



Application of Research to Inform Policy

Adapting and adopting your research to address healthcare priorities in the context of Policy or Strategy

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Presentation Outline

- ▶ Background to PhD research.
- ▶ Importance of policy and strategy to research.
- ▶ Adapting and adopting the original research to flex around healthcare priorities and demands.

Rational for Research

- ▶ Increase in the number of older persons with complex health and social care needs.
- ▶ The number of older people living with four or more chronic diseases including dementia will double by 2035 (Kingston et al., 2018).
- ▶ In Ireland 24% of older people (over 65) living in the community are classed as frail, with another 45% pre-frail (TILDA Study 2016).
- ▶ Numbers of Centenarians set to increase globally with odds of reaching 100 years increasing from 1:20,000, to 1:50 (WHO 2010)
- ▶ Frailty can be avoided, delayed and reversed with timely and appropriate interventions (TILDA Study 2016)
- ▶ The combination of multi-morbidity and an aging population represents a challenge to acute services, particularly hospitals that are already operating at 100% capacity.

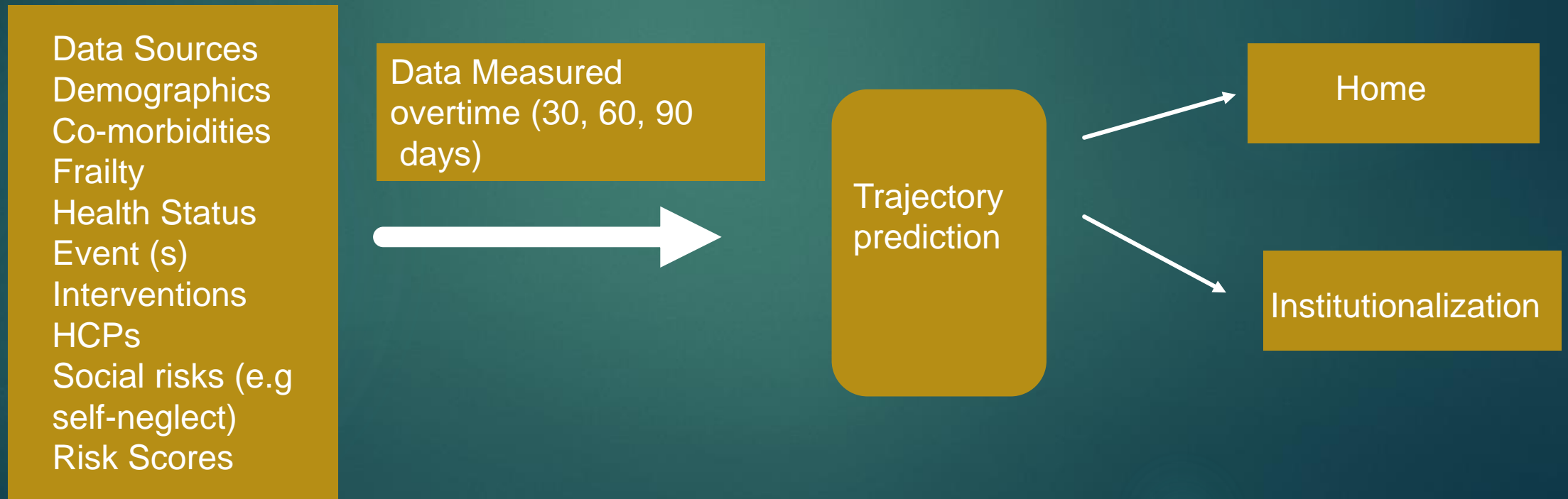
PhD Research

A Community Virtual Ward

- ▶ In 2015 a Community Virtual Ward was introduced in North Dublin primary care to support older persons with complex healthcare needs.
- ▶ It was an exploratory pilot study (sponsored by the Nursing and Midwifery Planning Unit North Dublin and completed with School of Nursing and Midwifery RCSI) to determine if this model could reduce unplanned hospital admissions and emergency department presentations.
- ▶ The model focused on integrated care, comprehensive assessment of need, early intervention and emulated aspects of hospital care in the home in terms of complex interventions and monitoring with access to specialist geriatric services.

Research Aim

To examine the impact of the model and determine potential outcomes at an earlier stage of admission within the CVW.



CVW Model of Care

Patient & Family (Home)

GP

Primary Care Teams

Community Intervention Team

Specialist
Gerontology

Community
Palliative
Care
Community
Psychiatry
Older
Persons

Home Care
Agencies
Voluntary
Organisations

Clinical Case Manager

Day Hospital/ Rehab
Acute Care

Specialists Chronic
Disease

CVW and levels of Risk

Red Virtual Ward	High Risk , patients were included if they had an event in the last 30 days or were discharged from hospital in the last 30 days
Amber Virtual Ward	Moderate Risk , patients bypassed Red if the event was more than 30 days prior to presentation and it was a more gradual decline. It also included those transferred from Red after a period of stability.
Green Virtual Ward	Low Risk , patients who had a period of stability were transferred to the green virtual ward for monitoring prior to discharge to usual care (primary care).

Study Results:

- ▶ Reduction in unplanned hospital admissions and ED presentations.
- ▶ Reduction in the number of adverse events.
- ▶ Evidence of admission avoidance.
- ▶ Evidence of better integration of care across hospital and community
- ▶ Time to reach a level of stability was correlated to outcome (if 30 days or less more better outcomes than >30 days).
- ▶ Transitions of care: types of events, type of interventions, number of episodes and number of health care professionals involved were indicators of outcome .

(Lewis et al., 2017, Lewis et al., 2020, Lewis et al., 2021)

Unique Value of the Model of Care

- ▶ Integrated approach to care with an end-end pathway from GP to primary care, community care and acute hospital services.
- ▶ Offered early supported discharge and targeted interventions as part of admission avoidance.
- ▶ Care delivery was community based and offered sub-acute care during episodes of decompensation.
- ▶ Patients did not need to attend ED to be admitted to the CVW.




Policy and Strategy

What is the difference between Policy and Strategy

Policy	Strategy
<p>A health policy defines health goals at the international, national or local level and specifies the decisions, plans and actions to be undertaken to achieve these goals.</p>	<p>Strategy is a comprehensive plan of action formulated or designed in order to achieve a particular goal.</p>
<p>Policy clarifies the values on which a policy is based; it defines a vision for the future, which in turn helps to establish objectives and the priorities among them; and it facilitates setting targets and milestones for the short and medium term.</p>	<p>Strategy includes the key steps that need to be taken that are critical to achieving the changes needed of a defined period of time. A strategy often assists in the implementation of a policy.</p>
<p>Example: Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice provided the credentialing pathway to increase a critical mass of ANPs to support national service priorities and healthcare needs of the future.</p>	<p>Example: The Maternity Strategy maps out the future for maternity and neonatal care, to ensure that it will be safe, standardised, of high-quality and offer a better experience and more choice to women and their families.</p>

Why is Health Policy and Strategy Important to Research

- ▶ Provides direction for research (priorities, gaps, demand).
- ▶ Alignment of research to deliver on key priorities.
- ▶ Supports research development (investment, engagement, endorsement).
- ▶ Provides opportunity to influence or change policy and strategy following research findings.
- ▶ Can assist in identifying gaps in policy and strategy.
- ▶ Provides opportunity to influence or change policy and strategy following research findings.



Adapting and Adopting Research for Policy

Sláintecare's – right care, right place, right time



- ▶ Sláintecare Strategy: “Right Care, right place, right time”
- ▶ Published – May 2017 Adopted by Government July 2018
- ▶ Set out a high-level policy roadmap to deliver whole system reform and universal healthcare, phased over a ten-year period.
- ▶ Sláintecare’s Vision:...is to achieve a universal single-tier health and social care system where everyone has equal access to services based on need, and not ability to pay.
- ▶ Integrated care and move away from acute hospital focused care to support a shift to community-based care

Policy, Workforce and Population Health Changes

New nursing role created

- Enhanced Nurse Role
- Support a shift in community based care and enable the delivery of Sláintecare

Publication of Advanced Practitioner policy

- Create a critical mass of Advanced Practitioners
- Integrate service delivery across hospital and community services

Pandemic

- Change in how care was delivered
- Need to maximising on digital healthcare



An Roinn Sláinte
Department of Health

The testing and results of an integrated nurse-led community virtual ward proof-of-concept.

Chief Nursing Officer's Office, Department of Health & Office of the Nursing and Midwifery Directorate, Health Service Executive

June 2021

Office of the Chief Nurse

Research informing policy and strategy

The CVW model was adapted and adopted to;

1. Support the development of the Enhanced Nurse role.
2. Reduce demand for hospital care and address unmet need (pandemic).
3. Mobilise nursing across hospital and community (integrate nursing).
4. Maximising technology using remote monitoring.

UNIQUE VALUE PROPOSITION:

Community Virtual Ward

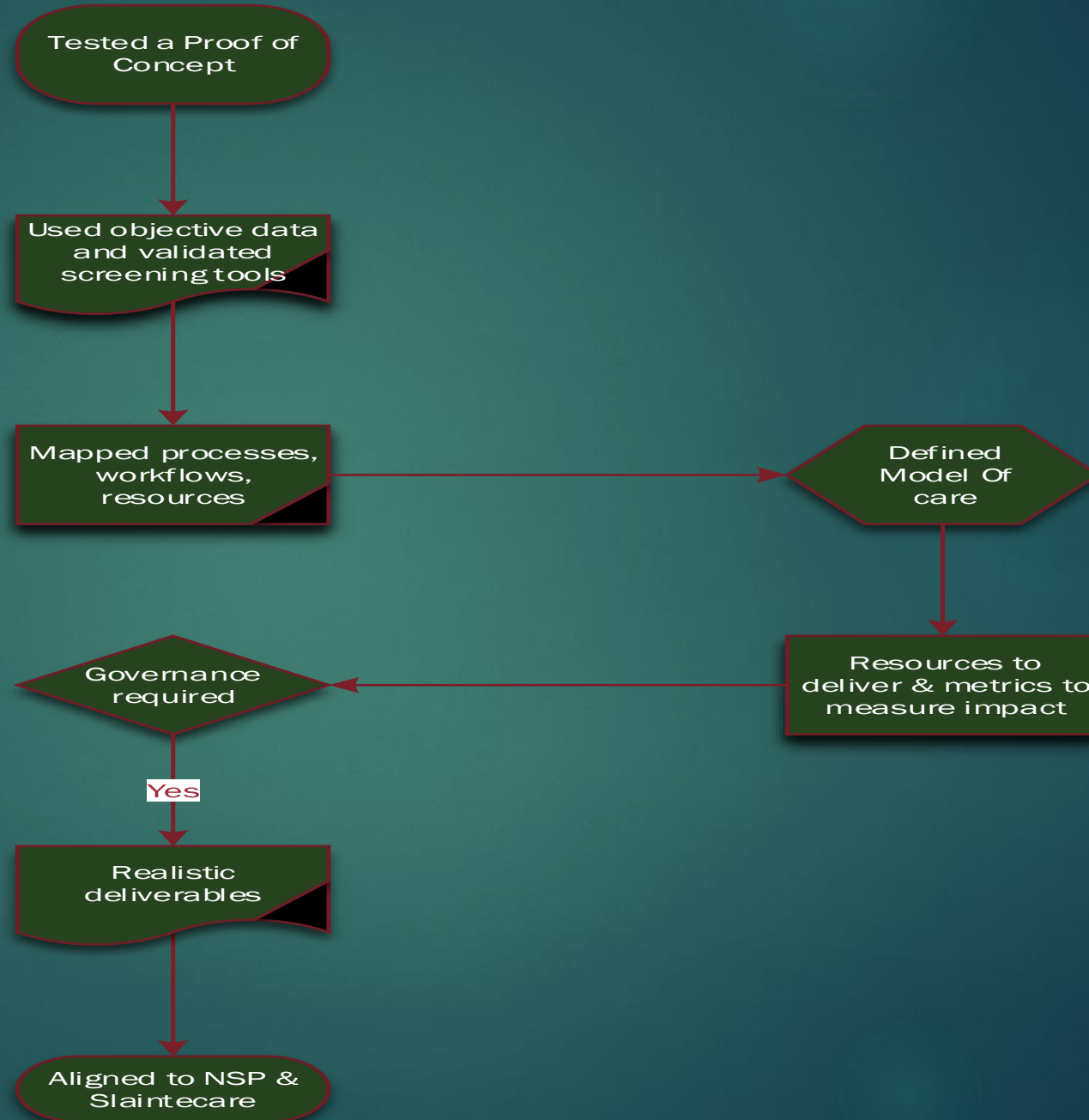
- ▶ Modernizes integration to support the shift in care to the community and manages a full episode of care that includes acute and community nursing services.
- ▶ Provides clear and robust governance structures to ensure clarity on authority, accountability and decision making.
- ▶ Provides a model of care for mobility of nursing services delivering shared care to include the hospital and community.
- ▶ Contributes to bridging the gap between access & coverage with the community as the central point of contact.
- ▶ Enable the economic value with nurses working to the top of their license.



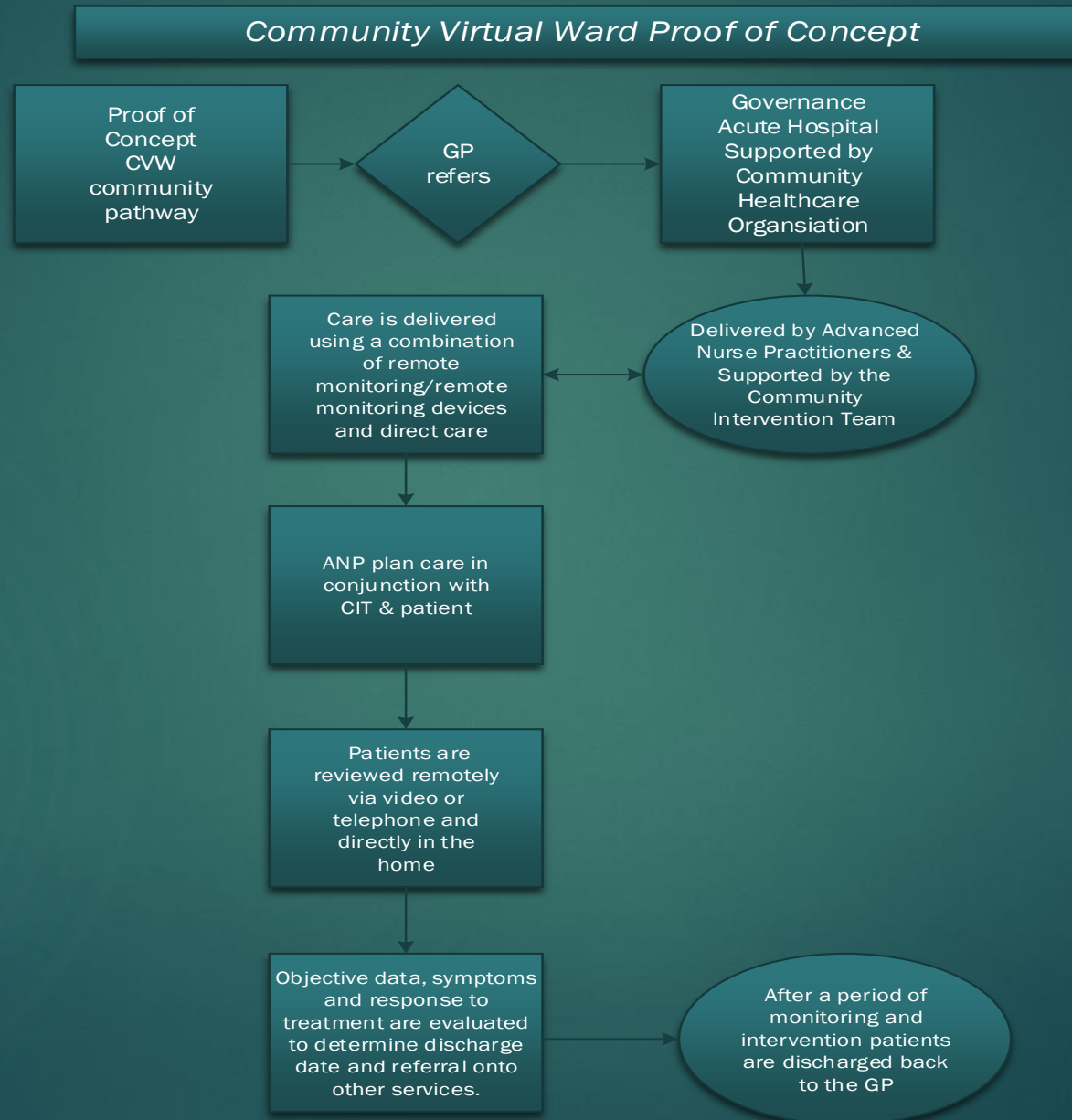
Designed to drive implementation of
Sláintecare



Adapting and Adopting Research



Adapting and Adopting Research





Low technology directed use of
SpO2 monitor & spirometry, peak
flow



Assessment made for
suitability of low
technology or high
technology approach



High technology is self-directed
patient portal with blue-tooth
devices to automatically upload
information to the remote
monitoring platform & self-directed
assessment & reported of symptoms



Acute Hospital and Community CVW
staff can view remote monitoring data
and trend results overtime.



Remote Technology





Patient Related Outcome Measures

Improvement in symptoms

Improvement in self-efficacy

Improved health related QOL

Improvement in exercise tolerance

Increased adherence

Patient Feedback

Self Management

All felt that they learned something new about their condition
Reported understanding how to manage their exacerbation
The devices helped them understand their symptoms
Increase in competency for inhaler use
They felt that they would now know what to do if they became breathless

Partnership & Shared Care

The partnership element was very strong
Patients felt included in the plan of care rather than being told what to do
Family engagement was key and patient reported that the CVW helped family members really understand their condition and what they needed to do to help manage it.



Discharge

All reported they would like to have this resource when leaving hospital
With some reporting they would leave hospital sooner if they knew this was available
They all reported that they would access this service again & having this in the community would reduce their need to go into hospital

Technology

All felt having access to the remote technology helped them with anxiety, confidence in managing their own symptoms and assisted in understanding their condition and how it can be managed.
Some felt they had learned a new skill from having access to the technology.

Principles of the Research Applied

- ▶ CVW approach flexed around the priorities and population health changes at that time.
- ▶ **Principles of the model;**
 - Community focused CVW
 - Admission avoidance as primary driver
 - Integrating acute and community care
 - Intensive monitoring and interventions for a defined period
 - Using evidence-based screening tools to measure response and health status

Thank you