Community COPD Telehealth and Telecare Service

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Enabling patients with COPD to self manage and reduce unnecessary hospital admissions

Measuring the impact, one citizen at a time - Mrs M

"It's great, I feel I have extra support to stay at home particularly when my chest is bad" (Mrs M)

Mrs M (76) has managed her COPD well, with good family support enabling her to continue to live at home alone for over 12 years (MRC 5). However in the last year, her condition has deteriorated and she has required additional support from the COPD TEC service in West Dunbartonshire HSCP.

Combining Telehealth and Telecare in one package, Mrs M now uses the Florence system in combination with a community alarm to better self manage her COPD; giving her the knowledge that nursing staff are only a text away if she needs them during the day and that her community alarm provides extra support and assurance, particularly during evenings and weekends. She knows that the community alarm staff understand her condition, have received specific training and will use a bespoke algorithm to ensure that she gets help when she need it.

Previously Mrs M would have contacted NHS 24 or emergency services during an exacerbation, but by using Florence and the community alarm together she and her family feel more secure for her to stay at home. Clinically, this supports commencing treatment without delay and assists with better symptom management. Daily contact during these periods enables her to be maintained safely in the community with a variety of support options at any time of day or night.

Since commencement in early 2017 Mrs M has had 3 exacerbations successfully managed at home by the COPD TEC service without interventions from secondary care.

Without the COPD TEC service Mrs M would have been likely to access services from A&E and possible hospital admission.

"We are less anxious now knowing my mum is able to get a nurse or carer support with a text or press of a button". (Mrs M's Family)

Background

- Uniquely, West Dunbartonshire HSCP is combining the use of telehealth with telecare (community alarm) for patients with COPD.
- Within West Dunbartonshire the prevalence of COPD patients is 3.02% compared to 2.57% in GG&C[1].
- Since January 2017 the community COPD Nurse Service has offered patients combination of telehealth monitoring (Florence) and telecare
- All patients using telehealth receive a full holistic clinical assessment and self-management plan .
- Both the Control Centre and Responder Staff within the Community Alarm team have had training on COPD management enabling them to provide appropriate support based on the algorithm above *when required.
- By monitoring oxygen saturations daily the aim is to identity subtle changes in oxygen levels and any symptoms which may indicate a worsening in their condition.
- Early identification of changes should promote the timely commencement of treatment, reducing the likelihood of hospital admission and GP appointments.
- The community alarm aims to provides extra support for COPD patients especially out of hours.

Learning

- Managing technical issues – New protocols of using Florence differently needed embedding, to reduce faults and downtime
- Wide range of patients benefit - Initial criteria was focused on Non-engagers which reduced uptake and benefit to wider groups

References: 1. QoF data (Qof Calculator , November 2017)