



# BMUS



@GeneralistUS



@AcutemedSarbc



# Hospital At Home POCUS the Holy Grail



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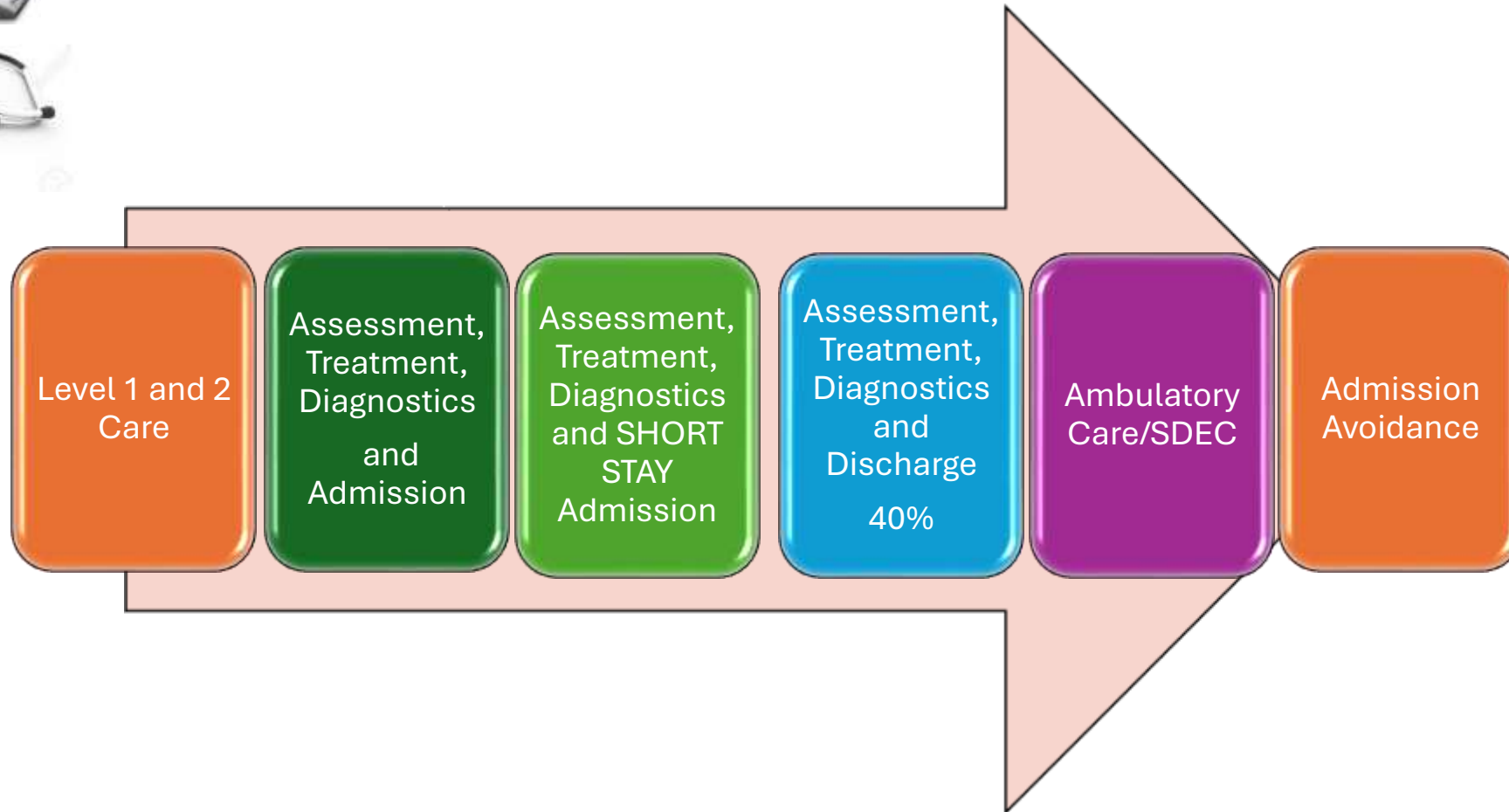
President West Midlands Physicians Association

BSE TTE Proficiency, FICE, CUISC, RCR Level 2, FAMUS

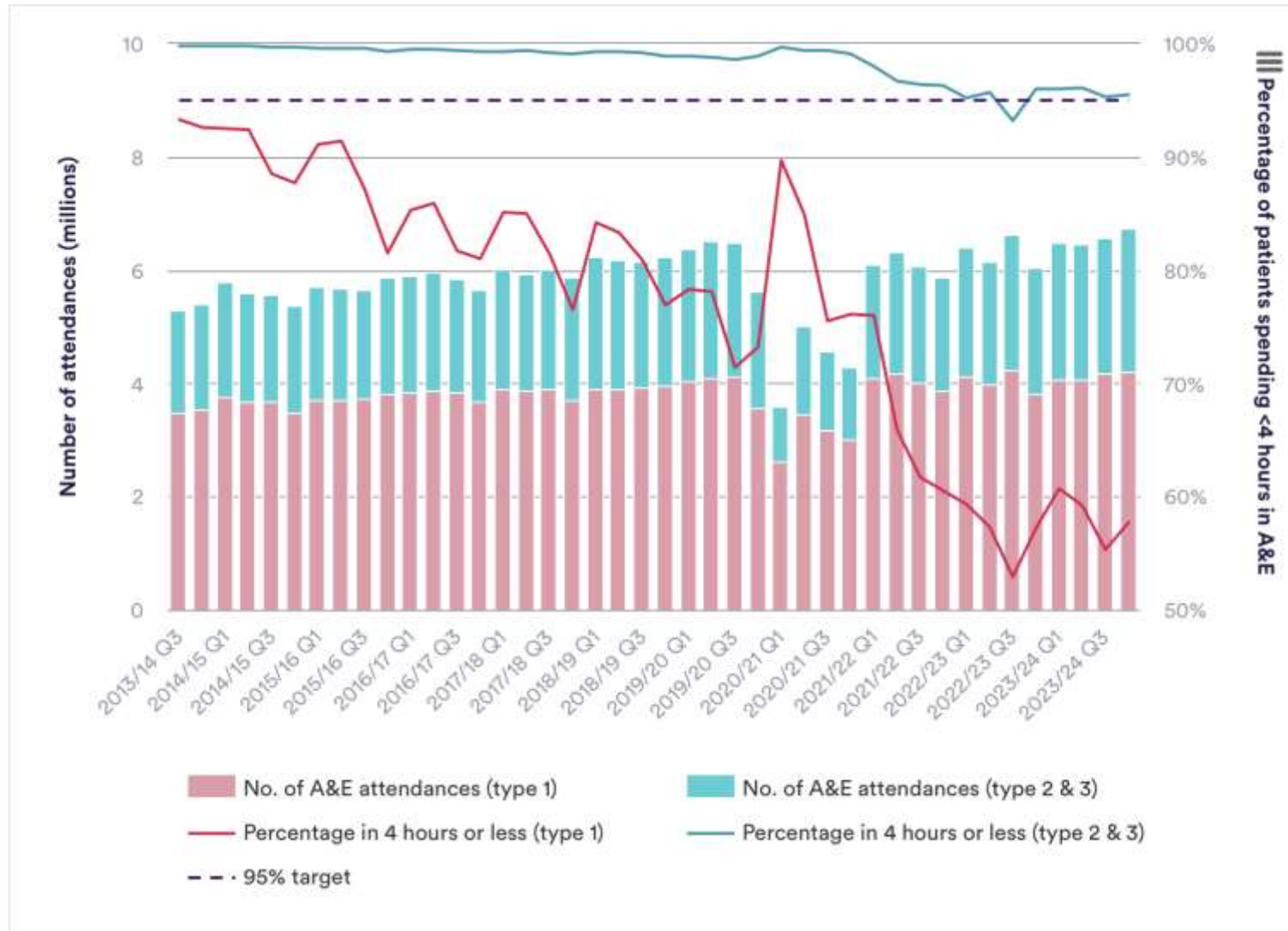




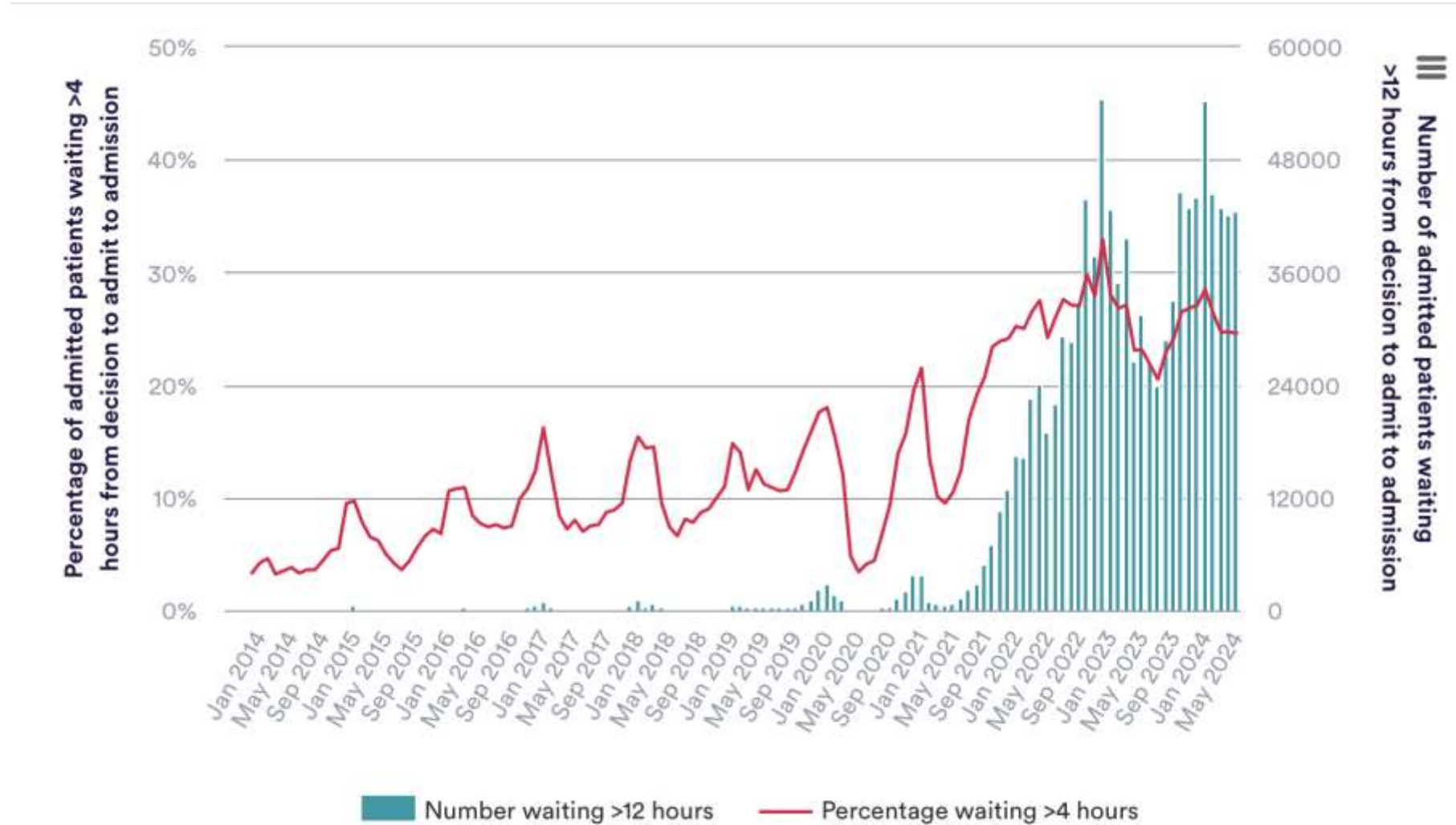
# Acute Medicine- 72 hours



# Emergency Attendances

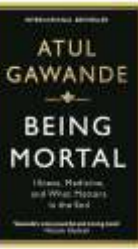


# 4 hour and 12 hours waits



# The Harm We Are Causing The Harm We Cannot See

## Back to BASICS!



- HISTORY and EXAMINATION – LISTEN to our patients!
- Long waits (Ambulance, Ambulance drop, ED ++, Duplication)
- Over investigation
- Increased mortality and morbidity
- Increased LOS

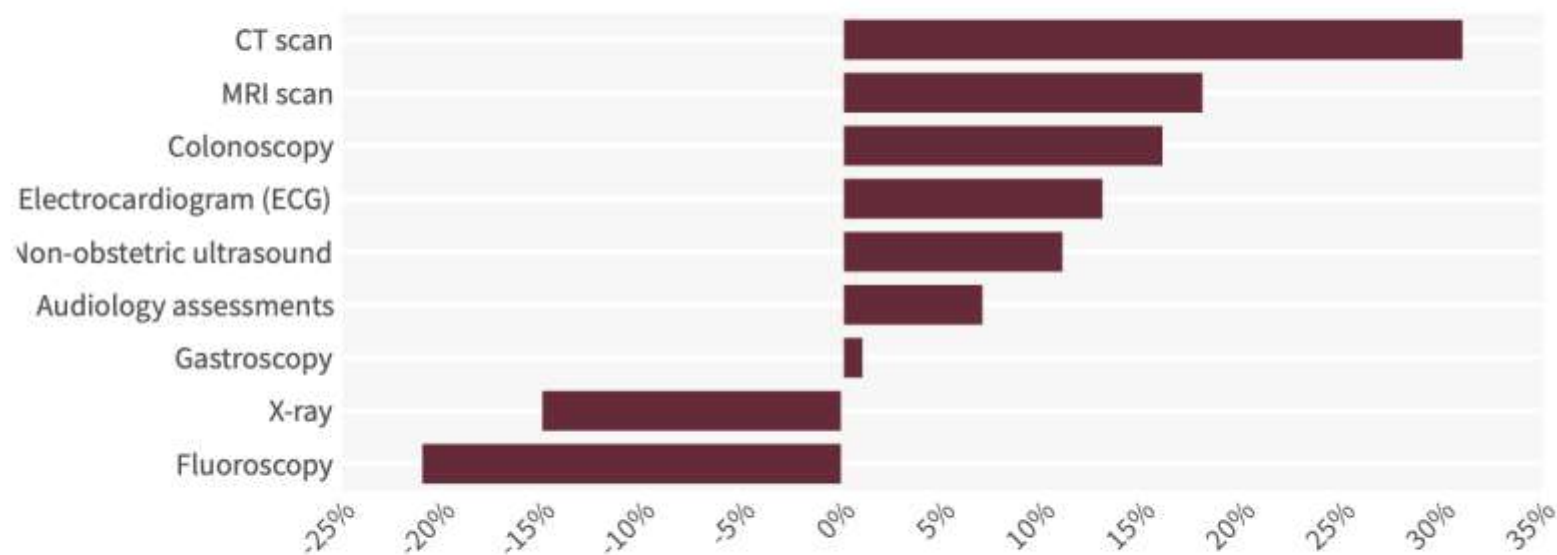


(Disorientation of place, time, days, Poor food and sleep, Noise, Lighting, Iatrogenic (Drugs, errors), Falls, Infection, Reduce mobility and independence, Isolation, confidence.....)

# The Current Landscape of Diagnostics in the NHS

Of the most frequently performed diagnostic tests, most have higher activity rates than pre-Covid-19, but not all

Percentage change in number of scans between February 2020 and February 2024



Source: [NHS England \(diagnostic waiting times and activity\)](#), [NHS England \(diagnostic imaging\)](#). Data comes from the diagnostic waiting times and activity data collection, plus tests that are not included in this collection (notably x-rays) from the diagnostic imaging dataset. Tests are included if more than 50,000 were performed in February 2024.

TheKingsFund

A Flourish chart

- Cost Effective
- Reduces HARM



*Hospital at Home provides intensive, hospital-level care for acute conditions that would normally require an acute hospital bed, in a patient's home for a short episode through multidisciplinary healthcare teams.*



# Virtual Wards

Patients are at home, using remote monitoring devices.

Home kit from the hospital.



Video call



Emergency Button

Daily video calls with the clinical team.



Community clinical teams: visit patients when required. Ambulance: when needed.

The clinical teams monitor patients remotely.





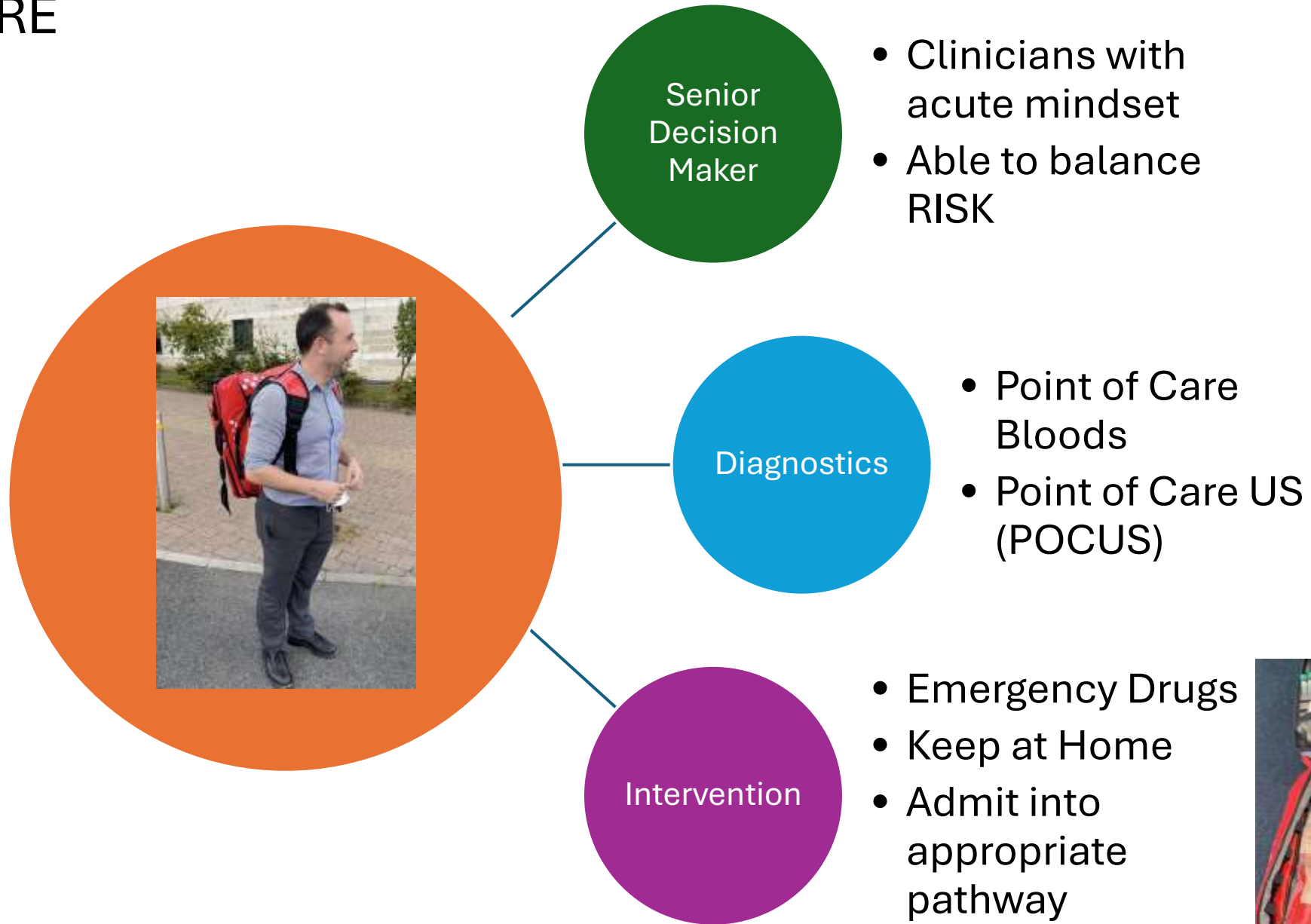
# EPICENTRE

Emergency Point Of Care Testing and Treatment without Transfer to Hospital

**Delivery Of High Quality Acute Medical Care  
without Transfer to Hospital**



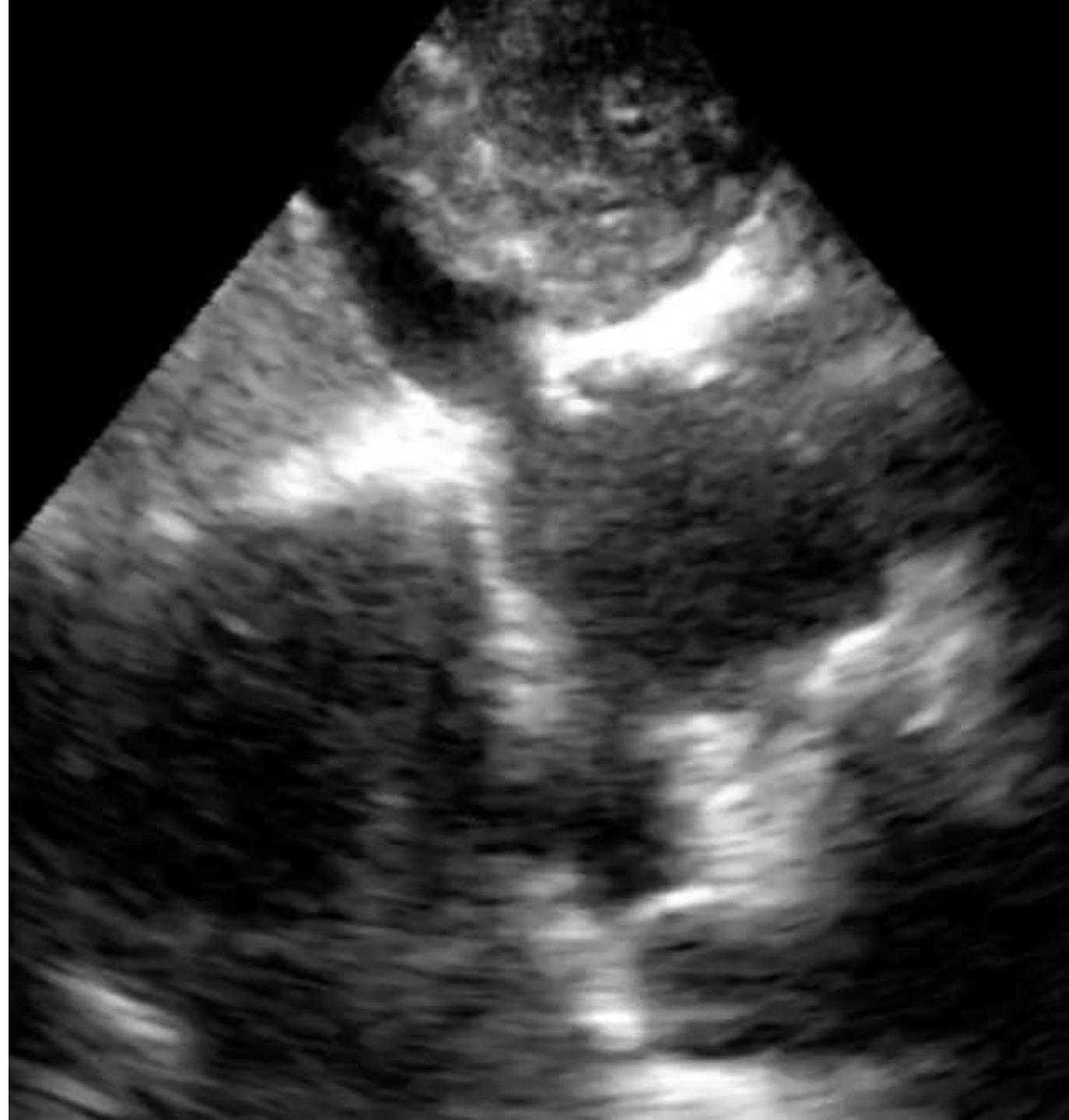
# EPICENTRE



Manometer- Like for Like hospital care

# Case 1





# Case 2

TIS: 0.01, MI: 0.53, Lung

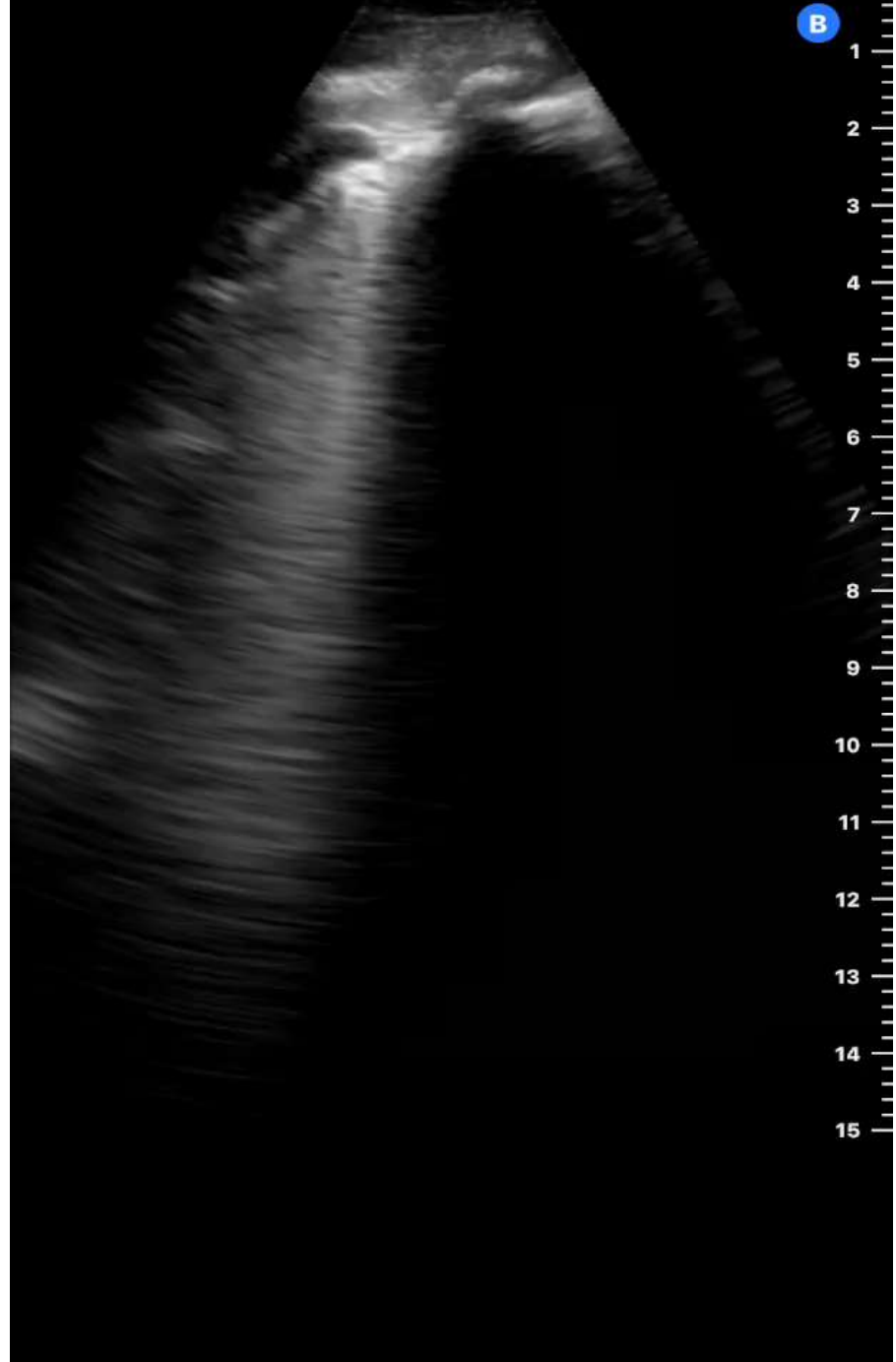
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TIS: 0.01, MI: 0.53, Lung

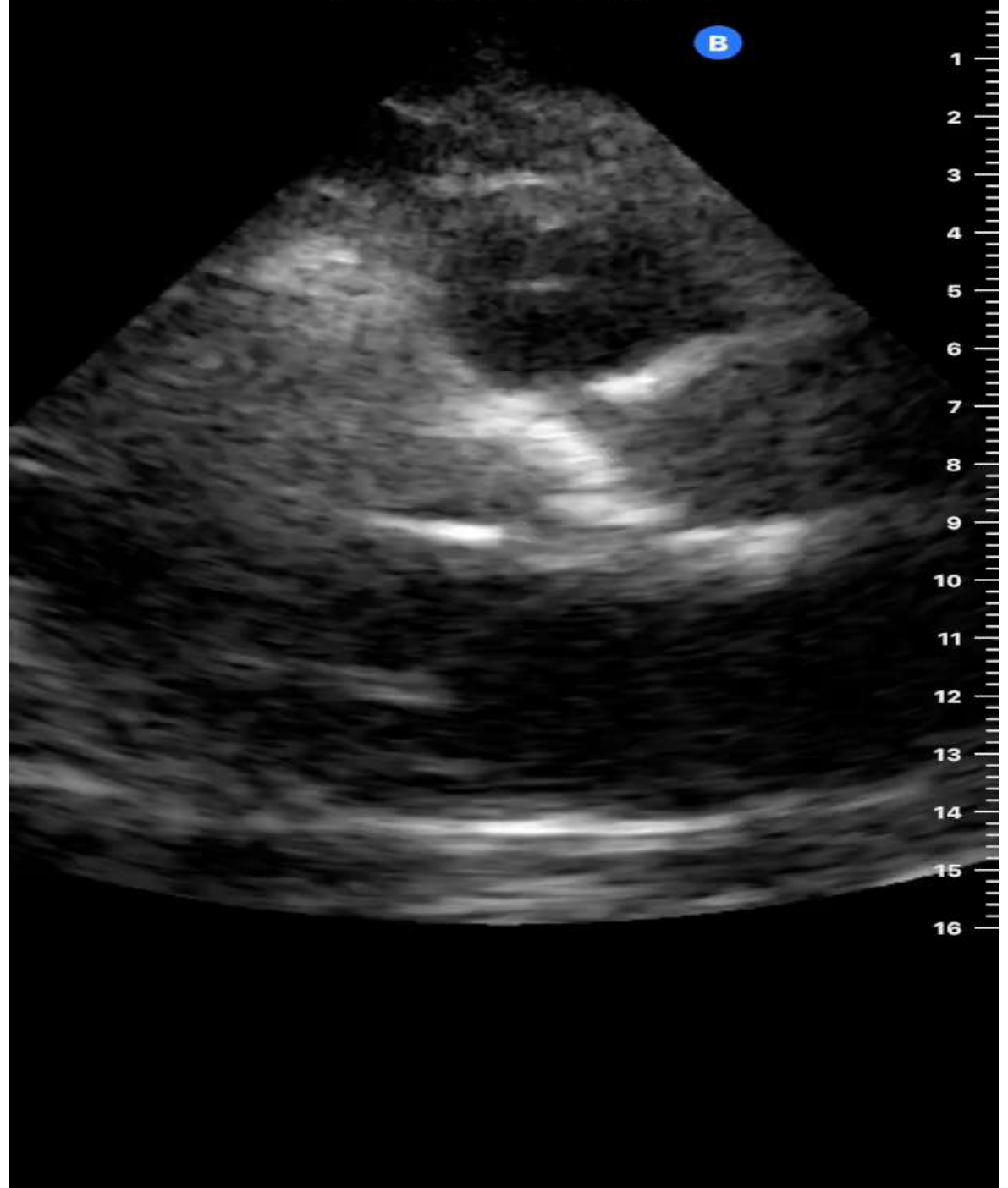
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TIS: 0.02, MI: 0.48, Cardiac

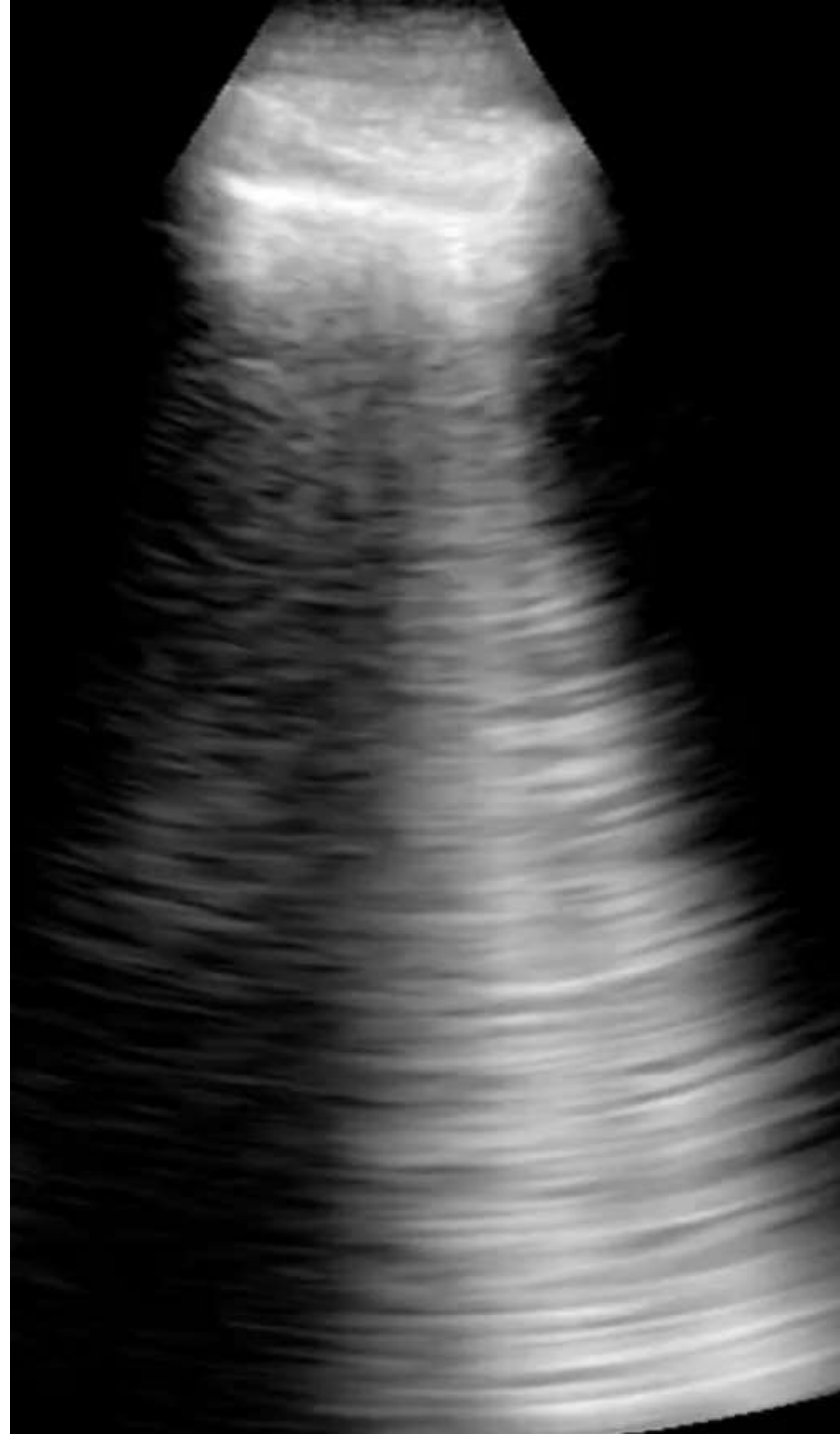
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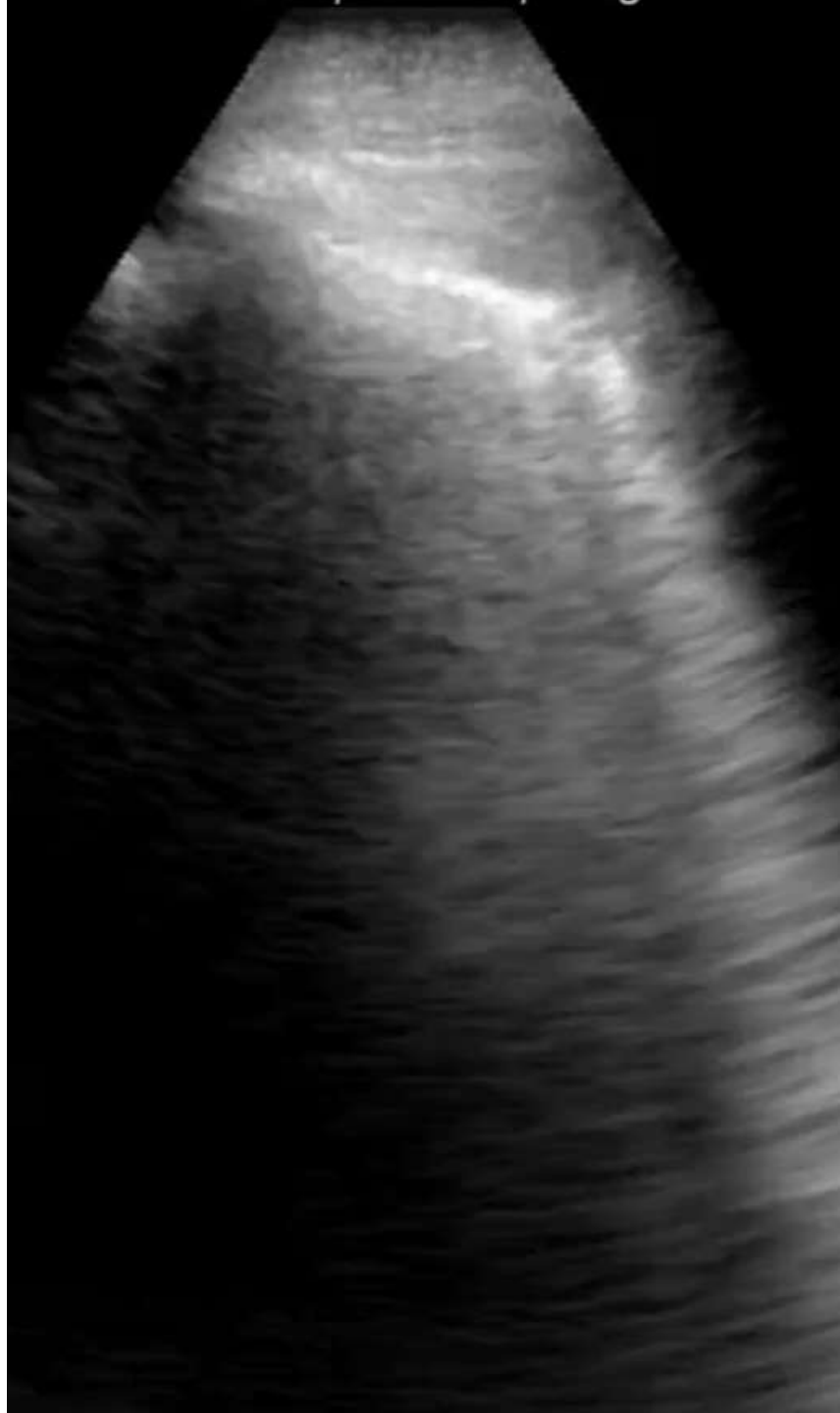


# Case 3





# Case 4





# Data- Headlines!



- Frail, Elderly, high CFS (6-8), GIM
- Pathology – *Infection, overload, dehydration, decompensation*
- 100% seen within 2 hours
- NEWS2 range 0-10 average 4
- 10-15 NEW patients a week now climbing
- Average **LOS is 4 days EPICENTRE Versus 12 days plus** in hospital
- Significant Bed days saved
- Unable to measure HARM and TIME avoided



# Staff/Referrers/AIM team feedback

- ACPs

*“teaching and upskilling has been great”*

*“ the support is invaluable and provides confidence and seeing POCUS in action is powerful”*

- GPs, SPA, Paramedics

*“the potential is huge”*

*“so good to speak to a clinician and avoid admission”*

*“I would like to learn POCUS”*

- Acute Medical team

*“I was reluctant to work outside the hospital, but I have grown in confidence”*

*“managing and keeping patients in their own homes is very satisfying”*

*“ this needs to be mandated for all medical trainee’s”*

**CROSS GROUP LEARNING, SHARING and TEAM WORKING**





# Patient Feedback – Overwhelmingly positive

*‘oh my haven’t seen a doctor for 9 months – keep getting foddled off’*

*‘the best service ever’*

*‘can’t believe you scanned me at home’*

*‘The best ever experience my wife has had being admitted to hospital – no need for ED and everything sorted’*

*‘Thank god we didn’t want to go to hospital’*

*‘it was the first time my wishes were respected’*





# Vision to Reality !





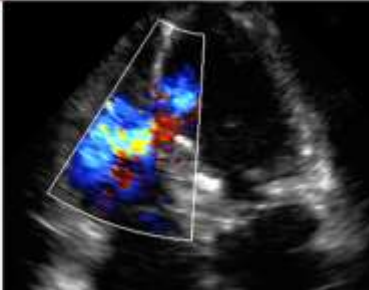
Thankyou for listening  
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