

# A Community Virtual Ward Model to Support Older People in the community who have complex medical & social care needs

**Clare Lewis Clinical Case Manager,  
Older Persons, HSE, Dublin North & County  
(PhD student, RCSI, School of Nursing & Midwifery)**

In 20 years, 1 in 5 people walking down Grafton Street will be over 65



By 2050, Healthcare costs relating to older people will **rise from 6% to 11%** of GDP

Every year from now until 2021, an extra **818** additional people will need nursing home care (only 300 places created in 2015)



## The Problem:

Hospitals have become the default solution

**50% of bed days are for older persons**

- An average length of stay for a frail older person with complex care needs  $\geq 70$  days
- 11% increase in >75s presenting to ED 2016 in North Dublin
- 2015 21% increase in trolley waits



**An unsustainable model of care**

# Solution: Connected Community Care



€69-100 per day  
€485 per week



€800 per day  
€5,600 per week

**Home care approx. 10% of Hospital Care costs**

## Why a Community Virtual Ward (CVW)

- Assists in identifying those at risk of a hospital admission and those at risk of deterioration
- Supports the client to remain at home
- Supports integration of care
- Aims to encourage MDT engagement/interaction
- Able to be implemented within the service infrastructure
- Could be overseen by a Case Manager



# Working Across Service Boundaries



Primary Health Care Teams

Community Intervention Team

Home Care Agencies

Community Pharmacy Services

Voluntary Organisations

Community Virtual Wards



Day Hospital Older Persons

Community Palliative Care

Community Psychiatry



Acute Services

Frailty Intervention Team

Emergency  
Department

Bed Management

Specialist Gerontology

Specialists Chronic  
Disease

# Community Virtual Ward Model



Gerontology Services

Clinical Case Manager

Assessment



Triage

Virtual Ward Admission

High Risk: Red

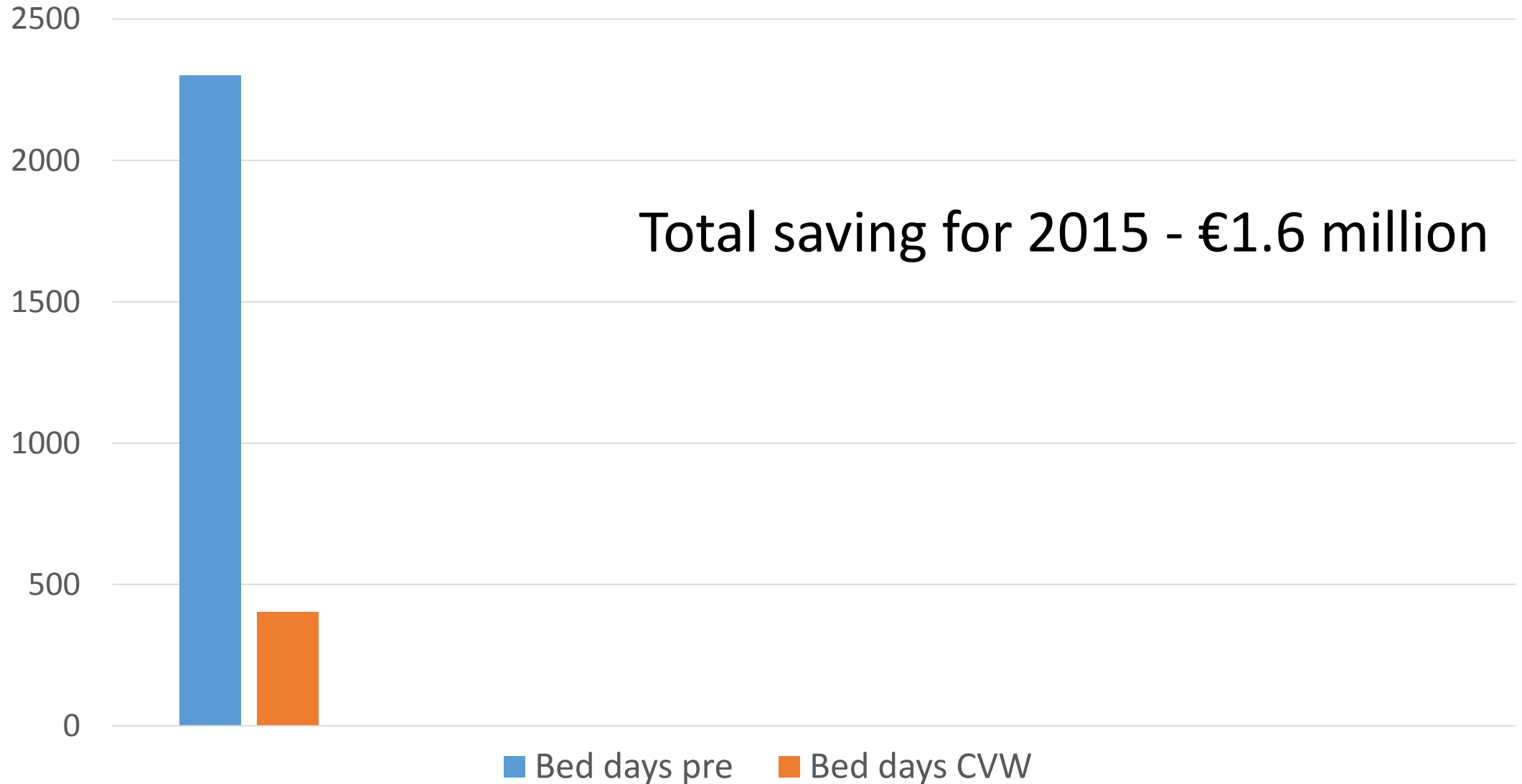
Mod Risk: Amber

Green: Low Risk





**Results:** 81% reduction in bed days  
87% reduction in ED presentation.  
52 Admission avoidances (82% were in the red VW)



# Community Virtual Ward

- **CVW Advantages**

- Efficient
- Streamlined
- Connected
- Integrated
- Safe
- Reliable
- Cost Effective
- Robust

- **CVW current problems**

- Delay in information (up to 2-4 weeks)
- HCP unable to share real time information
- Out of hours services not connected (unnecessary hospital admission)
- ED unable to see VWs
- Longer LOS than needed in the VWs
- Predictions of risk (events driven rather than risk score driven PhD research examining this within RCSI)

# Solution VW digital health care technology

Virtual Wards

TRIAGE



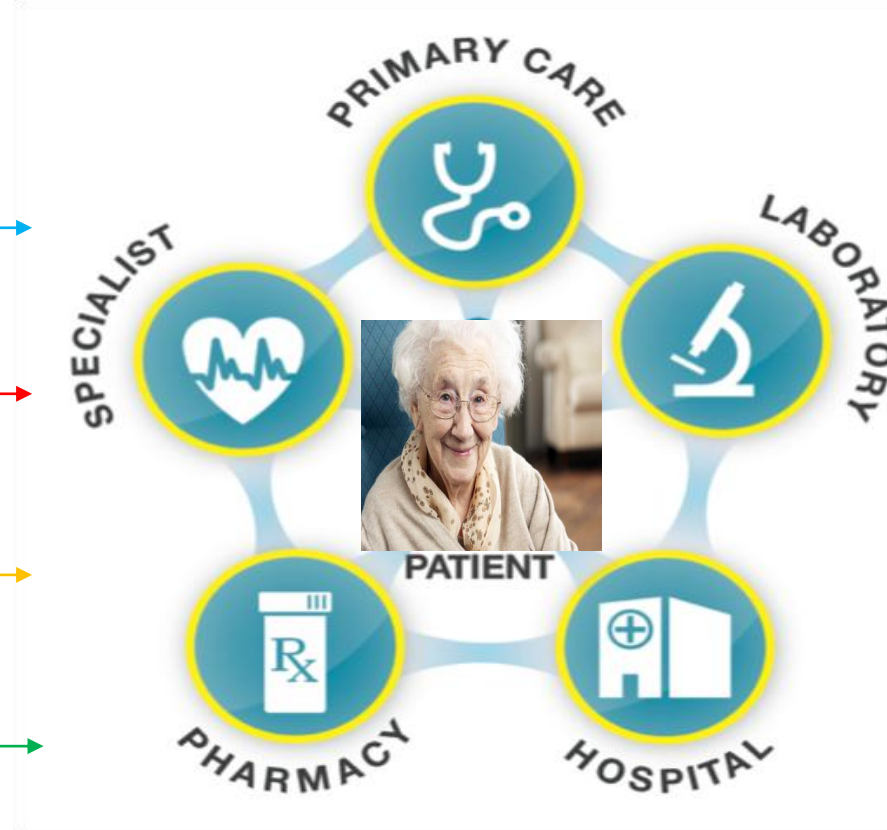
RED



AMBER



GREEN



Timely risk stratification

Team clear on primary interventions & long term plan

Trend overtime

Assist in Decision Making

Response & ongoing interventions

Safe for discharge usual care

Shared Care Record

# Thank You

## Acknowledgments

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