
From: Tim Sanderson [REDACTED]
Date: 21 March 2021 at 6:18:39 pm AEDT
To: Bastian Seidel <Bastian.Seidel@parliament.tas.gov.au>
Subject: Rural Health Inquiry - A virtual ward -improving hospital services for the rural south?

Dear Bastian,

My submission to your inquiry relates to the potential for establishing a Virtual Ward as part of The RHH. I suspect that I am not the only person to suggest this, at least I would hope not.

I see such a ward as offering our rural community of the Huon Valley easier access to medical care and faster recovery times for a range of situations and conditions that are currently causing immense pressure on actual beds in the main Hobart hospital.

This model recently established by a number of National Health Trusts in the UK, as a result of COVID19, has lead to significant benefits in patient care and hospital bed management, with patients being sent home with technology to allow them/carers to submit key health observations on a daily basis (as per nursing care on a physical ward) which is captured electronically via an App and made available for medical and nursing staff to be alerted should a patient need either readmission or another service.

Contact with patients has been both by app and by phone depending on the NH trust. The ability for staff to manage the pressure of COVID19 patients appears to have been greatly enhanced. I include as an attachment a feature from the BMJ which tells a better story than I in this email.

My further exploration of this model and pathway for patients brought up RPA in Sydney which now has a virtual ward. This is not a hospital which

services a rural community, but from the point of view of the Huon Valley and other rural communities served by the RHH, the potential could provide access to hospital services and care without actually being 'in hospital.'

I include here another link **Do 'virtual wards' reduce rates of unplanned hospital admissions, and at what cost? A research protocol using propensity matched controls**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178802/>

This research was undertaken in the very early days of exploring what a 'Virtual Ward' might actually look like in practice.

I am aware of the recent RHH attempts at establishing a 'hospital at home'; model of which I have had a disappointing experience. I was sent home, 'discharged' with IV medications to show up at a local clinic for a nurse to administer for me over five days. This included a weekend. The Sunday dose of antibiotics required me to attend the home of my GP for its administration. A far from satisfactory arrangement. This is not 'hospital at home' this was dereliction of care in my view. I managed to deal with it, and had to attend a clinic in Kingston not Huonville, with my Antibiotics hanging over the top of a door. It worked, but it was far from satisfactory. 'Hospital at Home' - seems to me not well thought out, clearly not fully funded and seemingly in my view an attempt to cut corners and save money, whilst compromising patient care.

The model of RHH hospital beds at the local Aged Care facility has also proven problematic especially for those of us who are not aged - and I certainly have never fitted the criteria for access to one of those beds when I needed one in the past.

The model of a fully funded and staffed virtual ward with a NUM and roster of nursing staff and daily virtual 'ward rounds' with doctors promises better access to care, prevention of needing to be admitted to a hospital bed in the actual hospital and better circumstances for recovery by being in one's own home, yet still 'a patient' not yet discharged from hospital care until well enough.

What really set me on the path to consider this model was a family member who caught COVID19 in the UK. He was very sick indeed and at risk of death. However, he pulled through with great care and medical support at his local hospital. When well enough he was sent home via that hospital's virtual ward. He was provided with oxygen, BP cuff and a tablet with the App into which four times a day he entered critical information which was picked up by a nurse working from home, who would also call and talk to him and his wife to provide reassurance and guidance when needed. He recovered well, and has been discharged for some time now and continues to gain strength & build resilience as time goes by.

I ask the committee to consider this proposal from the rural health perspective which if funded and managed like a regular 'physical' ward offers potential for addressing prevention of full hospitalisation, early departure from the main hospital after surgery or other illness as well as perhaps some positive flow on effects to ambulance and paramedic care as a result of 000 calls. The Huon Valley community is severely affected by access to the RHH. We are an hour

away, and life would be so much easier, costs cheaper (in my view) and outcomes at least as good if not better by exploring and establishing such a ward with this rural community specifically in mind. however, the benefits for the whole of Tasmania cannot be underestimated.

There are now a large number of research papers, I include a link here to the 'virtual hospital from RPA in Sydney <https://www.slhd.nsw.gov.au/RPA-Virtual-Hospital/> certainly worth reading..

I thank the committee for their time and consideration, and I would be happy to provide additional research should you require.

Sincerely,

Tim Sanderson
Psychologist & Virtual Therapist -(I work from home permanently now.)