

# Meet Karl

## Karl Guttormsen Interim Virtual Ward Lead at North Manchester General Hospital

“ There is no place like home; everybody wants to be at home, nobody wants to be in hospital.

I act as a medical concierge. We check in with patients every day. They are my patient, I'm responsible for their care while they're on my ward. The feedback from patients has been they feel looked after, they feel safe.

Being at home, surrounded by familiar things, really benefits patients; particularly if they have conditions like dementia or are immuno-compromised. The risk of infection is much less likely in their own environment; it's a much safer place to be.

The virtual ward (also known as Hospital at Home) offers that bridge when people are sick enough to be in hospital and need hospital monitoring, but are actually stable enough to be in their own home. We provide wraparound care. If they do feel unwell, we can adjust medication, start new medication, or we can call in our crisis response team to visit them at home and see if they need further intervention.

We give people tech to help us monitor them. One of the bits of kit is a medical grade monitoring device which they wear. It gives us their heart rate, oxygen saturation, skin temperature, tells us how much they're moving and their respiratory rate. We look at trends which allows us to spot how things are progressing. If something is happening only occasionally it helps us pick up on things that might have otherwise been missed.

We can also give people a blood pressure cuff and weighing scales, if needed. These are all Bluetooth and Wi-Fi enabled and connect to a tablet and a modem which provides free Wi-Fi. They only have to charge their wearable for half an hour a day and we ask them to tell us when they're not wearing it, so we don't worry about them!

## The care of hospital, the comfort of home



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[gmhospitalathome.co.uk](http://gmhospitalathome.co.uk)

Patients have told us they feel reassured that we're managing their health conditions rigorously. I had a patient the other day whose blood pressure had shot up. I rang him because I'd been alerted of the change, and he was reassured to see we were monitoring him so closely.

We've had people who have needed to be escalated; they have gone into our ambulatory care unit, been seen quickly and then sent home, and that has prevented another hospital admission.

We had a patient with non-curable cancer who also had atrial fibrillation who we managed to keep at home. Keeping him at home with his loved ones for as much time as possible, providing wraparound care, massively improved his quality of life.

We had a patient who was 101. The risk of someone that age going into hospital is massive, but we supported them to be in their own home and stay there safely.

This service provides a safety net where the person is reassured and the clinician is reassured the patient is getting the care they need, in the right place, at the right time.

This has the potential to personalise care for patients, and to improve the patient journey like no other service we could possibly deliver in a face-to-face environment.

I think the benefits for the patient far outweigh the gains for us as a health service, and the gains are huge there too. It is reduced bed days, reduced hospital acquired infections and admission avoidance, but more than all that, it is much, much better for the patient.

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