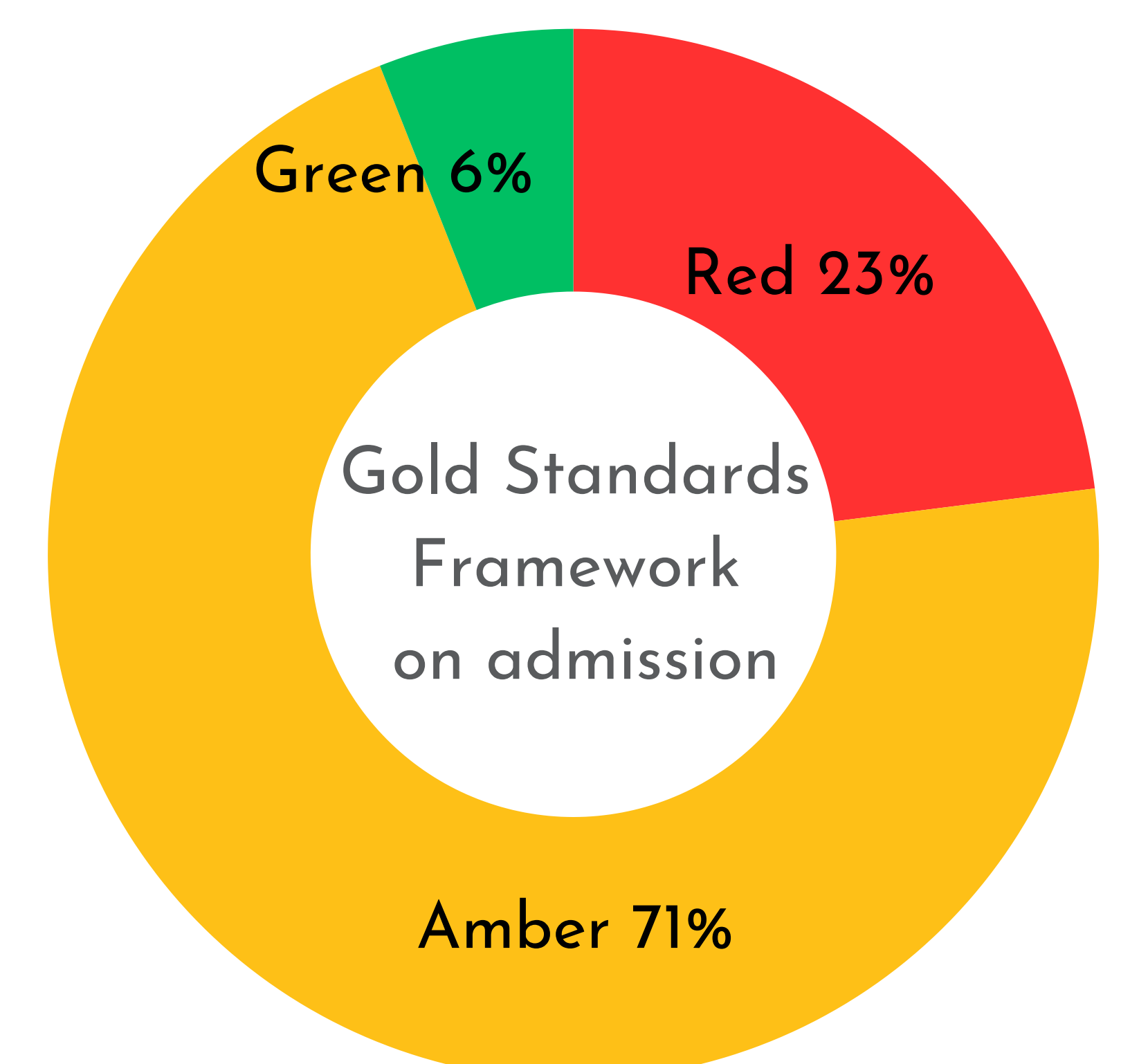
Average length of admission to Virtual Ward

**9**

Average bed occupancy at any one time

**755**

Total number of admissions to Virtual Ward



**702**

Number of hospital admissions averted

**53**

Number of hospital admissions

**34**

Number of admissions to hospice Inpatient Unit

**242**

Number of patients died on Virtual Ward

**99.5%**

Achievement of preferred place of death

### Positives

- Renewed energy for a new service
- Broadening the skillset within the team
- Opportunity to collaborate with community partners e.g. District Nursing teams and Rapid Intervention team
- Benefits to patients and families of intensive support.

## REFLECTIONS

### Challenges

- Understanding of what a virtual ward is and who provides it
- Technology use in this cohort
- Funding in a challenging financial climate
- Feedback constraints/data collection.

### Reasons for admission to hospital from Virtual Ward:

- Sepsis
- Suspected MSCC
- Deranged blood tests

- ## FUTURE PLANS
- Inreach front door acute sector
  - Partnerships and team-working
  - Flow ED pathways
  - Investigations/Interventions e.g. point of care community testing and improved interventional pathways
  - Data capturing and evaluation: Electronic patient record, IPOS/Digital Platform

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