

Ine Kole of the COVID-19 Pandemic Supporting the

The Role of the AHSN NENCIN

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Welcome

First and foremost, I would just like to say a huge thank you to everyone working within the health and care system within our region. In what must be the toughest year in our careers, the strength, resilience and kindness displayed by healthcare professionals has been completely amazing and extremely humbling. Every time I speak with someone within the NHS it inspires me and the AHSN Team to support the system in any way we can. We have seen many stories of support, community and a general togetherness over the last year. The purpose of this brochure is to showcase some of the work we have been involved in, from the sourcing of PPE, to the undertaking of rapid insight activities in order support the adoption of digital solutions traditionally used in Primary Care, into a care home setting. In addition, we have managed to continue our extensive event programme to ensure that we support colleagues across the region in the dissemination of knowledge.

So I hope you can see that despite the difficulties of the past year and the challenges we still face, we are here to help in whatever way we can.



Kindest Regards Nicola

Dr. Nicola Hutchinson, CEO, AHSN NENC

Rapid Insights into Digital GP Solutions

Surveys were carried out across the North East and North Cumbria region in addition to the Yorkshire and Humber region to understand the adoption routes and impact of digital solutions on GP Practices, particularly the use of online consultation, video consultation and SMS messaging.

The aim of this project was to quickly understand how Primary Care had adapted during the first few months of the COVID-19 pandemic. The quickest way to do this was by developing survey questions in association with the North East North Cumbria GP IT Response Group who also assisted with dissemination. The survey was optimised to reduce the time required to respond, with the anticipation that this would increase the response rate.

A range of Primary Care Staff (predominantly clinicians and practice managers) were surveyed about the system they were using, call allocation, effect on workload, demand, patient experience and outcome, clinician experience, training requirements and the likelihood of continued future use.

The speed at which the survey was written and disseminated, as well as software utilised to process the data meant we had an almost real time overview of how the system was coping, with a clear identification of the pressure points enabling the system to respond very effectively.

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individuals submitted a response from across the North East and North Cumbria and Yorkshire and Humber regions between 30 May and 12 June 2020.

Subsequently, working with the GP IT team, the AHSN NENC hosted a series of virtual workshops to support teams developing action plans which are now being rolled out across our Integrated Care Partnerships.

To view the full survey please visit <u>www.ahsn-nenc.org.uk</u>

"What I've realised with Rapid Insights is that you can get an awful lot of information very quickly about what people are thinking at a certain point in time. Although it might not be as scientifically rigorous as gold standards like randomised controlled trials, it's very pragmatic, it's very much of the moment and, because of that, it allows you to have answers very quickly. The Rapid Insights that we have done so far have achieved what they needed to at that moment in time. Professor Julia Newton, Medical Director, AHSN NENC

Rapid Insights into Digital and Technology Solutions in Care Homes

The AHSN NENC led a scoping exercise across North East and North Cumbria and Yorkshire and Humber in response to the COVID-19 pandemic. 144 care homes responded and shared their experience of using technology within the home to assist with medical care for residents or to keep in touch with relatives. The information gathered has been shared with digital leads to develop quick guides for care home staff on how to use the new video conferencing solutions.

The AHSN NENC worked in partnership with the Yorkshire and Humber AHSN to better understand the digital position within our care homes. Part of this was to undertake a rapid insights survey to determine baseline data on what systems were in place, what was working well and what required further improvement/development. A report has been written which discusses the initial findings from the survey and provides high level insights and learning from care homes across the region. Whilst the survey shows digital solutions are being utilised within our homes, more work needs to be done to understand why some of these are not currently been used to their full potential. Further training is one area that has already been identified as enabling these technologies and innovations to be used effectively. We will therefore be working with our Patient Safety Collaborative colleagues to develop training resources, to ensure outputs can be maximised and to provide further support to our care home teams.

More work will be needed to understand how the solutions being rolled out in Primary Care will work in a care home setting rather than with individual patients. Furthermore, how we provide enhanced consultation for example, using equipment to measure physiology like blood pressure and oxygen saturation levels, in order to provide a high quality consultation and improve patient outcomes.

Work across care homes in the North East and North Cumbria region has been supported over the last three years by the Well Connected Care Homes Programme delivered by the AHSN NENC which has resulted in approximately 400 care homes already being digitally enabled, using digital NEWS scores, and discussions are underway to consider how we cover the remainder of the system.



care homes responded to the survey, 86% of respondents were care home managers.

"The AHSN NENC was uniquely placed to respond to this element of the COVID-19 pandemic. With cases and deaths rising and the media frenzy surrounding care home residents it was crucial to gain insights which were accurate and representative quickly. We were able to co-ordinate a team who could develop, disseminate and analyse a survey within a few weeks. This allowed us to inform digital leads about care home needs urgently to assist residents and ultimately keep them safe and out of hospital." Dave Belshaw, Digital Transformation Manager, AHSN NENC

Rapid Insights Gained from Health Care Professionals

The AHSN NENC act as an independent, trusted body within the region so were well placed to conduct a rapid insights survey amongst healthcare professionals. The purpose was to survey a small sample size, quickly in order to analyse and extract key themes of which recommendations could be proposed and implemented fast. Coupled with a wider patient focussed survey undertaken by Healthwatch, a Report was developed and shared accordingly. The Report can be found on our website <u>www.ahsn-nenc.org.uk</u>

Over 40 colleagues responded to an online rapid insights survey. This provided a broad view of how things were going on the ground during the COVID-19 pandemic and more importantly what could be done to improve certain areas and what can be learnt in the longer term.

Three key themes and associated recommendations were identified:

- 1. Workforce Qualities
- 2. Digital Innovation
- 3. Rapid Decision Making

The structure of the AHSN NENC and skills within the team allowed this project the space and time it needed to develop quickly; this was crucial so the findings did not become obsolete as the pandemic moved so fast.

The unique relationships the AHSN NENC has within the healthcare system in the region ensured access to a cross section of healthcare professionals to survey and allowed for fast dissemination of the findings so best practice could be shared. </40

Over 40 responses from colleagues who participated and provided feedback through an online rapid insights survey. "At the start of the COVID-19 pandemic things were changing – fast. We needed to get an understanding of what was working, what wasn't, what we could share with colleagues and an understanding of how our patients felt. The survey gave us these themes and provided the building blocks for some quick wins for frontline staff." Professor Julia Newton, Medical Director, AHSN NENC



ESCAPE-Pain Remote Training Collaboration

The AHSN NENC, in collaboration with the Innovation Agency (North West Coast AHSN) and the Health Innovation Network, has successfully led a project to enable participants to access the national ESCAPE-Pain Programme during the COVID-19 pandemic.

ESCAPE-Pain is an exercise-based group rehabilitation programme for people aged 45+ with chronic joint pain of the hip and knee.

It is designed to improve function by integrating exercise, education, and self-management strategies to dispel inappropriate health beliefs, alter behaviour, and encourage regular physical activity.

The programme is ordinarily delivered face-toface in group settings at a variety of healthcare and community venues, but due to the impact of the COVID-19 pandemic, participants have been unable to access ESCAPE-Pain and manage chronic joint conditions.

To help participants from home, a series of remote ESCAPE-Pain training videos have been filmed by Victoria Strassheim, Clinical Lead for ESCAPE-Pain at the AHSN NENC to give participants immediate access to the programme once again.

Victoria has filmed a series of 10 ESCAPE-Pain sessions (18 videos in total), which will enable ESCAPE-Pain to continue, until such time that normal face-to-face classes can resume, which are considered the gold standard of delivery for the programme. Karen Oliver, Clinical Lead for ESCAPE-Pain through the Innovation Agency NWC, has worked alongside Victoria to record and deliver the 10 education sessions included in the remote training videos.

Each full training session includes five videos: Education Session, Warm-Up, Exercise Session, Cool Down and Relaxation Session.

The videos have been designed for participants to complete full ESCAPE-Pain sessions at their own pace, and as easily and as safely as possible in their own homes.

The ESCAPE-Pain Remote Training Programme videos will be delivered to participants in lockdown through registered Programme facilitators. Interested parties can contact the national team direct or read about it on the national ESCAPE-Pain homepage or on our web site <u>www.ahsn-nenc.org.uk</u>

yirtual exercise sessions available.

Victoria said: "The footage was created with the aim of promoting ESCAPE-Pain during social distancing, supporting Musculoskeletal services and maintaining people with osteoarthritis in their own homes with the 'use it or lose it' principle in mind.

"Karen and I wanted to help people explore what could be achieved in their own homes using the ESCAPE-Pain ethos, signposting people to online support and activity to avoid deterioration, maintain and if possible, improve their baseline.

"We hope the videos will prepare people for when lockdown restrictions are reduced and they can find a face-to-face ESCAPE-Pain class in their community and get on with the rest of their lives."

990 total video views.

Virtual Events: How the AHSN NENC Continue to Engage with Healthcare Professionals

The AHSN NENC has always ran a successful and extensive events programme in order to share learning and connect healthcare professionals within our region. This ended abruptly at the start of the COVID-19 pandemic when face to face meetings were simply not possible. After some fast learning regarding the various online platforms available when hosting events, our events programme restarted in April 2020 and we have since ran over 30 events online to keep people connected during the pandemic.

A mainstay of the AHSN NENC programme of activity has always been events, from smaller events on a niche topic to huge events like our annual Bright Ideas in Health Awards which attracts around 450 people. To be told we could no longer do this gave the AHSN NENC Communications Team a bit of a headache! However, after some research, discussion and a lot of fast learning from our Events Manager, Sarah Black, we had the tools available in order to offer pretty much our full events programme online.

With access restrictions and the various pros and cons of each platform, this was no mean feat. As people get more used to Teams, Zoom, GoTo and the many other platforms available it is becoming the norm to attend an event or conference online.

With face-to-face events unlikely to return in 2021 and the new features and enhancements the platforms keep adding, the virtual events programme is packed for 2021.

The full AHSN NENC programme of events can be found at <u>www.ahsn-nenc.org.uk/events</u>

1365

delegates have attended AHSN NENC online events since April 2020.

"The AHSN NENC events programme is very much still on. Due to our previous investment in Microsoft Teams and subsequent investment in other online event platforms, we are able to run our events in a similar format to face to face. We can offer break out rooms, polls and Q&A sessions in just the same way - if not better. Feedback has been excellent from both speakers and delegates with the latter enjoying less time away from their day job as well as no commute or parking worries." Sarah Black, AHSN NENC Events Manager



Academic Health Science Network North East and North Cumbria

The AHSN NENC are delighted to announce that the Bright Ideas in Health Awards (BIHA) will be running in 2021.

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ARDS2021

Watch out for information on **categories**, **submission criteria and key dates** on our social media channels and website.

The virtual awards ceremony will be held in November 2021.



www.brightideasinhealth.org.uk

CDRC: A Key Resource for Primary Care

The Clinical Digital Resource Collaborative (CDRC) supported Primary Care through the COVID-19 response by becoming a central regional and national hub for development of digital resources that can be used in clinical systems EMIS and SystmOne.

The CDRC website is a collaboration between The AHSN NENC, the North of England Commissioning Support unit (NECS), GP Federations and Clinical Commissioning Groups (CCGs), with each partner taking a different role.

The CDRC website supports clinical decisions by creating reliable and trusted resources and tools to improve patient safety and care.

CDRC has supported the COVID-19 response throughout the various stages of the pandemic so far.

Initially, there was a lack of capacity to be able to provide normal referral and treatment pathways for secondary care appointments, including outpatient consultations and minor surgeries.

It was quickly identified that a process was needed to help clinicians delay secondary care appointments for patients who had COVID-19 symptoms until they recovered, as well as give vulnerable and shielding patients the option to be able to delay appointments until the risk of coronavirus infection had improved.

Delaying treatment for patients who could be safely deferred until capacity in hospitals stabilised was also needed to ensure that those who were seriously ill could still receive vital treatment. The Northern Cancer Alliance requested support for a 'delayed/deferred treatment process' via the CDRC which resulted in a national roll out of associated guidance and resources to assess, manage, refer and record relevant information.

Regional Primary Care clinicians also approached CDRC to develop a number of resources to support patients with suspected COVID-19 and those at risk of complications and to support clinicians with recording cases and test requests correctly and where to refer patients for up-to-date information. The CDRC has supported the requests from Primary Care during the pandemic by development of powerful clinical searches, created templates, alerts and patient status icons that identify patients at risk and manage these appropriately. This allowed clinicians to streamline processes, improve communication and improve case finding whilst ensuring conditions are appropriately medicated to improving patient outcomes.

Most recently, CDRC has released resources in both EMIS and SystmOne to support the COVID-19 Vaccination Campaign, this includes:

- Identifying eligible patients
- Inviting and vaccinating patients
- PSD's and safety screening
- Recording refusals and other expectations
- Identifying patients who have missed a second dose.

"We are really pleased the CDRC initiative was up and running prior to the pandemic, it has provided the perfect vehicle for housing all COVID-19 related content for Primary Care, accessible for all across our region. In the early stages we were able to assist with new processes and pathways which resulted in a national roll out and as time went on this moved to Primary Care assistance and now we have extensive vaccine information available." Jody Nichols, CDRC Programme Manager



pages were viewed on the CDRC website from July-Dec 2020, by 1577 users.







AHSN NENC COVID-19 Supplier Tracker

The Economic Growth Team of the AHSN NENC worked collaboratively with the Yorkshire and Humber AHSN to collate a database of available PPE stock and track suppliers. This information was shared with the wider network and healthcare providers as well as charities and businesses to support the procurement of PPE stock.

In response to the outbreak of COVID-19, the AHSN NENC were contacted by regional healthcare providers looking to source PPE equipment. As an honest broker the AHSN NENC were keen to support with the procurement of stock where possible. Simultaneously, the team were contacted by regional, national, and international businesses with offers of available stock, some of which were of limited availability via NHS Supply Chain.

The team created a database to track suppliers, locations, stock type, quantity, and other key information such as delivery turn around. We created a process of due diligence to ensure that those suppliers we were engaging with were legitimate. Initially, the database was used to signpost regionally and then rolled out across Yorkshire and Humber to support the needs of their network. Following this collaborative work, we worked closely with NHS Procurement and made the database available via the NHS Futures Platform should the information be useful for other regions. Initially created as a response to the demands of the system, the database allowed us to provide support not only to NHS Trusts and other healthcare settings, but we were approached by a number of charities and businesses who were looking for particular PPE stock - we were able to track these requests and send over appropriate alternative supplier information.

The creation of the database allowed the team to respond to requests for support quickly and we were able to respond to requests from charities like Marie Curie, healthcare settings such as Northumbria Healthcare NHS Foundation Trust and local CCGs as well as offer signposting and advice to care homes and businesses in the region.



The COVID-19 Supplier Tracker has captured the details of more than 210 regional, national, and international companies supplying PPE.

We were able to provide support and signposting to charities, schools, and businesses.

Dräger Safety UK has Launched a New Multi-Million Pound Facility to Produce High Grade Filtering Face Piece (FFP3) Masks in Gateshead

The AHSN NENC worked collaboratively with the Innovation SuperNetwork and the North East Local Enterprise Partnership to provide guidance to strengthen Dräger's pitch to Government to supply the NHS with respiratory protection masks in response to the COVID-19 pandemic.

Early in 2020, at the start of the COVID-19 pandemic, when it was clear there was a global shortage of Personal and Protective Equipment (PPE), the UK Government issued an urgent procurement call for PPE.

The Innovation SuperNetwork then contacted Dräger after learning they were keen to open a PPE manufacturing plant in response to the growing demand for respiratory masks during the pandemic. The Innovation SuperNetwork then introduced the local Dräger team to the AHSN NENC, which is a key member of NHS England's regional emergency response procurement cell. The AHSN NENC worked closely with Dräger to develop a proposal around its manufacturing plans which was pitched to the regional and national leads involved in the NHS procurement cell. Drager needed to ascertain where to concentrate their offer around mask production, using our networks we were able to establish the model and type of mask wanted by the NHS. The AHSN NENC also coordinated with NHS Trusts across the region to provide samples of Dräger's products which received positive responses from the frontline.

Consequently, Dräger were successful in winning a multi million-pound contract and have set up a manufacturing facility near Gateshead creating 40 jobs.



The new development has created an additional 40 new jobs.

£90m

Sales estimated to be worth approximtely £90m

"The AHSN NENC were invaluable to our bid for the PPE Government contract. They were able to get our name to the right people and assisted in building our profile as an existing and trusted supplier within the NHS. Whenever an opportunity arose, the AHSN NENC, Innovation SuperNetwork and North East LEP were advocates of ours, and we couldn't have done it without them." Alex Duthie, UK Sales Director, Dräger

Regional Data Driven Models Could be Vital to Easing of Lockdown

An AHSN NENC sponsored Durham University project has rapidly expanded to include COVID-19 modelling, which has been used to support regional planning, involving several local Universities, NHS Trusts and care homes as they move into the next phase of their COVID-19 response planning.

A leading team of researchers, led by Dr Camila Caiado and Professor Brian Castellani from Durham University, are developing models to help health services predict and understand outcomes for COVID-19 patients by using hospital data.

The models can be used, for example, to support planning for critical care capacity by hospitals and to investigate effectiveness of treatment for different cohorts of patients.

Throughout the COVID-19 pandemic, case and transmission rates have varied sharply across regions in England. While places such as London experienced a high number of cases early on in the crisis, areas such as the North East have 'peaked' much later. Local insights are crucial as they enable more realistic short and medium-term predictions at a regional level, which can inform how local strategies are developed in response to COVID-19.

It is now planned that the models will be used to support decision making around the re-opening of suspended non-critical services, such as elective surgery, as well as curbing the future spread of the virus. Dr Camila Caiado, Associate Professor in Mathematical Sciences and project lead, said: "National models have been incredibly helpful throughout the COVID-19 pandemic, helping to map out worst case scenarios and predictions, but our work in the North East of England shows that local health needs to be taken into account."

"Both local and national models have an important role to play, and we need them to work alongside each other to help adapt national policies into local strategies that reduce health inequalities."

Dr Caiado and Professor Castellani have been working closely with County Durham and Darlington NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust, as well as local authorities, to provide modelling around capacity and care planning. Dr Caiado added: "This work is part of a long-standing relationship with the Academic Health Science Network for the North East and North Cumbria, local authorities and local NHS trusts, a partnership that has helped us to develop a unique cross-regional approach. In future, we hope to work with all trusts in the region on the longer-term planning of health and social care."



Learning from the Pandemic Across Maternity and Neonatal Services

In response to the COVID-19 pandemic, the Northern England Maternity Clinical Network and the Northern Neonatal Network felt it was important to understand what changes have been made within the Maternity and Neonatal Units across the region and what the impact of these changes has been. This learning is valuable to inform how services are delivered in the future. The Northern England Maternity Clinical Network and the Northern Neonatal Network asked the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP) Lead for North East and North Cumbria to undertake a programme of work to understand the changes and their impact.

The COVID-19 pandemic has resulted in unprecedented changes in the way Maternity and Neonatal Units are run. The MatNeoSIP Lead for the region, part of the NENC Patient Safety Collaborative, worked in collaboration with the Northern England Maternity Clinical Network, Local Maternity System colleagues, and the Northern Neonatal Network, to understand the impact of these changes.

Individual interviews were arranged with all eight NHS Trusts across the North East and North Cumbria along with representatives from the Northern England Maternity Clinical Network, Local Maternity System colleagues and the Northern Neonatal Network with a view to answering the following questions:

- What have Maternity and Neonatal Units in the region done differently during COVID-19?
- Of those things which have been done differently, what should/could Maternity and Neonatal Units continue to do going forward?
- Which existing activities, carried out prior to the COVID-19 pandemic, should/could Maternity and Neonatal Units stop doing going forward?

Over 18 hours of interviews took place across Maternity and Neonatal services in the region between May and August 2020.

The outcome of this work has been shared with all involved, and recommendations have been made, particularly in relation to:

- Visiting
- Virtual appointments
- Communication with women and families
- Use of virtual forums to enhance staff communication
- Wellbeing and mental health support for staff as well as women and families.



Over 18 hours of interviews took place between May and August 2020 with staff from Maternity and Neonatal units across all eight trusts in the North East and North Cumbria.

"This work has provided valuable insights into the changes made in Maternity and Neonatal units as a result of the COVID-19 pandemic. I would like to take this opportunity to thank all those who generously gave their time to be interviewed. Your feedback will help build upon the excellent work already taking place in Maternity and Neonatal units across our region." Julia Wood, Maternal and Neonatal Health Safety Collaborative Lead



Ensuring Safer Tracheostomy Care

As the condition of some patients diagnosed with COVID-19 deteriorated there was an increase in those requiring tracheostomies. The AHSN Network was well placed to assist NHS England in delivering the Safer Tracheostomy Care project via the 15 regional AHSNs. In the North East and North Cumbria region all of the NHS Trusts and respective hospitals were supported.

The AHSN NENC undertook a scoping exercise with every NHS Trust in the region to determine usage, and support the implementation of three key evidence-based tracheostomy safety interventions. The scoping was done using the SOAR technique (Strengths, Opportunities, Aspirations, Results).

The interventions were:

- 1. Use of bedhead signs and algorithm
- 2. Bedside tracheostomy emergency equipment
- 3. Tracheostomy care bundle

In addition, two virtual 'Managing Deterioration Workshops' took place with healthcare professionals from across the region. Results showed all NHS Trusts in our region had established systems in place and were following all three requirements. One NHS Trust operated a slightly different system, though this was still compliant with the national recommendations. This mirrored results across England, which showed most NHS Trusts were confident in the use of tracheostomies, were fully adhering to the necessary guidelines and did not need further resources or support.

Despite there not being a need for immediate support or intervention, there was a willingness from the Critical Care Network to engage in the project and share best practices, despite the overwhelming workload during the first wave of COVID-19.

As the pandemic continues, hospitals do not anticipate a surge in demand for tracheostomies as other treatments and interventions are discovered. Furthermore, it has not been necessary to release patients with a tracheostomy in place into the community as initially thought. "The AHSN NENC was well placed to ensure our local Trusts had the support they needed when delivering tracheostomy care. Our reputation amongst our members ensured we could access the right people at the right time and ensure patients were receiving the best care". Sue Hart, Health Programme Manager



South Tees Hospitals NHS Foundation Trust Produces Personal Protective Equipment to Protect Healthcare Professionals

South Tees Hospitals NHS Foundation Trust were able to produce over 600 pieces of PPE to protect their staff at the start of the COVID-19 pandemic when Personal Protective Equipment was not readily available to purchase through usual procurement routes. The team used equipment previously purchased through funds provided by the AHSN NENC innovation agreement to repurpose their CNC machine and 3D printer to produce much needed PPE.

As the COVID-19 pandemic worsened and it was understood the virus was highly infectious there was great global demand for PPE in order to protect healthcare professionals. As PPE was not always available to purchase, Tony Alton from South Tees Hospitals NHS Foundation Trust used a CNC machine and 3D printer previously purchased through the AHSN NENC innovation agreement to help.

The machines were used to make:

- Protective screens used on reception and office desks around the Trust (approx. 400)
- Protective shields for ophthalmology equipment, as suitable shields were not available from the manufactures (approx. 40)
- Parts for fit test hoods used for FFP3 fit testing around the Trust (approx. 75)

The CNC machine was not used for visors but some visor frames were 3D printed for use in the radiotherapy department. Tony Alton won a Trust STAR award for the work he did to help the Trust and deal with some of the needs the Trust required during the first wave of the pandemic.

Over 600 pieces of PPE were produced.

€ 600

"It was great to hear how the team at South Tees were able to use the machinery they purchased through their innovation fund from AHSN NENC to support their colleagues during the pandemic. The Trust continually engages in innovation work all year round so it is great to see them making such a big impact during these tough times". Mark Taylor, Innovation Manager, AHSN NENC

Keeping Patients Safe in the Community Using a Portable Six Lead ECG Device

Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust have introduced the use of the KardiaMobile 6L device the world's only six-lead personal ECG for healthcare staff to use on patients within the community. This ensures patients can be remotely monitored without going to a hospital setting which reduces the risk of COVID-19 transmission for both parties.

The team at TEWV involving Dr M Santhana Krishnan, Consultant in Old Age Psychiatry/ Senior Clinical Director and Lauren Bennett, Innovations Coordinator identified that the six lead Alivecor device could be used to monitor patients in the community during the COVID-19 pandemic. Their patients include those who are on or to be started on psychiatric medication and need carefully monitored for detection of potentially dangerous QT prolongation. A prolonged QTc can lead to a potentially fatal effect, called drug-induced sudden cardiac death (DI-SCD).

Monitoring is ordinarily done by a twelve-lead ECG connected to the patient who is required to be undressed, have their skin prepared and ten separate leads attached. Staff and patients have found the sixlead device less intrusive, as no clothing needs to be removed and patients can use the device themselves. The whole process lasts five minutes and the ECG can be sent instantly to a clinician who can measure and report on the QTc straight away.



300 patients monitored within 3 months

The team have produced a local standard operating procedure and procured 30 devices for use in a real-world evaluation for antipsychotic monitoring and initiating therapy. Dr Krishnan ran webinars for staff and recorded a step-by-step video guide on how to operate, record and transmit the ECG safely following all the NHS Trust guidelines.

The AHSN NENC assisted throughout the project offering advice and funding to test, roll out and scale up the pathway.

The savings on using the device so far are: Time saved = 17.5 minutes per ECG Time saved per team, per year (based on 20 ECG's per month) = 72 hours Approximate cost saved per team, per year (based on 20 ECG's performed per month by a support worker, including cost saved by buying 1 remote vs usual device) = £3.854.20

If extrapolated across the 85 teams conducting these types of ECG it could mean annual savings of £327,607 and 255 days saved.



17.5 minutes time saved per patient appointment

The AHSN NENC were instrumental in the procurement and roll out of the KardiaMobile 6L Alivecor device within our Trust. This is an excellent digital solution which has been rapidly deployed at pace and scale providing our community teams with a device which reduces the risk of COVID-19 transmission. It is promising to see this has been extended to further Trusts in our region so that NHS staff and patients can benefit from this unique technology and also the innovative pathway which was developed at TEWV. Dr M Santhana Krishnan, Consultant in Old Age Psychiatry/ Senior Clinical Director

For further information contact charlotte.fox@ahsn-nenc.org.uk



140 devices procured for use across the region

Get Involved!

Please take a look at our website and social media channels for further information on our full programme of work:

- www.ahsn-nenc.org.uk/
- twitter.com/AHSN_NENC
- m www.linkedin.com/company/ahsn-nenc/
- **www.facebook.com/AHSNNENC**
- www.youtube.com/channel/UCKGo0sInt91hLP9HWN0CWCg

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