



The virtues of virtual wards

Patients can now receive the same standard of care in a nursing home or their own home, says Ian Chambers, CEO of Linea

Population ageing is increasing at a rapid pace. Between 2015 and 2050, the proportion of the world's population over 60 years of age will double from 12 per cent to 22 per cent reaching 2.1bn, while those aged 80 plus will triple to 426m. Older age is characterised by the emergence of several complex health conditions, which are often a consequence of multiple underlying factors including frailty, incontinence, falls, delirium and pressure ulcers.

There is strong evidence that extended periods of hospitalisation for frail older people leads to a decline in their physical & mental health, in addition to an increased prevalence of falls and the risks associated with hospital acquired infections.

The pressure of an ageing population on healthcare systems cannot be underestimated and will continue to exacerbate existing health and social care pressures, requiring a very different approach to healthcare provision - one which recognises the constraints on acute care beds, limited social / community care provision and the need for patient centric homecare.

What are virtual wards?

Fortunately, advancements in innovation and technology are enabling a new era of affordable and dynamic patient-centric care, through which patients are encouraged to self-manage & monitor their personal

healthcare provision, especially in relation to the treatment of chronic health conditions.

The term 'Virtual Ward' was coined to describe this approach to home-based healthcare provision. In essence, it describes a mix of remote services, technology and community care provision, which align to manage patients' healthcare at home. The technology (including remote monitoring apps, technology platforms, wearables



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and medical devices) enables healthcare professionals to examine and monitor patients remotely, providing interventions when necessary. However, this method does require a collaborative approach combining multidisciplinary teams facilitating a combination of remote monitoring, face-to-face community care and the availability of specialist inputs, where required.

The benefits

Many healthcare institutions are embracing virtual ward applications to improve care quality and increase the overall efficiency of their hospitals. The NHS in England currently has ambitious plans for 40 – 50 virtual ward beds per 100,000 population, as part of a coordinated approach to overcoming constraints in community bed capacity and to support the reduction in COVID-related waiting list pressures.

There are numerous benefits from the adoption of virtual wards, including:

- The provision of care to patients unable to leave their homes for treatment, alleviating the associated burden placed on relatives caring for family members.
- Greater clinical efficiency and resource efficiency through minimising travel, improved productivity and enhanced patient outcomes, which helps in managing COVID-impacted waiting lists.
- Reduced costs through the provision of standardised and cost-effective healthcare to numerous patients at the same time.
- An effective and proactive discharge planning tool for hospitals to free up beds to reduce Delayed Transfers of Care (DTOCs) enabling continuation of elective care, while minimising unnecessary patient transfers and providing post-surgery recovery in a community setting.
- Enhanced community care provision, especially in rural and sparsely populated regions.
- Improved patient satisfaction through the provision of care in an environment

which is more comfortable and convenient for them.

- Streamlined and effective patient communication with the ability for patients to connect directly with healthcare providers via a virtual application, without having to physically visit a clinic or hospital, thus increasing speed of communication and reducing errors.

Management & Mitigation Considerations

There are a few potential drawbacks associated with virtual wards, although these can largely be managed and / or mitigated, namely:

- The use of telemedicine technology which can increase misdiagnosis prevalence.
- Potential privacy issues stemming from patient information being transmitted over unsecured networks.

- Patient resentment resulting from virtual monitoring and clinical oversight at the expense of regular face-to-face doctor appointments, particularly with the elderly who aren't as technologically capable.
- The initial set-up costs associated with systems and technology, although in the long run these are offset by the reduced costs of care provision.

Reduced hospital admission

So, the virtues of integrated virtual wards are apparent, enabling patients to receive the same standard of care in a nursing home or their own home, which would otherwise require them to be admitted to a hospital bed. Patients can be admitted to a virtual ward to shorten length of stay, enable early transfer home before they are medically fit for discharges or alternatively, patients can be admitted directly from home as an alternative pathway, mitigating the need for hospital admission.

There are however some further key considerations for healthcare systems adopting virtual wards, particularly in MENA where considerable population growth is forecast and the requirement for additional

healthcare capacity is planned to increase exponentially:

Additional Middle East Benefits

1. Workforce Shortages

The global healthcare workforce shortage is well documented. One way of minimising the impact is through the adoption of innovative care provision, which reduces the required acuity of care management and the number of clinicians required to provide it. Virtual wards require fewer doctors and nurses as much of the day-to-day care is provided through social care practitioners or via remote monitoring, thereby providing enhanced care quality, across a wider number of patients at a substantially reduced cost.

2. COVID-Related Staff Deployment

The pandemic resulted in many organisations increasing their clinical headcounts in order to provide COVID testing and vaccination provision. As the demand for these services has reduced,

healthcare organisations are facing a dilemma in retaining and redeploying these members of staff. The adoption of virtual wards provides a fantastic opportunity to retain experienced resources and utilise them to provide much needed community care provision across a diverse range of specialisms, enabling healthcare organisations to develop lucrative new markets.

3. Additional Capacity

Meeting increased demand through additional infrastructure capacity usually incurs a lead-time of 3 – 7 years and considerable expenditure (c.US\$70m for a 100-bed facility). Planning today for healthcare requirements in 7 years' time is fraught with challenges. Virtual wards provide an opportunity to 'turn-on' additional capacity immediately, whilst also providing a hedge against future increased infrastructure requirements, reducing associated costs or providing essential contingency. The move towards home based care provision also reduces the requirement for city centre land, which is due to be constrained over the next decade with prices increasing exponentially in key conurbations.

4. Public Private Participation (PPP)

Virtual wards provide a great opportunity to adopt PPP relationships, principally across three aspects: specialist community care provision and expertise, technology provision and infrastructure capacity. Furthermore, the comparatively low capital outlay and ability to adopt a fragmented approach by specialism opens opportunity for SME involvement.

Linea are experts in healthcare improvement. Contact us to see how virtual wards could work for your organisation as part of an integrated community healthcare system. You may well be surprised by the speed of implementation, benefits realisation and return on investment.



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