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Conference Abstract

Evidence of sustained benefit: Use of teleconsultation to support people living in residential care settings

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Abstract

Introduction: An increasing proportion of the population require long term supported care in nursing or residential care home settings. As high users of healthcare services, interventions that can be delivered in their place of residence offer substantial benefit to the patient, their carers and to the wider health system. Teleconsultation using 2 way video links has been used to deliver such interventions and its use appeared in early results to reduce the need for hospital admission and Emergency Department (ED) attendance.

Aims: To evaluate, using 2nd year activity and outcome data, whether the impact a dedicated 24/7 teleconsultation service (the Hub) has on admissions, ED attendance and total hospital bed days used by the residents of a cohort of local nursing and residential care homes is sustained beyond the initial "honeymoon" period following introduction of a novel service.

Results: From a population comprising the residents of the nursing and residential care homes in the locality served by a single acute hospital, hospital admissions, ED attendances and total bed days used were measured using routinely collected hospital statistics. Hub activity statistics were initially collected using manual audit. Data were recorded for the year before and the year after each care home began using teleconsultation. Initial findings, from 17 care homes supporting a population of just over 1000 people, showed that there appeared to be a 45% reduction in admissions and a 60% reduction in total bed days used by residents from these locations in the 12 months following introduction of the service. As the numbers of locations supported has risen and data collection methods have been automated, these figures have settled at a reduction in acute admissions of 35% (n=654 to 437), a reduction in ED attendance of 53% (n=798 to 379) and of total bed days used by 59% (n=8247 to 3435). These reductions equate to a fall in the number of hospital beds required to service this level of in-patient activity from 22.6 to 9.4 (-59%). Service user satisfaction remains high at >9/10 across a range of measures using a questionnaire-based

approach. The service continues to grow, with 100 care homes now receiving support across a wide geographical area.

Conclusions: Use of teleconsultation, delivered on a 24/7 basis, appears to be supporting sustained reductions in the need for in-patient and ED hospital services and service user satisfaction with the approach remains very high. These reductions equate to substantial falls in the number of hospital beds required by this frail and difficult to move population. At scale deployment of this approach could offer real benefit to patients and both commissioning and provider organisations.

Keywords

teleconsultation; care homes; admissions; elderly
