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## POSTER ABSTRACT

# Avoidance of unnecessary hospital admissions through the implementation of a digital health programme

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Steph Slone<sup>2</sup>, Kirsty Marshall<sup>1</sup>, Peter Grace<sup>2</sup>, Grace Wall<sup>2</sup>

1: Tameside and Glossop Integrated Care NHS Foundation Trust, United Kingdom;

2: University of Salford, United Kingdom

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**Introduction:** 62% of hospital bed days are occupied by older adults 65 and older in the UK and it is estimated that there is a cost to the NHS of £820 million<sup>1</sup>. Elderly patients admitted to hospital have worse morbidity and mortality outcomes and often have a poorer experience<sup>2,3</sup>. To reduce emergency admissions Tameside and Glossop Integrated Care NHS Foundation Trust developed a Digital Health Service, which supports frail people to stay within the community where their care can be managed, avoiding an Emergency room attendance and potential emergency admission.

**Practice change:** To enhance the value of care provided to the local community a digital health service has been implemented in care homes. The service provides digital technology that enables care home staff to access a hospital specialist for advice and guidance on residents who have a deterioration in health before considering an Ambulance/ GP visit.

**Aim and theory of change:** The aim is to use technology to enable care home staff to maintain older people with complex co-morbidities, within their home setting and avoiding unnecessary hospital admissions.

**Timeline:** The programme was launched in March 2017 and will run for 3 years

### Highlights:

In the period April and September 2017

94 Emergency and 258 GP attendances were avoided.

Total hospital bed days saved 1268.

Deflection rate of Emergency room attendance is currently 70%

**Comments on sustainability:** The programme has now been expanded across the whole of the residential care home sector and will be launched as a 24/7 service this year.

**Limitations:** Awaiting more long term findings, ongoing evaluation is required to ensure that early results are sustainable overtime.

Comments on transferability

Sloane; Avoidance of unnecessary hospital admissions through the implementation of a digital health programme

A joint End of Life bid is being developed.

**Conclusions:** Elderly people suffer worsening health and poor experience when in hospital 3, 5. There is also a significant financial cost to systems treating frail elderly patients in hospitals 3. The Digital health programme enabled care staff to access acute hospital specialists for advice and guidance, which has led to a significant deflection in attendance.

**Discussions:** The programme has proven successful at reducing admissions and in Emergency room attendance within the population group, data appears to show that the service has the potential to support people to remain within their place of residence rather than be treated in hospital.

**Lessons learned:** General practitioners are key influencers within community setting and proved key to promoting and service

**References:**

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**Keywords:** digital health; integration; care outside hospital; place based; fraility

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