Digital Innovations in Nursing in the Community Webinar
SUMMARY

Monday 8 November 2021
1.30pm – 5.30pm

Via Zoom

The Queen's Nursing Institute
Qni

Thank you to our sponsors:

ALLOCATE

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#DigitalNursing2021

Welcome and Introduction

Dr Crystal Oldman CBE, QN, RN, RHV, Chief Executive, The QNI

- 'The QNI's view is that there are 2 main issues that come up again and again: 1. workforce, 2. digital innovations and those that really make a difference to the care of the people we serve in the community.'

- 'In 2022, we will be updating our report, 'Nursing in the Digital Age'. Created in 2018, this update will be led by Professor Alison Leary, ICNO Director. '

- To read the current 'Nursing in the Digital Age' go to: https://www.qni.org.uk/news-and-events/news/qni-launches-new-report-nursing-in-the-digital-age/

1. Digital Health: Respiratory Inhalers: is there a need for improvement?

Catherine Griffiths, Professional Relations, Teva UK Limited;
Mark Milton-Edwards, Head of Health Solutions, Teva UK Limited

- 'My mum suffered from #asthma She was a single mum with 5 kids so her health to her was of a low priority. Her inhaler technique at the GPs and at home was radically different'
- 'Many patients are non-adherent - this coupled with inhaler technique errors significantly contribute to poor clinical outcomes
- 'This picture over decades puts over very strongly the fact that we need to look at this in a different way.'
- '1 month after inhaler training, 39% of patients used inhaler incorrectly.'
- 'Digital technology is well placed to monitor all these factors because it can be codified.'
- 'NRAD 2014 reported that 66% of asthma deaths were preventable.'
- 'To get the Life Effects Link or to order a MIMS guide email catherine.griffiths@tevauk.com'
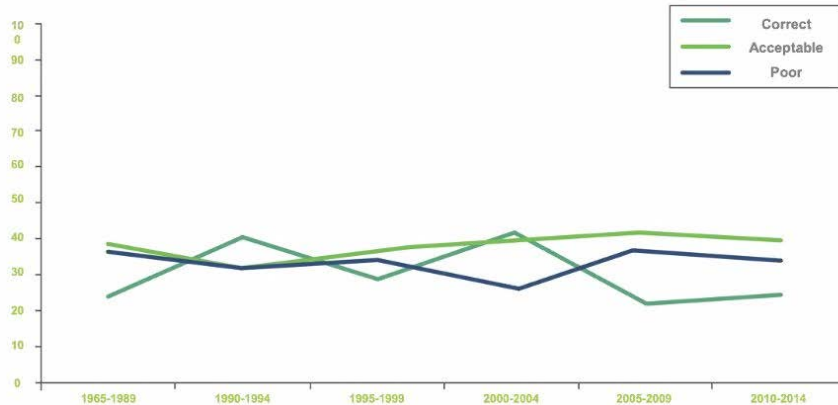
1. Digital Health: Respiratory Inhalers: is there a need for improvement? continued

Many asthma patients struggle with correct inhaler technique

Average of correct, acceptable and poor inhaler technique tests over 40 years of observation

A systematic meta analysis (N = 54,354) of articles reporting direct observation of inhaler technique by trained personnel between 1975 and 2014 showed the following prevalence of inhaler technique (95% CI)

Legend: Correct, Acceptable, Poor

Sanchis J. Chest. 2016;150(2):394-406.

Metrics associated with good patient management in asthma/COPD

- Reliever (SABA) use is strongly associated with poor control, exacerbations, and even death
  - Asthma: Good is **no or low use i.e. <2/week or less than 3 canisters/year**
  - COPD: Good is **no or low use but a level is NOT specifically defined**. Data and the nature of the disease suggests use is higher and should be monitored
  - Both: **No reliever use at night-time**
- Controller (anti-inflammatory) medication should be taken regularly, ideally daily.
  - 'Good' adherence to controller medication is generally considered **>75% of prescribed doses**
- Inhaler technique: in clinic visual assessment with device specific checklists to ensure **no (zero)** poor technique prior to any treatment change
- Flow – PEF/Spirometry/etc. used as an objective clinic based assessment to support diagnosis, and as part of Asthma Action Plan (Highest/Green, Amber and Red) to assess airflow limitation

Digital technology is well placed to monitor these factors

References: GINA 2021; GINA Implementation Toolbox 2019; GOLD 2021

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2. Allocate: the need for workforce technology in community care

Caroline Cozier, Senior Product Manager, Allocate;
Pamela Davenport, General Manager, Midlands Partnership NHS Foundation Trust;
Stephanie Southall, Service Delivery Manager, Royal Wolverhampton NHS Trust

- 'We haven't seen workforce technology across organisations, rostering is complex, admin heavy, time consuming to create schedules, so that's where we come in to try and solve that.'
- 'We use e-community @AllocateS during #covid it enabled us to work differently and redeploy staff where necessary, it also supported us to find other roles for staff who needed to self isolate
- 'I think it's changed our service because it's allowed us to become more agile. It was challenging but our staff embraced it and we would never go back.'
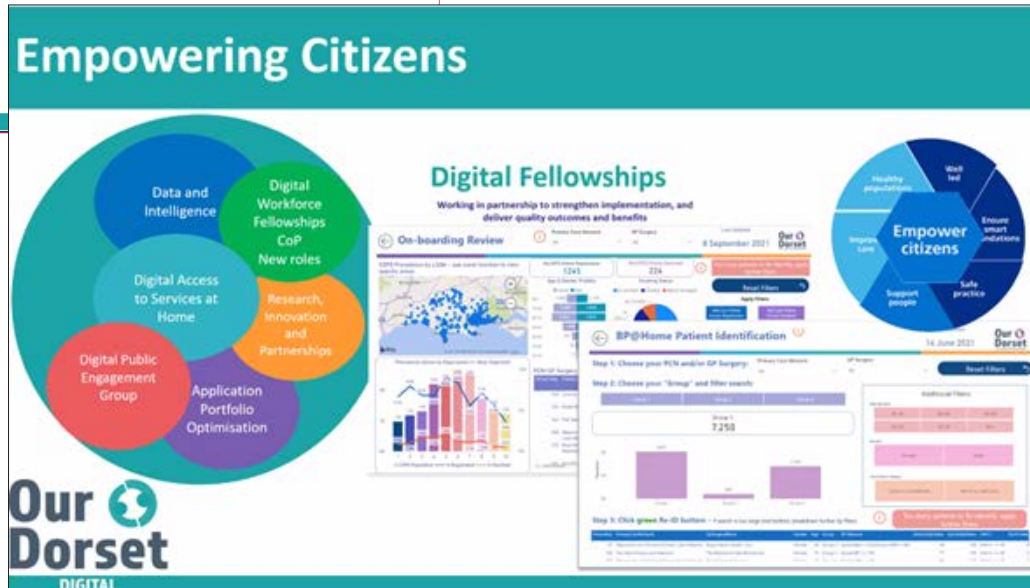- To find out more about e-community, the rostering system from @allocates go to https://allocatesoftware.co.uk/solutions/workforce-need/care/ecommunity-2/

3. The role of the CNIO in primary and community care

Karen Payne, Head of Nursing and Quality, Governance and Risk

**Chief Nursing Information Officer (Primary Care)
Our Vision**

- Strategic leadership to influence commissioning decisions for digital and informatics

- Transformation support for local and national initiatives

- Support the adoption of commissioned digital solutions

- To work with the Chief Clinical Information Officer (CCIO) to agree direction and priorities

- Be an ambassador for our digital strategy and shaping our vision

Our Dorset DIGITAL
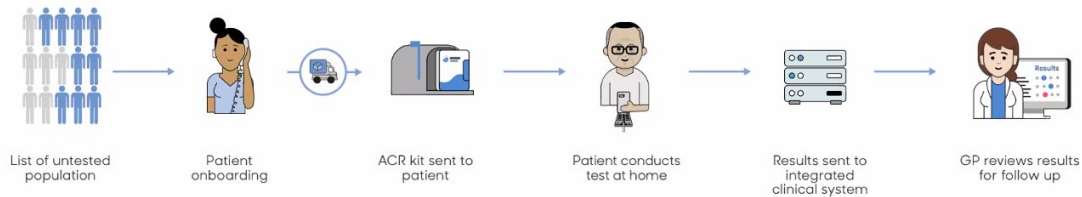

Empowering Citizens

4. Digital Products to support wound care management

Katherine Ward, Chief Commercial Officer, Healthy IO

- 'Turning the smartphone camera into a medical device'
- 'Smart phones are now clinical grade diagnostic tools for nurses.
- 'Enabling patients to test in their own homes or wherever is convenient, it also allows for more frequent testing'
- 'Smartphone-powered wound management: 928 phones were tested with 66 different operating systems'

Adherence as a service:
Shifting testing from the clinic to the home

List of untested population → Patient onboarding → ACR kit sent to patient → Patient conducts test at home → Results sent to integrated clinical system → GP reviews results for follow up

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Thank you to all 112 delegates who attended the webinar

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COMMENTS
A selection from delegates:

'Thank you very much, this session was very useful.'

'Thank you very much, very interesting and motivating presentations. My colleague and I have plans to make contacts and find out even more.'

'Very inspiring. Thank you for sharing.'

'Amazing Presentation :)'

'Thank you QNI for an excellent afternoon.'

'Thank you so much everybody - looking forward to the 10th!'

'Thank you so much for today, really interesting presentations with plenty of food for thought.'

'Wow, amazing. Thank you for sharing.'

'Thanks everyone. Really great afternoon.'