

Case Study with Remote Telemonitoring Northern Ireland (RTNI)

COPD



Overview

Who: All five trusts of the HSC (Public Health and Social Care in Northern Ireland).

What: Solution design, integration and implementation, through to 2nd and 3rd level support.

Why: To improve patient self-management and adherence among the patient group at all stages over the course of their therapy, reducing HCP and A&E visits to significantly reduce healthcare costs, and improve quality of life for patients.

Background

RTNI is the world's first population-level telehealth managed service deployment, providing services to all five health trusts within Northern Ireland. RTNI operates as a fully outsourced clinical telehealth managed service by the TF3 consortium, of which S3 Connected Health is a founding member.

Introduction

S3 Connected Health was responsible for the design of the telehealth technology, service and business process for RTNI, the largest remote telemonitoring service in the UK. With 98% adherence to the care plan, and average patient age of 73, RTNI enables patients suffering from COPD, and co-morbidities including BP, diabetes and heart failure, to effectively self-manage and monitor their condition.

The service

- Used by over 5,000 patients
- 33% of patients suffer from COPD and co-morbidities including: blood pressure, diabetes, and heart failure
- Delivered over 2 million monitored patient days
- Handled 347,000 interventions
- Escalated 13,600 cases to the patient's broader care team

The project

How it works

Patients with COPD are referred by their respiratory specialist nurses, community nurses and respiratory physiotherapists from pulmonary rehabilitation facilities.

Patients are set-up on the telemonitoring service, and are promoted to self manage and monitor their condition. The user-friendly patient portal, or 'hub' in the home, is connected to a 24-hour monitoring centre where all measurements are reviewed by a team of experienced nurses against the parameters set for that patient.

Patients can monitor their pulse oximetry, blood pressure, pulse and temperature with a range of connected devices, along with recording patient reported outcomes.

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The TF3 nurses' triage patients, and those who have breached their care plan are supported using coaching calls. Patients whose measurements are outside of parameters set by their healthcare professional are reviewed, with escalation back to the care provider when the patient is in need of further clinical interventions.

Key learnings

Digitally supported patients are more engaged, more compliant with treatment, and have better outcomes.

The RTNI service has been proven to improve the motivation and ability of patients' self-management of COPD and co-morbidities, while increasing the efficiency and effectiveness of limited healthcare resources.



Outcomes

The results have been significant. A chronic disease management study of 5,000 UK patients using the RTNI service over 1.7 million monitored days has shown 98% adherence to care plan.

Even with an average age of 73 years old, and complex conditions with co-morbidities, user satisfaction feedback from patients using the telemonitoring service has been very positive. 95% of patients agree the service has assisted them with better self-management, and 98% reporting that they found the triage nurse helpful.

Key results

- Improved quality of life, reassurance, feeling of being well supported. 95% believe that the service has improved their health
- Better channels of communication with healthcare professionals
- Improved self-management and greater understanding of their condition and how it affects them
- Less hospital visits: 86% believe they have reduced HCP visits, and 79% believe they have reduced A&E visits

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