

8.29 Overview of the development and implementation of CARE Virtual Ward as an alternative to the hospital centric pathway for individuals with Chronic Obstructive Pulmonary Disease by focusing on treatable traits.

RANP Antoinette Doherty¹, RANP Sonya Murray¹, Operational Lead Claire McRory¹, Respiratory Consultant Olga Mikulich²

¹HSE, Letterkenny, Ireland. ²HSE, Letterkenny University Hospital, Ireland

How the Respiratory Integrated Care Team in Co Donegal developed CARE Virtual Ward as an alternative to hospital based care.

Using design thinking the team redesigned existing approach to integrated care for COPD management, by utilising bespoke technology and a dashboard indicating respiratory compromise and/or deterioration in real time to inform clinical decision making.

This person centered approach focuses on education and self-management has improved outcome.

CARE Virtual Ward offers the following:

1. Remote monitoring in real-time, enabling early intervention and reducing exacerbations.
1. Tailored treatment plans improve disease management and quality of life.
1. CARE Virtual Ward has ensured that geography is no longer a barrier to COPD Outreach in Co Donegal. Patients requiring hospitalisation are discussed and monitored with supported discharge as soon as is appropriate using the virtual ward to support COPD Outreach to the entire county.
1. This is a cost effective model of care – offering alternative virtual pathway to hospital centric model of the past.
1. Efficient resource management – has improved integration of care –Hospital and community teams work together - The county is divided into networks Respiratory teams ensure most appropriate clinician provides care for the patient as close to their home as possible.