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## **COPD Virtual Care: A paradigm shift away from hospital care to patient-centred care**

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Authors	Burke, Emma;Glomba, Karolina;Nic Dhonncha, Eimear;Connolly, Clare;O'Keefe, Derek;Davies, Jennifer;McCabe, Ian;Tiernan, David;Manavi, Tejaswini;Worlikar, Hemendra;Doran, Jennifer;Lockhart, Michael;Pinder, Jack;Walsh, Sinead
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# COPD Virtual Care: A paradigm shift away from hospital care to patient-centred care

**Emma Burke**, Karolina Glomba, Eimear NicDhonncha, Clare Connolly, Derek O’Keeffe, Jennifer Davies, Ian McCabe, David Tiernan, Tejaswini Manavi, Hemendra Worlikar, Jennifer Doran, Michael Lockhart, Jack Pinder, Sinead Walsh<sup>1,2,3</sup>.

- Galway University Hospital
- Community Healthcare Organisation 2 (CHO2)
- University of Galway

Emma.burke1@hse.ie

## Introduction

Chronic Obstructive Pulmonary Disease (COPD) is a heterogeneous lung condition causing persistent, progressive airflow obstruction. It is the most common disease-specific cause of adult emergency hospital admissions in Ireland<sup>1</sup>. Virtual wards (VW) are a promising solution to optimize care for COPD patients<sup>2</sup>. The VW aligns with the Slaintecare vision of delivering one universal health service, providing right care, in the right place, at the right time<sup>3</sup> for COPD patients.

The study involves a pilot implementation of the virtual ward with a cohort of COPD patients. It explores the feasibility and effectiveness of a COPD-VW pathway, expanding the existing Outreach service to include remote patient monitoring for acute exacerbation via MyPatientSpace.

The primary goal is to monitor patients in real time, manage exacerbations effectively, and ultimately reduce emergency department visits and improve patient bed flow.

## Methods:

An evaluation of key metrics including hospital admissions, hospital avoidance, length of stay, exacerbations, and patient-reported outcomes of the COPD virtual ward was performed.

The MyPatientSpace App was used to measure and record patients subjective symptoms using validated assessment tools including the modified Medical Research Council (mMrc) and COPD Assessment Tool (CAT).

Objectively it recorded Oxygen Saturations, Blood pressure, Heart rate and Temperature.

The App also measured patient reported outcomes using in-built surveys such as UCOPD and Patients satisfaction surveys.

## Results:

COPD-VW has provided 30 care episodes since its initial launch in April 2024.

The average length of stay (LOS) is 7.6 days, 35.5% improvement on LOS compared to the national average<sup>4</sup>.

The HIPE data report (2024) estimates costings of €8179 per COPD hospital stay.

This pilot to date has saved 205.4 days.

Patient reported outcomes showed that 100% were “happy to receive care on the Virtual Ward again”

## Conclusion:

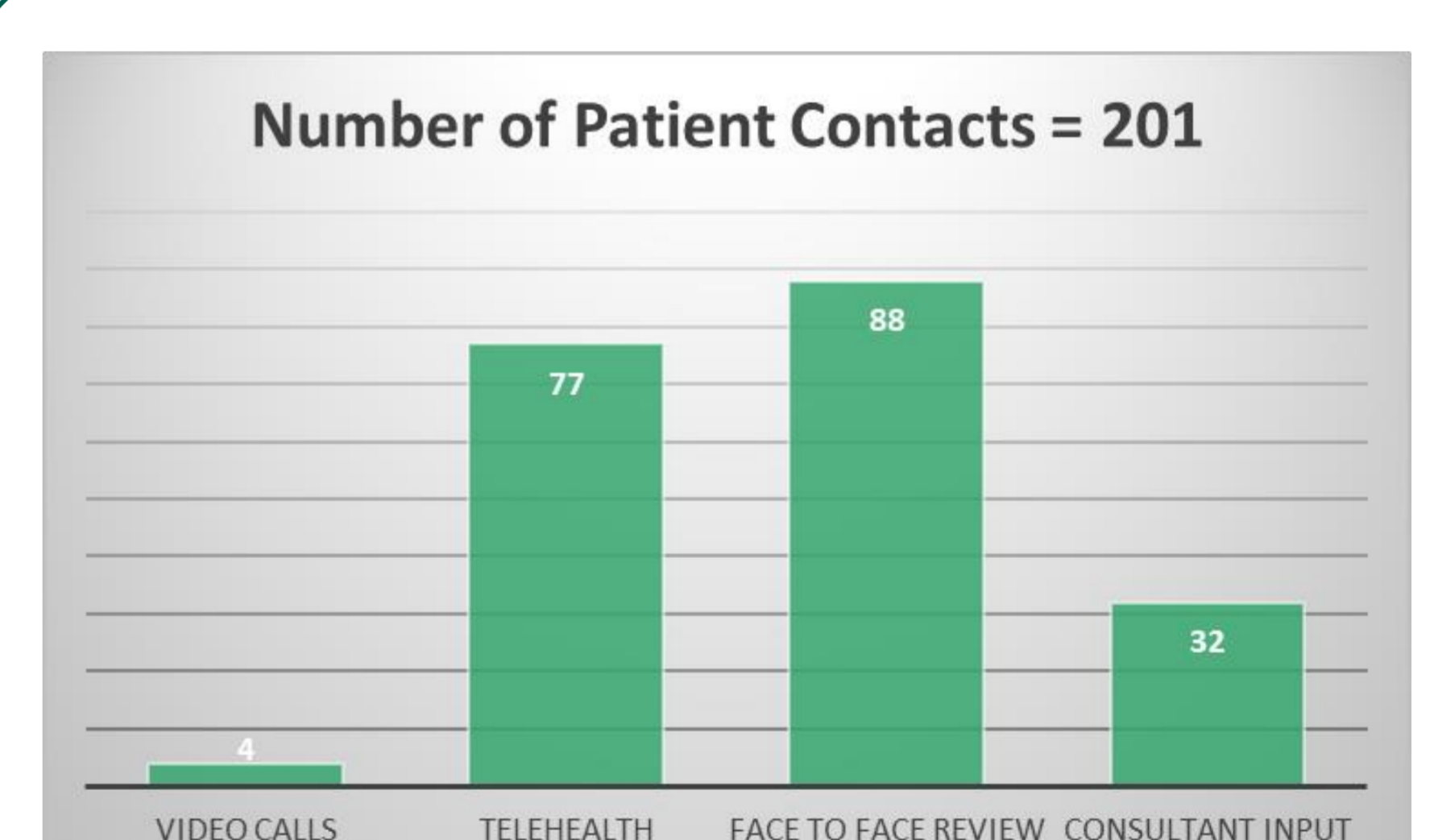
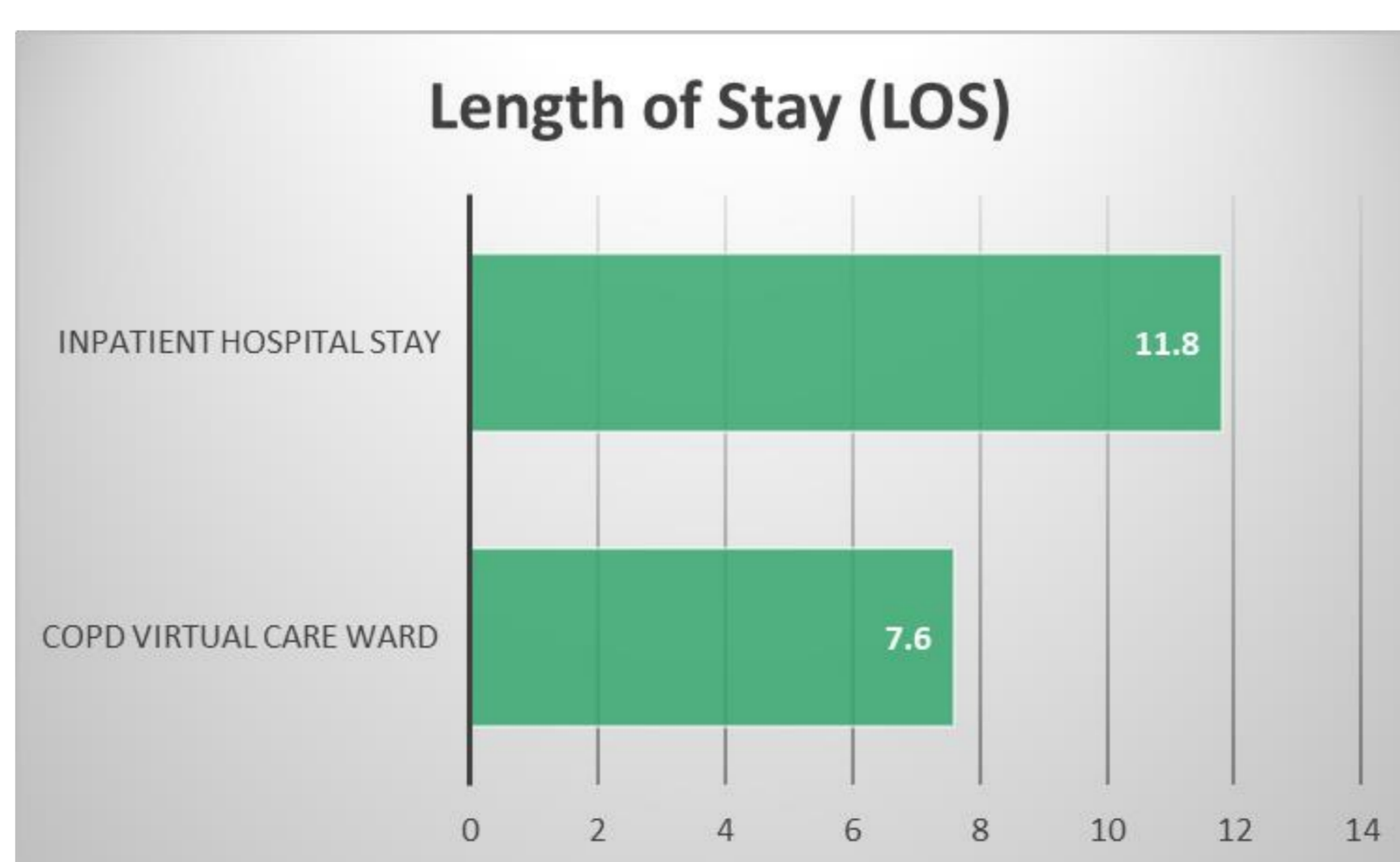
Findings from this study have already provided valuable insights into the potential benefits of a COPD VW and informed future efforts to scale and embed this innovative care model.

The COPD Virtual Care Ward has improved access to care and also demonstrated significant benefits in clinical outcomes, patient satisfaction, and resource optimization.

This paradigm shift away from hospital care and towards patient-centered care has allowed healthcare providers to identify and address exacerbations early, reducing hospital admissions and enhancing overall quality of life for patients.

## Future Recommendations:

Expanding the COPD Virtual Care Ward to direct GP access via The Navigational Hub has the potential to reduce hospital admissions by addressing health concerns at the primary care level before they escalate into more serious issues requiring hospitalization. This proactive approach will contribute to better health outcomes while optimizing hospital resources.



## Latest Measurements

Latest SpO2 (%)	86
Latest Pulse	90
PulseOx Last Used	09/06/2024 10:05
BP Systolic (mmol/L)	123
BP Diastolic (mmol/L)	98
BPM Last Used	09/06/2024 10:07
Temperature (C)	36.30
Thermometer Last Used	09/06/2024 10:11
CAT Score	5
Borg breathlessness score	3 - Moderate Breathlessness



## References

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