**A picture containing screenshot, tree

Description automatically generatedPatient Journey – Frailty Virtual Ward**

The patient (Trevor) was thought to have cancer, but there was no specific diagnosis or action plan in place. He was due to see the specialist team in a week and the family were keen to try avoiding any unnecessary hospital admission but were concerned and needed support immediately.

**Direct referral from GP Practice Nurse**

**POST DISCHARGE**

Trevor did deteriorate further following his discharge from VW. He was admitted to hospital for 1 week while a rehabilitation place could be secured. He did get a formal diagnosis while in hospital and he was offered a management plan.

**Outcome**

Positive outcome while Trevor was under the care of the VW.

* A rapid intervention from the VW where all the acute concerns were investigated and addressed.
* A hospital admission was avoided over the weekend.
* Family felt supported and they had a little extra time to plan and come to terms with their father’s situation.

However - Immediately following discharge from VW a hospital admission was needed. The VW were successful in addressing the acute concerns from the GP and the family. This journey demonstrates how the VW can provide timely intervention with acute exacerbation of a chronic condition.

**DAY 3**

VW Liaised with the referring practice nurse about Trevor`s current condition. She could confirm she had contacted the specialist team at the hospital to gain more information about his diagnosis and to formulate a plan.

A medication review was conducted by the VW pharmacist.

Daily monitoring continued over the weekend.

**DAY 6**

Observations improved & no further falls/collapsing episodes.

**Discussion with NOK with lasting power of attorney (LPA)**

Trevor`s daughter expressed her gratitude for the support from VW in helping to avoid a hospital admission over the weekend. She felt the situation, with her father, was becoming a crisis and she did not know how to cope with the deterioration. Her GP thought she was becoming depressed and offered anti-depressants, however she was reluctant to start this treatment. With the intervention from the VW she now felt more supported and that the family had space & time to plan their fathers future care.

We discussed discharge from VW back to GP care, which she was happy with, but she did request a further blood test to assess if the dehydration had improved, which we were able to facilitate.

**DAY 7**

VW reviewed the blood results which revealed no deterioration.

Trevor had a further fall, where his family managed to help him back to a chair. The family contacted VW directly to request a review rather than calling 999. VW attended and the patient was able to explain the fall, he had a top to toe assessment along with a multi-factorial falls assessment.

His condition had not altered from the previous day, therefore, during the VW board round the decision, in conjunction with the consultant, was made to discharged him from the VW back to the care of GP.

**DAY 2**

Blood analysis results next day showed there was no infection present, but dehydration was confirmed. It was decided that the Antibiotics would be continue due to potential risks of UTI given Trevor has to self-catheterise once a week.

Trevor was discussed at the daily VW Board Round, where the Consultant with medical oversight was happy with the current action plan.

Trevor was deemed appropriate to be admitted to the VW.

Based on the signs & symptoms found during the head to toes assessment a prescription was issued for antibiotics. VW liaised directly with Trevor`s next of kin (NOK) to discuss the findings and the management plan and arrange collection of the prescription. Safety netting and advise was provided around potential dehydration.

**DAY 1**

Referral to the Virtual Ward (VW) direct from the practice nurse at the GP surgery. A family were worried about a relative, who had fallen, and they were concerned about a potential urine infection (UTI).

Trevor was seen on the same day by a VW clinician, where a full holistic head to toe assessment along with Phlebotomy was completed. The blood samples were delivered direct to the hospital for analysis.